CM003_ 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 most able one to answer questions about your finances?

IWER:CODE ONE ONLY FINANCIAL RESPONDENT
1. Name of person 1
2. Name of person 2

ELSE

ENDIF

ENDIF

DN001_ 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

DN042_ MALE OR FEMALE OBSERVATION
IWER:NOTE SEX OF RESPONDENT FROM OBSERVATION (ASK IF UNSURE)
1. Male
2. Female

DN043_ 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 DN043_ (CONFIRM MONTH/YEAR BIRTH) = 1. Yes
|
ELSE
|
| IF DN043_ (CONFIRM MONTH/YEAR BIRTH) = 5. No
||
|| DN002_ 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_ YEAR OF BIRTH
|| In which month and year were you born? MONTH: [{month of birth}] YEAR:
|| (1900..2007)
||
||
| ENDIF
|
ENDIF

IF MN101_ (MN101_Longitudinal) = 0
|
| DN004_ COUNTRY OF BIRTH
| Were you born in Ireland?
| 1. Yes
| 5. No
|
| IF DN004_ (COUNTRY OF BIRTH) = 5. No
||
|| DN005_ 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_ YEAR CAME TO LIVE IN COUNTRY
|| In which year did you come to live in Ireland?
|| (1875..2008)
||
| ENDIF
|
| DN007_ CITIZENSHIP COUNTRY
Do you have Irish citizenship?
1. Yes
5. No

IF DN007_ (CITIZENSHIP COUNTRY) = 5. No

DN008_ OTHER CITIZENSHIP
What is your citizenship?

ENDIF

DN009_ 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_ HIGHEST EDUCATIONAL DEGREE OBTAINED
Please look at card 2. What is the highest school leaving certificate or school degree that you have obtained?
IWER:1. Postgraduate (higher) degree; 2 Primary (Bachelor's) Degree; 3 Diploma or Certificate; 4 Leaving Certificate or equivalent; 5 Group /
Intermediate or Junior Certificate; 6 Primary School or equivalent; 7 (not used) 8 (not used)
1. Postgraduate (higher) degree
2. Primary (Bachelor's) Degree
3. Diploma or Certificate
4. Leaving Certificate or equivalent
5. Group / Intermediate / Junior Cert or equivalent
6. Primary school or equivalent
195. No degree yet/still in school
196. None / Primary not completed
197. Other type (also abroad)

IF DN010_ (HIGHEST EDUCATIONAL DEGREE OBTAINED) = 97. Other type (also abroad)

DN011_ OTHER HIGHEST EDUCATION
What other school leaving certificate or school degree have you obtained?

ENDIF

DN012_ FURTHER EDUCATION
Please look at card 3. Which degrees of higher education or vocational training do you have?
IWER:CODE ALL THAT APPLY
1. Commercial course
2. Nurses' training
3. Teacher's training college
1. Agricultural College
2. Regional Technical College
3. Institute of Technology
4. University
5. Other college or training establishment
6. Still in higher education or vocational training
7. None
8. Other (also abroad)
9. Other (also abroad)

IF 97. Other (also abroad) IN DN012_(FURTHER EDUCATION)

| DN013_ OTHER EDUCATION
| Which other degree of higher education or vocational training do you have?
| ___________
| 
| ENDF
| 

DN041_ YEARS EDUCATION

How many years have you been in full time education?
___________ (0..25)

IF MN101_ (MN101_Longitudinal) = 1

| DN044_ MARITAL STATUS
| 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
| ___________
| 
| ENDF
| 

IF MN101_ (MN101_Longitudinal) = 1 AND DN044_ (MARITAL STATUS CHANGED) = 1
OR MN101_ (MN101_Longitudinal) = 0

| DN014_ MARITAL STATUS
| Please look at card 4. What is your marital status?
| 1. Married and living together with spouse
| 2. Living with a partner
| 3. Married, living separated from spouse
| 4. Never married
| 5. Divorced
| 6. Widowed
| 
| IF DN014_ (MARITAL STATUS) = 1. Married and living together with spouse
| 
| IF RESPONDENT ID = 1
|
DN015_ YEAR OF MARRIAGE
In which year did you get married?
(1890..2007)

CHK: (CURRENTDATE.YEAR - DN015_YearOfMarriage) < (MN808_AgeRespondent - 12) MAIN "^FLError[2]"

ENDIF
ENDIF

IF DN014_MaritalStatus.ORD = 2

DN016_ YEAR OF REGISTERED PARTNERSHIP
In which year did you begin to live together?
(1890..2007)
ELSE

IF DN014_ (MARITAL STATUS) = 3. Married, living separated from spouse

DN017_ YEAR OF MARRIAGE
In which year did you get married?
(1890..2007)
ELSE

IF DN014_ (MARITAL STATUS) = 5. Divorced

DN018_ SINCE WHEN DIVORCED
In which year did you get divorced?
IWER:IF MORE THAN ONE DIVORCE ENTER YEAR OF LAST DIVORCE
(1890..2007)
ELSE

IF DN014_ (MARITAL STATUS) = 6. Widowed

DN019_ SINCE WHEN WIDOWED
In which year did you become a [widow/widower]?
IWER:ENTER YEAR OF DEATH PARTNER
(1890..2007)
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF

IF MN101_ (MN101_Longitudinal) = 0 AND DN014_ (MARITAL STATUS) = 3. Married,
living separated from spouse OR DN014_ (MARITAL STATUS) = 5. Divorced OR DN014_ (MARITAL STATUS) = 6. Widowed

---

**DN020_ AGE OF PARTNER**

In which year was [your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/husband/wife] born?

**IWER: RECORD BIRTHYEAR OF MOST RECENT SPOUSE**

(1875..2008)

---

**DN021_ HIGHEST EDUCATIONAL DEGREE OF PARTNER**

Please look at card 5. What is the highest school certificate or degree that [your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/husband/wife] has obtained?

**IWER: 1. Postgraduate degree / higher degree; 2 Primary (Bachelor's) Degree; 3 Diploma or Certificate; 4 Leaving Certificate or equivalent; Group / Intermediate / Junior Cert or equivalent; Primary school or equivalent**

1. Postgraduate degree / higher degree
2. Primary (Bachelor's) Degree
3. Diploma or Certificate
4. Leaving Certificate or equivalent
5. Group / Intermediate / Junior Cert or equivalent
6. Primary school or equivalent
7. No degree yet/still in school
8. None
9. Other type (or abroad)

---

**IF DN021_ (HIGHEST EDUCATIONAL DEGREE OF PARTNER) = 97. Other type (or abroad)**

---

**DN022_ OTHER HIGHEST EDUCATIONAL DEGREE PARTNER OBTAINED**

Which other school certificate or degree has [your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/husband/wife] obtained?

---------

**ENDIF**

---

**DN023_ FURTHER EDUCATION OR VOCATIONAL TRAINING OBTAINED OF PARTNER**

Please look at card 6. Which degrees of higher education or vocational training does [your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/husband/wife] have?

**IWER: CODE ALL THAT APPLY**

1. Commercial Course
2. Nurses' training
3. Teacher's Training College
4. Agricultural College
5. Regional Technical College
6. Institute of Technology
7. University
8. Other college or training establishment
95. Still in higher education or vocational training
96. None
97. Other (also abroad)

IF 97. Other (also abroad) IN DN023_(FURTHER EDUCATION OR VOCATIONAL TRAINING OBTAINED OF PARTNER)

DN024_ OTHER EDUCATION PARTNER
Which other education or vocational training does [your/your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/husband/wife] have?

ENDIF

DN025_ 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.
IWER:E.G. NOT "LABOURER" BUT "BUILDER'S LABOURER, NOT "FACTORY WORKER" BUT "SEWING MACHINE OPERATOR IN SHIRT FACTORY". IN CASE OF A CIVIL SERVANT, PLEASE GET OFFICIAL TITLE, E.G. "EXECUTIVE OFFICER" OR "STUDENT TEACHER". IF FARMER, FARM TYPE AND ACREAGE. ONLY IF PERSON NEVER HAD ANY OCCUPATION, ENTER "HOUSEWIFE/-HUSBAND".

ENDIF

IF MN002_Person[1].MaritalStatus = a3

DN040_ PARTNER OUTSIDE HOUSEHOLD
Do you have a partner who lives outside this household?
1. Yes
5. No

ENDIF

ENDIF


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

ENDIF

IF Preload.WI_DN026_NaturalParentAlive[1] <> a5

IF MN016_ (MOTHER IN HOUSEHOLD) = 5 AND RESPONDENT ID = 1

DN026_ IS NATURAL PARENT STILL ALIVE
Is [your/your] [natural/natural] [mother/father] still alive?
1. Yes
5. No

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 5. No

DN027_ AGE OF DEATH OF PARENT
How old was [your/your] [mother/father] when [she/he] died?
___________ (10..120)

ELSE

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes AND
MN101_ (MN101_Longitudinal) = 0

DN028_ AGE OF NATURAL PARENT
How old is [your/your] [mother/father] now?
___________ (18..120)

CHECK: DN028_AgeOfNaturalParent >= (MN808_AgeRespondent + 10) MAIN
"^FLError[24]"

ENDIF

ENDIF

IF MN101_ (MN101_Longitudinal) = 0

DN029_ LAST JOB OR OCCUPATION OF PARENT
What is or was the last job [your/your] [mother/father] had? Please give the exact
description.
IWER:E.G. NOT "LABOURER" BUT "BUILDER'S LABOURER, NOT "FACTORY
WORKER" BUT "SEWING MACHINE OPERATOR IN SHIRT FACTORY". IN CASE OF
A CIVIL
SERVANT, PLEASE GET OFFICIAL TITLE, E.G. "EXECUTIVE OFFICER" OR
"STUDENT TEACHER". IF FARMER, FARM TYPE AND ACREAGE. ONLY IF
PERSON NEVER HAD ANY
OCCUPATION, ENTER "HOUSEWIFE/-HUSBAND".
___________

ENDIF

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes
WHERE DOES PARENT LIVE

Please look at card 7. Where does [your/your] [mother/father] live?

1. In the same household
2. In the same building
3. Less than 1 kilometre (about half a mile) away
4. Between 1 and 5 kilometres away (about half to 3 miles)
5. Between 5 and 25 kilometres away (about 3 to 15 miles)
6. Between 25 and 100 kilometres away (about 15 to 60 miles)
7. Between 100 and 500 kilometres away (about 60 to 300 miles)
8. More than 500 kilometres away (more than 300 miles)
9. More than 500 kilometres (300 miles) away in another country

IF DN030_LivingPlaceParent.ORD = 9

WHICH COUNTRY

Which country is it?

_________

ENDIF

IF DN030_ (WHERE DOES PARENT LIVE) > 1. In the same household

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?

IWER: 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

HEALTH OF PARENT

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

IWER: READ OUT

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

ENDIF

ELSE
IF MN018_ (MOTHER IN LAW IN HOUSEHOLD) = 5 AND RESPONDENT ID = 2

DN026_ IS NATURAL PARENT STILL ALIVE
Is [your/your] [natural/natural] [mother/father] still alive?
1. Yes
5. No

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 5. No

DN027_ AGE OF DEATH OF PARENT
How old was [your/your] [mother/father] when [she/he] died?
___________ (10..120)

ELSE

DN028_ AGE OF NATURAL PARENT
How old is [your/your] [mother/father] now?
___________ (18..120)

CHK: DN028_AgeOfNaturalParent >= (MN808_AgeRespondent + 10) MAIN
"^FLError[24]"
ENDIF

ENDIF

IF MN101_ (MN101_Longitudinal) = 0

DN029_ LAST JOB OR OCCUPATION OF PARENT
What is or was the last job [your/your] [mother/father] had? Please give the exact description.
IWER:E.G. NOT "LABOURER" BUT "BUILDER'S LABOURER, NOT "FACTORY WORKER" BUT "SEWING MACHINE OPERATOR IN SHIRT FACTORY". IN CASE OF A CIVIL SERVANT, PLEASE GET OFFICIAL TITLE, E.G. "EXECUTIVE OFFICER" OR "STUDENT TEACHER". IF FARMER, FARM TYPE AND ACREAGE. ONLY IF PERSON NEVER HAD ANY OCCUPATION, ENTER "HOUSEWIFE/-HUSBAND".
___________
ENDIF

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes

DN030_ WHERE DOES PARENT LIVE
Please look at card 7. Where does [your/your] [mother/father] live?
1. In the same household
2. In the same building
3. Less than 1 kilometre (about half a mile) away
4. Between 1 and 5 kilometres away (about half to 3 miles)
5. Between 5 and 25 kilometres away (about 3 to 15 miles)
6. Between 25 and 100 kilometres away (about 15 to 60 miles)
7. Between 100 and 500 kilometres away (about 60 to 300 miles)
8. More than 500 kilometres away (more than 300 miles)
9. More than 500 kilometres (300 miles) away in another country

IF DN030_LivingPlaceParent.ORD = 9

DN031_WHICH COUNTRY
Which country is it?

ENDIF

IF DN030_(WHERE DOES PARENT LIVE) > 1. In the same household

DN032_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?
IWER: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_HEALTH OF PARENT
How would you describe the health of [your/your] [mother/father]? Would you say it is
IWER:READ OUT
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

ENDIF

ELSE

IF RESPONDENT ID > 2

DN026_IS NATURAL PARENT STILL ALIVE
Is [your/your] [natural/natural] [mother/father] still alive?
1. Yes
5. No
IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 5. No

DN027_ AGE OF DEATH OF PARENT
How old was [your/your] [mother/father] when [she/he] died?
______________ (10..120)

ELSE

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes AND
MN101_ (MN101_Longitudinal) = 0

DN028_ AGE OF NATURAL PARENT
How old is [your/your] [mother/father] now?
______________ (18..120)

CHK: DN028_AgeOfNaturalParent >= (MN808_AgeRespondent + 10) MAIN
"^FLError[24]"

ENDIF

ENDIF

IF MN101_ (MN101_Longitudinal) = 0

DN029_ LAST JOB OR OCCUPATION OF PARENT
What is or was the last job [your/your] [mother/father] had? Please give the exact description.
IWER:E.G. NOT "LABOURER" BUT "BUILDER'S LABOURER, NOT "FACTORY WORKER" BUT "SEWING MACHINE OPERATOR IN SHIRT FACTORY". IN CASE OF A CIVIL SERVANT, PLEASE GET OFFICIAL TITLE, E.G. "EXECUTIVE OFFICER" OR "STUDENT TEACHER". IF FARMER, FARM TYPE AND ACREAGE. ONLY IF PERSON NEVER HAD ANY OCCUPATION, ENTER "HOUSEWIFE/-HUSBAND".

______________

ENDIF

ENDIF

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes

DN030_ WHERE DOES PARENT LIVE
Please look at card 7. Where does [your/your] [mother/father] live?
1. In the same household
2. In the same building
3. Less than 1 kilometre (about half a mile) away
4. Between 1 and 5 kilometres away (about half to 3 miles)
5. Between 5 and 25 kilometres away (about 3 to 15 miles)
6. Between 25 and 100 kilometres away (about 15 to 60 miles)
7. Between 100 and 500 kilometres away (about 60 to 300 miles)
8. More than 500 kilometres away (more than 300 miles)
9. More than 500 kilometres (300 miles) away in another country
IF DN030_LivingPlaceParent.ORD = 9

DN031_ WHICH COUNTRY
Which country is it?
____________

ENDIF

IF DN030_ (WHERE DOES PARENT LIVE) > 1. In the same household

DN032_ 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?
IWER: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_ HEALTH OF PARENT
How would you describe the health of [your/your] [mother/father]? Would you say it is
IWER:READ OUT
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

ENDIF

ENDIF

ENDIF

IF Preload.W1_DN026_NaturalParentAlive[2] <> a5

IF MN017_ (FATHER IN HOUSEHOLD) = 5 AND RESPONDENT ID = 1

DN026_ IS NATURAL PARENT STILL ALIVE
Is [your/your] [natural/natural] [mother/father] still alive?
1. Yes
5. No

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 5. No

DN027_ AGE OF DEATH OF PARENT
How old was [your/your] [mother/father] when [she/he] died?
___________ (10..120)

ELSE

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes AND
MN101_ (MN101_Longitudinal) = 0

DN028_ AGE OF NATURAL PARENT
How old is [your/your] [mother/father] now?
___________ (18..120)

CHK: DN028_AgeOfNaturalParent >= (MN808_AgeRespondent + 10) MAIN
"^FLError[24]"

ENDIF

ENDIF

IF MN101_ (MN101_Longitudinal) = 0

DN029_ LAST JOB OR OCCUPATION OF PARENT
What is or was the last job [your/your] [mother/father] had? Please give the exact
description.
IWER:E.G. NOT "LABOURER" BUT "BUILDER'S LABOURER, NOT "FACTORY
WORKER" BUT "SEWING MACHINE OPERATOR IN SHIRT FACTORY". IN CASE OF
A CIVIL
SERVANT, PLEASE GET OFFICIAL TITLE, E.G. "EXECUTIVE OFFICER" OR
"STUDENT TEACHER", IF FARMER, FARM TYPE AND ACREAGE. ONLY IF
PERSON NEVER HAD ANY
OCCUPATION, ENTER "HOUSEWIFE/-HUSBAND".
___________

ENDIF

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes

DN030_ WHERE DOES PARENT LIVE
Please look at card 7. Where does [your/your] [mother/father] live?
1. In the same household
2. In the same building
3. Less than 1 kilometre (about half a mile) away
4. Between 1 and 5 kilometres away (about half to 3 miles)
5. Between 5 and 25 kilometres away (about 3 to 15 miles)
6. Between 25 and 100 kilometres away (about 15 to 60 miles)
7. Between 100 and 500 kilometres away (about 60 to 300 miles)
8. More than 500 kilometres away (more than 300 miles)
9. More than 500 kilometres (300 miles) away in another country

\[
\text{IF } \text{DN030\_LivingPlaceParent.ORD} = 9 \\
\text{DN031\_ WHICH COUNTRY} \\
\text{Which country is it?} \\
\text{__________} \\
\text{ENDIF}
\]

\[
\text{IF } \text{DN030\_ (WHERE DOES PARENT LIVE)} > 1. \text{In the same household} \\
\text{DN032\_ PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS} \\
\text{During the past twelve months, how often did you have contact with [your/your] [mother/father], either personally, by phone or mail?} \\
\text{IWER:ANY KIND OF CONTACT, INCLUDING FOR EXAMPLE E-MAIL, SMS OR MMS} \\
\text{1. Daily} \\
\text{2. Several times a week} \\
\text{3. About once a week} \\
\text{4. About every two weeks} \\
\text{5. About once a month} \\
\text{6. Less than once a month} \\
\text{7. Never} \\
\text{ENDIF}
\]

\[
\text{DN033\_ HEALTH OF PARENT} \\
\text{How would you describe the health of [your/your] [mother/father]? Would you say it is} \\
\text{IWER:READ OUT} \\
\text{1. Excellent} \\
\text{2. Very good} \\
\text{3. Good} \\
\text{4. Fair} \\
\text{5. Poor} \\
\text{ENDIF}
\]

\[
\text{ELSE} \\
\text{IF MN019\_ (FATHER IN LAW IN HOUSEHOLD)} = 5 \text{ AND RESPONDENT ID} = 2 \\
\text{DN026\_ IS NATURAL PARENT STILL ALIVE} \\
\text{Is [your/your] [natural/natural] [mother/father] still alive?} \\
\text{1. Yes} \\
\text{5. No} \\
\text{ENDIF} \\
\text{IF } \text{DN026\_ (IS NATURAL PARENT STILL ALIVE)} = 5. \text{No} \\
\text{DN027\_ AGE OF DEATH OF PARENT}
\]
How old was [your/your] [mother/father] when [she/he] died?

__________ (10..120)

ELSE

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes AND
MN101_ (MN101_Longitudinal) = 0

DN028_ AGE OF NATURAL PARENT

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

__________ (18..120)

CHK: DN028_AgeOfNaturalParent >= (MN808_AgeRespondent + 10) MAIN
"^FLError[24]"

ENDIF

ENDIF

IF MN101_ (MN101_Longitudinal) = 0

DN029_ LAST JOB OR OCCUPATION OF PARENT

What is or was the last job [your/your] [mother/father] had? Please give the exact
description.

IWER:E.G. NOT "LABOURER" BUT "BUILDER'S LABOURER, NOT "FACTORY
WORKER" BUT "SEWING MACHINE OPERATOR IN SHIRT FACTORY". IN CASE OF
A CIVIL
SERVANT, PLEASE GET OFFICIAL TITLE, E.G. "EXECUTIVE OFFICER" OR
"STUDENT TEACHER". IF FARMER, FARM TYPE AND ACREAGE. ONLY IF
PERSON NEVER HAD ANY
OCCUPATION, ENTER "HOUSEWIFE/-HUSBAND".

__________

ENDIF

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes

DN030_ WHERE DOES PARENT LIVE

Please look at card 7.Where does [your/your] [mother/father] live?

1. In the same household
2. In the same building
3. Less than 1 kilometre (about half a mile) away
4. Between 1 and 5 kilometres away (about half to 3 miles)
5. Between 5 and 25 kilometres away (about 3 to 15 miles)
6. Between 25 and 100 kilometres away (about 15 to 60 miles)
7. Between 100 and 500 kilometres away (about 60 to 300 miles)
8. More than 500 kilometres away (more than 300 miles)
9. More than 500 kilometres (300 miles) away in another country

IF DN030_LivingPlaceParent.ORD = 9

DN031_ WHICH COUNTRY

__________
Which country is it?

ENDIF

IF DN030_ (WHERE DOES PARENT LIVE) > 1. In the same household

DN032_ 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?

IWER: 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_ HEALTH OF PARENT

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

IWER: READ OUT

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

ENDIF

ELSE

IF RESPONDENT ID > 2

DN026_ IS NATURAL PARENT STILL ALIVE

Is [your/your] [natural/natural] [mother/father] still alive?

1. Yes
2. No

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 5. No

DN027_ AGE OF DEATH OF PARENT

How old was [your/your] [mother/father] when [she/he] died?

__________ (10..120)

ELSE

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes AND
MN101_ (MN101_Longitudinal) = 0

DN028_ AGE OF NATURAL PARENT
How old is [your/your] [mother/father] now?

CHK: DN028_AgeOfNaturalParent >= (MN808_AgeRespondent + 10) MAIN
"^FLError[24]"

IF MN101_ (MN101_Longitudinal) = 0

DN029_ LAST JOB OR OCCUPATION OF PARENT
What is or was the last job [your/your] [mother/father] had? Please give the exact description.
IWER:E.G. NOT "LABOURER" BUT "BUILDER'S LABOURER, NOT "FACTORY WORKER" BUT "SEWING MACHINE OPERATOR IN SHIRT FACTORY". IN CASE OF A CIVIL SERVANT, PLEASE GET OFFICIAL TITLE, E.G. "EXECUTIVE OFFICER" OR "STUDENT TEACHER". IF FARMER, FARM TYPE AND ACREAGE. ONLY IF PERSON NEVER HAD ANY OCCUPATION, ENTER "HOUSEWIFE/-HUSBAND".

ENDIF

IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes

DN030_ WHERE DOES PARENT LIVE
Please look at card 7. Where does [your/your] [mother/father] live?
1. In the same household
2. In the same building
3. Less than 1 kilometre (about half a mile) away
4. Between 1 and 5 kilometres away (about half to 3 miles)
5. Between 5 and 25 kilometres away (about 3 to 15 miles)
6. Between 25 and 100 kilometres away (about 15 to 60 miles)
7. Between 100 and 500 kilometres away (about 60 to 300 miles)
8. More than 500 kilometres away (more than 300 miles)
9. More than 500 kilometres (300 miles) away in another country

IF DN030_LivingPlaceParent.ORD = 9

DN031_ WHICH COUNTRY
Which country is it?

ENDIF

IF DN030_ (WHERE DOES PARENT LIVE) > 1. In the same household
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?
IWER: 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

HEALTH OF PARENT
How would you describe the health of [your/your] [mother/father]?
IWER: READ OUT
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

EVER HAD ANY SIBLINGS
Have you ever had any siblings?
IWER: INCLUDE NON-BIOLOGICAL SIBLINGS
1. Yes
5. No

OLDEST YOUNGEST CHILD
Were you the oldest child, the youngest child, or somewhere in-between?
1. Oldest
2. Youngest
3. In-between
IF DN034_ (EVER HAD ANY SIBLINGS) = 1. Yes OR
Preload.W1_DN036_HowManyBrothersAlive <> 0 OR
Preload.W1_DN037_HowManySistersAlive <> 0
 |
| DN036_ HOW MANY BROTHERS ALIVE
| How many brothers do you have that are still alive?
| IWER:INCLUDE NON-BIOLOGICAL
| ___________ (0..20)
 |
| DN037_ HOW MANY SISTERS ALIVE
| And how many sisters do you have that are still alive?
| IWER:INCLUDE NON-BIOLOGICAL
| ___________ (0..20)
 |
ENDIF

DN038_ INTERVIEWER CHECK DN
WHO ANSWERED THE QUESTIONS IN THIS SECTION?
1. Respondent only
2. Respondent and proxy
3. Proxy only

PH001_ INTRO HEALTH
Now I have some questions about your health.
1. Continue

PH003_ HEALTH IN GENERAL QUESTION 2
Would you say your health is...
IWER:READ OUT
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

IF MN101_ (MN101_Longitudinal) = 1
 |
| PH062_ COMPARE HEALTH LAST WAVE
| Compared with your health when we talked with you in [month and year previous interview], would you say that your health is better now, about the
| same, or worse?
| 1. Better
| 2. About the same
| 3. Worse
IF PH062_ (COMPARE HEALTH LAST WAVE) = 1. Better

PH063_ HEALTH BETTER LAST WAVE
Is it much better or somewhat better?
1. Much better
2. Somewhat better

ELSE

IF PH062_ (COMPARE HEALTH LAST WAVE) = 3. Worse

PH064_ HEALTH WORSE LAST WAVE
Is it much worse or somewhat worse?
1. Much worse
2. Somewhat worse

ENDIF

ENDIF

PH004_ 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?
IWER: INCLUDING MENTAL HEALTH PROBLEMS
1. Yes
5. No

PH005_ 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?
IWER: READ OUT
1. Severely limited
2. Limited, but not severely
3. Not limited

PH061_ 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

PH006_ DOCTOR TOLD YOU HAD CONDITIONS
Please look at card 8. [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.

IWER: 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
7. Asthma
8. Arthritis, including osteoarthritis, or rheumatism
9. Osteoporosis
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
17. Benign tumor (fibroma, polypus, angioma)
18. None
19. Other conditions, not yet mentioned

CHK: NOT ( (( > 1) AND (96 IN PH006_DocCond)) MAIN "^FLError[5]"

IF 97. Other conditions, not yet mentioned IN PH006_(DOCTOR TOLD YOU HAD CONDITIONS) |

| PH007_ OTHER CONDITIONS |
| What other conditions have you had? |
| IWER: PROBE |
| __________ |
| ENDIF |

LOOP cnt:= 1 TO 19 |

| IF cnt < 18 AND cnt IN PH006_(DOCTOR TOLD YOU HAD CONDITIONS) OR cnt = 20 AND 97. Other conditions, not yet mentioned IN PH006_(DOCTOR TOLD YOU HAD CONDITIONS) |
| | IF IndexSub <> 18 |
| | | IF IndexSub = 10 |
| | | | PH008_ CANCER IN WHICH ORGANS |
| | | | In which organ or part of the body have you or have you had cancer? |
| | | | IWER: 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

```
IF MN101_ (MN101_Longitudinal) = 0

PH009_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/asthma/arthritis or rheumatism/osteoarthritis/cancer/stomach or duodenal ulcer/parkinson disease/cataracts/hip fracture or femoral fracture/other fractures/Alzheimer's disease/benign tumor/other filled by PH007_OthCond]?  
___________ (0..125)

CHK: PH009_AgeCond <= MN808_AgeRespondent MAIN "^FLError[4]"

ENDIF

IF MN101_ (MN101_Longitudinal) = 0

PH067_HAD CONDITION
Have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/suffered a hip fracture] since we last interviewed you in [{month and year previous interview}]?

ENDIF
```
1. Yes
5. No

IF PH067_ (HAD CONDITION) = 1. Yes

IF Index = 1 AND Preload.W1_PH006_DocCon[1] = a1 OR Index = 2 AND
Preload.W1_PH006_DocCon[4] = a1 OR Index = 3 AND
Preload.W1_PH006_DocCon[10] = a1 OR Index = 4 AND
Preload.W1_PH006_DocCon[14] = a1

PH068_ HAD CONDITION CHECK
Have you already [had a heart attack/had a stroke or been diagnosed with cerebral
vascular disease/been diagnosed with cancer/suffered a hip
fracture] before we last interviewed you in [{month and year previous interview}]?
1. Yes
5. No

IF PH068_ (HAD CONDITION CHECK) = 1. Yes

PH069_ HAD CONDITION CONFIRM
To confirm, does this mean that you have [had another heart attack/had another stroke or
been diagnosed again with cerebral vascular disease/been diagnosed again with cancer/suffered another hip fracture] since we last talked to you in
[{month and year previous interview}]?
1. Yes, had another [heart attack/stroke and/or cerebral vascular disease/cancer/hip
fracture]
2. No, did not have another [heart attack/stroke and/or cerebral vascular
disease/cancer/hip fracture] since last interview
3. Not sure whether has had another [heart attack/stroke and/or cerebral vascular
disease/cancer/hip fracture]

ENDIF

ENDIF

ENDIF

IF PH067_ (HAD CONDITION) = 1. Yes AND PH069_ (HAD CONDITION CONFIRM) =
EMPTY OR PH069_ (HAD CONDITION CONFIRM) = 1. Yes, had
another ^FL_PH069_5

PH071_ HOW MANY
How many [heart attacks or myocardial infarctions/strokes or cerebral vascular
diseases/cancers or malignant tumours/hip fractures] have you had since
we last talked to you in [{month and year previous interview}]?
1. 1
2. 2
3. 3 or more

ENDIF
<table>
<thead>
<tr>
<th>PH067_ HAD CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture] since we last interviewed you in [{month and year previous interview}]?</td>
</tr>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>5. No</td>
</tr>
<tr>
<td>IF PH067_ (HAD CONDITION) = 1. Yes</td>
</tr>
<tr>
<td>PH068_ HAD CONDITION CHECK</td>
</tr>
<tr>
<td>Have you already [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture] before we last interviewed you in [{month and year previous interview}]?</td>
</tr>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>5. No</td>
</tr>
<tr>
<td>IF PH068_ (HAD CONDITION CHECK) = 1. Yes</td>
</tr>
<tr>
<td>PH069_ HAD CONDITION CONFIRM</td>
</tr>
<tr>
<td>To confirm, does this mean that you have [had another heart attack/had another stroke or been diagnosed again with cerebral vascular disease/been diagnosed again with cancer/suffered another hip fracture] since we last talked to you in [{month and year previous interview}]?</td>
</tr>
<tr>
<td>1. Yes, had another [heart attack/stroke and/or cerebral vascular disease/cancer/hip fracture]</td>
</tr>
<tr>
<td>2. No, did not have another [heart attack/stroke and/or cerebral vascular disease/cancer/hip fracture] since last interview</td>
</tr>
<tr>
<td>3. Not sure whether has had another [heart attack/stroke and/or cerebral vascular disease/cancer/hip fracture]</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>IF PH067_ (HAD CONDITION) = 1. Yes AND PH069_ (HAD CONDITION CONFIRM) = EMPTY OR PH069_ (HAD CONDITION CONFIRM) = 1. Yes, had another</td>
</tr>
<tr>
<td>PH071_ HOW MANY</td>
</tr>
<tr>
<td>How many [heart attacks or myocardial infarctions/strokes or cerebral vascular diseases/cancers or malignant tumours/hip fractures] have you had since we last talked to you in [{month and year previous interview}]?</td>
</tr>
<tr>
<td>1. 1</td>
</tr>
<tr>
<td>2. 2</td>
</tr>
</tbody>
</table>
3. 3 or more

ENDIF

IF PH067_ (HAD CONDITION) = 1. Yes


ENDIF

PH068_ HAD CONDITION CHECK

Have you already [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture] before we last interviewed you in [{month and year previous interview}]?

1. Yes

5. No

IF PH068_ (HAD CONDITION CHECK) = 1. Yes

PH069_ HAD CONDITION CONFIRM

To confirm, does this mean that you have [had another heart attack/had another stroke or been diagnosed again with cerebral vascular disease/been diagnosed again with cancer/suffered another hip fracture] since we last talked to you in [{month and year previous interview}]?

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

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

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

ENDIF

ENDIF

ENDIF

IF PH067_ (HAD CONDITION) = 1. Yes AND PH069_ (HAD CONDITION CONFIRM) = EMPTY OR PH069_ (HAD CONDITION CONFIRM) = 1. Yes, had another ^FL_PH069_5

PH071_ HOW MANY

How many [heart attacks or myocardial infarctions/strokes or cerebral vascular
diseases/cancers or malignant tumours/hip fractures] have you had since
we last talked to you in [{month and year previous interview}]?
1. 1
2. 2
3. 3 or more
| ENDIF
|
| PH067_ HAD CONDITION
| Have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular
disease/been diagnosed with cancer/suffered a hip fracture] since
we last interviewed you in [{month and year previous interview}]?
1. Yes
5. No
|
| IF PH067_ (HAD CONDITION) = 1. Yes
|
| IF Index = 1 AND Preload.W1_PH006_DocCon[1] = a1 OR Index = 2 AND
Preload.W1_PH006_DocCon[4] = a1 OR Index = 3 AND
Preload.W1_PH006_DocCon[10] = a1 OR Index = 4 AND
Preload.W1_PH006_DocCon[14] = a1
|
| PH068_ HAD CONDITION CHECK
| Have you already [had a heart attack/had a stroke or been diagnosed with cerebral vascular
disease/been diagnosed with cancer/suffered a hip
fracture] before we last interviewed you in [{month and year previous interview}]?
1. Yes
5. No
|
| IF PH068_ (HAD CONDITION CHECK) = 1. Yes
|
| PH069_ HAD CONDITION CONFIRM
| To confirm, does this mean that you have [had another heart attack/had another stroke or
been diagnosed again with cerebral vascular disease/been
diagnosed again with cancer/suffered another hip fracture] since we last talked to you in
[{month and year previous interview}]?
1. 1. Yes, had another [heart attack/stroke and/or cerebral vascular disease/cancer/hip
fracture]
1. 2. No, did not have another [heart attack/stroke and/or cerebral vascular
disease/cancer/hip fracture] since last interview
1. 3. Not sure whether has had another [heart attack/stroke and/or cerebral vascular
disease/cancer/hip fracture]
| ENDIF
|
| ENDIF
|
| ENDIF
|
| IF PH067_ (HAD CONDITION) = 1. Yes AND PH069_ (HAD CONDITION CONFIRM) = EMPTY OR PH069_ (HAD CONDITION CONFIRM) = 1. Yes, had
PH071_ HOW MANY
How many [heart attacks or myocardial infarctions/strokes or cerebral vascular
diseases/cancers or malignant tumours/hip fractures] have you had since
we last talked to you in [{month and year previous interview}]?
1. 1
2. 2
3. 3 or more

PH010_ BOTHERED BY SYMPTOMS
Please look at card 9. 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.
IWER: 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, fainted 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

CHK: NOT (( > 1) AND (96 IN PH010_Symptoms)) MAIN "^FLError[5]"

PH011_ CURRENT DRUGS AT LEAST ONCE A WEEK
Our next question is about the medication you may be taking. Please look at card 10. Do you
currently take drugs at least once a week for problems
mentioned on this card?
IWER: 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, backpain, 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

CHK: NOT (( > 1) AND (96 IN PH011_CurrentDrugs)) MAIN "^FLError[5]"

PH012_ WEIGHT OF RESPONDENT
Approximately how much do you weigh?
IWER:WEIGHT IN KILOS (IN IRELAND STONE-DOT-POUNDS)
___________ (0.00..250.00)

IF Preload.W1_PH012_Weight - PH012_ (WEIGHT OF RESPONDENT) > 5
  | PH065_ CHECK LOSS WEIGHT
  | Have you lost weight since we last interviewed you in [{month and year previous interview}]?
  | 1. Yes
  | 5. No, have not lost weight since last interview
  | IF PH065_ (CHECK LOSS WEIGHT) = 1. Yes
  |   |
  | PH066_ 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_ (MN101_Longitudinal) = 0
  | PH013_ HOW TALL ARE YOU?
  | How tall are you?
  | IWER:LENGTH IN CENTIMETRES (IN IRELAND: FEET-DOT-INCHES)
  | ___________ (0.00..230.00)
  |
ENDIF

PH041_ USE GLASSES
Do you usually wear glasses or contact lenses?
1. Yes
5. No

PH043_ 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...
IWER: READ OUT...
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

**PH044_ 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...
IWER: READ OUT...
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

**PH045_ USE HEARING AID**
Are you usually wearing a hearing aid?
1. Yes
5. No

**PH046_ HEARING**
Is your hearing [using a hearing aid as usual/empty]...
IWER: READ OUT...
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

**PH047_ HEARING WITH BACKGROUND NOISE**
Do you find it difficult to follow a conversation if there is background noise, such as a TV, a radio or children playing [using a hearing aid as usual/empty]?
1. Yes
5. No

**PH056_ HEARING WITH ONE PERSON**
Can you hear clearly what is said in a conversation with one person [using a hearing aid as usual/empty]?
1. Yes
5. No

**PH024_ USE DENTURES**
Do you use dentures?
1. Yes
5. No
**PH025_ BITE ON HARD FOODS**

[Using your dentures, {[empty]}] [can you/Can you] bite and chew on hard foods such as a firm apple without difficulty?

1. Yes
2. No

**PH048_ HEALTH AND ACTIVITIES**

Please look at card 11. 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 11. 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?)

IWER: 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

CHK: NOT (( > 1) AND (96 IN PH048_HeADLa)) MAIN "^FLError[5]"

**PH049_ MORE HEALTH AND ACTIVITIES**

Please look at card 12. 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 12?)

IWER: 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

CHK: NOT (( > 1) AND (96 IN PH049_HeADLb)) MAIN "^FLError[5]"
IF NOT 96. None of these IN PH048_ (HEALTH AND ACTIVITIES) OR PH048_ (HEALTH AND ACTIVITIES) = DONTKNOW OR PH048_ (HEALTH AND ACTIVITIES) = REFUSAL AND 96. None of these IN PH049_ (MORE HEALTH AND ACTIVITIES) OR PH049_ (MORE HEALTH AND ACTIVITIES) = DONTKNOW OR PH049_ (MORE HEALTH AND ACTIVITIES) = REFUSAL

| PH050_ HELP ACTIVITIES |
| Thinking about the activities that you have problems with, does anyone ever help you with these activities? |
| IWER: INCLUDING YOUR PARTNER OR OTHER PEOPLE IN YOUR HOUSEHOLD |
| 1. Yes |
| 5. No |

| IF PH050_ (HELP ACTIVITIES) = 1. Yes |
| PH051_ HELP MEETS NEEDS |
| Would you say that the help you receive meets your needs? |
| IWER: READ OUT... |
| 1. All the time |
| 2. Usually |
| 3. Sometimes |
| 4. Hardly ever |

| ENDIF |

| PH059_ USE OF AIDS |
| Please look at card 13. Do you use any of the items listed on this card? |
| IWER: ONLY INCLUDE PERSONAL ALARMS USED TO CALL FOR ASSISTANCE AFTER FALLS ETC. |
| 1. A cane or walking stick |
| 2. A zimmer frame or walker |
| 3. A manual wheelchair |
| 4. An electric wheelchair |
| 5. A buggy or scooter |
| 6. Special eating utensils |
| 7. A personal alarm |
| 96. None of these |

| ENDIF |

PH060_ HEALTH IN GENERAL QUESTION 3
On a scale from 0 to 10, where 0 describes the worst imaginable condition and 10 describes the best imaginable condition, how do you rate your health in general? ___________ (0..10)

PH054_ 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 MN024_ (HOUSEHOLD TYPE) = 1

IF MN101_ (MN101_Longitudinal) = 0

| BR001_ 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 BR001_ (EVER SMOKED DAILY) = 1. Yes OR MN101_ (MN101_Longitudinal) = 1

| BR002_ SMOKE AT THE PRESENT TIME |
Do you smoke at the present time?
1. Yes
5. No

IF MN101_ (MN101_Longitudinal) = 1 AND Preload.W1_BR002_StillSmoking = 1 AND BR002_ (SMOKE AT THE PRESENT TIME) = 5. No

| BR022_ STOPPED SMOKING |
Have you stopped smoking since we last 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

ENDIF

IF MN101_ (MN101_Longitudinal) = 0

| BR003_ HOW MANY YEARS SMOKED |
For how many years [do/did] [you/you] [smoke/smoke] altogether?
IWER: DON'T INCLUDE PERIODS WITHOUT SMOKING CODE 1 IF R SMOKED FOR LESS THAN ONE YEAR

__________ (1..150)

CHK: BR003_HowManyYearsSmoked < MN808_AgeRespondent MAIN "^FLError[27]"

ENDIF

IF BR002_ (SMOKE AT THE PRESENT TIME) = 1. Yes OR
MN101_ (MN101_Longitudinal) = 0 AND BR002_ (SMOKE AT THE PRESENT TIME) = 5.
No OR MN101_ (MN101_Longitudinal) = 1 AND BR022_ (STOPPED SMOKING) = 3. No, I still smoke nowadays AND BR002_ (SMOKE AT THE PRESENT
1. Cigarettes
2. Pipe
3. Cigars or cigarillos

ENDIF

IF 1. Cigarettes IN BR005_(WHAT DO OR DID YOU SMOKE)

BR006_ AVERAGE AMOUNT OF CIGARETTES PER DAY
How many cigarettes [do/did] [you/you] [smoke/smoke] on average per day?
__________ (0..120)

ENDIF

IF 2. Pipe IN BR005_(WHAT DO OR DID YOU SMOKE)

BR007_ AVERAGE AMOUNT OF PIPES PER DAY
How many pipes [do/did] [you/you] [smoke/smoke] on average per day?
__________ (0..120)

ENDIF

IF 3. Cigars or cigarillos IN BR005_(WHAT DO OR DID YOU SMOKE)

BR008_ AVERAGE AMOUNT OF CIGARS PER DAY
How many cigars or cigarillos [do/did] [you/you] [smoke/smoke] on average per day?
__________ (0..120)

ENDIF

IF 10. 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 14 During the last 3 months, how often have you drunk 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 BR010_ (DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS) < 7. Not at all in the last 3 months
BR019_ HOW MANY DRINKS IN A DAY
In the last three months, on the days you drink, about how many drinks do you have?
IWER: 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)

BR020_ HOW OFTEN FOUR OR MORE DRINKS LAST 3 MONTHS
In the last three months, on how many days have you had four or more drinks on one occasion?
__________ (0..90)
ELSE
IF BR010_ (DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS) = 7. Not at all in the last 3 months OR BR010_ (DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS) = DONTKNOW OR BR010_ (DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS) = REFUSAL

BR021_ EVER DRUNK ALCOHOLIC BEVERAGES
Have you ever drunk alcoholic beverages?
1. Yes
5. No
ENDIF

ENDIF

BR015_ 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?
IWER: 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_ 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?
IWER: READ OUT
1. More than once a week
2. Once a week
3. One to three times a month
4. Hardly ever, or never

BR017_ INTERVIEWER CHECK BR
WHO ANSWERED THE QUESTIONS IN THIS SECTION?
IF MN101_ (MN101_Longitudinal) = 0
|
| CF001_ 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...
| IWER:READ OUT
| 1. Excellent
| 2. Very good
| 3. Good
| 4. Fair
| 5. Poor
|
| CF002_ SELF-RATED WRITING SKILLS
| How would you rate your writing skills needed in your daily life? Would you say they are...
| IWER:READ OUT
| 1. Excellent
| 2. Very good
| 3. Good
| 4. Fair
| 5. Poor
|
ENDIF

CF003_ 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?
IWER: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_ DATE-MONTH**
Which month is it?
IWER: CODE WHETHER MONTH ({{system month of the year}}) IS GIVEN CORRECTLY
1. Month given correctly
2. Month given incorrectly/doesn't know month

**CF005_ DATE-YEAR**
Which year is it?
IWER: CODE WHETHER YEAR ({{current year}}) IS GIVEN CORRECTLY
1. Year given correctly
2. Year given incorrectly/doesn't know year

**CF006_ DAY OF THE WEEK**
Can you tell me what day of the week it is?
IWER: CORRECT ANSWER: ({{system day of the week}})
1. Day of week given correctly
2. Day of week given incorrectly/doesn't know day

**CF007_ 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?
IWER: PRESS ENTER TO BEGIN TEST AND HAVE BOOKLET READY
1. Continue

IF CF007_ (INTRODUCTION TEN WORDS LIST LEARNING) = RESPONSE
   |
   IF CF009_ (VERBAL FLUENCY INTRO) = EMPTY
   |
   CF101_ TEN WORDS LIST LEARNING FIRST TRIAL
   |
   IWER: READY?
   |
   IWER: 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
   |
   |
   |
   CF102_ TEN WORDS LIST LEARNING SHOW MOVIE
   |
   |
   1. Continue
   |
   |
   CF008_ TEN WORDS LIST LEARNING FIRST TRIAL
   |
   Now please tell me all the words you can recall.
   |
   1. Butter
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.

IWER: 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 CF009_ (VERBAL FLUENCY INTRO) = RESPONSE

IF CF011_ (INTRODUCTION NUMERACY) = EMPTY

IF CF010_ VERBAL FLUENCY SCORE

IWER: 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)

ENDIF

CF011_ INTRODUCTION NUMERACY

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

IWER: IF NECESSARY, ENCOURAGE THE RESPONDENT TO TRY TO ANSWER
EACH OF THE NUMERACY QUESTIONS
1. Continue

**CF012_ 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?

IWER: DO NOT READ OUT THE ANSWERS
1. 100
2. 10
3. 90
4. 900
97. Other answer

**IF CF012_ (NUMERACY-CHANCE DISEASE 10 PERC. OF 1000) <> 1. 100**

<table>
<thead>
<tr>
<th><strong>CF013_ NUMERACY-HALF PRICE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In a sale, a shop is selling all items at half price. Before the sale, a sofa costs 300 [local currency]. How much will it cost in the sale?</td>
</tr>
<tr>
<td>IWER: DO NOT READ OUT THE ANSWERS</td>
</tr>
<tr>
<td>1. 150 [local currency]</td>
</tr>
<tr>
<td>2. 600 [local currency]</td>
</tr>
<tr>
<td>97. Other answer</td>
</tr>
</tbody>
</table>

**ENDIF**

**IF CF012_ (NUMERACY-CHANCE DISEASE 10 PERC. OF 1000) = 1. 100**

<table>
<thead>
<tr>
<th><strong>CF014_ NUMERACY-6000 IS TWO-THIRDS WHAT IS TOTAL PRICE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
</tr>
<tr>
<td>IWER: DO NOT READ OUT THE ANSWERS</td>
</tr>
<tr>
<td>1. 9,000 [local currency]</td>
</tr>
<tr>
<td>2. 4,000 [local currency]</td>
</tr>
<tr>
<td>3. 8,000 [local currency]</td>
</tr>
<tr>
<td>4. 12,000 [local currency]</td>
</tr>
<tr>
<td>5. 18,000 [local currency]</td>
</tr>
<tr>
<td>97. Other answer</td>
</tr>
</tbody>
</table>

**IF CF014_ (NUMERACY-6000 IS TWO-THIRDS WHAT IS TOTAL PRICE) = 1. 9,000**

<table>
<thead>
<tr>
<th><strong>CF015_ AMOUNT IN THE SAVINGS ACCOUNT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
</tr>
<tr>
<td>IWER: DO NOT READ OUT THE ANSWERS</td>
</tr>
<tr>
<td>1. 2420 [local currency]</td>
</tr>
<tr>
<td>2. 2020 [local currency]</td>
</tr>
<tr>
<td>3. 2040 [local currency]</td>
</tr>
<tr>
<td>4. 2100 [local currency]</td>
</tr>
</tbody>
</table>
IF CF007_ (INTRODUCTION TEN WORDS LIST LEARNING) = RESPONSE

IF CF006_ 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.
1. Continue

**MH002_ DEPRESSION**
In the last month, have you been sad or depressed?
IWER: IF PARTICIPANT ASKS FOR CLARIFICATION, SAY 'BY SAD OR DEPRESSED, WE MEAN MISERABLE, IN LOW SPIRITS, OR BLUE'
1. Yes
5. No

**MH003_ HOPES FOR THE FUTURE**
What are your hopes for the future?
IWER: NOTE ONLY WHETHER HOPES ARE MENTIONED OR NOT
1. Any hopes mentioned
2. No hopes mentioned

**MH004_ 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_ 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 MH005_ (FEELS GUILTY) = 3. Mentions guilt or self-blame, but it is unclear if these constitute obvious or excessive guilt or self-blame

| **MH006_ BLAME FOR WHAT** |
| So, for what do you blame yourself? |
| IWER: 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_ TROUBLE SLEEPING**
Have you had trouble sleeping recently?
1. Trouble with sleep or recent change in pattern
2. No trouble sleeping
**MH008_ 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 MH008_ (LESS OR SAME INTEREST IN THINGS) = 3. Non-specific or uncodeable response*

<table>
<thead>
<tr>
<th>MH009_ KEEPS UP INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>So, do you keep up your interests?</td>
</tr>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>5. No</td>
</tr>
</tbody>
</table>

**ENDIF**

**MH010_ IRRITABILITY**
Have you been irritable recently?
1. Yes
5. No

**MH011_ 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 MH011_ (APPETITE) = 3. Non-specific or uncodeable response*

<table>
<thead>
<tr>
<th>MH012_ EATING MORE OR LESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>So, have you been eating more or less than usual?</td>
</tr>
<tr>
<td>1. Less</td>
</tr>
<tr>
<td>2. More</td>
</tr>
<tr>
<td>3. Neither more nor less</td>
</tr>
</tbody>
</table>

**ENDIF**

**MH013_ FATIGUE**
In the last month, have you had too little energy to do the things you wanted to do?
1. Yes
5. No

**MH014_ 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_ CONCENTRATION ON READING**
Can you concentrate on something you read?
1. Difficulty in concentrating on reading
2. No such difficulty mentioned

MH016_ ENJOYMENT
What have you enjoyed doing recently?
1. Fails to mention any enjoyable activity
2. Mentions ANY enjoyment from activity

MH017_ TEARFULNESS
In the last month, have you cried at all?
IF IWER:END OF NON-PROXY SECTION. IF THE RESPONDENT WAS NOT CAPABLE OF ANSWERING THE PRECEDING QUESTIONS, PRESS CTRL-M AND MAKE A REMARK
1. Yes
5. No

MH018_ DEPRESSION EVER
[Since the last interview in /{empty}][{month year previous interview}]{empty}[/{empty}], has/Has there been a time or times in your life when you suffered from symptoms of depression which lasted at least two weeks?
1. Yes
5. No

IF MH018_ (DEPRESSION EVER) = 1. Yes
  | IF MN101_ (MN101_Longitudinal) = 0
  | | MH019_ AGE SYMPTOMS FIRST TIME
  | | How old were you when the symptoms occurred for the first time?
  | | ___________ (0..120)
  | | ENDIF
  |
  | MH020_ 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_ 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_ 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_ 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.

IWER: IF MORE THAN 98, ENTER 98
_________ (0..98)

**IF HC002_ (SEEN OR TALKED TO MEDICAL DOCTOR) > 0**

**HC003_ CONTACTS WITH GENERAL PRACTITIONER**

| How many of these contacts were with a general practitioner or with a doctor at your health care center? |
| IWER: IF MORE THAN 98, ENTER 98 |
| ___________ (0..98) |

CHK: HC003_CGPract <= HC002_STtoMDoctor MAIN "^FLError[8]"

**ENDIF**

**IF HC002_ (SEEN OR TALKED TO MEDICAL DOCTOR) > 0 AND HC003_ (CONTACTS WITH GENERAL PRACTITIONER) < HC002_ (SEEN OR TALKED TO MEDICAL DOCTOR) OR HC002_ (SEEN OR TALKED TO MEDICAL DOCTOR) = DONTKNOW**

**HC004_ CONTACTS WITH SPECIALISTS**

| Please look at card 15. During the last twelve months, have you consulted any of the specialists mentioned on card 15? |
| 1. Yes |
| 5. No |

**IF HC004_ (CONTACTS WITH SPECIALISTS) = 1. Yes**

**HC005_ LAST CONSULTATION TO SPECIALIST**

| Still looking at card 15, please specify which of these specialists you did consult during the last 12 months? |
| IWER: IF DENTIST MENTIONED, SAY THIS COMES LATER ON; CODE ALL THAT APPLY |
| 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 |
CHK: NOT ((MN002_Person[1].Gender = a1) AND (a10 IN HC005_LastCSp)) MAIN "^FLError[26]"
ENDIF

HC010_ SEEN A DENTIST/DENTAL HYGIENIST
During the last twelve months, have you seen a dentist or a dental hygienist?
IWER:VISITS FOR ROUTINE CONTROLS, FOR DENTURES AND STOMATOLOGY CONSULTATIONS INCLUDED
  1. Yes
  5. No

IF HC010_ (SEEN A DENTIST/DENTAL HYGIENIST) = 1. Yes

|HC011_ CONTACT DENTIST FOR ROUTINE CONTROL/PREVENTION OR TREATMENT
|Was that for routine control or prevention, for treatment, or for both?
|IWER:IF MORE THAN ONE CONSULTATION, CODE FOR ALL CONSULTATIONS TOGETHER
|  1. Only for routine control or prevention
|  2. Only for treatment
|  3. Both for prevention and for treatment
|ENDIF

HC012_ 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 HC012_ (IN HOSPITAL LAST 12 MONTHS) = 1. Yes

|HC013_ TIMES BEING PATIENT IN HOSPITAL
|How often have you been a patient in a hospital overnight during the last twelve months?
|IWER:COUNT SEPARATE OCCASIONS ONLY. CODE 10 FOR 10 OR MORE OCCASIONS
|___________ (1..10)

|HC014_ TOTAL NIGHTS STAYED IN HOSPITAL
|How many nights altogether have you spent in hospitals during the last twelve months?
|___________ (1..365)

|HC015_ REASONS FOR HAVING STAYED IN HOSPITAL
|Please look at card 16. For which of these reasons have you stayed overnight in hospitals during the last twelve months: inpatient surgery, medical tests or non-surgical treatments, or mental health problems?
IWER: CODE ALL THAT APPLY
1. Inpatient surgery
2. Medical tests or non-surgical treatments (except mental health)
3. Mental health problems

IF 1. Inpatient surgery IN HC015_ (REASONS FOR HAVING STAYED IN HOSPITAL) AND 2. Medical tests or non-surgical treatments (except mental health) IN HC015_ (REASONS FOR HAVING STAYED IN HOSPITAL) OR 3. Mental health problems IN HC015_ (REASONS FOR HAVING STAYED IN HOSPITAL) AND HC013_ (TIMES BEING PATIENT IN HOSPITAL) > 1

HC016_ TIMES OVERNIGHT IN HOSPITAL FOR SURGERY
How often have you stayed overnight in a hospital for a surgery during the last twelve months?
IWER: COUNT SEPARATE OCCASIONS ONLY
__________ (1..98)

CHK: HC016_TimsurginPT <= HC013_TiminHos MAIN "^FLError[9]"
ENDIF

IF 3. Mental health problems IN HC015_ (REASONS FOR HAVING STAYED IN HOSPITAL) AND 1. Inpatient surgery IN HC015_ (REASONS FOR HAVING STAYED IN HOSPITAL) OR 2. Medical tests or non-surgical treatments (except mental health) IN HC015_ (REASONS FOR HAVING STAYED IN HOSPITAL) AND HC013_ (TIMES BEING PATIENT IN HOSPITAL) > 1

HC022_ TIMES OVERNIGHT IN HOSPITAL FOR PSYCHIATRIC PROBLEMS
How often have you stayed overnight in a hospital for mental health problems during the last twelve months?
IWER: COUNT SEPARATE OCCASIONS ONLY
__________ (1..98)

CHK: HC022_TimpsyinPT <= HC013_TiminHos MAIN "^FLError[9]"
ENDIF

HC023_ OUTPATIENT SURGERY LAST 12 MONTHS
During the last twelve months, have you had outpatient surgery?
IWER: EXPLAIN: BY "OUTPATIENT SURGERY" WE MEAN SURGERY PERFORMED IN AN OPERATING ROOM FOR PATIENTS WHO ARE NOT HOSPITALISED OVERNIGHT
1. Yes
5. No

IF HC023_ (OUTPATIENT SURGERY LAST 12 MONTHS) = 1. Yes

HC024_ TIMES HAD OUTPATIENT SURGERY
How often have you had outpatient surgery during the last twelve months?
IWER: COUNT SEPARATE OCCASIONS ONLY
__________ (1..98)
IF MN024_ (HOUSEHOLD TYPE) = 1

| IF HC029_ (IN A NURSING HOME) = 1
| During the last twelve months, have you been in a nursing home overnight?
| IWER: 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 MONTS AGO, ANSWER 1 (YES TEMPORARILY)
| 1. Yes, temporarily
| 3. Yes, permanently
| 5. No
| IF HC029_ (IN A NURSING HOME) = 1. Yes, temporarily
||
|| IF HC030_ TIMES STAYED IN A NURSING HOME OVERNIGHT
|| How often have you been in a nursing home overnight during the last twelve months?
|| IWER: COUNT SEPARATE OCCASIONS ONLY
|| ___________ (1..365)
||
|| IF HC031_ WEEKS STAYED IN A NURSING HOME
|| During the last 12 months, how many weeks altogether did you stay in a nursing home?
|| IWER: COUNT 4 WEEKS FOR EACH FULL MONTH; COUNT 1 FOR PART OF ONE WEEK
|| ___________ (1..52)
||
| ENDIF
|
| IF HC064_ (IN OTHER INSTITUTIONS LAST 12 MONTHS) = 1. Yes
||
|| IF HC065_ TIMES BEING PATIENT IN OTHER INSTITUTIONS
|| How often have you been a patient overnight in any institution other than a hospital or a nursing home during the last twelve months?
|| IWER: COUNT SEPARATE OCCASIONS ONLY. CODE 10 FOR 10 OR MORE OCCASIONS
|| ___________ (1..10)
||
|| IF HC066_ TOTAL NIGHTS STAYED IN OTHER INSTITUTIONS
|| How many nights altogether have you spent in any institution other than a hospital or a
nursing home during the last twelve months?

| ENDIF |

| IF NOT HC029_NursHome.ORD = 3 |

| HC032_ RECEIVED HOME CARE IN OWN HOME |

| Please look at card 17. During the last twelve months, did you receive in your own home any of the kinds of care mentioned on this card? |

| IWER: CODE ALL THAT APPLY |

| 1. Professional or paid nursing or personal care |

| 2. Professional or paid home help, for domestic tasks that you could not perform yourself due to health problems |

| 3. Meals-on-wheels |

| 96. None of these |

| CHK: NOT (( > 1) AND (96 IN HC032_HomeCare)) MAIN "^FLError[5]"

| IF 1. Professional or paid nursing or personal care IN HC032_(RECEIVED HOME CARE IN OWN HOME) |

| HC033_ WEEKS RECEIVED PROFESSIONAL NURSING CARE |

| During the last twelve months, how many weeks did you receive professional or paid nursing care in your own home? |

| IWER: COUNT 4 WEEKS FOR EACH FULL MONTH; COUNT 1 FOR PART OF ONE WEEK |

| ________ (1..52) |

| HC034_ HOURS RECEIVED PROFESSIONAL NURSING CARE |

| On average, how many hours per week did you receive professional or paid nursing care at home? |

| IWER: ROUND UP TO FULL HOURS |

| ________ (1..168) |

| ENDIF |

| IF 2. Professional or paid home help, for domestic tasks that you could not perform yourself due to health problems IN HC032_(RECEIVED HOME CARE IN OWN HOME) |

| HC035_ WEEKS RECEIVED HELP FROM PAID PROFESSIONALS |

| During the last twelve months, how many weeks did you receive professional or paid help for domestic tasks at home because you could not perform them yourself due to health problems? |

| IWER: COUNT 4 WEEKS FOR EACH FULL MONTH; COUNT 1 FOR PART OF ONE WEEK |

| ________ (1..52) |

| IF HC035_ (WEEKS RECEIVED HELP FROM PAID PROFESSIONALS) = RESPONSE |

| HC036_ HOURS HELP FROM PAID PROFESSIONALS |
On average, how many hours per week did you receive such professional or paid help?

\[\text{IWER: ROUND UP TO FULL HOURS}\]

\[\text{___________ (1..168)}\]

\[\text{ENDIF}\]

\[\text{ENDIF}\]

\[\text{IF 3. Meats-on-wheels IN HC032 (RECEIVED HOME CARE IN OWN HOME)}\]

\[\text{HC037 WEEKS RECEIVED MEALS-ON-WHEELS}\]

During the last twelve months, how many weeks did you receive meals-on-wheels, because you could not prepare meals due to health problems?

\[\text{IWER: COUNT 4 WEEKS FOR EACH FULL MONTH}\]

\[\text{___________ (1..52)}\]

\[\text{ENDIF}\]

\[\text{ENDIF}\]

\[\text{HC038 RECEIVED CARE FROM PRIVATE PROVIDERS}\]

Please look at card 18. During the last twelve months, did you receive any of these types of care from private providers that you paid yourself or through a private insurance because you would have waited too long, or you could not get them as much as you needed, through the General Medical Services (Medical Card) Scheme or in a Public Hospital?

\[\text{IWER: IF NECESSARY, EXPLAIN REHABILITATION: SPECIFIC CARE TO RESTORE ESSENTIAL FUNCTIONS SUCH AS MOBILITY, SPEECH, OR CAPACITY TO PERFORM DAILY}\]

ACTIVITIES

1. Yes
5. No

\[\text{IF HC038 (RECEIVED CARE FROM PRIVATE PROVIDERS) = 1. Yes}\]

\[\text{HC039 TYPE OF RECEIVED CARE FROM PRIVATE PROVIDERS}\]

Which types of care did you receive?

\[\text{IWER: CODE ALL THAT APPLY}\]

1. Surgery
2. Care from a general practitioner
3. Care from a specialist physician
4. Drugs
5. Dental care
6. Hospital (inpatient) rehabilitation
7. Ambulatory (outpatient) rehabilitation
8. Aids and appliances
9. Care in a nursing home
10. Home care
11. Paid home help
97. Any other care not mentioned on this list
INTRODUCTION CARE EXPENSES

Now I would like to ask you some questions concerning out-of-pocket expenses for your care and your personal health insurances.

1. Continue

IF HC012_ (IN HOSPITAL LAST 12 MONTHS) = 1. Yes

HC045_ PAID OUT-OF-POCKET FOR INPATIENT CARE

Not counting health insurance premiums or reimbursements from employers, about how much did you pay out-of-pocket for all your hospital inpatient care in the last twelve months?

IWER: IF NECESSARY READ: BY OUT OF POCKET EXPENSES WE MEAN EVERYTHING THAT IS NOT PAID BY THE INSURANCE COMPANY. IF YOU FIRST PAY BUT LATER GET IT REIMBURSED, THIS IS NOT OUT OF POCKET EXPENSES. IF THE INSURANCE COMPANY PAYS FIRST, BUT LATER CHARGES YOU, THIS IS OUT OF POCKET EXPENSES. AMOUNT IN

{local currency}

{enter an amount}

CHK: HC045_PayInpCare <> EMPTY MAIN "^FLError[20]"

IF HC045_ (PAID OUT-OF-POCKET FOR INPATIENT CARE) = NONRESPONSE

BRACKETS (FLUnfolding[1], FLCurr, BRs.Brackets[28].BR1, BRs.Brackets[28].BR2, BRs.Brackets[28].BR3)

ENDIF

ENDIF

HC047_ PAID OUT-OF-POCKET FOR OUTPATIENT CARE

Not counting health insurance premiums or reimbursements from employers, about how much did you pay out-of-pocket for all your outpatient care, in the last twelve months?

IWER: EXPLAIN: CONSIDER EXPENSES FOR CONSULTATIONS FOR ALL HEALTH PROFESSIONALS, INCLUDING DENTISTS, FOR ALL LABS, EXAMS, OR THERAPIES PRESCRIBED BY DOCTORS, AND FOR OUTPATIENT SURGERY - DO NOT CONSIDER EXPENSES FOR DRUGS OR FOR ALTERNATIVE MEDICINES. AMOUNT IN

{local currency}

{enter an amount}

CHK: HC047_PayOutCare <> EMPTY MAIN "^FLError[20]"

IF HC047_ (PAID OUT-OF-POCKET FOR OUTPATIENT CARE) = NONRESPONSE

BRACKETS (FLUnfolding[2], FLCurr, BRs.Brackets[29].BR1, BRs.Brackets[29].BR2, BRs.Brackets[29].BR3)
Not counting health insurance premiums or reimbursements from employers, about how much did you pay out-of-pocket for all your prescribed drugs, in the last twelve months?

IWER: DO NOT CONSIDER EXPENSES FOR SELF-MEDICATION OR DRUGS NOT PRESCRIBED AMOUNT IN [{local currency}]

{enter an amount}

CHK: HC049_PayPreDrugs <> EMPTY MAIN "^FLError[20]"

IF HC049_ (PAID-OUT-OF-POCKET FOR PRESCRIBED DRUGS) = NONRESPONSE

| BRACKETS (FLUnfolding[3], FLCurr, BRs.Brackets[30].BR1, BRs.Brackets[30].BR2, BRs.Brackets[30].BR3)
| ENDIF

IF HC029_ (IN A NURSING HOME) = 1. Yes, temporarily OR HC029_NursHome.ORD = 3 OR 1. Professional or paid nursing or personal care IN HC032_ (RECEIVED HOME CARE IN OWN HOME) OR 2. Professional or paid home help, for domestic tasks that you could not perform yourself due to health problems IN HC032_ (RECEIVED HOME CARE IN OWN HOME) OR 3. Meals-on-wheels IN HC032_(RECEIVED HOME CARE IN OWN HOME)

| HC051_ PAID OUT-OF-POCKET FOR DAY CARE, NURSING HOME AND HOME-BASED CARE
| Not counting health insurance premiums, about how much did you pay out-of-pocket for all your care in nursing homes, in day-care centers, and for all home care services in the last twelve months?
| IWER: AMOUNT IN [{local currency}]. IF QUESTION IS ASKED TO PERMANENT NURSING HOME RESIDENTS, EXPENSES FOR HOUSING AND BOARD MUST NOT BE INCLUDED
| {enter an amount}

CHK: HC051_PayNuHo <> EMPTY MAIN "^FLError[20]"

IF HC051_ (PAID OUT-OF-POCKET FOR DAY CARE, NURSING HOME AND HOME-BASED CARE) = NONRESPONSE

| BRACKETS (FLUnfolding[4], FLCurr, BRs.Brackets[31].BR1, BRs.Brackets[31].BR2, BRs.Brackets[31].BR3)
| ENDIF

ENDIF

HC067_ INTRO HEALTH INSURANCE COVERAGE

Please look at card 19. I am now going to read out some types of health care. Thinking about your current health insurance, please tell me who [PAST YOUR DEDUCTIBLE] finally pays for the costs of these type of care, should you need them: yourself only, mostly yourself, mostly social insurances and
Your health insurances, or social insurances and your health insurances only?

IWER: DEDUCTIBLE REFERS TO AN AMOUNT (E.G. THE FIRST €100) PAID BY THE PERSON BEFORE THE INSURANCE BEGINS TO PAY.

1. Continue

\[\text{LOOP } cnt:= 1 \text{ TO } 10\]

1. **HC068_ CURRENT HEALTH INSURANCE COVERAGE**
   - Who finally pays for [medical visits to a general practitioner/medical visits to specialists, when prescribed by a general practitioner/medical visits to specialists, when not prescribed by a general practitioner/medical visits to any doctor of your choice/dental care/prescribed drugs/hospitalisations in public hospitals/hospitalisations in private hospitals/stays in a nursing home/nursing care at home in case of chronic disease or disability]? (Yourself only, mostly yourself, mostly your health insurance, or your health insurance only)?
   - IWER: IF RESPONDENT PAYS FIRST BUT LATER GETS REIMBURSED BY HEALTH INSURANCES, THIS IS NOT ‘ENTIRELY BY RESPONDENT’.
     1. Entirely paid by respondent
     2. Mostly paid by respondent
     3. Mostly paid, or reimbursed, by social insurances and/or respondent's health insurances
     4. Entirely paid, or reimbursed, by social insurances and/or respondent's health insurances

2. **ENDLOOP**

3. IF MN101_ (MN101_Longitudinal) = 1

1. **HC069_ CHANGES HEALTH INSURANCE COVERAGE**
   - We are interested in how your health insurance may have changed since our last interview in [{month year previous interview}]. Taking all your social and health insurances into account, has anything changed, for better or for worse, in your coverage for health problems since [{month year previous interview}]?
     1. No change
     2. Better coverage now
     3. Worse coverage now

4. IF HC069_ (CHANGES HEALTH INSURANCE COVERAGE) = 2. Better coverage now

5. **HC070_ CHANGES BETTER HEALTH INSURANCE COVERAGE**
   - Please look at card 19. For which types of care listed on this card has your health insurance coverage improved?
   - IWER: CODE ALL THAT APPLY
     1. Medical visits to a general practitioner
     2. Medical visits to specialists, when prescribed by a general practitioner
     3. Medical visits to specialists, when not prescribed by a general practitioner
     4. Medical visits to any doctor of your choice
     5. Dental care
     6. Prescribed drugs
     7. Hospitalizations in public hospitals
     8. Hospitalizations in private hospitals
9. Stays in a nursing home
10. Nursing care at home in case of chronic disease or disability

ELSE

IF HC069_ (CHANGES HEALTH INSURANCE COVERAGE) = 3. Worse coverage now

HC071_ CHANGES WORSE HEALTH INSURANCE COVERAGE

Please look at card 19. For which types of care listed on this card has your health insurance coverage worsened?

IWER: CODE ALL THAT APPLY

1. Medical visits to a general practitioner
2. Medical visits to specialists, when prescribed by a general practitioner
3. Medical visits to specialists, when not prescribed by a general practitioner
4. Medical visits to any doctor of your choice
5. Dental care
6. Prescribed drugs
7. Hospitalizations in public hospitals
8. Hospitalizations in private hospitals
9. Stays in a nursing home
10. Nursing care at home in case of chronic disease or disability

ENDIF

ENDIF

IF HC069_ (CHANGES HEALTH INSURANCE COVERAGE) = 2. Better coverage now OR HC069_ (CHANGES HEALTH INSURANCE COVERAGE) = 3. Worse coverage now

HC072_ REASONS CHANGES HEALTH INSURANCE COVERAGE

Is the change in your health insurance coverage the result of...

IWER: READ OUT. CODE ALL THAT APPLY

1. A life event that automatically changed your insurance coverage, such as retirement
2. Your own decision to change insurance coverage
3. Changes in the health insurance system

ENDIF

ENDIF

ENDIF

HC063_ WHO ANSWERED THE QUESTIONS IN HC

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

IF MN024_ (HOUSEHOLD TYPE) = 1
EP001_ INTRODUCTION EMPLOYMENT AND PENSIONS
Now I’m going to ask you some questions about your current employment situation.
1. Continue

EP005_ CURRENT JOB SITUATION
Please look at card 20. In general, which of the following best describes your current employment situation?
IWER:CODE ONLY ONEONLY IF RESPONDENT 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 OUT 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 and looking for work
4. Permanently sick or disabled
5. Homemaker
97. Other (Rentier, Living off own property, Student, Doing voluntary work)

IF EP005_(CURRENT JOB SITUATION) = 1. Retired

EP328_ RETIREMENT MONTH
In what month and year did you retire? 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

EP329_ RETIREMENT YEAR
In what month and year did you retire? MONTH [EP328_RetMonthYEAR]

(1900-2007)

ENDIF

IF MN101_ (MN101_Longitudinal) = 0 AND EP005_ (CURRENT JOB SITUATION) = 1. Retired OR MN101_ (MN101_Longitudinal) = 1 AND EP005_ (CURRENT JOB SITUATION) = 1. Retired AND EP336_ (RETIRED AFTER INTERVIEW WAVE 1) = 1

Please look at card 21. For which reasons did you retire?
IWER: 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

MAIN REASON FOR EARLY RETIREMENT

Since you stopped working, has retirement mainly been a relief or a concern for you?
1. A relief
2. A concern
3. Neither a relief nor a concern
4. Both a relief and a concern

RETIREMENT BEEN A RELIEF OR A CONCERN

In your last job, were there opportunities to work, either full time or part-time, after the official retirement age?
1. Yes
5. No

ENDIF

IF EP005_ (CURRENT JOB SITUATION) = 3. Unemployed and looking for work

HOW BECAME UNEMPLOYED

Would you tell us how you became unemployed? Was it
IWER: 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
<table>
<thead>
<tr>
<th>EP005_ (CURRENT JOB SITUATION) &lt;&gt; 2. Employed or self-employed (including working for family business)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF EP005_ (CURRENT JOB SITUATION) &lt;&gt; 2. Employed or self-employed (including working for family business)</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>IF EP002_ (DID ANY PAID WORK)</td>
</tr>
<tr>
<td>[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?</td>
</tr>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>5. No</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>IF MN101_ (MN101_Longitudinal) = 0</td>
</tr>
<tr>
<td>IF EP005_CurrentJobSit.ORD = 4 OR EP005_CurrentJobSit.ORD = 5 OR EP005_CurrentJobSit.ORD = 97 AND EP002_ (DID ANY PAID WORK) = 5. No</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>IF EP006_ (EVER DONE PAID WORK)</td>
</tr>
<tr>
<td>Have you ever done any paid work?</td>
</tr>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>5. No</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>ENDIF</td>
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<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>IF MN101_ (MN101_Longitudinal) = 1</td>
</tr>
<tr>
<td>IF EP005_ (CURRENT JOB SITUATION) = 2. Employed or self-employed (including working for family business) OR EP002_ (DID ANY PAID WORK)</td>
</tr>
<tr>
<td>WORK) = 1. Yes</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>IF MN101_ (MN101_Longitudinal) = 1</td>
</tr>
<tr>
<td>EP068_ (DISABILITY CAUSED BY WORK)</td>
</tr>
<tr>
<td>You said that you are permanently sick or disabled. Was this caused by your working activities?</td>
</tr>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>5. No</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>ENDIF</td>
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<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>IF MN101_ (MN101_Longitudinal) = 1</td>
</tr>
<tr>
<td>IF EP005_ (CURRENT JOB SITUATION) = 2. Employed or self-employed (including working for family business) OR EP002_ (DID ANY PAID WORK) = 1. Yes</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
</tbody>
</table>
previous interview] through the present. During that time, have you been working continuously?

1. Yes
2. No

ENDIF

IF EP125_ (CONTINUOUSLY WORKING) = 1. Yes

EP141_ CHANGE IN JOB

Please look at card 22. Even though you have been working continuously since [[month year previous interview]], have you experienced any of the changes listed on this card? IWER: CODE ALL THAT APPLY.

1. A change in type of employment (for instance from dependent employment to self-employment)
2. A change in employer
3. A promotion
4. A change in job location
5. A change in contract length (from long term to short term or vice versa)
6. None of the above

ENDIF

IF EP125_ (CONTINUOUSLY WORKING) = 5. No

EP331_ 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_ 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_ PERIOD FROM YEAR

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

1. 2003 or earlier
2. 2004
EP129_ PERIOD TO MONTH
To what month and year have you been [working/unemployed]? MONTH: YEAR:
IWER: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 EP129_ (PERIOD TO MONTH) <> 13. Today

EP130_ PERIOD TO YEAR
To what month and year have you been [working/unemployed]? MONTH: [period to month] YEAR:
IWER:TO YEAR
1. 2004
2. 2005
3. 2006
4. 2007

ENDIF

EP133_ OTHER PERIODS
Were there other times since [month year previous interview] when you have been [working for pay/unemployed]?
1. Yes
5. No

LOOP cnt:= 2 TO 20

IF riodOtherEpisodes[cnt - EP133_ (OTHER PERIODS) = 1. Yes

EP127_ PERIOD FROM MONTH
From what month and year have you been [working/unemployed]? MONTH: YEAR:
1. January
2. February
3. March
4. April
From what month and year have you been [working/unemployed]? MONTH [EP127_PeriodFromMonthYEAR] From what month and year have you been [working/unemployed]? MONTH [EP127_PeriodFromMonthYEAR] From what month and year have you been [working/unemployed]? MONTH [EP127_PeriodFromMonthYEAR] From what month and year have you been [working/unemployed]? MONTH [EP127_PeriodFromMonthYEAR]

To what month and year have you been [working/unemployed]? MONTH: YEAR: IWER:IF SPELL STILL ONGOING TYPE 13. TODAY To what month and year have you been [working/unemployed]? MONTH: YEAR: IWER:IF SPELL STILL ONGOING TYPE 13. TODAY To what month and year have you been [working/unemployed]? MONTH: YEAR: IWER:IF SPELL STILL ONGOING TYPE 13. TODAY To what month and year have you been [working/unemployed]? MONTH: YEAR: IWER:IF SPELL STILL ONGOING TYPE 13. TODAY

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

ENDIF

ENDLOOP

ENDIF

ENDIF

ENDIF

IF MN101_ (MN101_Longitudinal) = 0 AND EP006_ (EVER DONE PAID WORK) = 1. Yes
AND EP005_ (CURRENT JOB SITUATION) = 5. Homemaker
OR MN101_ (MN101_Longitudinal) = 1 AND EP005_ (CURRENT JOB SITUATION) = 5.
Homemaker AND EP002_ (DID ANY PAID WORK) = 1. Yes AND
EP335_ ( WORKED TILL TODAY) = 5

EP069_ REASON STOP WORKING

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

IWER: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_ (MN101_Longitudinal) = 1

IF EP005_ (CURRENT JOB SITUATION) <> 3. Unemployed and looking for work AND
EP125_ (CONTINUOUSLY WORKING) = 5. No OR
EP005_ (CURRENT JOB SITUATION) <> 2. Employed or self-employed (including
working for family business) AND EP002_ (DID ANY PAID WORK) = 5.
No

EP325_ 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 EP005_ (CURRENT JOB SITUATION) = 3. Unemployed and looking for work
Now I'd like to know about the times since our last interview through the present in which you were unemployed and looking for work.

1. Continue

ENDIF

IF EP325_ (UNEMPLOYED) = 1. Yes OR EP005_ (CURRENT JOB SITUATION) = 3. Unemployed and looking for work

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

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

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

PERIOD TO MONTH

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

IWER: IF SPELL STILL ONGOING TYPE 13. TODAY

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
IF EP129_ (PERIOD TO MONTH) <> 13. Today

EP130_ PERIOD TO YEAR
To what month and year have you been [working/unemployed]? MONTH: [{period to month}] YEAR:
IWER: TO YEAR
1. 2004
2. 2005
3. 2006
4. 2007
ENDIF

EP133_ OTHER PERIODS
Were there other times since [{month year previous interview}] when you have been [working for pay/unemployed]?
1. Yes
5. No

LOOP cnt:= 22 TO 40

IF riodOtherEpisodes[cnt - EP133_ (OTHER PERIODS) = 1. Yes

EP127_ 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_ 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

EP129_ PERIOD TO MONTH
To what month and year have you been [working/unemployed]? MONTH: YEAR:
IWER: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 EP129_ (PERIOD TO MONTH) <> 13. Today

EP130_ PERIOD TO YEAR
To what month and year have you been [working/unemployed]? MONTH: [{period to month}] YEAR:
IWER:TO YEAR
1. 2004
2. 2005
3. 2006
4. 2007

ENDIF

EP133_ OTHER PERIODS
Were there other times since {{month year previous interview}} when you have been [working for pay/unemployed]?
1. Yes
5. No

ENDIF
ENDLOOP

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 23. Since {{month year previous interview}} have you received any of the benefits listed on this card?
IWER: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

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

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

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

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

1. 2003 or earlier
2. 2004
3. 2005
4. 2006
5. 2007
EP113_ 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]?
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 EP113_ (RECEIVE PAYMENT PERIOD TO MONTH) <> 13. Today

EP114_ 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. 2004
2. 2005
3. 2006
4. 2007

ENDIF

EP116_ 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

LOOP cnt:= 2 TO 20

IF EPPayments[cnt - EP116_ (RECEIVE PAYMENT OTHER EPISODES) = 1. Yes

EP111_ 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
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. 2003 or earlier
2. 2004
3. 2005
4. 2006
5. 2007

To what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]?
IWER: 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 EP113_ (RECEIVE PAYMENT PERIOD TO MONTH) <> 13. Today

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. 2004
2. 2005
3. 2006
4. 2007
EP116_ 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

ENDLOOP

ENDLOOP

EP326_ RECEIVED SEVERANCE PAYMENT

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

1. Yes
5. No

IF EP326_ (RECEIVED SEVERANCE PAYMENT) = 1. Yes

EP122_ RECEIVE SEVERANCE MONTH

In what MONTH and year did you receive the severance pay?

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_ RECEIVE SEVERANCE YEAR

In what month and YEAR did you receive the severance pay?

1. 2004
2. 2005
3. 2006
4. 2007

ENDIF
IF EP005_ (CURRENT JOB SITUATION) = 2. Employed or self-employed (including working for family business) OR
MN101_ (MN101_Longitudinal) = 0 AND EP002_ (DID ANY PAID WORK) = 1. Yes OR
MN101_ (MN101_Longitudinal) = 1 AND EP335_ (WORKED TILL TODAY) = 1

EP008_ INTRODUCTION CURRENT JOB
The following questions are about your current main job.
IWER: INCLUDING SEASONAL JOB. THE MAIN JOB IS THE JOB THE RESPONDENT IS WORKING MOST HOURS FOR. IF SAME HOURS THAN CHOOSE THE ONE THE RESPONDENT GETS MORE MONEY FROM.
1. Continue

EP009_ 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

EP010_ START OF CURRENT JOB (YEAR)
In which year did you start this job?
(1900..2007)

EP016_ NAME OR TITLE OF JOB
Please look at showcard 24. What best describes this job?
IWER: ELEMENTARY OCCUPATION REFERS TO UNSKILLED WORK SUCH AS LABOURER, CLEANER ETC.
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_ WHICH INDUSTRY ACTIVE**

Please look at showcard 25. 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 EP009_ (EMPLOYEE OR SELF-EMPLOYED) = 1. Employee**

**EP019_ FIRM BELONGS TO THE PUBLIC SECTOR**

In this job are you employed in the public sector?

1. Yes
5. No

**ENDIF**

**IF EP009_ (EMPLOYEE OR SELF-EMPLOYED) = 1. Employee OR EP009_EmployeeOrSelf.ORD = 2**

**EP021_ RESPONSIBILITY FOR SUPERVISING OTHER EMPLOYEES**

In this job, do you have any responsibility for supervising the work of other employees?

1. Yes
5. No

**ENDIF**

**IF EP021_ (RESPONSIBILITY FOR SUPERVISING OTHER EMPLOYEES) = 1. Yes**

**EP022_ NUMBER OF PEOPLE RESPONSIBLE FOR**

About how many people are you responsible for in this job?

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**
ELSE

IF EP009_EmployeeOrSelf.ORD = 3

EP024_ NUMBER OF EMPLOYEES
How many employees, if any, do you have in this job?
IWER: 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
ENDIF

IF EP009_ (EMPLOYEE OR SELF-EMPLOYED) = 1. Employee OR
EP009_EmployeeOrSelf.ORD = 2

EP011_ TERM OF JOB
In this job, do you have a short-term or a permanent contract?
IWER: BY SHORT-TERM WE MEAN LESS THAN 3 YEARS
1. Short-term
2. Permanent

EP012_ 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)

CHK: EP012_TotContractHours < 71 MAIN "^FLError[28]"
ENDIF

EP013_ TOTAL HOURS WORKED PER WEEK
Regardless of your basic contracted hours how many hours a week
does your job usually work in this job, excluding meal breaks but
including any paid or unpaid overtime?
__________ (0.0..168.0)

CHK: EP013_TotWorkedHours < 71 MAIN "^FLError[28]"
ENDIF

EP014_ MONTHS WORKED IN THE JOB (NUMBER)
How many months a year do you normally work in this job (including paid holidays)?
__________ (1..12)

EP301_ MISSED DAYS FROM WORK
In the last 12 months, did you miss any days from work because of your health?
1. Yes
5. No

\[
\text{IF EP301_ (MISSED DAYS FROM WORK) = 1. Yes}
\]

\[
\text{EP302_ HOW MANY DAYS MISSED FROM WORK}
\]

About how many days did you miss?

\[\text{__________ (1..365)}\]


\[
\text{ENDIF}
\]

\[
\text{EP025_ INTRODUCTION WORK SATISFACTION}
\]

Please look at card 26. 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

\[
\text{EP026_ SATISFIED WITH JOB}
\]

All things considered I am satisfied with my job. Would you say you strongly agree, agree, disagree or strongly disagree?

\[
\text{IWER:SHOW CARD 26}
\]

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

\[
\text{EP027_ JOB PHYSICALLY DEMANDING}
\]

My job is physically demanding. Would you say you strongly agree, agree, disagree or strongly disagree?

\[
\text{IWER:SHOW CARD 26}
\]

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

\[
\text{EP028_ TIME PRESSURE DUE TO A HEAVY WORKLOAD}
\]

I am under constant time pressure due to a heavy workload. (Would you say you strongly agree, agree, disagree or strongly disagree?)

\[
\text{IWER:SHOW CARD 26}
\]

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

\[
\text{EP029_ LITTLE FREEDOM TO DECIDE HOW I DO MY WORK}
\]

I have very little freedom to decide how I do my work. (Would you say you strongly agree, agree, disagree or strongly disagree?)

\[
\text{IWER:SHOW CARD 26}
\]

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP030**_ 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?)
IWER:SHOW CARD 26
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP031**_ SUPPORT IN DIFFICULT SITUATIONS
I receive adequate support in difficult situations. (Would you say you strongly agree, agree, disagree or strongly disagree?)
IWER:SHOW CARD 26
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP032**_ 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?)
IWER:SHOW CARD 26
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP033**_ 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?)
IWER:SHOW CARD 26. IN CASE OF DOUBT EXPLAIN: WE MEAN ADEQUATE FOR THE WORK DONE
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP034**_ 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?)
IWER:SHOW CARD 26
1. Strongly agree
2. Agree
3. Disagree
EP035_ JOB SECURITY IS POOR
My job security is poor. (Would you say you strongly agree, agree, disagree or strongly disagree?)
IWER:SHOW CARD 26
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

EP036_ LOOK FOR EARLY RETIREMENT
Now we will not use card 26 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_ 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 EP009_ (EMPLOYEE OR SELF-EMPLOYED) = 1. Employee OR EP009_EmployeeOrSelf.ORD = 2

EP038_ FREQUENCY OF PAYMENT
Now I'd like to ask some questions about your income from your job. How often do you get paid?
IWER:DO NOT READ OUT
1. Every week
2. Every two weeks
3. Every calendar month/4 weeks
4. Every three months/13 weeks
5. Every six months/26 weeks
6. Every year/12 months/52 weeks
97. Other frequency (specify)

IF EP038_ (FREQUENCY OF PAYMENT) = 97. Other frequency (specify)

EP039_ OTHER FREQUENCY OF PAYMENT
IWER:CODE OTHER FREQUENCY

ENDIF

EP201_ TAKEN HOME FROM WORK AFTER TAX
After all deductions for tax, national insurance or pension and health contributions and so on, about how much was your last payment?

IWER: AMOUNT IN [{local currency}]

{enter an amount}

CHK: EP201_TakeHomeFromWorkAT <> EMPTY MAIN "^FLError[20]"

IF EP201_(TAKEN HOME FROM WORK AFTER TAX) = NONRESPONSE

BRACKETS (FLUnfolding[9], FLCurr, BRs.Brackets[22].BR1, BRs.Brackets[22].BR2, BRs.Brackets[22].BR3)

ENDIF

EP214_ AMOUNT INCLUDE ADDITIONAL PAYMENTS

Did this amount include any additional payments or bonuses?

IWER: LUMP-SUM PAYMENTS ARE FOR EXAMPLE (COUNTRY-SPECIFIC EXAMPLE, E.G. 13TH AND 14TH SALARY PAYMENTS, ETC.)

1. Yes

5. No

IF EP214_(AMOUNT INCLUDE ADDITIONAL PAYMENTS) = 1. Yes

EP314_ TOTAL AMOUNT OF ADDITIONAL PAYMENTS

After taxes, about how much did you receive overall as additional payments or bonuses?

IWER: AMOUNT IN [{local currency}]

{enter an amount}

ENDIF

EP041_ TAKEN HOME FROM WORK BEFORE TAX

Before any deductions for tax, national insurance or pension and health contributions and so on, about how much was your last payment?

IWER: AMOUNT IN [{local currency}]

{enter an amount}

CHK: EP041_TakeHomeFromWorkBT <> EMPTY MAIN "^FLError[20]"

IF EP041_(TAKEN HOME FROM WORK BEFORE TAX) = NONRESPONSE

BRACKETS (FLUnfolding[8], FLCurr, BRs.Brackets[21].BR1, BRs.Brackets[21].BR2, BRs.Brackets[21].BR3)

ENDIF

ELSE

IF EP009_EmployeeOrSelf.ORD = 3

EP045_ TOTAL AMOUNT BEFORE TAX PROFITS END OF YEAR

Now I'd like to ask about your income from your business, that is after paying for any materials, equipment or goods that you use in your work. What was on average your monthly income from your business over the last twelve months
before subtracting taxes?

| | | | IWER:AMOUNT IN {{local currency}}
| | | | {enter an amount} 
| | | | 

CHK: EP045_ProfitAmountBT <> EMPTY MAIN "^FLError[20]"

| | | | IF EP045_ (TOTAL AMOUNT BEFORE TAX PROFITS END OF YEAR) = NONRESPONSE 
| | | | BRACKETS (FLUnfolding[10], FLCurr, BRs.Brackets[23].BR1, BRs.Brackets[23].BR2, BRs.Brackets[23].BR3) 
| | | | ENDIF 
| | | | EP305_ TOTAL AMOUNT AFTER TAXES PROFITS END OF YEAR 
| | | | Now, we would like to know your monthly income from your business over the last twelve months after subtracting taxes?
| | | | IWER:AMOUNT IN {{local currency}}
| | | | {enter an amount} 
| | | | 

CHK: EP305_ProfitAmountAT <> EMPTY MAIN "^FLError[20]"

| | | | IF EP305_ (TOTAL AMOUNT AFTER TAXES PROFITS END OF YEAR) = NONRESPONSE 
| | | | BRACKETS (FLUnfolding[5], FLCurr, BRs.Brackets[23].BR1, BRs.Brackets[23].BR2, BRs.Brackets[23].BR3) 
| | | | ENDIF 
| | | | ENDIF 
| | | | ENDIF 
| | | | IF EP005_ (CURRENT JOB SITUATION) = 2. Employed or self-employed (including working for family business) 
| | | | EP007_ 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 EP007_ (CURRENTLY MORE THAN ONE JOB) = 1. Yes 
| | | | EP321_ 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_ MONTHS WORKED IN SECOND JOB (NUMBER) 
| | | | How many months a year are you normally working in this job (including paid holidays)?
| IF MN101_ (MN101_Longitudinal) = 0 AND EP006_ (EVER DONE PAID WORK) = 1. Yes OR EP005_ (CURRENT JOB SITUATION) = 1. Retired OR EP005_ (CURRENT JOB SITUATION) = 3. Unemployed and looking for work |
| EP048_ 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_ YEAR LAST JOB END |
| In which year did your last job end? |
| (1900..2007) |
| EP049_ YEARS WORKING IN LAST JOB |
| How many years have you been working in your last job? |
| ___________ (0..99) |
| EP051_ 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_ NAME OR TITLE OF JOB |
| Please look at showcard 27. What best describes this job? |
| IWER: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_ WHICH INDUSTRY ACTIVE |
| Please look at showcard 28. What kind of business, industry or services did you work in? |
| IWER: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_ 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 = 1 OR EP051_EmployeeORSelf.ORD = 2

EP057_ RESPONSIBILITY FOR SUPERVISING THE WORK
In this job, did you have any responsibility for supervising the work of other employees?
1. Yes
5. No

IF EP057_ (RESPONSIBILITY FOR SUPERVISING THE WORK) = 1. Yes

EP058_ NUMBER OF PEOPLE RESPONSIBLE FOR
About how many people were you responsible for?
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

IF EP051_EmployeeORSelf.ORD = 3

EP061_ NUMBER OF EMPLOYEES
How many employees, if any, did you have?
IWER:READ ANSWERS OUT
0. None
1. 1 to 5
EP203_ INTRO INDIVIDUAL INCOME
We would now like to know more about your earnings and income during the last year, that is in \([\text{previous year}]\).
1. Continue

EP204_ ANY EARNINGS FROM EMPLOYMENT LAST YEAR
Have you had any wages, salaries or other earnings from employment in \([\text{previous year}]\)?
1. Yes
5. No

\[\text{IF EP204_ (ANY EARNINGS FROM EMPLOYMENT LAST YEAR) = 1. Yes} \]

| \[\text{EP205_ EARNINGS EMPLOYMENT PER YEAR AFTER TAXES} \]
| After any taxes and contributions, what was your approximate income from employment in the year \([\text{previous year}]\)?
| \[\text{IWER:AMOUNT IN [\{local currency\}] }\]
| \{enter an amount\}

| \[\text{CHK: EP205_EarningsEmplAT <> EMPTY MAIN }^\text{FLError[20]}\]
| \[\text{IF EP205_ (EARNINGS EMPLOYMENT PER YEAR AFTER TAXES) = NONRESPONSE} \]
| \[\text{BRACKETS (FLUnfolding[12], FLCurr, BRs.Brackets[26].BR1, BRs.Brackets[26].BR2, BRs.Brackets[26].BR3} \]
| \[\text{ENDIF} \]
| \[\text{ENDIF} \]

EP206_ INCOME FROM SELF-EMPLOYMENT LAST YEAR
Have you had any income at all from self-employment or work for a family business in \([\text{previous year}]\)?
1. Yes
5. No

\[\text{IF EP206_ (INCOME FROM SELF-EMPLOYMENT LAST YEAR) = 1. Yes} \]

| \[\text{EP207_ EARNINGS PER YEAR AFTER TAXES FROM SELF-EMPLOYMENT} \]
| After any taxes and contributions and after paying for any materials, equipment or goods that you use in your work, what was your approximate income
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_** INCOME FROM PUBLIC PENSIONS IN LAST YEAR

Please look at card 29. Have you received income from any of these sources in the year [{previous year}]?

- State contributory pension (old age or retirement)
- State Non-contributory Old Age Pension
- Pre-Retirement Allowance
- Invalidity pension, or Sickness benefits
- Disability Allowance
- Unemployment Benefit or Unemployment Allowance
- Widow(er)'s Contributory Pension
- Widow(er)'s Non-Contributory Pension
- Other regular benefit or allowance
- (not used)

96. None of these

CHK: NOT (( > 1) AND (96 IN EP071_IncomeSources)) MAIN "^FLError[5]"

LOOP cnt:= 1 TO 10

| IF cnt IN EP071_ (INCOME FROM PUBLIC PENSIONS IN LAST YEAR)

| EP078_ 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}]?

IWER:AMOUNT IN [FLCURRIT] IS AN ORDINARY TYPICAL-REGULAR PAYMENT, EXCLUDING ANY EXTRAS, SUCH AS BONUSES, 13TH MONTH ETC.

{enter an amount}

CHK: EP078_AvPaymPens <> EMPTY MAIN "^FLError[20]"

IF EP078_ (TYPICAL PAYMENT OF PENSION IN LAST YEAR) = NONRESPONSE

EP074_ 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 EP074_ (PERIOD OF INCOME SOURCE) = 97. Other (specify)

EP075_ OTHER PERIOD OF RECEIVING BENEFITS

IWER:NOTE OTHER PERIOD

ENDIF

EP208_ 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}]?


___________ (1..12)

IF NOT MN101_(MN101_Longitudinal) = 1 AND Index < 11

EP213_ 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..2005)

ENDIF

EP081_ 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}]?

IWER: LUMP SUM PAYMENTS ARE FOR EXAMPLE (COUNTRY-SPECIFIC EXAMPLE, E.G."LIQUIDAZIONE" OR "TFR TRATTAMENTO DI FINE RAPPORTO" IN ITALY) CONSIDER ALL EXTRAS, SUCH AS BONUSES, 13TH MONTH ETC.

1. Yes

5. No
IF EP081_ (LUMP SUM PAYMENT INCOME SOURCE) = 1. Yes

EP082_ 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]? IWER: AMOUNT IN [FLCURRINCLUDE] ALL ADDITIONAL OR EXTRA PAYMENTS
{enter an amount}

CHK: EP082_TotAmountLS <> EMPTY MAIN "^FLError[20]"

IF EP082_ (TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME SOURCE) = NONRESPONSE

ENDIF

ENDLOOP

EP323_ INTRODUCTION OCCUPATIONAL PENSIONS
In addition to public pension benefits, pensions can also be provided through your employer. 1. Continue

EP324_ OCCUPATIONAL PENSION INCOME SOURCES
Please look at card 30. Have you received income from any of these sources in the year [{previous year}] ? IWER: 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
LOOP cnt:= 11 TO 16
|
IF cnt - >1. Occupational old age pension from your last job IN EP324_(OCCUPATIONAL PENSION INCOME SOURCES)
|
EP078_ TYPICAL PAYMENT OF PENSION IN LAST YEAR
| After taxes, about how large was a typical payment of [your public old age pension/your public old age supplementary pension or public old age second pension/your public early retirement or pre-retirement pension/your main public disability insurance pension, or sickness benefits/your secondary public disability insurance pension, or sickness benefits/your public unemployment benefit or insurance/your main public survivor pension from your spouse or partner/your public war pension/your public long-term care/your 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]]?
| IWER:AMOUNT IN [FLCURRIT] IS AN ORDINARY TYPICAL-REGULAR PAYMENT, EXCLUDING ANY EXTRAS, SUCH AS BONUSES, 13TH MONTH ETC. {enter an amount}
|
CHK: EP078_AvPaymPens <> EMPTY MAIN "^FLError[20]"
| IF EP078_ (TYPICAL PAYMENT OF PENSION IN LAST YEAR) = NONRESPONSE
||
| BRACKETS (FLUnfolding[17], FLCurr, BRs.Brackets[45].BR1, BRs.Brackets[45].BR2, BRs.Brackets[45].BR3)
||
| ENDF
|
EP074_ 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 EP074_ (PERIOD OF INCOME SOURCE) = 97. Other (specify)
|
EP075_ OTHER PERIOD OF RECEIVING BENEFITS
|
IWER:N O T E OTHER PERIOD
|
ENDIF
|

**EP208** 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]]?

IWER: NOT HOW MANY PAYMENTS WERE MADE, BUT THE TIME-SPAN.


___________ (1..12)

**IF NOT MN101_ (MN101_Longitudinal) = 1 AND Index < 11**

**EP213** 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..2005)

**ENDIF**

**EP081** 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 your 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]

(1900..2005)

**ENDIF**
your spouse or partner's job] during the year [{previous year}]?
IWER: LUMP SUM PAYMENTS ARE FOR EXAMPLE (COUNTRY-SPECIFIC EXAMPLE, E.G. "LIQUIDAZIONE" OR "TFR TRATTAMENTO DI FINE RAPPORTO" IN ITALY) CONSIDER ALL EXTRAS, SUCH AS BONUSES, 13TH MONTH ETC.
1. Yes
5. No

IF EP081_ (LUMP SUM PAYMENT INCOME SOURCE) = 1. Yes

EP082_ 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]?
IWER: AMOUNT IN [FLCURRINCLUDE] ALL ADDITIONAL OR EXTRA PAYMENTS
{enter an amount}

CHK: EP082_TotAmountLS <> EMPTY MAIN "^FLError[20]"

IF EP082_ (TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME SOURCE) = NONRESPONSE
   ENDF
ENDIF

EP089_ ANY OTHER REGULAR PAYMENTS RECEIVED
Please look at card 31. Did you receive any of the following regular payments or transfers during the year [{previous year}]?
IWER: 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

CHK: NOT (( > 1) AND (96 IN EP089_AnyRegPay)) MAIN "^FLError[5]"

LOOP cnt:= 1 TO 5
|
| IF cnt IN EP089_(ANY OTHER REGULAR PAYMENTS RECEIVED) 
| |
| EP094_ 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}]?
| IWER:AMOUNT IN [{local currency}] 
| {enter an amount} 
| |
| CHK: EP094_TotalAmountBenLP <> EMPTY MAIN "^FLError[20]"
| |
| IF EP094_ (TOTAL AMOUNT IN THE LAST PAYMENT) = NONRESPONSE 
| |
| |
| |
| ENDIF
|
| EP090_ 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 EP090_ (PERIOD RECEIVED REGULAR PAYMENTS) = 97. Other (specify) 
| |
| EP091_ OTHER PERIOD OF RECEIVING REGULAR PAYMENTS 
| |
| IWER:SPECIFY OTHER 
| ___________
| |
| ENDIF
|
| EP096_ 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_ ADDITIONAL PAYMENTS FOR THIS BENEFIT IN LAST YEAR 
| For [your life insurance payments/your private annuity or private personal pension payments/your private pension or private personal pension payments/your regular payments from charities/your long-term care insurance payments] in [{previous year}]?
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 EP092_ (ADDITIONAL PAYMENTS FOR THIS BENEFIT IN LAST YEAR) = 1. Yes

EP209_ ADDITIONAL PAYMENTS AFTER TAXES

After any taxes and contributions, about how much did you get in additional payments?
IWER:AMOUNT IN [{local currency}]
{enter an amount}

CHK: EP209_AddPaymAT <> EMPTY MAIN "^FLError[20]"

IF EP209_ (ADDITIONAL PAYMENTS AFTER TAXES) = NONRESPONSE

BRACKETS (FLUnfolding[18], FLCurr, BRs.Brackets[46].BR1, BRs.Brackets[46].BR2, BRs.Brackets[46].BR3)

ENDIF

ENDIF

ENDIF

ENDLOOP

IF MN024_ (HOUSEHOLD TYPE) = 1 AND MN808_ (AGE RESPONDENT) < 76

EP097_ PENSION CLAIMS

Now we are talking about future pension entitlements. Please look at card 32. Are you entitled to at least one pension listed on this card which you do not receive currently?

1. Yes
5. No

IF EP097_ (PENSION CLAIMS) = 1. Yes

EP098_ TYPE OF PENSION YOU WILL BE ENTITLED TO

Which type or types of pension will you be entitled to?
IWER:CODE ALL THAT APPLYRESPONDENT 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
96. None of these

CHK: NOT (( > 1) AND (96 IN EP098_TypeOfPension)) MAIN "^FLError[5]"
LOOP cnt:= 1 TO 9

IF cnt IN EP098_(TYPE OF PENSION YOU WILL BE ENTITLED TO)

EP101_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]? 

EP102_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] compulsory or voluntary?

EP103_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]?

EP106EXPECTED AGE TO COLLECT THIS PENSION
At what age do you yourself expect to start collecting this pension payment for the first time?

CHK: EP106_ExpRetAge >= MN808_AgeRespondent MAIN "^FLError[25]"

IF EP005_(CURRENT JOB SITUATION) = 2. Employed or self-employed (including working for family business)

EP109_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?

IWER:LAST EARNINGS BEFORE COLLECTING PENSION

ENDIF

ENDIF
EP210_ WHO ANSWERED SECTION EP
IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?
1. Respondent only
2. Respondent and proxy
3. Proxy only

GS001_ 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?
IWER:DEMONSTRATE GRIP STRENGTH MEASURE
1. R agrees to take measurement
2. R refuses to take measurement
3. R is unable to take measurement

IF GS001_ (WILLING TO HAVE HANDGRIP MEASURED) <> 1. R agrees to take
measurement
|
| GS010_ WHY NOT COMPLETED GS TEST
|
| IWER: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 GS010_ (WHY NOT COMPLETED GS TEST)
| |
| | GS011_ OTHER REASON
| |
| | IWER:SPECIFY OTHER REASON
| | ___________
| |
| ENDIF
|
ENDIF
GS002_ RECORD RESPONDENT STATUS

IWER: 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 GS001_ (WILLING TO HAVE HANDGRIP MEASURED) <> 1. R agrees to take measurement

| GS003_ END OF TEST BECAUSE RESPONDENT IS UNABLE OR NOT WILLING TO DO TEST
| INTERVIEWER STOP TEST.
| IWER: NO HANDGRIP MEASUREMENT TO BE TAKEN
| 1. Continue
| ENDF

IF GS001_ (WILLING TO HAVE HANDGRIP MEASURED) = 1. R agrees to take measurement

| IF GS002_ (RECORD RESPONDENT STATUS) = 1. Respondent has the use of both hands
| |
| GS004_ DOMINANT HAND
| Which is your dominant hand?
| 1. Right hand
| 2. Left hand
| |
| ENDF
|
| GS005_ INTRODUCTION TO TEST
|
| IWER: 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 GS002_ (RECORD RESPONDENT STATUS) = 1. Respondent has the use of both hands OR GS002_ (RECORD RESPONDENT STATUS) = 2. Respondent is unable to use right hand
|
| GS006_ FIRST MEASUREMENT, LEFT HAND
| LEFT HAND, FIRST MEASUREMENT.
| IWER: ENTER THE RESULTS TO THE NEAREST INTEGER VALUE.
| ___________ (0..100)
|
| GS007_ SECOND MEASUREMENT, LEFT HAND
| LEFT HAND, SECOND MEASUREMENT.
The next test that I am going to ask you to perform will measure 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...

**IWER:** DEMONSTRATE THE TEST.
1. Continue

**PF002** _SAFE TO DO THE TEST_
Do you feel it would be safe for you to do this test?
1. Yes
5. No

*IF PF002_ (SAFE TO DO THE TEST) = 1. Yes*

**PF003** _VALUE FIRST MEASUREMENT_

**IWER:** 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** _VALUE SECOND MEASUREMENT_

**IWER:** 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 PF003_ (VALUE FIRST MEASUREMENT) <> REFUSAL OR PF004_ (VALUE SECOND MEASUREMENT) <> REFUSAL*

**PF005** _EFFORT R GAVE TO THIS MEASUREMENT_

**IWER:** 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** _POSITION OF R FOR THIS TEST_

**IWER:** WHAT WAS THE R’S POSITION FOR THIS TEST?
1. Standing
2. Sitting
3. Lying down

*ENDIF*
IF PF002_ (SAFE TO DO THE TEST) = 5. No OR PF003_ (VALUE FIRST MEASUREMENT) > 890 OR PF004_ (VALUE SECOND MEASUREMENT) > 890

| PF007_ WHY PF NOT COMPLETED
| IWER: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 PF007_(WHY PF NOT COMPLETED)
| |
| | PF008_ OTHER REASON NOT COMPLETED PF
| |
| | IWER:RECORD OTHER REASON
| | __________
| | 
| ENDF
|

ENDIF

IF MN808_ (AGE RESPONDENT) > 74

| WS001_ RECORD RESPONDENT STATUS
| |
| IWER:THIS IS THE START OF WALKING SPEED TEST, PLEASE RECORD RESPONDENT STATUS
| 1. Observed walking without help of another person or using support
| 2. Observed walking with help of another person or using support
| 3. Not observed - in wheelchair
| 4. Not observed - bed bound
| 5. Not observed - uncertain if respondent has impairment
| |
| |
| IF WS001_ (RECORD RESPONDENT STATUS) <> 1. Observed walking without help of another person or using support
| |
| | WS002_ INTRODUCTION TO RESPONDENT
| | Now we have a different kind of exercise that involves walking a short distance. Are you able to walk alone without holding on to another person (using a walking stick or other aid if necessary)?
| | 1. Yes
| | 2. Yes, but aid unavailable

ENDIF
3. No

ENDIF

IF WS001_ (RECORD RESPONDENT STATUS) = 1. Observed walking without help of another person or using support OR WS002_ (INTRODUCTION TO RESPONDENT) = 1. Yes

ENDIF

WS003_ IS IT SAFE TO CARRY OUT THE TEST

I would now like to test whether you can walk a very short distance comfortably (using a walking stick or other aid if necessary). First, I would like to check if it is safe to carry out the test. Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from walking?

1. No apparent restriction
2. Yes, recent surgery
3. Yes, injury
4. Yes, other health condition

IF WS003_ (IS IT SAFE TO CARRY OUT THE TEST) = 1. No apparent restriction

ENDIF

WS004_ RESPONDENT WILLING TO DO WALKING TEST

Are you willing to do the walking test?

1. Yes
2. No

IF WS004_ (RESPONDENT WILLING TO DO WALKING TEST) = 1. Yes

ENDIF

WS005_ DOES RESPONDENT FEEL SAFE TO CONTINUE

DO YOU FEEL THAT IT IS SAFE TO CONTINUE WITH THE WALKING TEST?

1. Yes
2. No

ENDIF

ENDIF

IF WS001_ (RECORD RESPONDENT STATUS) <> 1. Observed walking without help of another person or using support AND WS002_ (INTRODUCTION TO RESPONDENT) <> 1. Yes OR WS003_ (IS IT SAFE TO CARRY OUT THE TEST) <> 1. No apparent restriction OR WS005_ (DOES RESPONDENT FEEL SAFE TO CONTINUE) <> 1. Yes

ENDIF

WS006_ END OF TEST BECAUSE RESPONDENT IS UNABLE TO DO TEST

I WER: IT WOULD BE SAFEST TO SKIP THIS TEST AND MOVE ON TO THE NEXT SET OF QUESTIONS.
1. Continue

ENDIF

IF WS003_ (IS IT SAFE TO CARRY OUT THE TEST) = 1. No apparent restriction AND
WS004_ (RESPONDENT WILLING TO DO WALKING TEST) = 1. Yes
AND WS005_ (DOES RESPONDENT FEEL SAFE TO CONTINUE) = 1. Yes

WS007_ CHECK AVAILABLE SPACE FOR TEST

IF WS007_ (CHECK AVAILABLE SPACE FOR TEST) = 1. Suitable space available

WS008_ EXPLAIN WALKING COURSE

IF WS008_ (EXPLAIN WALKING COURSE) = 1. Continue

WS010_ RESULT OF FIRST TRIAL

IF WS010_ (RESULT OF FIRST TRIAL) = 1. Completed successfully

WS011_ TIME OF FIRST WALKING SPEED TEST

IF WS011_ (TIME OF FIRST WALKING SPEED TEST) = 1. (0.50..30.00)

WS012_ RESULT OF SECOND TRIAL

IF WS012_ (RESULT OF SECOND TRIAL) = 1. Completed successfully
IF WS012_ (RESULT OF SECOND TRIAL) = 1. Completed successfully

WS013_ TIME OF SECOND WALKING SPEED TEST

IWER: RECORD TIME IN SECONDS TO TWO DECIMAL PLACES

_________________ (0.50..30.00)

CHK: NOT ((WS013_RecordSecondTime <= (WS011_RecordFirstTime - 10)) OR
(WS013_RecordSecondTime >= (WS011_RecordFirstTime + 10))) MAIN "^FLError[28]"

ENDIF

ENDIF

ENDIF

WS014_ DID THE RESPONDENT HAVE COMMENT ON PAIN

IWER: CODE IF RESPONDENT HAS COMMENTED ON PAIN, OTHERWISE ASK:"Did you have pain while you were performing the walking test?"

1. Yes
5. No

WS015_ RECORD TYPE OF FLOOR SURFACE

IWER: RECORD TYPE OF FLOOR SURFACE
1. Linoleum/tile/wood
2. Low-pile carpet
3. Thick-pile carpet
4. Concrete
5. Not sure
97. Other

IF WS015_ (RECORD TYPE OF FLOOR SURFACE) = 97. Other

WS016_ OTHER TYPE OF FLOOR SURFACE

IWER: WHAT OTHER TYPE OF FLOOR SURFACE?

_________________

ENDIF

WS017_ TYPE OF AID USED DURING TEST

IWER: RECORD TYPE OF AID
1. None
2. Walking stick or cane
3. Elbow crutches
4. Walking frame
97. Other

IF WS017_ (TYPE OF AID USED DURING TEST) = 97. Other
OTHER TYPE OF AID USED DURING TEST

IWER: WHAT OTHER TYPE OF AID?

___________

ENDIF

ENDIF

ENDIF

IF WS007_ (CHECK AVAILABLE SPACE FOR TEST) = 2. No suitable space OR WS007_ (CHECK AVAILABLE SPACE FOR TEST) = 1. Suitable space available AND WS010_ (RESULT OF FIRST TRIAL) <> 1. Completed successfully OR WS012_ (RESULT OF SECOND TRIAL) <> 1. Completed successfully

WS019_ DETAILS ON WHY TEST WAS NOT COMPLETED

IWER: PROVIDE DETAILS ABOUT WHY THE WALKING TEST WAS NOT COMPLETED SUCCESSFULLY. I.E WHY IT WAS STOPPED FOR SAFETY REASONS, REFUSED, OR NOT COMPLETED

___________

ENDIF

ENDIF

IF MN808_ (AGE RESPONDENT) < 75

CS001_ INTRODUCTION CS
The next test measures the strength and endurance in your legs. I would like you to fold your arms across your chest and sit so that your feet are on the floor; then stand up keeping your arms folded across your chest. Like this...

IWER: DEMONSTRATE
1. Continue

CS002_ SAFE TO DO CS
Do you think it would be safe for you to try to stand up from a chair without using your arms?
1. Yes
5. No

IF CS002_ (SAFE TO DO CS) = 1. Yes

CS003_ SET UP TEST

IWER: SETUP TEST AND FOLLOW PROTOCOL ACCORDING TO RECORDING
BOOKLET.

1. Continue

CS004_ SINGLE CS TEST RESULTS

IVER: RECORD SINGLE CHAIR STAND TEST RESULTS
1. R stood up without using arms
2. R used arms to stand up
3. Test not completed

IF CS004_ (SINGLE CS TEST RESULTS) = 3. Test not completed

CS005_ WHY NOT COMPLETED SINGLE CS TEST

IVER: WHY DIDN’T R COMPLETE THE SINGLE CHAIR STAND TEST? (CODE ALL THAT APPLY)
1. Tried but unable
2. R could not stand unassisted
3. R felt it would not be safe
4. IVER felt it would not be safe
5. R refused or was not willing to complete the test
6. R did not understand the instructions
7. Other (Specify)

IF 97. Other (Specify) IN CS005_ (WHY NOT COMPLETED SINGLE CS TEST)

CS006_ OTHER REASON NOT COMPLETED SINGLE CS TEST

IVER: RECORD OTHER REASON

ENDIF

ENDIF

IF CS004_ (SINGLE CS TEST RESULTS) = 1. R stood up without using arms

CS007_ SAFE TO DO FIVE TIMES CS

Do you think it would be safe for you to try to stand up from a chair five times without using your arms?
1. Yes
5. No

IF CS007_ (SAFE TO DO FIVE TIMES CS) = 1. Yes

CS008_ TIME IN SECONDS USED FOR FIVE STANDS

IVER: RECORD TIME IN SECONDS USED FOR 5 STANDS. TYPE 99 IF R FAILED TO COMPLETE 5 STANDS IN ONE MINUTE

__________ (0.00..99.00)
IF CS008_ (TIME IN SECONDS USED FOR FIVE STANDS) = 99

CS009_ WHY NOT COMPLETED THE FIVE CS TEST

IWER: WHY DIDN’T R COMPLETE THE FIVE CHAIR STAND TEST? (CODE ALL THAT APPLY)
1. Tried but unable
2. R could not stand unassisted
3. R felt it would not be safe
4. IWER felt it would not be safe
5. R refused or was not willing to complete the test
6. R did not understand the instructions
7. Other (Specify)

IF 97. Other (Specify) IN CS009_ (WHY NOT COMPLETED THE FIVE CS TEST)

CS010_ OTHER REASON FIVE CS TEST NOT COMPLETED

IWER: RECORD OTHER REASON

ENDIF

CS011_ EFFORT THAT R GAVE TO CS

IWER: 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

ENDIF

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IF MN006_ (FAMILY RESPONDENT) = 1

CH001_ 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}].
__________ (0..20)
IF CH001_ (NUMBER OF CHILDREN) > 0

CH002_ CHILD IS NATURAL CHILD
[Is this child a natural child/Are all these children natural children] of your own [and your current spouse or partner] and your current spouse or partner/empty)?
1. Yes
5. No

CH003_ INTRODUCTION TEXT ON QUESTIONS ABOUT CHILDREN
We would like to know more about [this child/these children. Let us begin with the oldest child].
1. Continue

LOOP cnt:= 1 TO NUMBER OF CHILDREN

CH004_ FIRST NAME OF CHILD N
What is the first name of your child?

CH005_ SEX OF CHILD N
Is [{child name}] male or female?
1. Male
2. Female

CH006_ YEAR OF BIRTH CHILD N
In which year was [{child name}] born?
(1875..2008)

CH007_ WHERE DOES CHILD N LIVE
Please look at card 33. Where does [{child name}] live?
1. In the same household
2. In the same building
3. Less than 1 kilometre (about half a mile) away
4. Between 1 and 5 kilometres away (about half to 3 miles)
5. Between 5 and 25 kilometres away (about 3 to 15 miles)
6. Between 25 and 100 kilometres away (about 15 to 60 miles)
7. Between 100 and 500 kilometres away (about 60 to 300 miles)
8. More than 500 kilometres away (more than 300 miles)
9. More than 500 kilometres (300 miles) away in another country

IF CH007_ChLWh.ORD = 9

CH008_ WHICH COUNTRY
Which country do you mean?

ENDIF

ENDLOOP

ENDIF

IF CH001_ (NUMBER OF CHILDREN) > 0

LOOP cnt:= 1 TO Sec.CH.Child.ChildInfoLoop2

IF FLChildName <> ''

IF CH001_ (NUMBER OF CHILDREN) > 4 AND j = 1

CH009_ INTRODUCTION2 TEXT ON QUESTIONS ABOUT CHILDREN

Now we want to know more about some of these children. Please let us begin with [child name].

1. Continue

ENDIF

IF CH002_ (CHILD IS NATURAL CHILD) = 5. No

IF MN005_ (INTERVIEW MODE) = 1

CH010_ STEP ADOPTIVE OR FOSTER CHILD

Is [child name]...

IWER:READ OUT

1. A child of your own

2. A step child

3. An adopted child

4. A foster child

ELSE

CH011_ OWN CHILD

Is [child name]...

IWER: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

ENDIF

ENDIF

ENDIF
IF CH005_YearOfBirthChildN < YEAR SYSDATE - 16

CH012_ MARITAL STATUS OF CHILD
Please look at card 34. What is the marital status of [{child name}]?
1. Married and living together with spouse
2. Living with a partner
3. Married, living separated from spouse
4. Never married
5. Divorced
6. Widowed

IF CH012_MaritalStatusChildN.ORD > 2

CH013_ DOES CHILD HAVE PARTNER
Does [{child name}] have a partner who lives with [him/her]?
1. Yes
2. No

ENDIF

CH014_ CONTACT WITH CHILD
During the past twelve months, how often did you [or your/or your/or your/or your/empty]/[empty]/[husband/wife/partner/partner/empty]/[empty]/[empty]
have contact with [{child name}], either personally, by phone or mail?
IWER: 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

CH015_ YEAR CHILD MOVED FROM HOUSEHOLD
In which year did [{child name}] move from the parental household?
IWER: THE LAST MOVE TO COUNT. TYPE "2008" IF CHILD STILL LIVES AT HOME (E.G. WITH DIVORCED MOTHER)

CHK: CH015_YrChldMoveHh >= piCH005_YearOfBirthChildN MAIN "^FLError[3]"

ENDIF

IF CH005_YearOfBirthChildN < YEAR SYSDATE - 16
Please look at card 35. What is [{child name}’s employment status?

1. Full-time employee
2. Part-time employee
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

Please look at card 36. What is the highest school leaving certificate or school degree [{child name}] has obtained?

IWER: 1. Postgraduate (higher) degree; 2 Primary (Bachelor’s) Degree; 3 Diploma or Certificate; 4 Leaving Certificate or equivalent; 5 Group / Intermediate or Junior Certificate; 6 Primary School or equivalent; 7 (not used) 8 (not used)

1. Postgraduate (higher) degree
2. Primary (Bachelor’s) Degree
3. Diploma or Certificate
4. Leaving Certificate or equivalent
5. Group / Intermediate or Junior Certificate
6. Primary School or equivalent
7. (not used)
8. (not used)
95. No degree yet/still in school
96. None
97. Other type (also abroad)

Please look at card 37. Which degrees of higher education or vocational training does [{child name}] have?

IWER: CODE ALL THAT APPLY

1. Commercial course
2. Nurse’s training
3. Teacher Training College
4. Agricultural College
5. Regional Technical College
6. Institute of Technology
7. University
8. Other college or training establishment
95. Still in higher education or vocational training
96. None
97. Other (also abroad)
CH019_ NUMBER OF CHILDREN OF CHILD
How many children - if any - does [{child name}] have?
IWER:PLEASE COUNT ALL NATURAL CHILDREN, FOSTERED, ADOPTED AND STEPCHILDREN, INCLUDING THOSE OF A SPOUSE OR PARTNER
___________ (0..25)

IF CH019_ (NUMBER OF CHILDREN OF CHILD) > 0

CH020_ YEAR OF BIRTH YOUNGEST CHILD
In which year was the [youngest/empty] child of [{child name}] born?
(1875..2008)

ENDIF

ENDIF
ENDIF
ENDLOOP
ENDIF

IF CH001_ (NUMBER OF CHILDREN) > 0

CH021_ NUMBER OF GRANDCHILDREN
How many grandchildren do you [and your/and your/and your/and your/empty/empty] [husband/wife/partner/partner/empty/empty] have altogether?
IWER:INCLUDE GRANDCHILDREN OF SPOUSE OR PARTNER FROM PREVIOUS RELATIONSHIPS
___________ (0..20)

IF CH021_ (NUMBER OF GRANDCHILDREN) > 0

CH022_ 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
ENDIF

CH023_ WHO ANSWERED QUESTIONS IN SECTION CH
IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?
1. Respondent only
2. Respondent and proxy
3. Proxy only

IF MN006_ (FAMILY RESPONDENT) = 1
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

**SP002_ RECEIVED HELP FROM OTHERS**

Please look at card 38. Thinking about [the time since the last interview, that is since the last twelve months] has any family member from outside the household, any friend or neighbour given you [your/husband/wife/partner] any kind of help listed on this card?

1. Yes

5. No

*IF SP002_ (RECEIVED HELP FROM OTHERS) = 1. Yes*

**SP003_ WHO GAVE YOU HELP**

Which [your/husband/wife/partner] family member from outside the household, friend or neighbour has helped you [your/husband/wife/partner] most often [the time since the last interview/the last twelve months]?

*IF SP003_ (WHO GAVE YOU HELP) = list with relations*

**SP023_ NAME OTHER CHILD**

*IFER:RECORD CHILD'S NAME*  

__________

*ENDIF*

**SP004_ WHICH TYPES OF HELP**

Please look at card 38. Which types of help has this person provided in [the time since the last interview/the last twelve months]?

*IFER:CODE ALL THAT APPLY. QUESTION DOES NOT INCLUDE LOOKING AFTER GRANDCHILDREN; THIS IS ASKED LATER IN SP014*

1. personal care, e.g. dressing, bathing or showering, eating, getting in or out of bed, using the toilet

2. practical household help, e.g. with home repairs, gardening, transportation, shopping, household chores

3. help with paperwork, such as filling out forms, settling financial or legal matters

**SP005_ HOW OFTEN RECEIVED HELP FROM THIS PERSON**

*[In the time since the last interview/In the last twelve months], how often altogether have you [your/husband/wife/partner]*
received such help from this person? Was it...

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

SP006_ HOURS RECEIVED HOUSEHOLD HELP

About how many hours did you [your/your/your/empty] [husband/wife/partner/partner] receive such help altogether [on a typical day/in a typical week/in a typical month/in the last twelve months] from this person?

IWER: ROUND UP TO FULL HOURS

__________ (0..3000)

IF Index <> 3

SP007_ ANY OTHER HELPER FROM OUTSIDE THE HOUSEHOLD

Is there any other family member from outside the household, friend or neighbour who has helped you [your/your/your/empty] with the tasks listed on card 38 in [the time since the last interview/the last twelve months]?

1. Yes
5. No

ENDIF

LOOP cnt1:= 2 TO 3

IF HelpFromOther[cnt1 - SP007_ (ANY OTHER HELPER FROM OUTSIDE THE HOUSEHOLD) = 1. Yes

SP003_ WHO GAVE YOU HELP

Which [other] family member from outside the household, friend or neighbour has helped you [your/your/your/empty] [husband/wife/partner/partner] in [the time since the last interview/the last twelve months]?

{list with relations}

IF SP003_ (WHO GAVE YOU HELP) = >list with relations

SP023_ NAME OTHER CHILD

IWER: RECORD CHILD’S NAME

__________

ENDIF
SP004 WHICH TYPES OF HELP

Please look at card 38. Which types of help has this person provided in [the time since the last interview/the last twelve months]?

IWER: CODE ALL THAT APPLY. QUESTION DOES NOT INCLUDE LOOKING AFTER GRANDCHILDREN; THIS IS ASKED LATER IN SP014

1. personal care, e.g. dressing, bathing or showering, eating, getting in or out of bed, using the toilet
2. practical household help, e.g. with home repairs, gardening, transportation, shopping, household chores
3. help with paperwork, such as filling out forms, settling financial or legal matters

SP005 HOW OFTEN RECEIVED HELP FROM THIS PERSON

[In the time since the last interview/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...

IWER: READ OUT

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

SP006 HOURS RECEIVED HOUSEHOLD HELP

About how many hours did you [or/or/or/or/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}]
receive such help altogether [on a typical day/in a typical week/in a typical month/in the last twelve months] from this person?

IWER: ROUND UP TO FULL HOURS

__________ (0..3000)

IF Index <> 3

SP007 ANY OTHER HELPER FROM OUTSIDE THE HOUSEHOLD

Is there any other family member from outside the household, friend or neighbour who has helped you [or/or/or/or/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] with the tasks listed on card 38 in [the time since the last interview/the last twelve months]?

1. Yes
5. No

ENDIF

ENDIF

ENDLOOP
Now I would like to ask you about the help you have given to others. Please look at card 38. In [the time since the last interview, that is since/the last twelve months] [[month year previous interview] /{empty}], have you personally given any kind of help listed on this card to a family member from outside the household, a friend or neighbour?

1. Yes
5. No

IF SP008_ (GIVEN HELP IN THE TIME SINCE THE LAST INTERVIEW) = 1. Yes

IF SP009_ (TO WHOM DID YOU GIVE HELP) = >list with relations

IF SP024_ (NAME OTHER CHILD)

IWER:RECORD CHILD’S NAME

ENDIF

TYPES OF HELP GIVEN

IWER:CODE ALL THAT APPLY. QUESTION DOES NOT INCLUDE LOOKING AFTER GRANDCHILDREN; THIS IS ASKED LATER IN SP014

1. personal care, e.g. dressing, bathing or showering, eating, getting in or out of bed, using the toilet
2. practical household help, e.g. with home repairs, gardening, transportation, shopping, household chores
3. help with paperwork, such as filling out forms, settling financial or legal matters

HOW OFTEN GIVE HELP

In [the time since the last interview/the last twelve months], how often altogether have you given such help to this person? Was it...

IWER:READ OUT

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

HOURS GIVEN HELP
About how many hours altogether did you give such help [on a typical day/in a typical week/in a typical month/in the last twelve months]?
IWER:ROUND UP TO FULL HOURS

___________ (0..3000)

IF Index <> 3

SP013_ HAVE YOU GIVEN HELP TO OTHERS
Is there any other family member from outside the household, friend, or neighbour whom you have helped with the tasks listed on card 38 in [the time since the last interview/the last twelve months]?
1. Yes
5. No

ENDIF

LOOP cnt2:= 2 TO 3

IF HelpFromOutside[cnt2 - SP013_ (HAVE YOU GIVEN HELP TO OTHERS)] = 1. Yes

SP009_ TO WHOM DID YOU GIVE HELP
Which [empty/other] family member from outside the household, friend or neighbour have you helped [most often/empty] in [the time since the last interview/the last twelve months]?
{list with relations}

IF SP009_ (TO WHOM DID YOU GIVE HELP) = >list with relations

SP024_ NAME OTHER CHILD

IWER:RECORD CHILD’S NAME

___________

ENDIF

SP010_ TYPES OF HELP GIVEN
Please look at card 38. Which types of help have you given to this person in [the time since the last interview/the last twelve months]?
IWER:CODE ALL THAT APPLY. QUESTION DOES NOT INCLUDE LOOKING AFTER GRANDCHILDREN; THIS IS ASKED LATER IN SP014
1. personal care, e.g. dressing, bathing or showering, eating, getting in or out of bed, using the toilet
2. practical household help, e.g. with home repairs, gardening, transportation, shopping, household chores
3. help with paperwork, such as filling out forms, settling financial or legal matters

SP011_ HOW OFTEN GIVE HELP
In [the time since the last interview/the last twelve months], how often altogether have you given such help to this person? Was it...
IWER:READ OUT
1. Almost daily
2. Almost every week
3. Almost every month
4. Less often

SP012_ HOURS GIVEN HELP
About how many hours altogether did you give such help [on a typical day/in a typical week/in a typical month/in the last twelve months]? IWER:ROUND UP TO FULL HOURS
__________ (0..3000)

IF Index <> 3

SP013_ HAVE YOU GIVEN HELP TO OTHERS
Is there any other family member from outside the household, friend, or neighbour whom you have helped with the tasks listed on card 38 in [the time since the last interview/the last twelve months]?
1. Yes
5. No

ENDIF

ENDIF

ENDLOOP

ENDIF

IF Sec_CH.Child.CH021_NoGrandChild > 0

SP014_ LOOK AFTER GRANDCHILDREN
During [the time since the last interview/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 SP014_ (LOOK AFTER GRANDCHILDREN) = 1. Yes

SP015_ PARENTS FROM GRANDCHILDREN
From which of your children [is/are] [the grandchild/the grandchildren] you have looked after?
IWER:CODE ALL THAT APPLY
{list with children}

LOOP cnt3:= 1 TO 20

IF cnt3 IN SP015_ (PARENTS FROM GRANDCHILDREN)

SP016_ HOW OFTEN DO YOU LOOK AFTER GRANDCHILDREN
On average, how often did you look after the child(ren) of [FLChild[i]] in [the time since the last interview/the last twelve months]? Was it...
1. Almost daily
2. Almost every week
3. Almost every month
4. Less often

**SP017_ HOURS LOOKING AFTER GRANDCHILDREN**

About how many hours did you look after the child(ren) of [FLChild[i]] [on a typical day/in a typical week/in a typical month/in the last twelve months]?

**IWER:ROUND UP TO FULL HOURS**

__________ (0..9000)

**ENDIF**

**ENDLOOP**

**ENDIF**

*IF MN013_ (HOUSEHOLD SIZE) > 1*

**SP018_ 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 time since the last interview/the last twelve months] with personal care, such as washing, getting out of bed, or dressing?

**IWER: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 SP018_ (GIVEN HELP TO SOMEONE IN THE HOUSEHOLD) = 1. Yes*

**SP019_ TO WHOM GIVEN HELP IN THIS HOUSEHOLD**

Who is that?

**IWER:CODE ALL THAT APPLY**

{list with relations}

*IF >list with relations IN SP019_(TO WHOM GIVEN HELP IN THIS HOUSEHOLD)*

**SP025_ NAME OTHER CHILD**

**IWER:RECORD CHILD’S NAME**

__________

**ENDIF**
AND IS THERE SOMEONE IN THIS HOUSEHOLD WHO HAS HELPED YOU REGULARLY DURING [THE TIME SINCE THE LAST INTERVIEW/THE LAST TWELVE MONTHS] WITH PERSONAL CARE, SUCH AS WASHING, GETTING OUT OF BED, OR DRESSING?

IWER: 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 SP020_ (SOMEONE IN THIS HOUSEHOLD HELPED YOU REGULARLY WITH PERSONAL CARE) = 1. Yes

WHO HELPS YOU WITH PERSONAL CARE IN THE HOUSEHOLD

WHO IS THAT?

IWER: CODE ALL THAT APPLY

{LIST WITH RELATIONS}

IF > LIST WITH RELATIONS IN SP021_ (WHO HELPS YOU WITH PERSONAL CARE IN THE HOUSEHOLD)

NAME OTHER CHILD

IWER: RECORD CHILD’S NAME

.ENDIF

.ENDIF

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 MN007_ (FINANCIAL RESPONDENT) = 1

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_ GIVEN FINANCIAL GIFT 250 OR MORE
| Now please think of [the time since the last interview, that is since /the last twelve months]/[month year previous interview]/[empty]. Not counting
| any shared housing or shared food, have you [or/or/or/or/empty]/[empty]
| [your/your/your/empty]/[empty]
| [husband/wife/partner/partner/empty]/[empty] given any financial or material gift or
| support to any person inside or outside this household
| amounting to [empty] [local currency] or more?
| IWER: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 DONATIONS TO CHARITIES.
| 1. Yes
| 5. No
|
| IF FT002_ (GIVEN FINANCIAL GIFT 250 OR MORE) = 1. Yes
|
| FT003_ TO WHOM DID YOU PROVIDE FINANCIAL GIFT 250 OR MORE
| To whom [empty/else] did you [or/or/or/or/empty]/[empty]
| [your/your/your/empty]/[empty]
| [husband/wife/partner/partner/empty]/[empty]/[empty] provide such financial assistance
| or gift [empty]/in the last twelve months]?
| IWER:INSTRUMENT ALLOWS TO GO THROUGH THE ‘GIVE’ LOOP UP TO THREE
| TIMES
| {list with relations}
|
| IF FT003_ (TO WHOM DID YOU PROVIDE FINANCIAL GIFT 250 OR MORE) = >list
| with relations
|
| FT022_ NAME OTHER CHILD
|
| IWER:RECORD CHILD’S NAME
| ___________
|
| ENDIF
|
| FT004_ AMOUNT FINANCIAL GIFT GIVEN 250 OR MORE
| About how much did you [or/or/or/or/empty]/[empty]
| [your/your/your/empty]/[empty] [husband/wife/partner/partner/empty]/[empty]
| give to
| this person altogether in [the time since the last interview, that is since /the last twelve
| months]/[month year previous interview]/[empty]?
| IWER:ADD SINGLE VALUES TO ARRIVE AT A TOTAL AMOUNT IN [local
| currency]}
| {enter an amount}
IF FT004_ (AMOUNT FINANCIAL GIFT GIVEN 250 OR MORE) = RESPONSE

CHK: FT004_AmFiGift250 >= VAL (FL250) MAIN "^FLError[23]"

ENDIF

CHK: FT004_AmFiGift250 <> EMPTY MAIN "^FLError[20]"

IF FT004_ (AMOUNT FINANCIAL GIFT GIVEN 250 OR MORE) = NONRESPONSE

BRACKETS (FLUnfolding[14], FLCurr, BRs.Brackets[42].BR1, BRs.Brackets[42].BR2, BRs.Brackets[42].BR3)

ENDIF

FT006_ REASON FINANCIAL GIFT GIVEN 250 OR MORE

Please look at card 39. What was the main reason for this assistance or gift?
1. To meet basic needs
2. To buy or furnish a house or apartment
3. To help with a large item of expenditure (other than buying a house)
4. For a major family event (birth, marriage, other celebration)
5. To help with a divorce
6. To help following a bereavement or illness
7. To help with unemployment
8. For further education
9. To meet a legal obligation (e.g. alimony or compulsory payments for parents' care)
96. No specific reason
97. Other reason

IF Index <> 3

FT007_ OTHER PERSONS GIVEN FINANCIAL GIFT 250 OR MORE

Still thinking about [the time since the last interview/the last twelve months]: Is there anyone else inside or outside this household whom you
[or/or/or/or/\{empty\}/\{empty\}] [your/your/your/\{empty\}/\{empty\}] [husband/wife/partner/partner/\{empty\}/\{empty\}] have given any financial or
material gift or support amounting to [\{empty\}] [\{local currency\}] or more?
1. Yes
5. No

ENDIF

LOOP cnt1:= 2 TO 3

IF FT_Given_FinancialAssistance_LOOP[cnt1 - FT007_ (OTHER PERSONS GIVEN FINANCIAL GIFT 250 OR MORE) = 1. Yes

FT003_ TO WHOM DID YOU PROVIDE FINANCIAL GIFT 250 OR MORE

To whom [\{empty\}/else] did you [or/or/or/or/\{empty\}/\{empty\}] [your/your/your/\{empty\}/\{empty\}] [husband/wife/partner/partner/\{empty\}/\{empty\}] provide such financial assistance or gift [\{empty\}/in the last twelve months]?

IWER:INSTRUMENT ALLOWS TO GO THROUGH THE 'GIVE' LOOP UP TO
THREE TIMES

IF FT003_ (TO WHOM DID YOU PROVIDE FINANCIAL GIFT 250 OR MORE) = >list

FT022_ NAME OTHER CHILD

IWER: RECORD CHILD'S NAME

ENDIF

FT004_ AMOUNT FINANCIAL GIFT GIVEN 250 OR MORE

About how much did you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] give to this person altogether in [the time since the last interview, that is since /the last twelve months]/[month year previous interview]/[empty]? IWER: ADD SINGLE VALUES TO ARRIVE AT A TOTAL AMOUNT IN [{local currency}]

ENTER AN AMOUNT

IF FT004_ (AMOUNT FINANCIAL GIFT GIVEN 250 OR MORE) = RESPONSE

CHK: FT004_AmFiGift250 >= VAL (FL250) MAIN "^FLError[23]"

ENDIF

CHK: FT004_AmFiGift250 <> EMPTY MAIN "^FLError[20]"

IF FT004_ (AMOUNT FINANCIAL GIFT GIVEN 250 OR MORE) = NONRESPONSE

BRACKETS (FLUnfolding[14], FLCurr, BRs.Brackets[42].BR1, BRs.Brackets[42].BR2, BRs.Brackets[42].BR3)

ENDIF

FT006_ REASON FINANCIAL GIFT GIVEN 250 OR MORE

Please look at card 39. What was the main reason for this assistance or gift?

1. To meet basic needs
2. To buy or furnish a house or apartment
3. To help with a large item of expenditure (other than buying a house)
4. For a major family event (birth, marriage, other celebration)
5. To help with a divorce
6. To help following a bereavement or illness
7. To help with unemployment
8. For further education
9. To meet a legal obligation (e.g. alimony or compulsory payments for parents' care)
96. No specific reason
97. Other reason

IF Index <> 3
Still thinking about [the time since the last interview/the last twelve months]: Is there anyone else inside or outside this household whom you [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

ENDLOOP

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

RECEIVED FINANCIAL GIFT OF 250 OR MORE

Please think of [the time since the last interview/the last twelve months]. Not counting any shared housing or shared food, have you [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 FT009_ (RECEIVED FINANCIAL GIFT OF 250 OR MORE) = 1. Yes

FROM WHOM RECEIVED FINANCIAL GIFT 250 OR MORE

Who [empty/else] has given you [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]

{list with relations}

IF FT010_ (FROM WHOM RECEIVED FINANCIAL GIFT 250 OR MORE) = >list with relations

NAME OTHER CHILD
IWER: RECORD CHILD'S NAME

___________

ENDIF

FT011_ AMOUNT FINANCIAL GIFT RECEIVED 250 OR MORE

About how much did this person give you [or/or/or/or/empty/empty]
your/your/your/your/empty/empty]/
husband/wife/partner/partner/empty/empty] altogether in [the time since the last interview, that is since /the last twelve months]/[month year]
previous interview]//empty]?

IWER: ADD SINGLE VALUES TO ARRIVE AT A TOTAL AMOUNT IN [[local currency]]
{enter an amount}

IF FT011_ (AMOUNT FINANCIAL GIFT RECEIVED 250 OR MORE) = RESPONSE

CHK: FT011_AmRecFiGift250 >= VAL (FL250) MAIN "^FLError[23]"

ENDIF

CHK: FT011_AmRecFiGift250 <> EMPTY MAIN "^FLError[20]"

IF FT011_ (AMOUNT FINANCIAL GIFT RECEIVED 250 OR MORE) = NONRESPONSE

BRACKETS (FLUnfolding[15], FLCurr, BRs.Brackets[43].BR1, BRs.Brackets[43].BR2, BRs.Brackets[43].BR3)

ENDIF

FT013_ REASON FINANCIAL GIFT RECEIVED 250 OR MORE

Please look at card 39. What was the main reason for this assistance or gift?

1. To meet basic needs
2. To buy or furnish a house or apartment
3. To help with a large item of expenditure (other than buying a house)
4. For a major family event (birth, marriage, other celebration)
5. To help with a divorce
6. To help following a bereavement or illness
7. To help with unemployment
8. For further education
9. To meet a legal obligation (e.g. alimony or compulsory payments for parents' care)
96. No specific reason
97. Other reason

IF Index <> 3

FT014_ FROM OTHER PERSONS RECEIVED FINANCIAL GIFT 250 OR MORE

(Still thinking about [the time since the last interview/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?
IWER:INSTRUMENT ALLOWS TO GO THROUGH THE 'RECEIVE' LOOP UP TO THREE TIMES

1. Yes
5. No

ENDIF

LOOP cnt2:= 2 TO 3

IF FT_Provide_FinancialAssistance_LOOP[cnt2 - FT014_ (FROM OTHER PERSONS RECEIVED FINANCIAL GIFT 250 OR MORE) = 1. Yes

FT010_ FROM WHOM RECEIVED FINANCIAL GIFT 250 OR MORE
Who [{empty}/else] has given you [or/or/or/or/{empty} /{empty}] [empty] /{empty} /{empty} /{empty} a gift or assistance [{empty}/in the past twelve months]? [Please name the person that has given or helped you most /{empty}]

{list with relations}

IF FT010_ (FROM WHOM RECEIVED FINANCIAL GIFT 250 OR MORE) = >list with relations

FT023_ NAME OTHER CHILD

IWER:RECORD CHILD'S NAME

ENDIF

FT011_ AMOUNT FINANCIAL GIFT RECEIVED 250 OR MORE
About how much did this person give you [or/or/or/or/{empty} /{empty}]
[your/your/your/your/{empty} /{empty}]

[husband/wife/partner/partner/{empty} /{empty}] altogether in [the time since the last interview, that is since /the last twelve months][{month year previous interview} /{empty}]?

IWER:ADD SINGLE VALUES TO ARRIVE AT A TOTAL AMOUNT IN [{local currency}]

{enter an amount}

IF FT011_ (AMOUNT FINANCIAL GIFT RECEIVED 250 OR MORE) = RESPONSE

CHK: FT011_AmRecFiGift250 >= VAL (FL250) MAIN "^FLError[23]"

ENDIF

CHK: FT011_AmRecFiGift250 <> EMPTY MAIN "^FLError[20]"

IF FT011_ (AMOUNT FINANCIAL GIFT RECEIVED 250 OR MORE) = NONRESPONSE

BRACKETS (FLUnfolding[15], FLCurr, BRs.Brackets[43].BR1, BRs.Brackets[43].BR2, BRs.Brackets[43].BR3)
FT013_ REASON FINANCIAL GIFT RECEIVED 250 OR MORE
Please look at card 39. What was the main reason for this assistance or gift?

1. To meet basic needs
2. To buy or furnish a house or apartment
3. To help with a large item of expenditure (other than buying a house)
4. For a major family event (birth, marriage, other celebration)
5. To help with a divorce
6. To help following a bereavement or illness
7. To help with unemployment
8. For further education
9. To meet a legal obligation (e.g. alimony or compulsory payments for parents' care)
96. No specific reason
97. Other reason

IF Index <> 3

FT014_ FROM OTHER PERSONS RECEIVED FINANCIAL GIFT 250 OR MORE
(Still thinking about the time since the last interview/the last twelve months). Is there anyone else inside or outside this household who has

given you [your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/your/you
FT017_ FROM WHOM INHERITED 5000 OR MORE
From whom did you receive this gift or inheritance?
{list with relations}

IF FT017_ (FROM WHOM INHERITED 5000 OR MORE) = list with relations

FT024_ NAME OTHER CHILD

IWER: RECORD CHILD'S NAME

ENDIF

FT018_ VALUE INHERITANCE
What was the value of this gift or inheritance at the time you received it?
IWER: ENTER AMOUNT IN {{local currency}}

IF FT018_ (VALUE INHERITANCE) = RESPONSE

CHK: FT018_AmRecInh5000 >= VAL (FL5000) MAIN "^FLError[23]"

ENDIF

IF FT018_ (VALUE INHERITANCE) = EMPTY AND MN004_ (EURO COUNTRY) = 1

FT018M VALUE INHERITANCE
What was the value of this gift or inheritance at the time you received it?
IWER: ENTER AMOUNT IN [FLCURR_AMAKE] A REMARK (CTRL+M) IN CASE OF A DIFFERENT PRE-EURO CURRENCY

CHK: FT018MAmRecInh5000 >= VAL (FL5000) MAIN "^FLError[23]"

ENDIF

CHK: NOT (FT018_AmRecInh5000 = EMPTY AND FT018MAmRecInh5000 = EMPTY) MAIN "^FLError[20]"

IF FT018_ (VALUE INHERITANCE) = NONRESPONSE OR FT018M (VALUE INHERITANCE) = NONRESPONSE
BRACKETS (FLUnfolding[16], FLCur, BRs.Brackets[44].BR1, BRs.Brackets[44].BR2, BRs.Brackets[44].BR3)

ENDIF

IF Index <> 5

FT020_ ANY FURTHER GIFT OR INHERITANCE

Did you [or/or/or/or/empty]/[empty] [your/your/your/empty]/[empty] [husband/wife/partner/partner/empty]/[empty] receive any further gift or inheritance worth more than [5000] [local currency] since the time of the last interview/empty)?

1. Yes
5. No

ENDIF

LOOP cnt3:= 2 TO 5

IF FT_Receive_FinancialAssistance_LOOP[cnt3 - FT020_ (ANY FURTHER GIFT OR INHERITANCE) = 1. Yes

FT016_ IN WHICH YEAR GIFT OR INHERITANCE RECEIVED

[Think of the largest gift or inheritance you received/empty] In which year did you [or/or/or/or/empty]/[empty] [your/your/your/empty]/[empty] [husband/wife/partner/partner/empty]/[empty] receive it?

(1890..2007)

FT017_ FROM WHOM INHERITED 5000 OR MORE

From whom did you [or/or/or/or/empty]/[empty] [your/your/your/empty]/[empty] [husband/wife/partner/partner/empty]/[empty] receive this gift or inheritance?

(list with relations)

IF FT017_ (FROM WHOM INHERITED 5000 OR MORE) = list with relations

FT024_ NAME OTHER CHILD

IWER:RECORD CHILD'S NAME

IWER:RECORD CHILD'S NAME

ENDIF

FT018_ VALUE INHERITANCE

What was the value of this gift or inheritance at the time you [or/or/or/or/empty]/[empty] [your/your/your/empty]/[empty] [husband/wife/partner/partner/empty]/[empty] received it?

IWER:ENTER AMOUNT IN [local currency]
IF FT018_ (VALUE INHERITANCE) = RESPONSE

CHK: FT018_AmRecInh5000 >= VAL (FL5000) MAIN "^FLError[23]"

ENDIF

IF FT018_ (VALUE INHERITANCE) = EMPTY AND MN004_ (EURO COUNTRY) = 1

FT018M VALUE INHERITANCE

What was the value of this gift or inheritance at the time you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] received it?

IWER: ENTER AMOUNT IN [FLCURR_AMAKE] A REMARK (CTRL+M) IN CASE OF A DIFFERENT PRE-EURO CURRENCY

{enter an amount}

CHK: FT018M_AmRecInh5000 >= VAL (FL5000) MAIN "^FLError[23]"

ENDIF

CHK: NOT (FT018_AmRecInh5000 = EMPTY AND FT018M_AmRecInh5000 = EMPTY) MAIN "^FLError[20]"

IF FT018_ (VALUE INHERITANCE) = NONRESPONSE OR FT018M (VALUE INHERITANCE) = NONRESPONSE

BRACKETS (FLUnfolding[16], FLCurr, BRs.Brackets[44].BR1, BRs.Brackets[44].BR2, BRs.Brackets[44].BR3)

ENDIF

IF Index <> 5

FT020_ 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 the time of the last interview/{empty}]?

1. Yes

5. No

ENDIF

ENDIF

ENDLOOP

FT021_ 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 MN024_ (HOUSEHOLD TYPE) = 1

IF MN008_ (HOUSEHOLD RESPONDENT) = 1

HO001_ INTERVIEW IN HOUSE R

IWER: DOES THE INTERVIEW TAKE PLACE IN THE RESPONDENT'S HOUSE OR FLAT?
1. Yes
5. No

IF MN101_ (MN101_Longitudinal) = 1

HO044_ 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 HO044_ (CHANGE PLACE OF RESIDENCE) = 1. Yes

HO045_ MAIN REASON MOVE
Please look at card 40. 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_ OWNER, TENANT OR RENT FREE
IWER:A SUBTENANT IS SOMEBODY WHO RENTS AN ACCOMMODATION FROM SOMEBODY WHO HIMSELF OR HERSELF RENTS IT FROM A THIRD PARTY
1. Owner
2. Member of a cooperative
3. Tenant
4. Subtenant
5. Rent free
IF HO002_ (OWNER, TENANT OR RENT FREE) <> 1. Owner AND HO002_ (OWNER, TENANT OR RENT FREE) <> 5. Rent free

HO003_RENT PAYMENT PERIOD
Thinking about your last rent payment, what period did this cover? Was that
IWER:READ OUT
1. A week
2. A month
3. Three months
4. Six months
5. A year
97. Other period of time

IF HO003_ (RENT PAYMENT PERIOD) = 97. Other period of time

HO004_OTHER PERIOD
What other period do you mean?

ENDIF

HO005_LAST PAYMENT
How much was your last payment?
IWER:AMOUNT IN [{local currency}]
{enter an amount}

IF HO005_ (LAST PAYMENT) = NONRESPONSE

ENDIF

HO007_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 HO007_ (LAST PAYMENT INCLUDE ALL CHARGES AND SERVICES) = 5. No

HO008_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]?
IWER:AMOUNT IN [{local currency}]
{enter an amount}

IF HO008_ (CHARGES AND SERVICES) = NONRESPONSE
In the last twelve months, have you ever found yourself more than two months behind with your rent?

1. Yes

5. No

**ENDIF**

**HO010**_ 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 HO002_ (OWNER, TENANT OR RENT FREE) = 1. Owner OR HO002_OwnerTenant.ORD = 2**

**HO011**_ HOW PROPERTY ACQUIRED

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

**IWER: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**_ YEAR ACQUIRED THE HOUSE

In which year was that?

(1900..2007)

**HO013**_ MORTGAGES OR LOANS ON PROPERTY

Do you have mortgages or loans on this property?

1. Yes

5. No

**IF HO013_ (MORTGAGES OR LOANS ON PROPERTY) = 1. Yes**

**HO014**_ YEARS LEFT OF MORTGAGE OR LOAN

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

**IWER:IF MORE THAN ONE MORTGAGE/LOAN ASK FOR THE LARGEST**

______________ (1..50)

**HO015**_ 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?

**IWER:TOTAL AMOUNT IN [{local currency}]**

{enter an amount}
IF HO015_ (AMOUNT STILL TO PAY ON MORTGAGE OR LOAN) = NONRESPONSE

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

ENDIF

HO017_ REGULARLY REPAY MORTGAGE OR LOANS

Do you regularly repay your mortgages or loans?
1. Yes
5. No

IF HO017_ (REGULARLY REPAY MORTGAGE OR LOANS) = 1. Yes

HO020_ 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?
WER:AMOUNT IN [{local currency}]
{enter an amount}

IF HO020_ (AMOUNT REGULAR REPAYMENTS ON MORTGAGE OR LOAN) = NONRESPONSE

BRACKETS (FLUnfolding[26], FLCurr, BRs.Brackets[38].BR1, 
BRs.Brackets[38].BR2, BRs.Brackets[38].BR3)

ENDIF

HO022_ 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

IF HO002_ (OWNER, TENANT OR RENT FREE) <> 5. Rent free

HO023_ SUBLET OR LET PARTS OF ACCOMMODATION

Do you [let/sublet] parts of this accommodation?
1. Yes
5. No

ENDIF

IF HO002_ (OWNER, TENANT OR RENT FREE) = 1. Owner OR 
HO002_OwnerTenant.ORD = 2
HO024_ VALUE OF THE HOUSE
In your opinion, how much would you receive if you sold your property today?
IWER: AMOUNT IN [{local currency}]
{enter an amount}

IF HO024_ (VALUE OF THE HOUSE) = NONRESPONSE


ENDIF

ENDIF

HO026_ OWN SECONDARY HOMES ETC
Not including special time-sharing arrangements, do you [or/or/or/or/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?
IWER: PLEASE DO NOT INCLUDE A TIME SHARING ARRANGEMENT
1. Yes
5. No

IF HO026_ (OWN SECONDARY HOMES ETC) = 1. Yes

HO027_ VALUE OF REAL ESTATE
In your opinion, how much would this property be worth now if you sold it?
IWER: IF OWNS PROPERTY ABROAD, GIVE VALUE IN [{local currency}]
{enter an amount}

IF HO027_ (VALUE OF REAL ESTATE) = NONRESPONSE

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

ENDIF

HO029_ 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 HO029_ (RECEIVE INCOME OR RENT OF REAL ESTATE) = 1. Yes

HO030_ 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?
IF HO030_ (AMOUNT INCOME OR RENT OF REAL ESTATE LAST YEAR) = NONRESPONSE

BRACKETS (FLUnfolding[30], FLCurr, BRs.Brackets[41].BR1, BRs.Brackets[41].BR2, BRs.Brackets[41].BR3)

ENDIF

ENDIF

ENDIF

IF MN101_ (MN101_Longitudinal) = 1 AND HO044_ (CHANGE PLACE OF RESIDENCE) = 1. Yes OR MN101_ (MN101_Longitudinal) = 0

HO032_ NUMBER OF ROOMS

Now we have a few questions about your household's accommodation. 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}]?

IWER:DO NOT COUNT BOXROOM, CELLAR, ATTIC ETC.

____________ (1..25)

HO050_ INDOOR BATH OR SHOWER

Does your home have an indoor bath or shower only for your household's personal use?

1. Yes

5. No

HO051_ INDOOR FLUSHING TOILET

Does your home have an indoor flushing toilet only for your household's personal use?

1. Yes

5. No

HO052_ CENTRAL HEATING

Does your home have central heating?

1. Yes

5. No

HO053_ AIR CONDITION

Does your home have air condition?

1. Yes

5. No

HO054_ ELEVATOR

Does your home have an elevator?

1. Yes

5. No
Does your home have a balcony, terrace or garden?

1. Yes
5. No

Does your home have special features that assist persons who have physical impairments or health problems?

IWER: E.G. WIDENED DOORWAYS, RAMPS, AUTOMATIC DOORS, CHAIR LIFTS, ALERTING DEVICES (BUTTON ALARMS), KITCHEN OR BATHROOM MODIFICATIONS

1. Yes
5. No

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

IWER: ROUND UP TO FULL YEARS

__________ (0..120)

And approximately how many years have you been living in your present town?

IWER: ROUND UP TO FULL YEARS CODE LENGTH OF MOST RECENT SPELL

__________ (0..120)

CHK: HO034_YrsAcc <= HO035_YrsComm MAIN "^FLError[13]"

What type of building does your household live in?

IWER: 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 HO036_TYPEOFBUILDING = 4. A building with 3 to 8 flats OR
HO036_TypeAcc.ORD = 5

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

__________ (1..99)

ENDIF

IF HO036_TYPEOFBUILDING > 3. A one or two family house as row or double house
NUMBER OF STEPS TO ENTRANCE
How many steps have to be climbed (up or down) to get to the main entrance of your flat?
IWER: 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

AREA WHERE YOU LIVE
Please look at card 41. How would you describe the area where you live?
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

ENDIF

AREA FACILITIES
How about the area immediately surrounding your accommodation. Would you say it has sufficient supply of facilities such as pharmacy, medical care, or grocery?
1. Yes
5. No

AREA PUBLIC TRANSPORTATION
Would you say it has sufficient possibilities for public transportation?
1. Yes
5. No

AREA POLLUTION NOISE OR OTHER PROBLEMS
Would you say it has pollution, noise or other environmental problems?
1. Yes
5. No

AREA VANDALISM OR CRIME
Would you say it suffers from vandalism or crime?
1. Yes
5. No

ENDIF

TIME IN OTHER ACCOMMODATION
Apart from vacations or brief visits, do you regularly spend part of the year in another residence?
IWER: IF UNCLEAR: MORE THAN ONE MONTH
IF HO038_ (TIME IN OTHER ACCOMMODATION) = 1. Yes

HO039_ LOCATION OF RESIDENCE
Where is this residence located?
IWER:READ OUT
1. In same city or community
2. In another part of the country
3. In another country (please specify)

IF HO039_ (LOCATION OF RESIDENCE) = 3. In another country (please specify)

HO040_ COUNTRY OF ACCOMMODATION
In which country is the residence located?

ENDIF

ENDIF

HO041_ 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

IF MN024_ (HOUSEHOLD TYPE) = 1

IF MN008_ (HOUSEHOLD RESPONDENT) = 1

HH001_ 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?
IWER:IF NECESSARY READ LIST OF ELIGIBLES: PART OF THIS INTERVIEW ARE [{list with eligible respondents}]
1. Yes
5. No

IF HH001_ (OTHER CONTRIBUTION TO HOUSEHOLD INCOME) = 1. Yes
HH002_ 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?
IWER: CODE ZERO IF NO SUCH INCOME; AMOUNT IN [{local currency}]
{enter an amount}

IF HH002_ (TOTAL INCOME OTHER HOUSEHOLD MEMBERS) = NONRESPONSE
BRACKETS (FLUnfolding[31], FLCurr, BRs.Brackets[33].BR1, BRs.Brackets[33].BR2, BRs.Brackets[33].BR3)
ENDIF

ENDIF

HH010_ INCOME FROM OTHER SOURCES
Some households receive payments such as housing allowances, child benefits, Supplementary Welfare Allowance etc. Has your household or anyone in your household received any such payments in [{previous year}]?
1. Yes
5. No

IF HH010_ (INCOME FROM OTHER SOURCES) = 1. Yes

HH011_ 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.
IWER: AMOUNT IN [{local currency}]
{enter an amount}

IF HH011_ (ADDITIONAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST YEAR) = NONRESPONSE
BRACKETS (FLUnfolding[35], FLCurr, BRs.Brackets[34].BR1, BRs.Brackets[34].BR2, BRs.Brackets[34].BR3)
ENDIF

ENDIF

HH017_ TOTAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST MONTH
To summarize, how much was the overall income, after tax, that your entire household had in an average month in [{previous year}]?
{enter an amount}

IF HH017_ (TOTAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST MONTH) = DONTKNOW OR HH017_ (TOTAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST MONTH) = REFUSAL
Please look at card 42. Can you tell me the letter that corresponds to the overall income, after tax, that your household had in an average month in

\[\text{(previous year)}\]?

\[
\begin{array}{c}
\hline
\text{HH018}\_  \text{TOTAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST MONTH UB}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{HH014}\_  \text{WHO ANSWERED THE QUESTIONS IN HH}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{1. Respondent only}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{2. Respondent and proxy}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{3. Proxy only}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{ENDIF}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{CO010}\_  \text{CONSUME HOME PRODUCED FOOD}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{Do you \{and other members of your household/\{empty\}\} consume vegetables, fruit or meat that you have grown, produced, caught or gathered yourselves?}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{1. Yes}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{5. No}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{IF CO010\_ (CONSUME HOME PRODUCED FOOD) = 1. Yes}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{IF MN024\_ (HOUSEHOLD TYPE) = 1}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{IF MN008\_ (HOUSEHOLD RESPONDENT) = 1}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{Introduction text}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{We would now like to ask some questions about your household's usual expenditures and how your household is managing financially.}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{1. Continue}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{CO003}\_  \text{AMOUNT SPENT ON FOOD OUTSIDE THE HOME}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{Please look at card 43. Still thinking about the last 12 months: about how much did your household spend in a typical month on food to be consumed outside home?}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{IWER:AMOUNT IN \{local currency\} [enter an amount]}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{CO002}\_  \text{AMOUNT SPENT ON FOOD AT HOME}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{Please look at card 43. Thinking about the last 12 months: about how much did your household spend in a typical month on food to be consumed at home?}
\hline
\end{array}
\]

\[
\begin{array}{c}
\hline
\text{IWER:AMOUNT IN \{local currency\} [enter an amount]}
\hline
\end{array}
\]
What is the value of the home produced food that you consumed in a typical month during the last year? In other words, how much would you have paid for this food if you had to buy it?

{enter an amount}

ENDIF

Please look at card 43. Again, in the last 12 months: about how much was your household's expenditure on telephone calls and charges in a typical month?

IWER: AMOUNT IN [{local currency}]

{enter an amount}

Thinking of your household's total monthly income, would you say that your household is able to make ends meet...

IWER: READ OUT

1. With great difficulty
2. With some difficulty
3. Fairly easily
4. Easily

IF MN101_(MN101_Longitudinal) = 1

Since we last interviewed you in [{month and year previous interview}], would you say your household's financial situation today has...

IWER: READ OUT

1. Greatly improved
2. Somewhat improved
3. Remained the same
4. Somewhat deteriorated
5. Greatly deteriorated

ENDIF

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

IF MN007_(FINANCIAL RESPONDENT) = 1
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/{empty}/{empty} [husband/wife/partner/partner/{empty}/{empty}] may have.
1. Continue

AS060_ HAS BANK ACCOUNT
Do you[or/or/or/or/{empty}/{empty}][your/or/or/or/{empty}/{empty}][husband/wife/partner/partner/{empty}/{empty}]
currently have any money in bank accounts, current accounts, saving accounts or Post Office accounts?
1. Yes
5. No

IF AS060_ (HAS BANK ACCOUNT) = 5. No

AS061_ REASON FOR NOT HAVING A BANK ACCOUNT
Please look at card 44. Looking at this list, please tell me which is the most important reason
you[or/or/or/or/{empty}/{empty}][your/or/or/or/{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 AS060_ (HAS BANK ACCOUNT) = 1. Yes OR AS061_ (REASON FOR NOT HAVING A BANK ACCOUNT) = 95. Actually I/we do have an account

AS003_ AMOUNT BANK ACCOUNT
About how much do you [and/and/and/and/{empty}/{empty}][your/or/or/or/{empty}/{empty}][husband/wife/partner/partner/{empty}/{empty}]
currently have in bank accounts, transaction accounts, saving accounts or Post Office accounts?
IWER:AMOUNT IN [{local currency}]; CODE TOTAL AMOUNT FOR BOTH PARTNERS
{enter an amount}

CHK: AS003_AmBankAcc <> EMPTY MAIN "^FLError[20]"

IF AS003_ (AMOUNT BANK ACCOUNT) = NONRESPONSE


After taxes, about how much interest income did you [and/and/and/and/empty/empty] [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty] receive from such accounts in {[previous year]}?

IWER: AMOUNT IN {[local currency]}; AFTER TAXES; CODE TOTAL AMOUNT FOR BOTH PARTNERS

{enter an amount}

CHK: AS005_IntBankAcc <> EMPTY MAIN "^FLError[20]"

IF AS005_ (INTEREST FROM BANK ACCOUNTS) = NONRESPONSE


| ENDIF

| ENDIF

| AS062_ 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?

IWER: BONDS ARE A DEBT INSTRUMENT ISSUED BY THE GOVERNMENT OR A CORPORATION IN ORDER TO GENERATE CAPITAL BY BORROWING.

1. Yes

5. No

IF AS062_ (HAS BONDS) = 1. Yes

| AS007_ 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?

IWER: ENTER AN AMOUNT IN {[local currency]}; CODE TOTAL AMOUNT FOR BOTH PARTNERS

{enter an amount}

CHK: AS007_AmBonds <> EMPTY MAIN "^FLError[20]"

IF AS007_ (AMOUNT IN BONDS) = NONRESPONSE

| Bracket (FLUnfolding[47], FLcurr, BRs.Brackets[5].BR1, BRs.Brackets[5].BR2, BRs.Brackets[5].BR3)

| ENDIF
After taxes, about how much interest income did you [and/and/and/and/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] receive from these bonds in [{previous year}]?

IWER: AMOUNT IN [{local currency}]; AFTER TAXES; CODE TOTAL AMOUNT FOR BOTH PARTNERS

{enter an amount}

CHK: AS009_IntBonds <> EMPTY MAIN "^FLError[20]"

IF AS009_ (INTEREST FROM BONDS) = NONRESPONSE

BRACKETS (FLUnfolding[48], FLCurr, BRs.Brackets[6].BR1, BRs.Brackets[6].BR2, BRs.Brackets[6].BR3)

ENDIF

ENDIF

AS063_ HAS STOCKS

Do you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] currently have any money in stocks or shares (listed or unlisted on stock market)?

IWER: STOCKS ARE PIECES OF PAPER THAT SHOW THAT THE PERSON OWNS PART OF A CORPORATION AND HAS THE RIGHT TO RECEIVE DIVIDENDS FROM IT.

1. Yes
5. No

IF AS063_ (HAS STOCKS) = 1. Yes

AS011_ 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)?

IWER: AMOUNT IN [{local currency}]; CODE TOTAL AMOUNT FOR BOTH PARTNERS

{enter an amount}

CHK: AS011_AmStocks <> EMPTY MAIN "^FLError[20]"

IF AS011_ (AMOUNT IN STOCKS) = NONRESPONSE

BRACKETS (FLUnfolding[49], FLCurr, BRs.Brackets[7].BR1, BRs.Brackets[7].BR2, BRs.Brackets[7].BR3)

ENDIF

AS015_ DIVIDEND FROM STOCKS

After taxes, about how much dividend income did you [and/and/and/and/{empty}/{empty}]
[husband/wife/partner/partner/empty/empty] receive from these stocks in [previous year]?

IWER: AMOUNT IN [local currency]; AFTER TAXES; CODE TOTAL AMOUNT FOR BOTH PARTNERS

{enter an amount}

CHK: AS015_DivStocks <> EMPTY MAIN "^FLError[20]"

IF AS015_ (DIVIDEND FROM STOCKS) = NONRESPONSE

BRACKETS (FLUnfolding[50], FLCurr, BRs.Brackets[8].BR1, BRs.Brackets[8].BR2, BRs.Brackets[8].BR3)

ENDIF

ENDIF

AS064_ HAS MUTUAL FUNDS

Do you [husband/wife/partner/partner/empty/empty] currently have any money in mutual funds or managed investment accounts?

IWER: MUTUAL FUNDS ARE A POOL OF MONEY BELONGING TO MANY INVESTORS WHO TRUST A MANAGER TO INVEST IT IN STOCKS AND/OR BONDS.

1. Yes
5. No

IF AS064_ (HAS MUTUAL FUNDS) = 1. Yes

AS017_ AMOUNT IN MUTUAL FUNDS

About how much do you [husband/wife/partner/partner/empty/empty] currently have in mutual funds or managed investment accounts?

IWER: AMOUNT IN [local currency]; CODE TOTAL AMOUNT FOR BOTH PARTNERS

{enter an amount}

CHK: AS017_AmMutFunds <> EMPTY MAIN "^FLError[20]"

IF AS017_ (AMOUNT IN MUTUAL FUNDS) = NONRESPONSE

BRACKETS (FLUnfolding[51], FLCurr, BRs.Brackets[9].BR1, BRs.Brackets[9].BR2, BRs.Brackets[9].BR3)

ENDIF

AS019_ 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
AS058_ INTEREST OR DIVIDEND ON MUTUAL FUNDS
After taxes, about how much interest or dividend income did you
earn with mutual funds or managed investment accounts in [{previous year}]?
IWER:AMOUNT IN [{local currency}]; AFTER TAXES; CODE TOTAL AMOUNT FOR BOTH PARTNERS
{enter an amount}

CHK: AS058_IntMutFunds <> EMPTY MAIN "^FLError[20]"

IF AS058_ (INTEREST OR DIVIDEND ON MUTUAL FUNDS) = NONRESPONSE

BRACKETS (FLUnfolding[52], FLCurr, BRs.Brackets[10].BR1, BRs.Brackets[10].BR2, BRs.Brackets[10].BR3)

ENDIF

AS065_ HAS INDIVIDUAL RETIREMENT ACCOUNTS
Do you currently have any money in individual retirements accounts?
IWER: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 AS065_ (HAS INDIVIDUAL RETIREMENT ACCOUNTS) = 1. Yes

IF MN005_ (INTERVIEW MODE) <> 1

AS020_ WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS
Who has individual retirements accounts? You, [husband/wife/partner/partner/{empty}/{empty}] currently have any money in individual retirements accounts?

1. Respondent only
2. [husband/wife/partner/partner/{empty}/{empty}] only
3. Both

ENDIF

IF MN005_ (INTERVIEW MODE) = 1 OR AS020_ (WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS) = 1. Respondent only OR AS020_ (WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS) = 3. Both

AS021_ AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS
How much do you currently have in individual retirement accounts?
IWER: ENTER AN AMOUNT IN [{local currency}]; CODE AMOUNT FOR RESPONDENT ONLY

ENTER AN AMOUNT

CHK: AS021_AmIndRet <> EMPTY MAIN "^FLError[20]"

IF AS021_(AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS) = NONRESPONSE


ENDIF

AS023_ 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 AS020_(WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS) = 2. ^FL_AS020_5 only OR AS020_(WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS) = 3.

Both

AS024_ 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?

IWER: AMOUNT IN [FLCURRCODE] AMOUNT FOR PARTNER ONLY

ENTER AN AMOUNT

CHK: AS024_PAmIndRet <> EMPTY MAIN "^FLError[20]"

IF AS024_(PARTNER AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS) = NONRESPONSE

BRACKETS (FLUnfolding[55], FLCurr, BRs.Brackets[12].BR1, BRs.Brackets[12].BR2, BRs.Brackets[12].BR3)

ENDIF

AS026_ 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
Do you [or/or/or/or/{empty}/{empty}/{empty}] currently have any money in contractual saving for housing?

IWER: 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 AS066_ (HAS CONTRACTUAL SAVING) = 1. Yes

AS027_ AMOUNT CONTRACTUAL SAVING
About how much do you [and/and/and/and/{empty}/{empty}][your/your/your/your/{empty}][husband/wife/partner/partner/{empty}][husband/wife/partner/partner/{empty}] currently have in contractual saving for housing?

IWER: ENTER AN AMOUNT IN [{local currency}]; CODE TOTAL AMOUNT FOR BOTH PARTNERS

{enter an amount}

CHK: AS027_AmContSav <> EMPTY MAIN "^FLError[20]"

IF AS027_ (AMOUNT CONTRACTUAL SAVING) = NONRESPONSE


ENDIF

ENDIF

AS067_ HAS LIFE INSURANCE
Do you [or/or/or/or/{empty}][your/your/your/your/{empty}][husband/wife/partner/partner/{empty}][husband/wife/partner/partner/{empty}] currently own any life insurance policies?

1. Yes
5. No

IF AS067_ (HAS LIFE INSURANCE) = 1. Yes

AS029_ LIFE INSURANCE POLICIES TERM OR WHOLE LIFE
Are your life insurance policies term policies, whole life policies, or both of these?

IWER: 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 AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE LIFE) = 2. Whole life policies OR AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE LIFE) = 3. Both

AS030_ 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/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}]?
IWER: AMOUNT IN [{local currency}] ; CODE TOTAL AMOUNT FOR BOTH PARTNERS
{enter an amount}

IF AS030_ (FACE VALUE LIFE POLICIES) = NONRESPONSE

BRACKETS (FLUnfolding[42], FLcurr, BRs.Brackets[14].BR1, BRs.Brackets[14].BR2, BRs.Brackets[14].BR3)

ENDIF

IF AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE LIFE) = 2. Whole life policies OR AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE LIFE) = 3. Both

AS032_ AMOUNT DEPENDENTS GET FROM LIFE INSURANCE POLICIES
About how much will your dependents or other beneficiaries get from [your term policies/your whole life policies] when you [and/and/and/and/{empty}/{empty}] [your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] die?
IWER: AMOUNT IN [{local currency}]. CODE TOTAL AMOUNT FOR ALL BENEFICIARIES
{enter an amount}

IF AS032_ (AMOUNT DEPENDENTS GET FROM LIFE INSURANCE POLICIES) = NONRESPONSE

BRACKETS (FLUnfolding[43], FLcurr, BRs.Brackets[1].BR1, BRs.Brackets[1].BR2, BRs.Brackets[1].BR3)

ENDIF

AS034_ PAID ON LIFE INSURANCE POLICIES
About how much did you [and/and/and/and/{empty}/{empty}] [your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] pay on
[your term policies/your whole life policies] in [{previous year}]?

IWER: AMOUNT IN [{local currency}]; CODE TOTAL AMOUNT FOR BOTH PARTNERS

{enter an amount}

IF AS034_ (PAID ON LIFE INSURANCE POLICIES) = NONRESPONSE


ENDIF

ENDIF

IF AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE LIFE) = 1. Term policies
OR AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE LIFE) = 3. Both

AS032_ AMOUNT DEPENDENTS GET FROM LIFE INSURANCE POLICIES
About how much will your dependents or other beneficiaries get from [your term policies/your whole life policies] when you
[and/and/and/and/{empty}/{empty}] [your/your/your/{empty}/[empty]]
[husband/wife/partner/partner/{empty}/[empty]] die?

IWER: AMOUNT IN [{local currency}]. CODE TOTAL AMOUNT FOR ALL BENEFICIARIES

{enter an amount}

IF AS032_ (AMOUNT DEPENDENTS GET FROM LIFE INSURANCE POLICIES) = NONRESPONSE

BRACKETS (FLUnfolding[43], FLCur, BRs.Brackets[1].BR1, BRs.Brackets[1].BR2, BRs.Brackets[1].BR3)

ENDIF

AS034_ PAID ON LIFE INSURANCE POLICIES
About how much did you [and/and/and/and/{empty}/[empty]]
[your/your/your/{empty}/[empty]] [husband/wife/partner/partner/{empty}/[empty]] pay on
[your term policies/your whole life policies] in [{previous year}]?

IWER: AMOUNT IN [{local currency}]; CODE TOTAL AMOUNT FOR BOTH PARTNERS

{enter an amount}

IF AS034_ (PAID ON LIFE INSURANCE POLICIES) = NONRESPONSE


ENDIF

ENDIF
Do you [or/or/or/or/empty/or] [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty] currently own a firm, company, or business?

1. Yes
5. No

IF AS041_ (OWN FIRM COMPANY BUSINESS) = 1. Yes

IF AS042_ (AMOUNT SELLING FIRM) = NONRESPONSE


ENDIF

AS044_ PERCENTAGE SHARE FIRM OWNED

What percentage or share of this firm, company or business is owned by you [or/or/or/or/empty/or] [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty]?

ENTER PERCENT

CHK: AS044_ShareFirm <= 100 MAIN "^FLError[18]"

IF AS044_ (PERCENTAGE SHARE FIRM OWNED) = NONRESPONSE

BRACKETS (FLUnfolding[59], FLPercent, BRs.Brackets[16].BR1, BRs.Brackets[16].BR2, BRs.Brackets[16].BR3)

ENDIF

ENDIF

AS049_ NUMBER OF CARS

How many cars do you [or/or/or/or/empty/or] [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty] own? Please exclude company cars.

__________ (0..10)
IF AS049_ \text{(NUMBER OF CARS)} > 0

\begin{itemize}
  \item AS051_ AMOUNT SELLING CARS
  \begin{itemize}
    \item If you sold [this/these] [car/cars] about how much would be left?
    \item IWER: AMOUNT IN \{\text{[local currency]}\}; CODE TOTAL AMOUNT FOR BOTH PARTNERS
    \item \{enter an amount\}
    \item CHK: AS051_AmSellingCars <> EMPTY MAIN "^FLError[20]"
  \end{itemize}
\end{itemize}

IF AS051_ \text{(AMOUNT SELLING CARS)} = \text{NONRESPONSE}

\begin{itemize}
  \item BRACKETS (FLUnfolding[61], FLCur, BRs.Brackets[18].BR1, BRs.Brackets[18].BR2, BRs.Brackets[18].BR3)
  \item ENDIF
  \item ENDIF
\end{itemize}

\begin{itemize}
  \item AS053_ INTRODUCTION 2 TO ASSETS
  \item The next questions refer to money that you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] may owe. Do not include mortgages or money owed on land, property or firms.
  \item 1. Continue
\end{itemize}

\begin{itemize}
  \item AS054_ OWE MONEY
  \item Looking at card 45, 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?
  \item IWER: CODE ALL THAT APPLY
  \begin{itemize}
    \item 1. Debt on cars and other vehicles (vans/motorcycles/boats, etc.)
    \item 2. Debt on credit cards / store cards
    \item 3. Loans (from bank, building society or other financial institution)
    \item 4. Debts to relatives or friends
    \item 5. Student loans
    \item 6. Overdue bills (phone, electricity, heating, rent)
    \item 96. None of these
    \item 97. Other
  \end{itemize}
\end{itemize}

CHK: NOT (( > 1) AND (96 IN AS054_OweMonAny)) MAIN "^FLError[5]"

IF NOT 96. None of these IN AS054_\text{(OWE MONEY)}

\begin{itemize}
  \item AS055_ AMOUNT OWING MONEY IN TOTAL
  \begin{itemize}
    \item 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?
    \item IWER: AMOUNT IN \{\text{[local currency]}\}; CODE TOTAL AMOUNT FOR BOTH PARTNERS
    \item \{enter an amount\}
  \end{itemize}
\end{itemize}
AS055_ AMOUNT OWING MONEY IN TOTAL

| IF AS055_ (AMOUNT OWING MONEY IN TOTAL) = NONRESPONSE
| |
| |
| ENDIF
|

AS068_ RISK AVERSION

Please look at card 46. 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?

IWER: 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

| IF MN014_ (NUMBER OF ELIGIBLE PERSONS) < MN023_ (# PERSONS OVER 17)
| |
| AS069_ SAVINGS AND INVESTMENTS OF OTHER ADULTS IN THE HOUSEHOLD
| How much do all other adults aged 18 and over (except you/and your partner) that live with you have in total savings and investments, after you subtract all the debts they may have?
| IWER: AMOUNT IN [local currency] ; CODE TOTAL AMOUNT FOR ALL OTHER ADULTS EXCEPT PARTNERS
| [enter an amount]
| |

AS057_ 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
AC011_ INTRODUCTION WELL-BEING

We are also interested in how people think about their lives in general.

IWER: 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 AND MAKE A REMARK USING CTRL-M AT THE END OF
THE SECTION.
1. Continue

AC012_ 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_ INTRODUCTION CASP ITEMS

Please look at card 47. 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_ 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_ 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_ 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_ 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_ 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_ 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_ 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_ 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_ 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_ 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_ 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_ 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 AC199_ (WELL-BEING: RANDOM NR 1..2) = 1
   |
   | **AC026_ INTRODUCTION FEELINGS**
   | Now think about the past week and the feelings you have experienced. Please tell me if each of the following was true for you much of the time during the past week.
   | 1. Continue
   |
   | **AC027_ FELT DEPRESSED**
   | Much of the time during the past week, you felt depressed.(Would you say yes or no?)
   | 1. Yes
   | 5. No
   |
   | **AC028_ FELT EVERYTHING EFFORT**
   | (Much of the time during the past week…)You felt that everything you did was an effort.(Would you say yes or no?)
   | 1. Yes
   | 5. No
   |
   | **AC029_ SLEEP WAS RESTLESS**
   | (Much of the time during the past week…)Your sleep was restless.(Would you say yes or no?)
   | 1. Yes
   | 5. No
   |
   | **AC030_ HAPPY**
   | (Much of the time during the past week…)You were happy.(Would you say yes or no?)
   | 1. Yes
   | 5. No
   |
   | **AC031_ FELT LONELY**
   | (Much of the time during the past week…)You felt lonely.(Would you say yes or no?)
   | 1. Yes
   | 5. No
   |
   | **AC032_ ENJOYED LIFE**
Much of the time during the past week… You enjoyed life. (Would you say yes or no?)

1. Yes
5. No

AC033_ FELT SAD

Much of the time during the past week… You felt sad. (Would you say yes or no?)

1. Yes
5. No

AC034_ COULD NOT GET GOING

Much of the time during the past week… You could not get going. (Would you say yes or no?)

1. Yes
5. No

ENDIF

IF MN024_ (HOUSEHOLD TYPE) = 1

AC001_ INTRODUCTION AC ACTIVITIES

Now I have a few questions about the motivation for and the satisfaction with your activities, and about your expectations for the future.

IWER: 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 AND MAKE A REMARK USING CTRL-M AT THE END OF THE SECTION.

1. Continue

AC002_ ACTIVITIES IN LAST MONTH

Please look at card 48. Have you done any of these activities in the last month?

IWER: CODE ALL THAT APPLY. TAKING PART IN ACTIVITIES OF A RELIGIOUS ORGANIZATION INCLUDES CHURCH, SYNAGOGUE, MOSQUE ATTENDANCE.

1. Done voluntary or charity work
2. Cared for a sick or disabled adult
3. Provided help to friends or neighbors
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
96. None of these

CHK: NOT ((> 1) AND (a96 IN AC002_ActLastMonth)) MAIN "^FEError[5]"

LOOP cnt1:= 1 TO 7

IF cnt1 IN AC002_(ACTIVITIES IN LAST MONTH)

AC003_ HOW OFTEN ACTIVITY IN THE LAST FOUR WEEKS

How often in the last four weeks [did/have/have/have/did/have/have] [you/you/you/you/you/you/you] [do voluntary or charity work/cared for a sick or disabled adult/provided help to friends or neighbours/attended an educational or training
course/go to a sport, social or other kind of club/taken part in the activities of a religious organization (church, synagogue, mosque etc.)/taken part in a political or community-related organization]?

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

AC004_ MOTIVATIONS
Please look at card 49. For which on the reasons given on this card, if any, did you do voluntary or charity work/cared for a sick or disabled adult/provided help to friends or neighbors/attended an educational or training course/go to a sport, social or other kind of club/taken part in the activities of a religious organization (church, synagogue, mosque etc.)/taken part in a political or community-related organization]?

IWER:CODE ALL THAT APPLY
1. To meet other people
2. To contribute something useful
3. Because I am needed
4. To earn money
5. To use my skills or to keep fit
96. None of these

CHK: NOT (( > 1) AND (a96 IN AC004_Motiv)) MAIN "^FLError[5]"
ENDIF
ENDLOOP

IF 1. Done voluntary or charity work IN AC002_ (ACTIVITIES IN LAST MONTH) OR 2. Cared for a sick or disabled adult IN AC002_ (ACTIVITIES IN LAST MONTH) OR 3. Provided help to friends or neighbors IN AC002_ (ACTIVITIES IN LAST MONTH)

AC005_ INTRODUCTION STATEMENTS AC
I will now read a couple of statements that are related to your commitment towards people. Please tell me whether you strongly agree, agree, disagree or strongly disagree with each statement.
1. Continue

LOOP cnt2:= 1 TO 3

IF cnt2 IN AC002_ (ACTIVITIES IN LAST MONTH)

AC006_ FULLY SATISFIED WITH WHAT ACHIEVED SO FAR
Considering all the efforts that I have invested into my [voluntary or charity work/care for a sick or disabled adult/help to friends or neighbors/educational or training course/sport, social or other kind of club/participation in a religious organization (church, synagogue, mosque etc.)/participation in a political or community-related organization], I am fully satisfied with what I have achieved so far. (Would you say that you strongly agree, agree, disagree, or strongly disagree with that statement?)
AC007_ RECEIVED ADEQUATE APPRECIATION FROM OTHERS
Considering all the efforts that I have invested into my [voluntary or charity work/care for a sick or disabled adult/help to friends or neighbors/educational or training course/sport, social or other kind of club/participation in a religious organization (church, synagogue, mosque etc.)/participation in a political or community-related organization], I always received adequate appreciation from others. (Would you say that you strongly agree, agree, disagree, or strongly disagree with that statement?)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

EX001_ INTRODUCTION AND EXAMPLE
Finally, 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 50, 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_ CHANCE OF RECEIVING INHERITANCE
Please look at card 50. Thinking about the next ten years, what are the chances that you will receive any inheritance, including property and other valuables?

___________ (0..100)

IF EX002_ (CHANCE OF RECEIVING INHERITANCE) > 0 |

EX003_ CHANCE INHERITANCE MORE THAN 50000
Please look at card 50. 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
EX004_ CHANCE OF LEAVING INHERITANCE MORE THAN 50000
(Please look at card 50.) Not only thinking about the next 10 years, including property and other valuables, what are the chances that you
[or/or/or/or/empty]/[empty] [your/or/or/or/empty]/[empty] [husband/wife/partner/partner/empty]/[empty] will leave an inheritance totaling 50,000 [{local currency}] or more?
__________ (0..100)

IF EX004_(CHANCE OF LEAVING INHERITANCE MORE THAN 50000) = 0
|
| EX005_ CHANCE OF LEAVING ANY INHERITANCE
| (Please look at card 50.) What are the chances that you [or/or/or/or/empty]/[empty]
| [your/or/or/or/empty]/[empty]
| [husband/wife/partner/partner/empty]/[empty] will leave any inheritance?
| IWER: INCLUDE PROPERTIES AND OTHER VALUABLES
| ___________ (0..100)
|
| ELSE
|
| IF EX004_(CHANCE OF LEAVING INHERITANCE MORE THAN 50000) > 0
|
| | EX006_ CHANCE OF LEAVING INHERITANCE MORE THAN 150000
| | (Please look at card 50.) What are the chances that you [or/or/or/or/empty]/[empty]
| | [your/or/or/or/empty]/[empty]
| | [husband/wife/partner/partner/empty]/[empty] will leave an inheritance totaling 150,000
| | [{local currency}] or more?
| | IWER: INCLUDE PROPERTIES AND OTHER VALUABLES
| | ___________ (0..100)
||
| ENDIF
|
ENDIF

IF Sec_EP.EP005_CurrentJobSit = a2 OR 1 IN Sec_EP.EP098_TypeOfPension
|
| EX007_ GOVERNMENT REDUCES PENSION
| (Please look at card 50.) What are the chances that before you retire the government will reduce the pension which you are entitled to?
| ___________ (0..100)
|
| IF MN808_(AGE RESPONDENT) < 61
||
| | EX025_ CHANCE TO WORK AFTER AGE OF 63
| | (Please look at card 50.) 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_ GOVERNMENT RAISES RETIREMENT AGE
(Please look at card 50.) What are the chances that before you retire the government will raise your retirement age?

\[\text{\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (0..100)}\]

ENDIF

\[\text{IF MN808\_ (AGE RESPONDENT) < 101}\]

\[\text{ENDIF}\]

\[\text{IF EX009\_ LIVING IN TEN YEARS}\]

\[\text{ENDIF}\]

EX010\_ CHANCES STANDARD OF LIVING WILL BE BETTER

(Please look at card 50.) What are the chances that five years from now your standard of living will be better than today?

IWER: BY STANDARD OF LIVING WE MEAN THE ABILITY TO BUY GOODS AND SERVICES

\[\text{\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (0..100)}\]

EX011\_ CHANCES STANDARD OF LIVING WILL BE WORSE

(Please look at card 50.) And what are the chances that five years from now your standard of living will be worse than today?

IWER: BY STANDARD OF LIVING WE MEAN THE ABILITY TO BUY GOODS AND SERVICES

\[\text{\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (0..100)}\]

EX026\_ 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 50 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.

\[\text{\_\_\_\_\_\_\_\_ (0..10)}\]

EX028\_ 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?

\[\text{\_\_\_\_\_\_\_\_ (0..10)}\]

EX029\_ RELIGIOUS BACKGROUND

And what about your religious background? Thinking about the present, how often do you pray?

IWER: 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

**EX023** _END NON PROXY_

**IWER:** END OF NON-PROXY SECTION. IF THE RESPONDENT WAS NOT CAPABLE
OF ANSWERING THE PRECEDING QUESTIONS, PRESS CTRL-M AND MAKE A
REMARK.
1. Continue

```plaintext
IF MN101_ (MN101_Longitudinal) = 0 AND MN022_ (SAMPLE TYPE) = 0
| EX106_ HAND OUT DROP-OFF QUESTIONNAIRE A
| IWER: HAND OUT DROP-OFF QUESTIONNAIRE A TO RESPONDENT. FILL IN
FIRST NAME, HOUSEHOLD ID [{sample id}] AND RESPONDENT ID [{respondent id}].
Enter
| DROP-OFF SERIAL NUMBER FROM QUESTIONNAIRE TO CAPI.
| __________
| ENDIF
```

```plaintext
IF MN808_ (AGE RESPONDENT) < 65 AND MN022_ (SAMPLE TYPE) = 1
| EX107_ HAND OUT DROP-OFF QUESTIONNAIRE B
| IWER: HAND OUT DROP-OFF QUESTIONNAIRE B TO RESPONDENT. FILL IN
FIRST NAME, HOUSEHOLD ID [{sample id}] AND RESPONDENT ID [{respondent id}].
Enter
| DROP-OFF SERIAL NUMBER FROM QUESTIONNAIRE TO CAPI.
| __________
| ENDIF
```

```plaintext
IF MN808_ (AGE RESPONDENT) >= 65 AND MN022_ (SAMPLE TYPE) = 1
| EX108_ HAND OUT DROP-OFF QUESTIONNAIRE C
| IWER: HAND OUT DROP-OFF QUESTIONNAIRE C TO RESPONDENT. FILL IN
FIRST NAME, HOUSEHOLD ID [{sample id}] AND RESPONDENT ID [{respondent id}].
Enter
| DROP-OFF SERIAL NUMBER FROM QUESTIONNAIRE TO CAPI.
| __________
| ENDIF
```

```plaintext
IF MN005_ (INTERVIEW MODE) = 2
| EX100_ PARTNER AVAILABLE AND WILLING TO PARTICIPATE
| IWER: 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 EX100_ (PARTNER AVAILABLE AND WILLING TO PARTICIPATE) = 5. No, partner unavailable or unwilling to be (proxy) interviewed in this session

EX101_ 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_ 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?

__________ (0..21)

EX103_ PARTNER CURRENT JOB SITUATION
In general, how would you describe the current employment situation of [your/your/your/your/empty/empty][husband/wife/partner/partner/empty/empty]?

IWER: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
6. Other

IF EX103_ (PARTNER CURRENT JOB SITUATION) <> 1. Retired AND EX103_ (PARTNER CURRENT JOB SITUATION) <> 2. Employed or self-employed (including working for family business)

EX104_ 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 EX103_ (PARTNER CURRENT JOB SITUATION) = 1. Retired OR EX103_ (PARTNER CURRENT JOB SITUATION) = 2. Employed or self-employed (including working for family business) OR EX104_ (PARTNER EVER DONE PAID WORK) = 1. Yes

EX105_ PARTNER EMPLOYEE OR A SELF-EMPLOYED
In [his/her] [last/current/last] job, [was/is/was] [your/your/your/your/empty]/[empty]/[empty]/[empty]/
[husband/wife/partner/partner] a private sector employee, a
public sector employee or a self-employed?
1. Private sector employee
2. Public sector employee
3. Self-employed

1. Private sector employee
2. Public sector employee
3. Self-employed

EX024_ 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

EX027_ CONSENT TO RECONTACT
It has not been decided yet but we are thinking about continuing this research project in one or
two years with another, much shorter interview. For
this reason, we hope that it is ok with you that we keep your name and address in our files, so
that we can contact you again. Is this ok?
1. Consent to recontact
5. No consent to recontact

IV001_ 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_DN.DN038_IntCheck = a3 OR Sec_PH.PH054_IntCheck = a3 OR
Sec_BR.BR017_IntCheck = a3 OR Sec_HC.HC063_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_ 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
Were any third persons, except proxy respondent, present during (parts of) the interview with [{name of respondent}]?
IWER: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 IV002_ (THIRD PERSONS PRESENT) AND
IV002_PersPresent.CARDINAL = 1
|

INTERVENED IN INTERVIEW
Have these persons intervened in the interview?
1. Yes, often
2. Yes, occasionally
3. No
|

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 IV004_ (WILLINGNESS TO ANSWER) = 5. Good in the beginning, got worse during the interview
|

WHY WILLINGNESS WORSE
Why did the respondent’s willingness to answer get worse during the interview?
IWER: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 IV005_(WHY WILLINGNESS WORSE)

IV006_ WHICH OTHER REASON
Which other reason?
___________

ENDIF

ENDIF

IV007_ 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_ 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_ 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 MN008_(HOUSEHOLD RESPONDENT) = 1

IF Sec_HO.HO001 Place = a1

IV009_ 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_ 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 IV010_ (TYPE OF BUILDING) = 4. A building with 3 to 8 flats OR
IV010_TypeBuilding.ORD = 5

IV011_ NUMBER OF FLOORS OF BUILDING
Including the ground floor, how many floors does the building have?
____________ (1..99)

ENDIF

IF IV010_ (TYPE OF BUILDING) > 3. A one or two family house as row or double house

IV012_ 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?
IWER: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

IV019_ INTERVIEWER ID
Your interviewer ID:
____________

IV017_ OUTRA IV
Thank you very much for completing this section.
1. Continue

ELSE

ENDIF