

Share 2004 Questionnaire version 10 (manually edited April 2005)

Preface

This generic paper version of the SHARE-questionnaire is edited manually. Therefore it is more 'user-friendly' than the automatically generated paper versions for each of the participating countries.

This *main part of the SHARE 2004 questionnaire* is asked to all eligible individuals in a household, who have been identified in the introductory Coverscreen Module (cv; see *SHARE 2004 Coverscreen version 10*). However, some modules concerning the household rather than the individual are only answered by the designated financial, family, or housing respondent.

All *variable names* in this paper version are highlighted using bold characters and are followed by the variable label (e.g. **CV004_ FIRST NAME RESPONDENT**). In general, the variable names and labels in this paper version of the questionnaire are similar to the variable names and labels used in the data set.

Local currencies and pre-Euro currency variables are converted into Euro values in the data set and stored with the separation identifier '_' in the variable name replaced by 'e'. For *unfolding bracket* variables '_' is replaced by 'ub' and *bracket values* are stored in variables using 'v' instead of '_'.

Dummy variables have been generated for each option of a *multiple answer* question, with 'd' instead of the separator '_'. The number of the answer category is indicated by the last number of the respective dummy variable's name.

All conditions (*IF STATEMENTS*) are in capital letters and italics. The pipelines on the left hand side provide information about the number of applying conditions.

Please consult the SHARE data dissemination site for more detailed information on the construction of the data set, the definition of variables, etc.

IF INTERVIEW MODE = 1. Individual. Single

|

ELSE

|

IF INTERVIEW MODE = 2. Individual. Couple, first respondent

|

CM002_ FINANCES TOTALLY SEPARATE

| Later in this interview, we will be asking questions about family
| finances, for example about your savings for old-age and financial
| support to children and other relatives. We need to ask these
| questions of only one person in a couple, except when they are not
| informed about each other's savings or support given to relatives.

| Should we ask these questions to each of you separately, or can we
| ask them only once for both of you together?

| 1. Separately

| 5. Together

|

IF CM002_ (FINANCES TOTALLY SEPARATE) = 5. Together

|

CM003_ CHOICE RESPONDENT FINANCE

| 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

|

ENDIF

|

ELSE

|

|

ENDIF

|

ENDIF

DN001_ INTRO DEMOGRAPHICS

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

1. Continue

IF RESPONDENT ID <> 1

|

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:
| (1875..2004)

| *ELSE*

| *ENDIF*

| **DN004_ COUNTRY OF BIRTH**

| Were you born in the United Kingdom?

- 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 the United Kingdom?
| (1875..2004)

| *ENDIF*

| **DN007_ CITIZENSHIP COUNTRY**

| Do you have British citizenship?

- 1. Yes
- 5. No

| *IF DN007_ (CITIZENSHIP COUNTRY) = 5. No*

| **DN008_ OTHER CITIZENSHIP**

| What is your citizenship?

| _____

| *ENDIF*

| *IF MN001_ (INTERVIEW COUNTRY) = 3. Germany*

| **DN009_ WHERE LIVED ON NOVEMBER 1ST 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*

|

ENDIF

DN010_ HIGHEST EDUCATIONAL DEGREE OBTAINED

Please look at card 2. What is the highest school leaving certificate or school degree that you have obtained?

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

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

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

|

| **DN013_ OTHER EDUCATION**

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

| _____
|
ENDIF

DN014_ MARITAL STATUS

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

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

IF DN014_ (MARITAL STATUS) = 1. Married and living together with spouse

|
| *IF RESPONDENT ID = 1*

||
|| **DN015_ YEAR OF MARRIAGE, IF LIVING TOGETHER**

|| In which year did you get married?

|| (1890..2004)

||

CHECK: Year marriage should be at least 12 years after year of birth of respondent!

| *ENDIF*

|

ENDIF

IF DN014_ (MARITAL STATUS) = 2. Registered partnership

|

| **DN016_ YEAR OF REGISTERED PARTNERSHIP**

| In which year did you register your partnership?

| (1890..2004)

|

ELSE

|

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

||

|| **DN017_ YEAR OF MARRIAGE, IF LIVING SEPARATED**

|| In which year did you get married?

|| (1890..2004)

||

| *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..2004)

```

| |
| | 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..2004)
| | |
| | | ENDIF
| | |
| | | ENDIF
| | |
| | | ENDIF
| |
| ENDIF

```

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

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| |
| | DN020_ YEAR OF BIRTH OF FORMER PARTNER
| | In which year was [your] [ex-/late] [husband/wife] born?
| | IWER: RECORD BIRTH YEAR OF MOST RECENT SPOUSE
| | (1875..2004)
| |

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| | DN021_ HIGHEST EDUCATIONAL DEGREE OF FORMER PARTNER
| | Please look at card 2.What is the highest school certificate or
| | degree that [your] [ex-/late] [husband/wife] has obtained?
| | 1. Comprehensive school
| | 2. Grammar school (not fee-paying)
| | 3. Fee-paying grammar school
| | 4. Sixth form College/Tertiary College
| | 5. Public or other private school
| | 6. Elementary school
| | 7. Secondary modern/secondary school
| | 8. Technical school (not college)
| | 95. No degree yet/still in school
| | 96. None
| | 97. Other type (or abroad)
| |

```

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

```

| |
| | DN022_ OTHER HIGHEST EDUCATIONAL DEGREE PARTNER OBTAINED
| | Which other school certificate or degree has [your] [ex-/late]
| | [husband/wife] obtained?
| | _____
| |

```

| *ENDIF*

| **DN023_ FURTHER EDUCATION OF FORMER PARTNER**

| Please look at card 3. Which degrees of higher education or vocational training does [your] [ex-/late] [husband/wife] have?

| IWER: CODE ALL THAT APPLY

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

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

| **DN024_ OTHER EDUCATION PARTNER**

| Which other education or vocational training does [your] [ex-/late] [husband/wife] have?

| _____

| *ENDIF*

| **DN025_ LAST JOB OF PARTNER**

| What is the most recent job [your] [ex-/late] [husband/wife/husband] had? Please give the exact description.

| IWER: E.G. NOT "CLERK" BUT "FORWARDING MERCHANT", NOT "WORKER" BUT "ENGINE FITTER". IN CASE OF A CIVIL SERVANT, PLEASE GET FIRST OFFICIAL TITLE, E.G. "POLICE CONSTABLE" OR "STUDENT TEACHER".

| ONLY IF PERSON NEVER HAD ANY OCCUPATION, ENTER "HOUSEWIFE/-HUSBAND".

| _____

| *ENDIF*

| **DN039_ INTRODUCTION PARENTS SIBLINGS**

| Now, I have some questions about your parents and siblings.

1. Continue

Questions DN026_ (IS NATURAL PARENT STILL ALIVE) to DN033_ (HEALTH OF PARENT) are repeated for mother and father and asked to every eligible with the appropriate fill.

IF (MN016_ (MOTHER IN HOUSEHOLD) = 5. No AND RESPONDENT ID = 1) OR IF (MN018_ (MOTHER IN LAW IN HOUSEHOLD) = 5. No AND RESPONDENT ID = 2) OR IF RESPONDENT ID > 2 OR

IF (MN017_ (FATHER IN HOUSEHOLD) = 5. No AND RESPONDENT ID = 1) OR
IF (MN019_ (FATHER IN LAW IN HOUSEHOLD) = 5. No AND RESPONDENT
ID = 2) OR
IF RESPONDENT ID > 2

|
| **DN026_ IS NATURAL PARENT STILL ALIVE**

| Is [your] [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] [mother/father] when [she/he] died?

|| _____ (10..120)

||
|| ELSE

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

||
|| **DN028_ AGE OF NATURAL PARENT**

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

|| _____ (18..120)

||
|| **CHECK: Age should be at least ten years above respondent's age**

|| ENDIF

||
|| ENDIF

|
| **DN029_ LAST JOB OR OCCUPATION OF PARENT**

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

| IWER: E.G. NOT "CLERK" BUT "FORWARDING MERCHANT", NOT
| "WORKER" BUT "ENGINE FITTER". IN CASE OF A CIVIL SERVANT,
| PLEASE GET FIRST OFFICIAL TITLE, E.G. "POLICE CONSTABLE" OR
| "STUDENT TEACHER".

| ONLY IF PERSON NEVER HAD ANY OCCUPATION, ENTER "HOUSEWIFE/
| -HUSBAND".

| _____

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

||
|| **DN030_ WHERE DOES PARENT LIVE**

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

|| 1. In the same household

|| 2. In the same building

|| 3. Less than 1 kilometre away

|| 4. Between 1 and 5 kilometres away

|| 5. Between 5 and 25 kilometres away

|| 6. Between 25 and 100 kilometres away

|| 7. Between 100 and 500 kilometres away
 || 8. More than 500 kilometres away
 || 9. More than 500 kilometres away in another country
 ||
 || *IF DN030_ (WHERE DOES PARENT LIVE) = 9. More than 500 kilometres away*
 || *in another country*
 ||
 || **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] [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] [mother/father]?
 || Would you say it is
 || IWER: READ OUT
 || 1. Very Good
 || 2. Good
 || 3. Fair
 || 4. Poor
 || 5. Very Poor
 ||
 || *ENDIF*
 ||
 || *ENDIF*

DN034_ EVER HAD ANY SIBLINGS
 Have you ever had any siblings?
 IWER: INCLUDE NON-BIOLOGICAL SIBLINGS
 1. Yes

5. No

IF DN034_ (EVER HAD ANY SIBLINGS) = 1. Yes

|

| **DN035_ OLDEST YOUNGEST CHILD**

| Were you the oldest child, the youngest child, or somewhere
| in-between?

- | 1. Oldest
- | 2. Youngest
- | 3. In-between

|

| **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

IWER CHECK: 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

IF PHRANDOM (RANDOM NR: HEALTH IN GENERAL QUESTION VERSIONS) =

1

|

| **PH002_ HEALTH IN GENERAL QUESTION V 1**

| Would you say your health is ...

- | 1. Very good
- | 2. Good
- | 3. Fair
- | 4. Bad
- | 5. Very bad

|

ELSE

|

| **PH003_ HEALTH IN GENERAL QUESTION V 2**

| Would you say your health is

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

|
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

PH006_ DOCTOR TOLD YOU HAD CONDITIONS

Please look at card 6. Has a doctor ever told you that you had any of the conditions on this card? 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
- 96. None
- 97. Other conditions, not yet mentioned

CHECK: You cannot select 'none of the above' together with any other answer.
Please change your answer!

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 16

|
| *IF cnt IN PH006_ (DOCTOR TOLD YOU HAD CONDITIONS) OR (cnt = 16*
| *AND 97. Other conditions, not yet mentioned IN PH006_(DOCTOR TOLD YOU*
| *HAD CONDITIONS))*

||

||

|| *IF cnt=10 AND cnt IN PH006_ (DOCTOR TOLD YOU HAD CONDITIONS)*

||

|| **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

||

|| *ENDIF*

||

|| **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/osteoporosis/cancer/stomach or duodenal ulcer/parkinson
 || disease/cataracts/hip fracture or femoral fracture/[other filled by
 || PH007_ (OTHER CONDITIONS)]?
 || _____ (0..125)
 ||

CHECK: age should be less than or equal to respondent's age

|| *ENDIF*

| *ENDIF*

| *ENDLOOP*

PH010_ BOTHERED BY SYMPTOMS

Please look at card 7. 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, faints or blackouts
10. Stomach or intestine problems, including constipation, air, diarrhoea
11. Incontinence or involuntary loss of urine
96. None
97. Other symptoms, not yet mentioned

CHECK: You cannot select 'none of the above' together with any other answer. Please change your answer!

PH011_ CURRENT DRUGS AT LEAST ONCE A WEEK

Our next question is about the medication you may be taking. Please look at card 8. 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

CHECK: You cannot select 'none of the above' together with any other answer. Please change your answer!

PH012_ WEIGHT OF RESPONDENT

Approximately how much do you weigh?

IWER: WEIGHT IN KILOS (IN UK: STONE-DOT-POUNDS)
 _____ (0.00..300.00)

PH013_ HOW TALL ARE YOU?

How tall are you?

IWER: LENGTH IN CENTIMETRES (IN UK: FEET-DOT-INCHES)
 _____ (100.00..230.00)

PH041_ USE GLASSES

Do you usually wear glasses or contact lenses?

1. Yes
5. No

PH042_ EYESIGHT

Is your eyesight [using glasses or contact lenses as usual]...

IWER: READ OUT...

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. SPONTANEOUS registered or legally blind

IF PH042_ (EYESIGHT) <> 6. SPONTANEOUS registered or legally blind AND PH042_ (EYESIGHT) <> DONTKNOW AND PH042_ (EYESIGHT) <> REFUSAL

|

| **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]? 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]? Would you say it is ...
| IWER: READ OUT ...

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

| *ENDIF*

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]...

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]?

- 1. Yes
- 5. No

PH055_ HEARING WITH SEVERAL PEOPLE

Can you hear clearly what is said in a conversation with several
people [using a hearing aid as usual]?

- 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]?

- 1. Yes
- 5. No

PH024_ USE DENTURES

Do you use dentures?

1. Yes
5. No

PH025_ BITE ON HARD FOODS

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

1. Yes
5. No

PH048_ HEALTH AND ACTIVITIES

Please look at card 9. 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 9. 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

CHECK: You cannot select 'none of the above' together with any other answer. Please change your answer!

PH049_ MORE HEALTH AND ACTIVITIES

Please look at card 10. 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 10?)

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

CHECK: You cannot select 'none of the above' together with any other answer. Please change your answer!

IF NOT 96. None of these IN PH048_ (HEALTH AND ACTIVITIES) OR PH048_ (HEALTH AND ACTIVITIES) = DONTKNOW OR PH048_ (HEALTH AND ACTIVITIES) = REFUSAL OR 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*

ENDIF

IF PHRANDOM (RANDOM NR: HEALTH IN GENERAL QUESTION VERSIONS) = 2

| **PH052_ HEALTH IN GENERAL QUESTION V 2**

| Would you say your health is

| IWER: THIS IS A SECOND VERSION. DO NOT GO BACK TO FIRST VERSION.

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

ELSE

| **PH053_ HEALTH IN GENERAL QUESTION V 1**

| Would you say your health is ...

| IWER: THIS IS A SECOND VERSION. DO NOT GO BACK TO FIRST
| VERSION.

- | 1. Very good
- | 2. Good
- | 3. Fair
- | 4. Bad
- | 5. Very bad

| *ENDIF*

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

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

IF BR001_ (EVER SMOKED DAILY) = 1. Yes

| **BR002_ SMOKE AT THE PRESENT TIME**

| Do you smoke at the present time?

- | 1. Yes
- | 5. No, I have stopped

| **BR003_ HOW MANY YEARS SMOKED**

| For how many years [do/did] [you] [smoke] altogether?

| IWER: DON'T INCLUDE PERIODS WITHOUT SMOKING

| _____ (0..150)

CHECK: number should be less than or equal to respondent's age

| *IF BR002_ (SMOKE AT THE PRESENT TIME) = 5. No, I have
| stopped*

|| **BR004_ AGE STOPPED SMOKING**

|| How old were you when you stopped smoking?

|| _____ (0..105)

||

CHECK: age should be less than or equal to respondent's age

| *ENDIF*

| **BR005_ WHAT DO OR DID YOU SMOKE**

| What [do/did] [you] [smoke/smoke before you stopped]?

| IWER: READ OUT; CODE ALL THAT APPLY

| 1. Cigarettes

| 2. Pipe

| 3. Cigars or cigarillos

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

| **BR006_ AVERAGE AMOUNT OF CIGARETTES PER DAY**

| How many cigarettes [do/did] [you] [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] [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] [smoke] on
| average per day?

| _____ (0..120)

| *ENDIF*

| *ENDIF*

BR010_ BEVERAGES CONSUMED LAST 6 MONTHS

I am now going to ask you a few questions about what you drink - that is if you drink. Please look at card 11. During the last six 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 6 months

IF BR010_ (BEVERAGES CONSUMED LAST 6 MONTHS) < 7. Not at all in the last 6 months

|

| **BR011_** FREQ MORE THAN 2 GLASSES BEER IN A DAY

| Please look at card 11. During the last six months, how often have you had more than two glasses or cans of beer or cider in a single day?

- | 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 6 months

|

| **BR012_** FREQ MORE THAN 2 GLASSES WINE IN A DAY

| (Please look at card 11.) During the last six months, how often have you had more than two glasses of wine in a single day?

- | 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 6 months

|

| **BR013_** FREQ MORE THAN 2 HARD LIQUOR IN A DAY

| (Please look at card 11.) During the last six months, how often have you had more than two cocktails or drinks of hard liquor in a single day?

- | 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 6 months

|

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 low or 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

IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

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

CF019_ INSTRUCTION FOR CF

IWER: THIS IS THE COGNITIVE TEST SECTION: WHILE YOU COMPLETE THIS SECTION, MAKE SURE THAT NO THIRD PERSONS ARE PRESENT. START OF A NON-PROXY SECTION. NO PROXY ALLOWED. IF THE RESPONDENT IS NOT CAPABLE OF ANSWERING ANY OF THESE 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

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

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

([january/february/march/april/may/june/july/august/september/october/november/december]) 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:

([monday/tuesday/wednesday/thursday/friday/saturday/sunday])

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*

||

|| **CF008_ TEN WORDS LIST LEARNING FIRST TRIAL**

|| Now please tell me all the words you can recall.

|| 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. Butter
- || 2. Arm
- || 3. Letter
- || 4. Queen
- || 5. Ticket
- || 6. Grass
- || 7. Corner
- || 8. Stone
- || 9. Book
- || 10. Stick
- || 96. None of these

CHECK: You cannot select 'None of the above' together with any other answer.
Please change your answer.

| *ENDIF*

|
ENDIF

CF009_ VERBAL FLUENCY INTRO

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

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

|| **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)

|| _____ (0..100)

| *ENDIF*

|
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 1,000 (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

|

| **CF013_ NUMERACY-HALF PRICE**

| 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?

| IWER: DO NOT READ OUT THE ANSWERS

- | 1. 150 [local currency]
- | 2. 600 [local currency]
- | 97. Other answer

|

ENDIF

IF CF012_ (NUMERACY-CHANCE DISEASE 10 PERC. OF 1000) = 1.100

|

| **CF014_ NUMERACY-6000 IS TWO-THIRDS WHAT IS TOTAL PRICE**

| A second hand car dealer is selling a car for 6,000 [local currency]. This is two-thirds of what it costs new. How much did the car cost new?

| IWER: DO NOT READ OUT THE ANSWERS

- | 1. 9,000 [local currency]
- | 2. 4,000 [local currency]
- | 3. 8,000 [local currency]
- | 4. 12,000 [local currency]
- | 5. 18,000 [local currency]
- | 97. Other answer

|

| *IF CF014_ (NUMERACY-6000 IS TWO-THIRDS WHAT IS TOTAL PRICE) =*

| *1. 9,000 [local currency]*

|

| **CF015_ NUMERACY-AMOUNT IN THE SAVINGS ACCOUNT**

| Let's say you have 2000 [local currency] in a savings account. The account earns ten per cent interest each year. How much would you have in the account at the end of two years?

|| IWER: DO NOT READ OUT THE ANSWERS

|| 1. 2420 [{{local currency}}]

|| 2. 2020 [{{local currency}}]

|| 3. 2040 [{{local currency}}]

|| 4. 2100 [{{local currency}}]

|| 5. 2200 [{{local currency}}]

|| 6. 2400 [{{local currency}}]

|| 97. Other answer

||

| *ENDIF*

|

ENDIF

IF CF007_ (INTRODUCTION TEN WORDS LIST LEARNING) = RESPONSE

|

| **CF016_ TEN WORDS LIST LEARNING DELAYED RECALL**

| A little while ago, I read you a list of words and you repeated the
| ones you could remember. Please tell me any of the words that you can
| remember now?

| IWER: WRITE THE WORDS ON A SHEET AND THEN SCORE THE RIGHT
| WORDS

| 1. Butter

| 2. Arm

| 3. Letter

| 4. Queen

| 5. Ticket

| 6. Grass

| 7. Corner

| 8. Stone

| 9. Book

| 10. Stick

| 96. None of these

|

CHECK: You cannot select 'None of the above' together with any other answer.
Please change your answer.

ENDIF

**CF017_ CONTEXTUAL FACTORS DURING THE COGNITIVE FUNCTION
TEST**

IWER: WERE THERE ANY FACTORS THAT MAY HAVE IMPAIRED THE
RESPONDENT'S PERFORMANCE ON THE TESTS?

1. Yes

5. No

CF018_ WHO WAS PRESENT DURING CF

IWER CHECK: WHO WAS PRESENT DURING THIS SECTION?

IWER: CODE ALL THAT APPLY

1. Respondent alone

2. Partner present

3. Child(ren) present
4. Other(s)

CHECK: Please go back and add this person. Press enter to continue.

MH001_ INTRO MENTAL HEALTH

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

1. Continue

MH002_ SAD OR DEPRESSED LAST MONTH

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

|
| **MH009_ KEEPS UP INTEREST**
| So, do you keep up your interests?

- | 1. Yes
- | 5. No

|
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

|
| **MH012_ EATING MORE OR LESS**
| So, have you been eating more or less than usual?

- | 1. Less
- | 2. More
- | 3. Neither more nor less

|
ENDIF

MH013_ FATIGUE

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?

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

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

| **MH019_ AGE DEPRESSION SYMPTOMS FIRST TIME**

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

| _____ (0..120)

| **MH020_ EVER TREATED FOR DEPRESSION BY DOCTOR OR PSYCHIATRIST**

| Were you ever treated for depression by a family doctor or a psychiatrist?

1. Yes
5. No

| **MH021_ EVER ADMITTED TO MENTAL HOSPITAL OR PSYCHIATRIC WARD**

| Were you ever admitted to a mental hospital or psychiatric ward?

1. Yes
5. No

|
 | *ELSE*
 |
 | *IF MH018_ (DEPRESSION EVER) = 5. No*
 ||
 ||
 | *ENDIF*
 |
 | *ENDIF*

HC002_ HOW OFTEN SEEN OR TALKED TO MEDICAL DOCTOR LAST 12 MONTHS

Now we have some questions about your health care. Please think about your care during the last twelve months. Since [january/february/march/april/may/june/july/august/september/october/november/december] [{last year}], 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_ HOW MANY OF THESE 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)

CHECK: Answer cannot be higher than hc002_(seen or talked to medical doctor).

ENDIF

IF (HC002_ (HOW OFTEN SEEN OR TALKED TO MEDICAL DOCTOR LAST 12 MONTHS) > 0 AND (HC003_ (HOW MANY OF THESE CONTACTS WITH GENERAL PRACTITIONER) < HC002_ (HOW OFTEN SEEN OR TALKED TO MEDICAL DOCTOR LAST 12 MONTHS)) OR HC002_ (HOW OFTEN SEEN OR TALKED TO MEDICAL DOCTOR LAST 12 MONTHS) = DONTKNOW

| **HC004_ CONTACTS WITH SPECIALISTS**

| Please look at card 12. During the last twelve months, have you consulted any of the specialists mentioned on card 12?

- | 1. Yes
- | 5. No

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

|| **HC005_ LAST CONSULTATION TO SPECIALIST**

|| Still looking at card 12, which of these specialists did you consult
 || most recently?
 || IWER: IF DENTIST MENTIONED, SAY THIS COMES LATER ON
 || 1. Specialist for heart disease, pulmonary, gastroenterology,
 || diabetes or endocrine diseases
 || 2. Dermatologist
 || 3. Neurologist
 || 4. Ophthalmologist
 || 5. Ear, nose and throat specialist
 || 6. Rheumatologist or physiatrist
 || 7. Orthopaedist
 || 8. Surgeon
 || 9. Psychiatrist
 || 10. Gynaecologist
 || 11. Urologist
 || 12. Oncologist
 || 13. Geriatrician
 ||

CHECK: You selected gynaecologist for a male respondent. Are you sure?

|| **HC006_ TYPE OF LAST CONSULTATION TO SPECIALIST**
 || Was your last consultation with a specialist for an emergency, for a
 || new health problem which was not an emergency, or for a regular,
 || scheduled visit, including a check-up?
 || 1. For an emergency
 || 2. For a new problem (including referral by the general practitioner)
 || 3. For regular, scheduled visit (including check-up)
 ||

|| *IF HC006_ (TYPE OF LAST CONSULTATION TO SPECIALIST) = 1. For*
 || *an emergency*
 ||

|| **HC007_ DAYS WAITING FOR EMERGENCY CONSULTATION TO**
 || **SPECIALIST**

|| How many days did you have to wait before you could get this
 || consultation with this specialist?
 || IWER: COUNT COMPLETED DAYS, ENTER 0 IF LESS THAN 24 HOURS
 || _____ (0..98)
 ||

|| *ELSE*

|| *IF HC006_ (TYPE OF LAST CONSULTATION TO SPECIALIST) = 2.*
 || *For a new problem (including referral by the general practitioner)*
 ||

|| **HC008_ WEEKS WAITING FOR NON-EMERGENCY CONSULTATION**
 || How many weeks did you have to wait to get this consultation?
 || IWER: COUNT 4 WEEKS FOR EACH FULL MONTH; COUNT 1 FOR PART
 || OF ONE WEEK
 || _____ (0..98)
 ||

|| *ENDIF*

```

| | ENDIF
| |
| | IF HC007_ (DAYS WAITING FOR EMERGENCY CONSULTATION TO
| | SPECIALIST) > 0 OR HC008_ (WEEKS WAITING FOR NON-EMERGENCY
| | CONSULTATION) > 0
| |
| | HC009_ WISH LAST SPECIALIST CONTACT EARLIER
| | Would you have liked to get this consultation earlier?
| | 1. Yes
| | 5. No
| |
| | ENDIF
| |
| ENDIF
|
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 13. 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 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)

| **CHECK: Answer cannot be higher than hc013_(times being patient in hospital).**

| *ENDIF*

| *IF 1. Inpatient surgery IN HC015_ (REASONS FOR HAVING STAYED IN
| HOSPITAL)*

| **HC017_ HAD INPATIENT SURGERY LAST 12 MONTHS**
| Please look at card 14. During the last twelve months, have you had
| any of these surgeries as an inpatient?
| 1. Yes
| 5. No

| *IF HC017_ (HAD INPATIENT SURGERY LAST 12 MONTHS) = 1. Yes*

| **HC018_ WHICH INPATIENT SURGERY**
| Please look at card 14. Which surgery was that?
| IWER: IN CASE OF MORE THAN ONE SURGERY IN LAST YEAR, CODE
| MOST RECENT
| 1. Cardiac catheterization, including removal of obstruction, stent
| 2. Coronary artery bypass graft


```

||| 3. Insertion, replacement or removal of pacemaker
||| 4. Any ear, nose and throat surgery
||| 5. Any biopsy
||| 6. Hip replacement
||| 7. Knee replacement
||| 8. Surgical treatment of fracture or ortopaedic trauma
||| 9. Hernia repair
||| 10. Cholecystectomy
||| 11. Prostatectomy
||| 12. Hysterectomy
||| 13. Cataract surgery
||| 97. Any other inpatient surgery
|||
||| HC019_ PLANNED OR EMERGENCY INPATIENT SURGERY
||| Was this a planned surgery or an emergency surgery?
||| 1. Planned surgery
||| 2. Emergency surgery
|||
||| IF HC019_ (PLANNED OR EMERGENCY INPATIENT SURGERY) = 1. Planned
||| surgery
|||
||| HC020_ MONTHS WAITING FOR LAST INPATIENT SURGERY
||| How many months did you have to wait to get this surgery?
||| IWER: COUNT COMPLETED MONTHS, ENTER 0 IF LESS THAN ONE
||| MONTH
||| _____ (0..98)
|||
||| IF HC020_ (MONTHS WAITING FOR LAST INPATIENT SURGERY) >
||| 0
|||
||| HC021_ WISH LAST INPATIENT SURGERY EARLIER
||| Would you have liked to get this surgery earlier?
||| 1. Yes
||| 5. No
|||
||| ENDIF
|||
||| ENDIF
|||
||| ENDIF
|||
||| ENDIF
|||
||| IF 3. Mental health problems IN HC015_ (REASONS FOR HAVING
||| STAYED IN HOSPITAL) AND HC013_ (TIMES BEING PATIENT IN HOSPITAL) >
||| 1
|||
||| HC022_ TIMES OVERNIGHT IN HOSPITAL FOR MENTAL HEALTH
||| 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)
||

CHECK: Answer cannot be higher than hc013_(times being patient in hospital).

| *ENDIF*

|
ENDIF

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

|

| **HC024_ TIMES HAD OUTPATIENT SURGERY LAST 12 MONTHS**

| How often have you had outpatient surgery during the last twelve months?

| IWER: COUNT SEPARATE OCCASIONS ONLY

| _____ (1..98)
|

| **HC025_ ANY OF THESE OUTPATIENT SURGERIES LAST 12 MONTHS**

| Please look at card 15. During the last twelve months, have you had any of these surgeries as an outpatient?

1. Yes
5. No

| *IF HC025_ (ANY OF THESE OUTPATIENT SURGERIES LAST 12 MONTHS) = 1*

| *.Yes*

|

| **HC026_ WHICH OUTPATIENT SURGERY**

| Still looking at card 15, which outpatient surgery was that?

| IWER: IF MORE THAN ONE CODE MOST RECENT

1. Knee arthroscopy
2. Cataract surgery
3. Hernia repair
4. Biopsy or cyst removal
5. Hand surgery
6. Vein stripping
7. Anal surgery
8. Arteriography or angiography using contrast
97. Any other outpatient surgery performed in an operating room

|

| *ENDIF*

|

| **HC027_ MONTHS WAITING FOR LAST OUTPATIENT SURGERY**

| How many months did you have to wait to get this surgery?
 | IWER: COUNT COMPLETED MONTHS, ENTER 0 IF LESS THAN ONE
 | MONTH
 | _____ (0..98)
 |
 | *IF HC027_ (MONTHS WAITING FOR LAST OUTPATIENT SURGERY) > 0*
 |
 | **HC028_ WISH LAST OUTPATIENT SURGERY EARLIER**
 | Would you have liked to get this surgery earlier?
 | 1. Yes
 | 5. No
 |
 | *ENDIF*
 |
 | *ENDIF*

HC029_ IN A NURSING HOME

During the last twelve months, have you been in a nursing home overnight?

IWER: EXPLAIN: BY "NURSING HOMES" WE MEAN INSTITUTIONS SHELTERING OLDER PERSONS WHO NEED ASSISTANCE IN ACTIVITIES OF DAILY LIVING, IN AN ENVIRONMENT WHERE THEY CAN RECEIVE NURSING CARE, FOR SHORT OR LONG STAYS

- 1. Yes, temporarily
- 3. Yes, permanently
- 5. No

IF HC029_ (IN A NURSING HOME) = 1. Yes, temporarily

| **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)

| **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 NOT HC029_ (IN A NURSING HOME) = 3. Yes, permanently

| **HC032_ RECEIVED HOME CARE IN OWN HOME**

| Please look at card 16. 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

CHECK: You cannot select 'None of the above' together with any other answer. Please change your answer.

| *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 PAID DOMESTIC HELP**

| | 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 PAID DOMESTIC HELP) =*
| | *RESPONSE*

| | **HC036_ HOURS RECEIVED PAID DOMESTIC HELP**

| | On average, how many hours per week did you receive such professional or paid help?

| | IWER: ROUND UP TO FULL HOURS

| | _____ (1..168)

| | *ENDIF*

| *ENDIF*

| *IF 3. Meals-on-wheels IN HC032_(RECEIVED HOME CARE IN OWN HOME)*

| | **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?

| | IWER: COUNT 4 WEEKS FOR EACH FULL MONTH

| | _____ (1..52)

| *ENDIF*

| *ENDIF*

| *IF MN001_ (INTERVIEW COUNTRY) = 12. Belgium OR*
| *MN001_ (INTERVIEW COUNTRY) = 10. Denmark OR MN001_ (INTERVIEW*
| *COUNTRY) = 8. France OR MN001_ (INTERVIEW COUNTRY) = 13. Greece OR*
| *MN001_ (INTERVIEW COUNTRY) = 7. Italy OR MN001_ (INTERVIEW*
| *COUNTRY) = 5. Netherlands OR MN001_ (INTERVIEW COUNTRY) = 6. Spain OR*
| *MN001_ (INTERVIEW COUNTRY) = 4. Sweden OR MN001_ (INTERVIEW*
| *COUNTRY) = 11. Switzerland OR MN001_ (INTERVIEW COUNTRY) = 1.*
| *Generic*

| | **HC038_ RECEIVED CARE FROM PRIVATE PROVIDERS**

| | Please look at card 17. 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, in the
| | National Health System?

| | 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

| | *IF HC038_ (RECEIVED CARE FROM PRIVATE PROVIDERS) = 1. Yes*

| | **HC039_ TYPE OF RECEIVED CARE FROM PRIVATE PROVIDERS**

| | Which types of care did you receive?

| | 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
- | |

CHECK: You cannot select 'None of the above' together with any other answer.
Please change your answer.

| *ENDIF*

|

| *ENDIF*

HC040_ FORGO ANY TYPES OF CARE BECAUSE OF COSTS

Please look at card 17. During the last twelve months, did you forgo any types of care because of the costs you would have to pay?

- 1. Yes
- 5. No

IF HC040_ (FORGO ANY TYPES OF CARE BECAUSE OF COSTS) = 1. Yes

|

| **HC041_ TYPES OF CARE FORGO BECAUSE OF COSTS**

| Which types of care did you forgo because of the costs you would have to pay?

| 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
- |

CHECK: You cannot select 'None of the above' together with any other answer.
Please change your answer.

| *ENDIF*

HC042_ FOREGO ANY TYPES OF CARE BECAUSE UNAVAILABLE

Please look at card 17. During the last twelve months, did you forgo any types of care because they were not available or not easily accessible?

IWER: IF NECESSARY, EXPLAIN "AVAILABLE": REASONABLY CLOSE TO HOME, OPEN AT REASONABLE HOURS, ETC. (FROM THE RESPONDENT'S POINT OF VIEW)

- 1. Yes
- 5. No

IF HC042_ (FOREGO ANY TYPES OF CARE BECAUSE UNAVAILABLE) = 1. Yes

HC043_ TYPES OF CARE FORGO BECAUSE UNAVAILABLE

Which types of care did you forgo because they were not available or not easily accessible?

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

CHECK: You cannot select 'None of the above' together with any other answer. Please change your answer.

ENDIF

HC044_ 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

IF HC045_ (PAID OUT-OF-POCKET FOR INPATIENT CARE) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes

HC045M 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 [{{pre-euro currency}}]

| enter an amount

|

| *ENDIF*

|

CHECK: Please enter a value.

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

| *OR HC045M (PAID OUT-OF-POCKET FOR INPATIENT CARE) =*

| *NONRESPONSE*

|

| Unfolding Brackets

| *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

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

MN004_ (EURO COUNTRY) = 1. Yes

|

| **HC047M 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 OF 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 [{{pre-euro currency}}]

| enter an amount

|

ENDIF

CHECK: Please enter a value.

*IF HC047_ (PAID OUT-OF-POCKET FOR OUTPATIENT CARE) =
NONRESPONSE OR HC047M (PAID OUT-OF-POCKET FOR OUTPATIENT
CARE) = NONRESPONSE*

|

| Unfolding Brackets

|

ENDIF

HC049_ PAID-OUT-OF-POCKET FOR PRESCRIBED DRUGS

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

*IF HC049_ (PAID-OUT-OF-POCKET FOR PRESCRIBED DRUGS) = EMPTY AND
MN004_ (EURO COUNTRY) = 1. Yes*

|

HC049M PAID OUT-OF-POCKET FOR PRESCRIBED DRUGS

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 [{{pre-euro currency}}]

enter an amount

|

ENDIF

CHECK: Please enter a value.

*IF HC049_ (PAID-OUT-OF-POCKET FOR PRESCRIBED DRUGS) =
NONRESPONSE OR HC049M (PAID OUT-OF-POCKET FOR PRESCRIBED
DRUGS) = NONRESPONSE*

|

| Unfolding Brackets

ENDIF

*IF HC029_ (IN A NURSING HOME) = 1. Yes, temporarily OR
HC029_ (IN A NURSING HOME) = 3. Yes, permanently 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

| *IF HC051_ (PAID OUT-OF-POCKET FOR DAY CARE, NURSING HOME AND
| HOME-BASED CARE) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes*

| | **HC051M** 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 [{pre-euro currency}]. IF QUESTION IS ASKED TO
| PERMANENT NURSING HOME RESIDENTS, EXPENSES FOR HOUSING
| AND BOARD MUST NOT BE INCLUDED
| enter an amount

| | *ENDIF*

| **CHECK:** Please enter a value.

| *IF HC051_ (PAID OUT-OF-POCKET FOR DAY CARE, NURSING HOME AND
| HOME-BASED CARE) = NONRESPONSE OR HC051M (PAID OUT-OF-POCKET
| FOR DAY CARE, NURSING HOME AND HOME-BASED CARE) =
| NONRESPONSE*

| | Unfolding Brackets

| | *ENDIF*

| *ENDIF*

| *IF MN001_ (INTERVIEW COUNTRY) = 10. Denmark OR
| MN001_ (INTERVIEW COUNTRY) = 13. Greece OR MN001_ (INTERVIEW
| COUNTRY) = 6. Spain OR MN001_ (INTERVIEW COUNTRY) = 1. Generic*

| | **HC053_** BASIC HEALTH INSURANCE CATEGORY

| | Please look at card 18. What is your health insurance category in the
| National Health Insurance System?

- | 0. Social security institute (private sector employees)
- | 1. Organization for agricultural insurance (rural sector)
- | 2. Self employed persons funds (merchants, craftsmen, etc)
- | 3. Civil servants fund, employees of municipalities
- | 4. Public utilities: telecoms, electricity, trains, metro
- | 5. Health professions, engineers, lawyers
- | 6. Hotel employees
- | 7. Seamen
- | 8. Various bank employees funds
- | 9. Any other social health insurance fund

| 96. No social health insurance fund

|

ENDIF

*IF MN001_ (INTERVIEW COUNTRY) = 11. Switzerland OR
MN001_ (INTERVIEW COUNTRY) = 1. Generic*

|

| **HC054_ BASIC HEALTH INSURANCE DEDUCTIBLE**

| What is the deduction for your basic health insurance?

| IWER: AMOUNT IN [{local currency}]

| enter an amount

|

*IF HC054_ (BASIC HEALTH INSURANCE DEDUCTIBLE) = EMPTY AND
MN004_ (EURO COUNTRY) = 1. Yes*

|

| **HC054M BASIC HEALTH INSURANCE DEDUCTIBLE**

| What is the deduction for your basic health insurance?

| IWER: AMOUNT IN [{pre-euro currency}]

| enter an amount

|

ENDIF

|

| **HC055_ BASIC HEALTH INSURANCE GATEKEEPING**

| Does your basic health insurance contract specify that you must ask
| your general practitioner before consulting a specialist doctor?

| 1. Yes

| 5. No

|

| **HC056_ BASIC HEALTH INSURANCE LIMIT CHOICE**

| Does your basic health insurance contract limit your choice of
| doctors?

| 1. Yes

| 5. No

|

ENDIF

*IF MN001_ (INTERVIEW COUNTRY) = 12. Belgium OR
MN001_ (INTERVIEW COUNTRY) = 8. France OR MN001_ (INTERVIEW
COUNTRY) = 3. Germany OR MN001_ (INTERVIEW COUNTRY) = 2. Austria OR
MN001_ (INTERVIEW COUNTRY) = 5. Netherlands OR MN001_ (INTERVIEW
COUNTRY) = 1. Generic*

|

| **HC057_ BASIC HEALTH INSURANCE COVERAGE**

| Are you covered by the National Health Insurance System?

| 1. Yes

| 5. No

|

IF HC057_ (BASIC HEALTH INSURANCE COVERAGE) = 1. Yes

|

| **HC058_ BASIC HEALTH INSURANCE STATUS**

| | Is your coverage by the National Health Insurance System statutory or
| | is it your own choice?

| | 1. Statutory

| | 2. My own choice

| |

| *ENDIF*

|

| *ENDIF*

| *IF ((HC057_ (BASIC HEALTH INSURANCE COVERAGE) = 5. No OR
HC057_ (BASIC HEALTH INSURANCE COVERAGE) = DONTKNOW) AND
(MN001_ (INTERVIEW COUNTRY) = 2. Austria OR MN001_ (INTERVIEW
COUNTRY) = 3. Germany OR MN001_ (INTERVIEW COUNTRY) = 12. Belgium OR
MN001_ (INTERVIEW COUNTRY) = 5. Netherlands OR MN001_ (INTERVIEW
COUNTRY) = 8. France OR MN001_ (INTERVIEW COUNTRY) = 1. Generic)) OR
((HC053_ (BASIC HEALTH INSURANCE CATEGORY) = 96. No social health
insurance fund OR HC053_ (BASIC HEALTH INSURANCE CATEGORY) =
DONTKNOW) AND (MN001_ (INTERVIEW COUNTRY) = 13. Greece OR
MN001_ (INTERVIEW COUNTRY) = 6. Spain))*

|

| **HC059_ CONTRACT VOLUNTARY HEALTH INSURANCE**

| Please look at card 19. Do you have any voluntary health insurance
| contract for at least one of the following types of care? If yes,
| please say what is covered.

| IWER: CODE ALL THAT APPLY

| 1. Medical care with direct access to specialists

| 2. Medical care with access to specialists through a general
| practitioner

| 3. Medical care with unrestricted choice of doctors

| 4. Medical care with limited choice of doctors

| 5. Dental care

| 6. Full coverage of drugs expenses

| 7. Partial coverage of drugs expenses

| 8. Hospital care with unrestricted choice of hospitals and clinics

| 9. Hospital care with limited choice of hospitals and clinics

| 10. Long term care in nursing home

| 11. Nursing care at home in case of chronic disease or disability

| 12. Home help

| 96. No voluntary health insurance at all

| 97. Any other type of voluntary health insurance

|

**CHECK: You cannot select 'None of the above' together with any other answer.
Please change your answer.**

| *ENDIF*

| *IF (MN001_ (INTERVIEW COUNTRY) = 10. Denmark OR
MN001_ (INTERVIEW COUNTRY) = 7. Italy OR MN001_ (INTERVIEW
COUNTRY) = 4. Sweden OR MN001_ (INTERVIEW COUNTRY) = 11. Switzerland
OR MN001_ (INTERVIEW COUNTRY) = 1. Generic) OR ((MN001_ (INTERVIEW
COUNTRY) = 12. Belgium OR MN001_ (INTERVIEW COUNTRY) = 8. France OR*

MN001_ (INTERVIEW COUNTRY) = 3. Germany OR MN001_ (INTERVIEW COUNTRY) = 2. Austria OR MN001_ (INTERVIEW COUNTRY) = 5. Netherlands) AND (HC057_ (BASIC HEALTH INSURANCE COVERAGE) = 1. Yes)) OR (NOT HC053_ (BASIC HEALTH INSURANCE CATEGORY)= 96. No social health insurance fund AND (MN001_ (INTERVIEW COUNTRY) = 13. Greece OR MN001_ (INTERVIEW COUNTRY) = 6. Spain))

| **HC060_ CONTRACT VOLUNTARY, SUPPLEMENTARY HEALTH INSURANCE**

| Please look at card 20. Do you have any voluntary, supplementary or private health insurance for at least one of the following types of care in order to complement the coverage offered by the National Health System? If yes, please say what is covered.

| IWER: CODE ALL THAT APPLY

- | 1. Medical care with direct access to specialists
- | 2. Medical care with an extended choice of doctors
- | 3. Dental care
- | 4. A larger choice of drugs and/or full drugs expenses (no participation)
- | 5. An extended choice of hospitals and clinics for hospital care
- | 6. (Extended) Long term care in a nursing home
- | 7. (Extended) Nursing care at home in case of chronic disease or disability
- | 8. (Extended) Home help for activities of daily living (household, etc.)
- | 9. Full coverage of costs for doctor visits (no participation)
- | 10. Full coverage of costs for hospital care (no participation)
- | 96. No voluntary health insurance at all
- | 97. Any other type of voluntary health insurance

CHECK: You cannot select 'None of the above' together with any other answer. Please change your answer.

ENDIF

IF (HC059_ (CONTRACT VOLUNTARY HEALTH INSURANCE) = RESPONSE AND NOT 96. No voluntary health insurance at all IN HC059_ (CONTRACT VOLUNTARY HEALTH INSURANCE)) OR (HC060_ (CONTRACT VOLUNTARY, SUPPLEMENTARY HEALTH INSURANCE) = RESPONSE AND NOT 96. No voluntary health insurance at all IN HC060_ (CONTRACT VOLUNTARY, SUPPLEMENTARY HEALTH INSURANCE))

| **HC061_ PAY FOR ALL VOLUNTARY HEALTH INSURANCE CONTRACTS**

| How much do you pay each year for all your voluntary, supplementary or private health insurance contracts?

| IWER: CONSIDER ALL VOLUNTARY HEALTH INSURANCES

| CONTRACTED INSTEAD OF, OR IN ADDITION TO BASIC, STATUTORY INSURANCES

| AMOUNT IN [{local currency}]

| enter an amount

| *IF HC061_ (PAY FOR ALL VOLUNTARY HEALTH INSURANCE CONTRACTS) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes*

|
 | **HC061M** PAY FOR ALL VOLUNTARY HEALTH INSURANCE CONTRACTS
 | How much do you pay each year for all your voluntary, supplementary
 | or private health insurance contracts?
 | IWER: CONSIDER ALL VOLUNTARY HEALTH INSURANCES
 | CONTRACTED INSTEAD OF, OR IN ADDITION TO BASIC, STATUTORY
 | INSURANCES
 | AMOUNT IN [{{pre-euro currency}}]
 | enter an amount
 |
 | *ENDIF*
 |

CHECK: Please enter a value.

| *IF HC061_ (PAY FOR ALL VOLUNTARY HEALTH INSURANCE CONTRACTS) =*
 | *NONRESPONSE OR HC061M (PAY FOR ALL VOLUNTARY HEALTH*
 | *INSURANCE CONTRACTS) = NONRESPONSE*
 |

| Unfolding Brackets

| *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

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 21. In general, how would you describe your current situation?

IWER: CODE ONLY ONE

1. Retired
2. Employed or self-employed (including working for family business)
3. Unemployed
4. Permanently sick or disabled
5. Homemaker
97. Other (specify)

IF EP005_ (CURRENT JOB SITUATION) = 97. Other (specify)

| **EP200_ OTHER CURRENT JOB SITUATION**

| What other current job situation do you mean?

| _____

```

|
| ENDIF
|
| IF EP005_ (CURRENT JOB SITUATION) <> 2. Employed or self-employed
| (including working for family business)
|
| EP002_ DID NEVERTHELESS ANY PAID WORK LAST FOUR WEEKS
| Did you do nevertheless any paid work during the last four weeks,
| either as an employee or self-employed, even if this was only for a
| few hours?
| 1. Yes
| 5. No
|
| IF EP002_ (DID NEVERTHELESS ANY PAID WORK LAST FOUR WEEKS) = 5.
| No
|
| EP003_ TEMPORARILY AWAY FROM WORK
| Are you temporarily away from any work, including seasonal work?
| 1. Yes
| 5. No
|
| IF EP003_ (TEMPORARILY AWAY FROM WORK) = 1. Yes
|
| ELSE
|
| IF (EP003_ (TEMPORARILY AWAY FROM WORK) = 5. No) AND
| (EP005_ (CURRENT JOB SITUATION) = 4. Permanently sick or disabled OR
| EP005_ (CURRENT JOB SITUATION) = 5. Homemaker OR EP005_ (CURRENT
| JOB SITUATION) = 97. Other (specify))
|
| EP006_ EVER DONE PAID WORK
| Have you ever done any paid work?
| 1. Yes
| 5. No
|
| ENDIF
|
| ENDIF
|
| ENDIF
|
| ENDIF
|
| IF EP002_ (DID NEVERTHELESS ANY PAID WORK LAST FOUR WEEKS) = 1.
| Yes OR EP003_ (TEMPORARILY AWAY FROM WORK) = 1. Yes OR
| EP005_ (CURRENT JOB SITUATION) = 2. Employed or self-employed
| (including working for family business)
|
| EP007_ CURRENTLY MORE THAN ONE JOB
| Do you currently have more than one job?

```

- | 1. Yes
- | 5. No

Questions EP008_ (INTRODUCTION CURRENT JOB) to EP045_ (TOTAL AMOUNT OF PROFITS AT THE END OF THE YEAR) are repeated for main and (if more than one job) secondary job with the appropriate fill. Except for questions EP025_ (INTRODUCTION WORK DESCRIPTION) to EP037_ (AFRAID HEALTH LIMITS ABILITY TO WORK BEFORE REGULAR RETIREMENT), which are asked once (first time in the loop).

EP008_ INTRODUCTION CURRENT JOB

| The following questions are about your [main/secondary] job in the last month in which you worked.

| 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. IF MORE THAN ONE SECONDARY JOB, CHOOSE THE JOB WITH THE MOST WORKING HOURS

- | 1. Continue

EP009_ EMPLOYEE OR A SELF-EMPLOYED

| In your [main/secondary] job are you an employee, a civil servant, or a self-employed?

| IWER: IF RESPONDENT SAYS HE/SHE WORKS BOTH AS AN EMPLOYED AND AS A SELF-EMPLOYED, THIS IS TO BE TREATED AS TWO DIFFERENT JOBS

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

EP010_ START OF CURRENT JOB (YEAR)

| In which year did you start your [main/secondary] job? (1900..2004)

CHECK: Year should be at least 10 years after year of birth.

| *IF EP009_ (EMPLOYEE OR A SELF-EMPLOYED) = 1. Employee OR EP009_ (EMPLOYEE OR A SELF-EMPLOYED) = 2. Civil servant*

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)

| *ENDIF*

| **EP013_ TOTAL HOURS WORKED PER WEEK**

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

| _____ (0.0..168.0)

| **EP014_ MONTHS WORKED IN THE JOB (NUMBER)**

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

| _____ (1..12)

| **EP016_ NAME OR TITLE OF JOB**

| What is your [main/secondary] job called? Please give the
| exact name or title.

| _____

| **EP017_ TRAINING OR QUALIFICATIONS NEEDED FOR JOB**

| What training or qualifications are needed for this job?

| _____

| *IF EP009_ (EMPLOYEE OR A SELF-EMPLOYED) = 1. Employee OR*
| *EP009_ (EMPLOYEE OR A SELF-EMPLOYED)= 2. Civil servant*

| **EP018_ WHICH INDUSTRY ACTIVE**

| What kind of business, industry or services do you work in (that is,
| what do they make or do at the place where you work)?

| _____

| *IF EP009_ (EMPLOYEE OR A 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*

| **EP020_ NUMBER OF PEOPLE EMPLOYED AT FIRM**

| About how many people (including yourself) are employed at the place
| where you usually work?

| **IWER: PLACE REFERS TO ONE LOCATION, E.G. PLANT (FIAT IN NAPLES)**

| 1. 1 to 5

| 2. 6 to 15

| 3. 16 to 24

| 4. 25 to 199

| 5. 200 to 499

| 6. 500 or more

```

| | EP021_ RESPONSIBILITY FOR SUPERVISING OTHER EMPLOYEES
| | In your [main/secondary] job, do you have any responsibility
| | for supervising the work of other employees?
| | 1. Yes
| | 5. No
| |
| | 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__(EMPLOYEE OR A SELF-EMPLOYED)= 3. Self-employed
| |
| | EP023_ WHICH INDUSTRY ACTIVE
| | What kind of business or industry are you in (that is, what do you
| | make or do at the place where you work)?
| | _____
| |
| | EP024_ NUMBER OF EMPLOYEES
| | How many employees, if any, do you have in your
| | [main/secondary] job?
| | 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 FIRST TIME IN THIS LOOP
| |
| | EP025_ INTRODUCTION WORK DESCRIPTION
| | Please look at card 22.I am now going to read some statements people
| | might use to describe their work. We would like to know if you feel
| | like this about your present [main] job. Thinking about your

```

| present job please tell me whether you strongly agree, agree,
| disagree or strongly disagree with each statement.

| 1. Continue

| **EP026_ SATISFIED WITH JOB**

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

| IWER: SHOW CARD 22

| 1. Strongly agree

| 2. Agree

| 3. Disagree

| 4. Strongly disagree

| **EP027_ JOB PHYSICALLY DEMANDING**

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

| IWER: SHOW CARD 22

| 1. Strongly agree

| 2. Agree

| 3. Disagree

| 4. Strongly disagree

| **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?)

| IWER: SHOW CARD 22

| 1. Strongly agree

| 2. Agree

| 3. Disagree

| 4. Strongly disagree

| **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?)

| IWER: SHOW CARD 22

| 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 22

| 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 22

- || 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 22

- || 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 22 IN CASE OF DOUBT EXPLAIN: WE MEAN EQUATE
|| 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 22

- || 1. Strongly agree
- || 2. Agree
- || 3. Disagree
- || 4. Strongly 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 22

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

|| *IF EP005_ (CURRENT JOB SITUATION) <> 1. Retired*

|| **EP036_ LOOK FOR EARLY RETIREMENT**

||| Now we will not use card 22 any longer. Thinking about your present
 ||| [main/secondary] 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*
 |||
 ||| *ENDIF*
 |||
 ||| *IF EP009_ (EMPLOYEE OR A SELF-EMPLOYED) = 1. Employee OR*
 ||| *EP009_ (EMPLOYEE OR A SELF-EMPLOYED) = 2. Civil servant*
 |||
 ||| **EP038_ FREQUENCY OF PAYMENT**
 ||| Now I'd like to ask some questions about your income from your
 ||| [main/secondary] job. How often do you get paid?
 ||| IWER: DO NOT READ OUT
 ||| 1. Every week
 ||| 2. Every two weeks
 ||| 3. Every calender 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*
 |||
 ||| **EP041_ TAKEN HOME FROM WORK BEFORE TAX**
 ||| Before any deductions for tax, national insurance or pension and
 ||| health contributions, union dues and so on, about how much was the
 ||| last payment?
 ||| IWER: AMOUNT IN [{local currency}]
 ||| enter an amount
 |||
 ||| *IF EP041_ (TAKEN HOME FROM WORK BEFORE TAX) = EMPTY AND*

```

| | MN004_ (EURO COUNTRY) = 1. Yes
| |
| | EP041M TAKEN HOME FROM WORK BEFORE TAX
| | Before any deductions for tax, national insurance or pension and
| | health contributions, union dues and so on, about how much was your
| | last payment?
| | IWER: AMOUNT IN [{pre-euro currency}]
| | enter an amount
| |
| | ENDIF
| |
| | CHECK: Please enter a value.
| | IF EP041_ (TAKEN HOME FROM WORK BEFORE TAX) = NONRESPONSE
| | OR EP041M (TAKEN HOME FROM WORK BEFORE TAX) = NONRESPONSE
| |
| | Unfolding Brackets
| |
| | ENDIF
| |
| | EP214_ AMOUNT INCLUDE ADDITIONAL PAYMENTS
| | Did this amount include any additional payments or bonus?
| | 1. Yes
| | 5. No
| |
| | EP201_ TAKEN HOME FROM WORK AFTER TAX
| | And about how much was your last payment after all deductions for
| | tax, national insurance or pension and health contributions, union
| | dues and so on?
| | IWER: AMOUNT IN [{local currency}]
| | enter an amount
| |
| | IF EP201_ (TAKEN HOME FROM WORK AFTER TAX) = EMPTY AND
| | MN004_ (EURO COUNTRY) = 1. Yes
| |
| | EP201M TAKEN HOME FROM WORK AFTER TAX
| | And about how much was your last payment after all deductions for
| | tax, national insurance or pension and health contributions, union
| | dues and so on?
| | IWER: AMOUNT IN [{pre-euro currency}]
| | enter an amount
| |
| | ENDIF
| |
| | CHECK: Please enter a value.
| | IF EP201_ (TAKEN HOME FROM WORK AFTER TAX) = NONRESPONSE OR
| | EP201M (TAKEN HOME FROM WORK AFTER TAX) = NONRESPONSE
| |
| | Unfolding Brackets
| |

```

```

|| ENDIF
||
| ELSE
|
| IF EP009_ (EMPLOYEE OR A SELF-EMPLOYED) = 3. Self-employed
|
| | EP045_ TOTAL AMOUNT OF PROFITS AT THE END OF THE 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. On average what was your monthly income before taxes from
| | your business over the last twelve months?
| | IWER: AMOUNT IN [{local currency}]
| | enter an amount
| |
| | IF EP045_ (TOTAL AMOUNT OF PROFITS AT THE END OF THE
| | YEAR) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes
| |
| | | EP045M TOTAL AMOUNT OF PROFITS AT THE END OF THE 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. On average what was your monthly income before taxes from
| | | your business over the last twelve months?
| | | IWER: AMOUNT IN [{pre-euro currency}]
| | | enter an amount
| | |
| | | ENDIF
| |
| | ENDIF
|
|
| CHECK: Please enter a value.
| | IF EP045_ (TOTAL AMOUNT OF PROFITS AT THE END OF THE
| | YEAR) = NONRESPONSE OR EP045M (TOTAL AMOUNT OF PROFITS AT
| | THE END OF THE YEAR) = NONRESPONSE
| |
| | | Unfolding Brackets
| | |
| | | ENDIF
| |
| | ENDIF
|
| ENDIF
ENDIF

```

IF EP006_ (EVER DONE PAID WORK) = 1. Yes OR EP005_ (CURRENT JOB SITUATION) = 1. Retired OR EP005_ (CURRENT JOB SITUATION) = 3. Unemployed

EP048_ INTRODUCTION PAST JOB
 We are now going to talk about the last job you had [before you retired/before you became unemployed].
 1. Continue

| **EP050_ YEAR LAST JOB END**

| In which year did your last job end?
| (1900..2004)

| **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 last job were you an employee or self-employed?

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

| **EP052_ NAME OR TITLE OF JOB**

| What was your job called? Please give the exact name or title.

| _____

| **EP053_ TRAINING OR QUALIFICATIONS NEEDED FOR JOB**

| What training or qualifications were needed for this job?

| _____

| *IF EP051_ (EMPLOYEE OR A SELF EMPLOYED IN LAST JOB) = 1.*

| *Employee OR EP051_ (EMPLOYEE OR A SELF EMPLOYED IN LAST JOB) =*

| *2. Civil servant*

| **EP054_ WHICH INDUSTRY ACTIVE**

| What kind of business, industry or services did you work in (that is,
| what did they make or do at the place where you worked)?

| _____

| *IF EP051_ (EMPLOYEE OR A SELF EMPLOYED IN LAST JOB) = 1.*

| *Employee*

|| **EP055_ FIRM BELONGED TO THE PUBLIC SECTOR**

|| In this job were you employed in the public sector?

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

|| *ENDIF*

| **EP056_ NUMBER OF PEOPLE EMPLOYED AT FIRM**

| About how many people, including yourself, were employed at the place
| where you usually worked?

| **IWER: PLACE REFERS TO ONE LOCATION, E.G. PLANT (FIAT IN NAPLES)**

- | 1. 1 to 5
- | 2. 6 to 15
- | 3. 16 to 24
- | 4. 25 to 199
- | 5. 200 to 499

|| 6. 500 or more
 ||
 || **EP057_ RESPONSIBILITY FOR SUPERVISING THE WORK**
 || In your last 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*
 ||
 || *ELSE*
 ||
 || *IF EP051_ (EMPLOYEE OR A SELF EMPLOYED IN LAST JOB) =*
 || *3. Self-employed*
 ||
 || **EP060_ WHICH INDUSTRY ACTIVE**
 || What kind of business or industry were you in (that is, what did you
 || make or do at the place where you worked)?
 || _____
 ||
 || **EP061_ NUMBER OF EMPLOYEES**
 || How many employees, if any, did you have?
 || **IWER: READ ANSWERS OUT**
 || 0. None
 || 1. 1 to 5
 || 2. 6 to 15
 || 3. 16 to 24
 || 4. 25 to 199
 || 5. 200 to 499
 || 6. 500 or more
 ||
 || *ENDIF*
 ||
 || *ENDIF*
 ||
 || *IF EP005_ (CURRENT JOB SITUATION) = 1. Retired*
 ||
 || **EP064_ REASON FOR RETIREMENT**

|| Please look at card 23. 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

|| **EP065_ RETIREMENT BEEN A RELIEF OR A CONCERN**

|| 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

|| **EP059_ OPPORTUNITIES TO WORK AFTER THE OFFICIAL RETIREMENT AGE**

|| In your last job, were there opportunities to work, either full time or part-time, after the official retirement age?

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

|| *ELSE*

|| *IF EP005_ (CURRENT JOB SITUATION) = 3. Unemployed*

|| **EP067_ 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
- || 97. Other reason

|| *ELSE*

|| *IF EP005_ (CURRENT JOB SITUATION) = 4. Permanently sick or disabled*

|| **EP068_ DISABILITY CAUSED BY WORK**

|| You said that you are permanently sick or disabled. Was this caused

```

|||| by your working activities before you stopped?
|||| 1. Yes
|||| 5. No
||||
||| ELSE
||||
|||| IF EP005_ (CURRENT JOB SITUATION) = 5. Homemaker
||||
|||| EP069_ REASON STOP WORKING
|||| Why did you decide to 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
|||| 97. Other
||||
|||| IF 97. Other IN EP069_(REASON STOP WORKING)
||||
|||| EP070_ OTHER REASON STOP WORKING
|||| Please specify the other reason for you to stop working.
|||| _____
||||
|||| ENDIF
||||
|||| ENDIF
||||
|||| ENDIF
|||
||| ENDIF
|
| ENDIF
|
| ENDIF

```

EP203_ INTRO INDIVIDUAL INCOME

We would now like to know more about your earnings and income during the last year, that is in 2003.

1. Continue

EP204_ ANY EARNINGS FROM EMPLOYMENT 2003

Have you had any earnings at all from employment in 2003?

1. Yes

5. No

IF EP204_ (ANY EARNINGS FROM EMPLOYMENT 2003) = 1. Yes

EP205_ EARNINGS EMPLOYMENT PER YEAR BEFORE TAXES

Before any tax and contributions, what was your approximate income from employment in the year 2003?

| IWER: AMOUNT IN [{local currency}]
 | enter an amount
 |
 | *IF EP205_ (EARNINGS EMPLOYMENT PER YEAR BEFORE TAXES) = EMPTY*
 | *AND MN004_ (EURO COUNTRY) = 1. Yes*
 |
 | **EP205M EARNINGS EMPLOYMENT PER YEAR BEFORE TAXES**
 | Before any tax and contributions, what was your approximate income
 | from employment in the year 2003?
 | IWER: AMOUNT IN [{pre-euro currency}]
 | enter an amount
 |
 | *ENDIF*

CHECK: Please enter a value.

| *IF EP205_ (EARNINGS EMPLOYMENT PER YEAR BEFORE TAXES) =*
 | *NONRESPONSE OR EP205M (EARNINGS EMPLOYMENT PER YEAR BEFORE*
 | *TAXES) = NONRESPONSE*
 |
 | Unfolding Brackets
 |
 | *ENDIF*
 |
 | *ENDIF*

EP206_ INCOME FROM SELF-EMPLOYMENT 2003

Have you had any income at all from self-employment or work for a family business in 2003?

1. Yes
5. No

IF EP206_ (INCOME FROM SELF-EMPLOYMENT 2003) = 1. Yes

| **EP207_ EARNINGS PER YEAR BEFORE TAXES FROM SELF-EMPLOYMENT**
 | Before any tax and contributions, but after paying for any materials,
 | equipment or goods that you use in your work, what was your
 | approximate income from self-employment in the year 2003?
 | IWER: AMOUNT IN [{local currency}]
 | enter an amount
 |
 | *IF EP207_ (EARNINGS PER YEAR BEFORE TAXES FROM SELF-*
 | *EMPLOYMENT) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes*
 |
 | **EP207M EARNINGS PER YEAR BEFORE TAXES FROM SELF-**
 | **EMPLOYMENT**
 | Before any tax and contributions, but after paying for any materials,
 | equipment or goods that you use in your work, what was your
 | approximate income from self-employment in the year 2003?
 | IWER: AMOUNT IN [{pre-euro currency}]
 | enter an amount

||
| *ENDIF*

|
CHECK: Please enter a value.

| *IF EP207_ (EARNINGS PER YEAR BEFORE TAXES FROM SELF-*
| *EMPLOYMENT) = NONRESPONSE OR EP207M (EARNINGS PER YEAR*
| *BEFORE TAXES FROM SELF-EMPLOYMENT) = NONRESPONSE*

||
| Unfolding Brackets

||
| *ENDIF*

|
ENDIF

EP071_ INCOME SOURCES IN LAST YEAR

Please look at card 24. Have you received income from any of these sources in the year 2003?

IWER: CODE ALL THAT APPLY

1. Public old age pension
2. Public early retirement or pre-retirement pension
3. Public disability insurance
4. Public unemployment benefit or insurance
5. Public survivor pension from your spouse or partner
6. Public invalidity or incapacity pension
7. War pension
8. Private (occupational) old age pension
9. Private (occupational) early retirement pension
10. Private (occupational) disability or invalidity insurance
11. Private (occupational) survivor pension from your spouse or partner's job
96. None of these

CHECK: You cannot select 'None of the above' together with any other answer. Please change your answer.

LOOP cnt = 1 TO 11

|
| *IF cnt IN EP071_ (INCOME SOURCES IN LAST YEAR)*

|| **EP213_ YEAR RECEIVED INCOME SOURCE**

|| In which year did you first receive your [public old age
|| pension/public early retirement or pre-retirement pension/public
|| disability insurance/public unemployment benefit or insurance/public
|| survivor pension from your spouse or partner/public invalidity or
|| incapacity pension/war pension/private (occupational) old age
|| pension/private (occupational) early retirement pension/private
|| (occupational) disability or invalidity insurance/private
|| (occupational) survivor pension from your spouse or partner's job]?
|| _____ (1900..2003)

|| **EP208_ HOW MANY MONTHS RECEIVED INCOME SOURCE**

|| For how many months altogether did you receive [the public old age
|| pension/the public early retirement or pre-retirement pension/the
|| public disability insurance/the public unemployment benefit or
|| insurance/the public survivor pension from your spouse or partner/the
|| public invalidity or incapacity pension/the war pension/the private
|| (occupational) old age pension/the private (occupational) early
|| retirement pension/the private (occupational) disability or
|| invalidity insurance/the private (occupational) survivor pension from
|| your spouse or partner's job] in 2003?
|| _____ (1..12)

|| **EP078_ AVERAGE PAYMENT OF PENSION IN 2003**

|| Before taxes, about how large was the average payment of [your public
|| old age pension/your public early retirement or pre-retirement
|| pension/your public disability insurance/your public unemployment
|| benefit or insurance/your public survivor pension from your spouse or
|| partner/your public invalidity or incapacity pension/your war
|| pension/your private (occupational) old age pension/your private
|| (occupational) early retirement pension/your private (occupational)
|| disability or invalidity insurance/your private (occupational)
|| survivor pension from your spouse or partner's job] in 2003?
|| IWER: AMOUNT IN [{{local currency}}]
|| enter an amount

|| *IF EP078_ (AVERAGE PAYMENT OF PENSION IN 2003) = EMPTY AND*
|| *MN004_ (EURO COUNTRY) = 1. Yes*

|| **EP078M AVERAGE PAYMENT OF PENSION IN 2003**

|| Before taxes, about how large was the average payment of [your public
|| old age pension/your public early retirement or pre-retirement
|| pension/your public disability insurance/your public unemployment
|| benefit or insurance/your public survivor pension from your spouse or
|| partner/your public invalidity or incapacity pension/your war
|| pension/your private (occupational) old age pension/your private
|| (occupational) early retirement pension/your private (occupational)
|| disability or invalidity insurance/your private (occupational)
|| survivor pension from your spouse or partner's job] in 2003?
|| IWER: AMOUNT IN [{{pre-euro currency}}]
|| enter an amount

|| *ENDIF*

|| **CHECK: Please enter a value.**

|| *IF EP078_ (AVERAGE PAYMENT OF PENSION IN 2003) = NONRESPONSE*
|| *OR EP078M (AVERAGE PAYMENT OF PENSION IN 2003) = NONRESPONSE*

|| unfolding brackets

|| *ENDIF*

|| **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*

|| **EP081_ LUMP SUM PAYMENT INCOME SOURCE**

|| Did you receive any additional or lump sum (one off) payment from
|| [your public old age pension/your public early retirement or
|| pre-retirement pension/your public disability insurance/your public
|| unemployment benefit or insurance/your public survivor pension from
|| your spouse or partner/your public invalidity or incapacity
|| pension/your war pension/your private (occupational) old age
|| pension/your private (occupational) early retirement pension/your
|| private (occupational) disability or invalidity insurance/your
|| private (occupational) survivor pension from your spouse or partner's
|| job] during the year 2003?

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

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

|| **EP082_ TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME SOURCE**

|| Before taxes, about how much did you receive as additional or lump
|| sum payments from [this public old age pension/this public early
|| retirement or pre-retirement pension/this public disability
|| insurance/this public unemployment benefit or insurance/this public
|| survivor pension from your spouse or partner/this public invalidity
|| or incapacity pension/this war pension/this private (occupational)
|| old age pension/this private (occupational) early retirement
|| pension/this private (occupational) disability or invalidity
|| insurance/this private (occupational) survivor pension from your
|| spouse or partner's job]?

|| IWER: AMOUNT IN [{local currency}]

|| enter an amount

```

||| IF EP082_ (TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME
||| SOURCE) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes
|||
||| EP082M TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME
||| SOURCE
||| Before taxes, about how much did you receive as additional or lump
||| sum payments from [this public old age pension/this public early
||| retirement or pre-retirement pension/this public disability
||| insurance/this public unemployment benefit or insurance/this public
||| survivor pension from your spouse or partner/this public invalidity
||| or incapacity pension/this war pension/this private (occupational)
||| old age pension/this private (occupational) early retirement
||| pension/this private (occupational) disability or invalidity
||| insurance/this private (occupational) survivor pension from your
||| spouse or partner's job]?
||| IWER: AMOUNT IN [{pre-euro currency}]
||| enter an amount
|||
||| ENDIF
|||
CHECK: Please enter a value.
||| IF EP082_ (TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME
||| SOURCE) = NONRESPONSE OR EP082M (TOTAL AMOUNT OF LUMP SUM
||| PAYMENT FROM INCOME SOURCE) = NONRESPONSE
|||
||| Unfolding Brackets
|||
||| ENDIF
|||
||| ENDIF
|||
||| ENDIF
|||
||| ENDLOOP

IF (MN001_ (INTERVIEW COUNTRY) = 2. Austria OR
MN001_ (INTERVIEW COUNTRY) = 3. Germany) AND (MN002_(AGE) > 70 OR
PH004_( LONG-TERM ILLNESS) = 1. Yes)
|
| EP085_ RECEIVE CARE INSURANCE PAYMENTS
| Did you receive regular payments from a long-term care insurance in
| 2003?
| 1. Yes
| 5. No
|
| IF EP085_ (RECEIVE CARE INSURANCE PAYMENTS) = 1. Yes
|
| EP086_ AMOUNT OF CARE INSURANCE
| How much do you get each month from long-term care insurance?
| IWER: AMOUNT IN [{local currency}]

```



```

| | enter an amount
| |
| | IF EP086_ (AMOUNT OF CARE INSURANCE) = EMPTY AND
| | MN004_ (EURO COUNTRY) = 1. Yes
| |
| | EP086M AMOUNT OF CARE INSURANCE
| | How much do you get each month from long-term care insurance?
| | IWER: AMOUNT IN [{pre-euro currency}]
| | enter an amount
| |
| | ENDIF
| |

```

CHECK: Please enter a value.

```

| ELSE
| |
| | IF EP085_ (RECEIVE CARE INSURANCE PAYMENTS) = 5. No
| |
| | EP087_ APPLY FOR CARE INSURANCE
| | Did you ever apply for payments from long-term care insurance?
| | 1. Yes
| | 5. No
| |
| | IF EP087_ (APPLY FOR CARE INSURANCE) = 1. Yes
| |
| | EP088_ APPLICATION REJECTED OR PENDING
| | Was your application rejected or is it still pending?
| | 1. Rejected
| | 2. Pending
| |
| | ENDIF
| |
| | ENDIF
| |
| | ENDIF
| |
| ENDIF

```

EP089_ ANY REGULAR PAYMENTS RECEIVED

Please look at card 25. Did you receive any of the following regular payments or transfers during the year 2003?

IWER: READ OUT. CODE ALL THAT APPLY

1. Life insurance payment
2. Private annuity/private personal pension
3. Private health insurance payment
4. Alimony
5. Regular payments from charities
96. None of these

CHECK: You cannot select 'None of the above' together with any other answer. Please change your answer.

LOOP cnt = 1 TO 5

IF cnt IN EP089_ (ANY REGULAR PAYMENTS RECEIVED)

EP096_ MONTHS RECEIVED REGULAR PAYMENTS

For how many months altogether did you receive [a life insurance payment/a private annuity or private personal pension/a private health insurance payment/alimony/regular payments from charities] in 2003?

_____ (1..12)

EP094_ TOTAL AMOUNT IN THE LAST PAYMENT

Before any taxes and contributions, about how large was the average payment of [your life insurance payment/your private annuity or private personal pension/your private health insurance payment/your alimony/your regular payments from charities] in 2003?

IWER: AMOUNT IN [local currency]

enter an amount

IF EP094_ (TOTAL AMOUNT IN THE LAST PAYMENT) = EMPTY AND

MN004_ (EURO COUNTRY) = 1. Yes

EP094M TOTAL AMOUNT IN THE LAST PAYMENT

Before any taxes and contributions, about how large was the average payment of [your life insurance payment/your private annuity or private personal pension/your private health insurance payment/your alimony/your regular payments from charities] in 2003?

IWER: AMOUNT IN [pre-euro currency]

enter an amount

ENDIF

CHECK: Please enter a value.

IF EP094_ (TOTAL AMOUNT IN THE LAST PAYMENT) = NONRESPONSE OR

EP094M (TOTAL AMOUNT IN THE LAST PAYMENT) = NONRESPONSE

Unfolding Brackets

ENDIF

EP090_ Period RECEIVED REGULAR PAYMENTS

Which period did that payment cover?

1. One week
2. Two weeks
3. Calender 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*

|| **EP092_ ADDITIONAL PAYMENTS FOR THIS BENEFIT IN 2003**

|| For [your life insurance payment/your private annuity or private
|| personal pension/your private health insurance payment/your
|| alimony/your regular payments from charities], did you get additional
|| or lump sum payments in 2003?

|| 1. Yes

|| 5. No

|| *IF EP092_ (ADDITIONAL PAYMENTS FOR THIS BENEFIT IN 2003) = 1.*

|| *Yes*

|| **EP209_ ADDITIONAL PAYMENTS BEFORE TAXES**

|| Before taxes and contributions, about how much did you get in
|| additional payments?

|| IWER: AMOUNT IN [{local currency}]

|| enter an amount

|| *IF EP209_ (ADDITIONAL PAYMENTS BEFORE TAXES) = EMPTY AND*

|| *MN004_ (EURO COUNTRY) = 1. Yes*

|| **EP209M ADDITIONAL PAYMENTS BEFORE TAXES**

|| Before taxes and contributions, about how much did you get in
|| additional payments?

|| IWER: AMOUNT IN [{pre-euro currency}]

|| enter an amount

|| *ENDIF*

CHECK: Please enter a value.

|| *IF EP209_ (ADDITIONAL PAYMENTS BEFORE TAXES) = NONRESPONSE*

|| *OR EP209M (ADDITIONAL PAYMENTS BEFORE TAXES) = NONRESPONSE*

|| Unfolding Brackets

|| *ENDIF*

|| *ENDIF*

|| *ENDIF*

ENDLOOP

EP097_ PENSION CLAIMS

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

1. Yes
5. No

IF EP097_ (PENSION CLAIMS) = 1. Yes

| **EP098_ TYPE OF PENSION YOU ARE ENTITLED TO**

| Which type or types of pension are you entitled to?

| IWER: CODE ALL THAT APPLY

- | 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

CHECK: You cannot select 'None of the above' together with any other answer.
Please change your answer.

| LOOP cnt = 1 TO 9

|| IF cnt IN EP098_(TYPE OF PENSION YOU ARE ENTITLED TO)

||| **EP099_ PENSION WITH/WITHOUT HEALTH INSURANCE**

||| Does [the public old age pension/the public early retirement or pre-retirement pension/the public disability insurance; sickness/invalidity/incapacity pension/the private (occupational) old age pension/the private (occupational) early retirement pension] include also health insurance?

- ||| 1. Pension only
- ||| 2. Pension and health insurance

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

|||| **EP100_ PERCENTAGE OF SALARY TO PENSION**

|||| In total, what percentage of your current gross earnings goes towards [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]?

|||| IWER: EXCLUDING EMPLOYER'S CONTRIBUTION

|||| _____ (0.00..100.00)

|| *ENDIF*

|| **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?

- || 1. Compulsory
- || 2. 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] ?

|| _____ (0..120)

|| **EP104_ RETIREMENT AGE IN PENSION**

|| In this pension, what is the regular age at which you start receiving
|| payments?

|| IWER: Regular age means the age at which, according to the rules/law
|| prevailing, the respondent can start drawing the payment

|| _____ (0..120)

|| **EP105_ EARLY RETIREMENT POSSIBILITY**

|| Does this pension offer the possibility to receive payments before
|| the regular age?

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

|| **EP106_ EXPECTED AGE TO COLLECT THIS PENSION**

|| At what age do you expect to collect this pension?

|| _____ (0..120)

CHECK: Expected age should be higher than or equal to current age.

|| **EP107_ EXPECT LUMP SUM PAYMENT WITH THIS PENSION**

|| Do you expect to receive a lump sum (one off) payment with this

```

|| pension?
|| 1. Yes
|| 5. No
||
|| IF EP107_ (EXPECT LUMP SUM PAYMENT WITH THIS PENSION) = 1.
|| Yes
||
|| EP108_ AMOUNT LUMP SUM PAYMENT AT RETIREMENT
|| How much do you expect to receive as a lump sum payment when you
|| collect this pension?
|| IWER: AMOUNT IN [{local currency}]
|| enter an amount
||
|| IF EP108_ (AMOUNT LUMP SUM PAYMENT AT RETIREMENT) = EMPTY
|| AND MN004_ (EURO COUNTRY) = 1. Yes
||
|| EP108M AMOUNT LUMP SUM PAYMENT AT RETIREMENT
|| How much do you expect to receive as a lump sum payment when you
|| collect this pension?
|| IWER: AMOUNT IN [{pre-euro currency}]
|| enter an amount
||
|| ENDIF
||
|| CHECK: Please enter a value.
|| IF EP108_ (AMOUNT LUMP SUM PAYMENT AT RETIREMENT) =
|| NONRESPONSE OR EP108M (AMOUNT LUMP SUM PAYMENT AT
|| RETIREMENT) = NONRESPONSE
||
|| Unfolding Brackets
||
|| ENDIF
||
|| ENDIF
||
|| IF EP005_ (CURRENT JOB SITUATION) = 2. Employed or
|| self-employed (including working for family business)
||
|| EP109_ PERCENTAGE OF SALARY RECEIVED AS PENSION
|| Thinking about the year when you will collect this pension,
|| approximately, what percentage of your 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
|| _____ (0..100)
||
|| ENDIF

```

```
||  
|| ENDIF  
||  
| ENDLOOP  
|  
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. Yes
2. No
3. Unable to take measurement

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
4. Respondent is unable to use either hand

IF GS001_ (WILLING TO HAVE HANDGRIP MEASURED) <> 1. Yes OR GS002_ (RECORD RESPONDENT STATUS) = 4. Respondent is unable to use either hand

```
|  
| 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  
|  
ENDIF
```

IF GS001_ (WILLING TO HAVE HANDGRIP MEASURED) = 1. Yes AND GS002_ (RECORD RESPONDENT STATUS) < 4. Respondent is unable to use either hand

```
|  
| 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
|
| ENDIF
|
| 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.
| IWER: ENTER THE RESULTS TO THE NEAREST INTEGER VALUE.
| _____ (0..100)
|
| ENDIF
|
| IF GS002_ (RECORD RESPONDENT STATUS) = 1. Respondent has the
| use of both hands OR GS002_ (RECORD RESPONDENT STATUS) = 3.
| Respondent is unable to use left hand
|
| GS008_ FIRST MEASUREMENT, RIGHT HAND
| RIGHT HAND, FIRST MEASUREMENT.
| IWER: ENTER THE RESULTS TO THE NEAREST INTEGER VALUE.
| _____ (0..100)
|
| GS009_ SECOND MEASUREMENT, RIGHT HAND
| RIGHT HAND, SECOND MEASUREMENT.
| IWER: ENTER THE RESULTS TO THE NEAREST INTEGER VALUE.
| _____ (0..100)
|
| ENDIF
|

```


ENDIF

IF MN002_(AGE) > 75 OR 1. Walking 100 metres IN PH048_(HEALTH AND ACTIVITIES)

| **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
- | | 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*

| | **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*

| | | **WS004_ RESPONDENT WILLING TO DO WALKING TEST**

| | | Are you willing to do the walking test?

```

||| 1. Yes
||| 5. No
|||
||| IF WS004_ (RESPONDENT WILLING TO DO WALKING TEST) = 1.
||| Yes
|||
||| WS005_ DOES RESPONDENT FEEL SAFE TO CONTINUE
|||
||| IWER: DO YOU FEEL THAT IT IS SAFE TO CONTINUE WITH THE
||| WALKING TEST?
||| 1. Yes
||| 5. No
|||
||| ENDIF
|||
||| 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
|||
||| WS006_ END OF TEST BECAUSE RESPONDENT IS UNABLE TO DO TEST
|||
||| IWER: 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
|||
||| IWER: CHECK AVAILABILITY OF SUITABLE SPACE
||| 1. Suitable space available
||| 2. No suitable space
|||
||| IF WS007_ (CHECK AVAILABLE SPACE FOR TEST) = 1. Suitable
||| space available
|||
||| WS008_ EXPLAIN WALKING COURSE
|||
||| IWER: TAKE INTERVIEWER BOOKLET, SET UP THE WALKING COURSE

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||| AND DEMONSTRATE THE WALK FOR THE RESPONDENT.
||| 1. Continue
|||
||| IF WS008_ (EXPLAIN WALKING COURSE) = 1. Continue
|||
||| WS010_ RESULT OF FIRST TRIAL
|||
||| IWER: RECORD RESULT OF THE FIRST TRIAL
||| 1. Completed successfully
||| 2. Attempted but unable to complete
||| 3. Stopped by the interviewer because of safety reasons
||| 4. Not attempted, respondent felt it would be unsafe
||| 5. Participant unable to understand instructions
||| 6. Respondent refused
|||
||| IF WS010_ (RESULT OF FIRST TRIAL) = 1. Completed
||| successfully
|||
||| WS011_ TIME OF FIRST WALKING SPEED TEST
|||
||| IWER: RECORD TIME IN SECONDS TO TWO DECIMAL PLACES
||| _____ (0.00..20.00)
|||
||| WS012_ RESULT OF SECOND TRIAL
|||
||| IWER: REPEAT WALKING SPEED TEST; RECORD RESULT OF THE
||| SECOND TRIAL
||| 1. Completed successfully
||| 2. Attempted but unable to complete
||| 3. Stopped by the interviewer because of safety reasons
||| 4. Not attempted, respondent felt it would be unsafe
||| 5. Participant unable to understand instructions
||| 6. Respondent refused
|||
||| 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
||| _____ (0.00..20.00)
|||
||| ENDIF
|||
||| ENDIF
|||
||| ENDIF
|||
||| ENDIF
|||

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```

| | 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
| |
| | WS018_ OTHER TYPE OF AID USED DURING TEST
| |
| | IWER: WHAT OTHER TYPE OF AID?
| | _____
| |
| | ENDIF
| |
| | IF WS010_ (RESULT OF FIRST TRIAL) <> 1. Completed
| | successfully AND 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

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||| COMPLETED SUCCESSFULLY. I.E WHY IT WAS STOPPED FOR SAFETY
||| REASONS, REFUSED, OR NOT COMPLETED
||| _____
|||
||| ENDIF
|||
||| ENDIF
|||
||| ENDIF

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]
| [your husband/your wife/your partner].
| _____ (0..20)
|
|
| IF CH001_ (NUMBER OF CHILDREN) > 0
|
| CH002_ NATURAL CHILD(REN)
| [Is this child a natural child/Are all these children natural
| children ] of your own [and your current spouse or partner]?
| 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
| [1st/2nd/3rd/4th/5th/6th/7th/8th/9th/10th/11th/12th/13th/14th/
| 15th/16th/17th/18th/19th/20th
| /21th/22th/23th/24th/25th/26th/27th/28th/29th/30th] child?
| _____
|
| CH005_ SEX OF CHILD N
| Is [{child name}] male or female?
| IWER: ASK ONLY IF UNCLEAR
| 1. Male
| 2. Female
|
| CH006_ YEAR OF BIRTH CHILD N

```

```

||| In which year was [{child name}] born?
||| (1875..2004)
|||
||| CH007_ WHERE DOES CHILD N LIVE
||| Please look at card 5. Where does [{child name}] live?
||| 1. In the same household
||| 2. In the same building
||| 3. Less than 1 kilometre away
||| 4. Between 1 and 5 kilometres away
||| 5. Between 5 and 25 kilometres away
||| 6. Between 25 and 100 kilometres away
||| 7. Between 100 and 500 kilometres away
||| 8. More than 500 kilometres away
||| 9. More than 500 kilometres away in another country
|||
||| IF CH007_ (WHERE DOES CHILD N LIVE) = 9. More than 500 kilometres
||| away in another country
|||
||| CH008_ WHICH COUNTRY
||| Which country do you mean?
||| _____
|||
||| ENDIF
|||
||| ENDLOOP
|||
||| ENDIF
|||
||| IF CH001_ (NUMBER OF CHILDREN) > 0
|||
||| LOOP cnt = 1 TO 4
|||
||| IF [child name] <> EMPTY
|||
||| IF CH001_ (NUMBER OF CHILDREN) > 4 AND cnt = 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_ (NATURAL CHILD(REN)) = 5. No
|||
||| IF MN005_ (INTERVIEW MODE) = 1. Individual. Single
|||
||| CH010_ STEP ADOPTIVE OR FOSTER (SELECTED) 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 (SELECTED) 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
|||||
||||| IF CH006_ (YEAR OF BIRTH CHILD N) < YEAR SYSTEM DATE - 16
|||||
||||| CH012_ MARITAL STATUS OF (SELECTED) CHILD
||||| Please look at card 4.What is the marital status of [{child name}]?
||||| 1. Married and living together with spouse
||||| 2. Registered partnership
||||| 3. Married, living separated from spouse
||||| 4. Never married
||||| 5. Divorced
||||| 6. Widowed
|||||
||||| IF CH012_ (MARITAL STATUS OF (SELECTED) CHILD) > 2
|||||
||||| CH013_ DOES (SELECTED) CHILD HAVE PARTNER
||||| Does [{child name}] have a partner who lives with [him/her]?
||||| 1. Yes
||||| 5. No
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF CH007_ (WHERE DOES CHILD N LIVE) <> 1. In the same
||||| household AND CH007_ (WHERE DOES CHILD N LIVE) <> DONTKNOW
||||| AND CH007_ (WHERE DOES CHILD N LIVE) <> REFUSAL
|||||
||||| CH014_ CONTACT WITH (SELECTED) CHILD
||||| During the past twelve months, how often did you [or your]
||||| [husband/wife/partner] 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 (SELECTED) CHILD MOVED FROM HOUSEHOLD**
 ||||| In which year did {{child name}} move from the parental household?
 ||||| IWER: THE LAST MOVE TO COUNT. TYPE "2005" IF CHILD STILL
 ||||| LIVES AT HOME (EG. WITH DIVORCED MOTHER)
 ||||| _____ (1875..2005)
 |||||

CHECK: Year should be greater than or equal to birth year.

||| *ENDIF*

||| *IF CH006_ (YEAR OF BIRTH CHILD N) < YEAR SYSTEM DATE - 16*

||||| **CH016_ (SELECTED) CHILD OCCUPATION**

||||| Please look at card 27. What is {{child name}}'s employment status?

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

||||| **CH017_ (SELECTED) CHILD EDUCATION**

||||| Please look at card 2. What is the highest school leaving certificate
 ||||| or school degree {{child name}} has obtained?

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


```

|||||
||||| CH018_ (SELECTED) FURTHER EDUCATION OR VOCATIONAL
||||| TRAINING
||||| Please look at card 3. Which degrees of higher education or vocational
||||| training does [{child name}] have?
||||| IWER: CODE ALL THAT APPLY
||||| 1. Nurses' training school
||||| 2. College of further/higher education
||||| 3. Other college or training establishment
||||| 4. Polytechnic/Scottish Central Institutions
||||| 5. University
||||| 95. Still in higher education or vocational training
||||| 96. None
||||| 97. Other (also abroad)
|||||
||||| CH019_ NUMBER OF CHILDREN OF (SELECTED) 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 (SELECTED) CHILD) > 0
|||||
||||| CH020_ YEAR OF BIRTH YOUNGEST CHILD OF (SELECTED) CHILD
||||| In which year was the [youngest] child of [{child name}] born?
||||| (1875..2004)
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDLOOP
|||||
||||| ENDIF
|
| IF CH001_ (NUMBER OF CHILDREN) > 0
|
| CH021_ NUMBER OF GRANDCHILDREN
| How many grandchildren do you [and your] [husband/wife/partner]
| 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] [husband/wife/partner] 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

|

| *ENDIF*

IF MN006_ (FAMILY RESPONDENT) = 1

|

| **SP001_ INTRODUCTION SP**

| We are interested in how people support one another. The next set of
| questions are about the help that you may have given to people you
| know or that you may have received from people you know.

| 1. Continue

|

|

| **SP002_ RECEIVED HELP FROM OUTSIDE THE HOUSEHOLD**

| Now please think of the last twelve months. Has any family member
| from outside the household, any friend or neighbor given you
| [or] [your] [husband/wife/partner] any kind of help
| listed on card 28?

| 1. Yes

| 5. No

|

| *IF SP002_ (RECEIVED HELP FROM OUTSIDE THE HOUSEHOLD) = 1. Yes*

|

<i>Questions SP003_(WHO GAVE YOU HELP) to SP006_(HOURS RECEIVED HOUSEHOLD HELP) are repeated with the appropriate fill to a maximum of 3 when SP007_(ANY OTHER HELPER FROM OUTSIDE THE HOUSEHOLD) = 1.Yes</i>

|

| **SP003_ WHO GAVE YOU HELP**

| Which [other] family member from outside the household,
| friend or neighbor has helped you [or] [your]

| [husband/wife/partner] [most often]

| in the last twelve months?

| {list with relations}

|

| **SP004_ WHICH TYPES OF HELP**

| Please look at card 28. Which types of help has this person provided

|| in 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 last twelve months, how often altogether have you
|| [or] [your] [husband/wife/partner] 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]
|| [your] [husband/wife/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 NOT THIRD TIME IN THIS LOOP*

|| **SP007_ ANY OTHER HELPER FROM OUTSIDE THE HOUSEHOLD**

|| Is there any other family member from outside the household, friend,
|| neighbor who has helped you [or] [your]
|| [husband/wife/partner] with the tasks listed
|| on card 28 in the last twelve months?

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

|| *ENDIF*

|| *ENDIF*

|| *ENDIF*

SP008_ DID YOU GIVE HELP TO OTHERS OUTSIDE THE HOUSEHOLD

Now I would like to ask you about the help you have given to others.
In the last twelve months, have you personally given any kind of help
listed on card 28 to a family member from outside the household, a
friend or neighbor?

- 1. Yes

5. No

IF SP008_ (DID YOU GIVE HELP TO OTHERS OUTSIDE THE HOUSEHOLD) =

1. Yes

| Questions SP009_(TO WHOM DID YOU GAVE HELP) to SP012_(HOURS GIVEN HELP) are repeated with the appropriate fill to a maximum of 3 when SP013_(HAVE YOU GIVEN HELP TO OTHERS) = 1.Yes

| **SP009_ TO WHOM DID YOU GIVE HELP**

| Which [other] family member from outside the household,
| friend or neighbor have you helped [most often] in the last
| twelve months?

| {list with relations}

| **SP010_ TYPES OF HELP GIVEN**

| Please look at card 28. Which types of help have you given to this
| person in 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 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 NOT THIRD TIME IN THIS LOOP*

| **SP013_ HAVE YOU GIVEN HELP TO OTHERS**

| Is there any other family member from outside the household, friend,
| or neighbor whom you have helped with the tasks listed on card 28 in
| the last twelve months?

| 1. Yes

```

|| 5. No
||
| ENDIF
|
| ENDIF

| IF CH021_(NUMBER OF GRANDCHILDREN) > 0
|
| SP014_ LOOK AFTER GRANDCHILDREN
| During the last twelve months, have you regularly or occasionally
| looked after [your grandchild/your grandchildren] without the
| presence of the parents?
| 1. Yes
| 5. No
|
| IF 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 cnt = 1 TO 20
|
| IF cnt 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 [{child
| name}] in the last twelve months? Was it...
| IWER: READ OUT
| 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 [{child
| name}] [on a typical day/in a typical week/in a typical month/in the
| last twelve months]?
| IWER: ROUND UP TO FULL HOURS
| _____
|
| ENDIF
|
| ENDLOOP
|
| ENDIF
|
| 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
| 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}
|
| ENDIF
|
| IF NOT 96. None of these IN PH048_(HEALTH AND ACTIVITIES)
|
| SP020_ SOMEONE IN THIS HOUSEHOLD HELPED YOU REGULARLY
| WITH PERSONAL CARE
| And is there someone living in this household who has helped you
| regularly during the last twelve months with personal care, such as
| washing, getting out of bed, or dressing?
| 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 SP020_ (SOMEONE IN THIS HOUSEHOLD HELPED YOU REGULARLY
| WITH PERSONAL CARE) = 1. Yes
|
| SP021_ WHO HELPED YOU WITH PERSONAL CARE IN THE
| HOUSEHOLD
| Who is that?
| IWER: CODE ALL THAT APPLY
| {list with relations}
|
| ENDIF
|
| ENDIF
|
| ENDIF

```

**SP022_ 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. Yes OR CM002_(FINANCES
TOTALLY SEPARATE) =1. Separately*

FT001_ INTRODUCTION FINANCIAL TRANSFERS

Many people provide financial or material gifts, or support to others
such as parents, children, grandchildren, some other kin, or friends
or neighbors.

1. Continue

FT002_ GIVEN FINANCIAL GIFT 250 EURO OR MORE

Now please think of the last twelve months. Not counting any shared
housing or shared food, have you [or] [your]
[husband/wife/partner] given any financial or
material gift or support to any person inside or outside this
household amounting to 250 euro (in 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, ONLY GIFTS AND SUPPORT.

1. Yes
5. No

IF FT002_ (GIVEN FINANCIAL GIFT 250 EURO OR MORE) = 1. Yes

*Questions FT003_(TO WHOM DID YOU PROVIDE FINANCIAL GIFT 250
EURO OR MORE) to FT006_(REASON FINANCIAL GIFT GIVEN 250 EURO OR
MORE) are repeated with the appropriate fill to a maximum of 3 when
FT007_(OTHER PERSONS GIVEN FINANCIAL GIFT 250 EURO OR MORE) =
1.Yes*

**FT003_ TO WHOM DID YOU PROVIDE FINANCIAL GIFT 250 EURO OR
MORE**

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

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

{list with relations}

FT004_ AMOUNT FINANCIAL GIFT GIVEN 250 EURO OR MORE

About how much did you [or] [your] [husband/wife/partner] give to this person

|| altogether in the last twelve months?
|| IWER: ADD SINGLE VALUES TO ARRIVE AT A TOTAL AMOUNT
|| (in local currency)
|| enter an amount
||
|| *IF FT004_ (AMOUNT FINANCIAL GIFT GIVEN 250 EURO OR MORE) =*
|| *RESPONSE*
||

CHECK: The amount has to be higher than or equal to the earlier mentioned minimum amount.

|| *ENDIF*
||
|| *IF FT004_ (AMOUNT FINANCIAL GIFT GIVEN 250 EURO OR MORE) =*
|| *EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes*
||
|| **FT004M** AMOUNT FINANCIAL GIFT GIVEN 250 EURO OR MORE
|| About how much did you [or] [your] [husband/wife/partner] give to this person
|| altogether in the last twelve months?
|| IWER: ADD SINGLE VALUES TO ARRIVE AT A TOTAL AMOUNT IN
|| [pre-euro currency]
|| enter an amount
||

CHECK: The amount has to be higher than or equal to the earlier mentioned minimum amount.

|| *ENDIF*
||

CHECK: Please enter a value.

|| *IF FT004_ (AMOUNT FINANCIAL GIFT GIVEN 250 EURO OR MORE) =*
|| *NONRESPONSE OR FT004M (AMOUNT FINANCIAL GIFT GIVEN 250 EURO*
|| *OR MORE) = NONRESPONSE*
||
|| Unfolding Brackets
||
|| *ENDIF*
||

|| **FT006_ REASON FINANCIAL GIFT GIVEN 250 EURO OR MORE**
|| Please look at card 29. 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 NOT THIRD TIME IN THIS LOOP*

||

|| **FT007_ OTHER PERSONS GIVEN FINANCIAL GIFT 250 EURO OR MORE**

|| Still thinking about the last twelve months: Is there anyone *else*

|| inside or outside this household whom you

|| [or] [your] [husband/wife/partner] have given any

|| financial or material gift or support amounting to 250 euro (in local

|| currency) or more?

|| 1. Yes

|| 5. No

||

|| *ENDIF*

||

|| *ENDIF*

||

|| **FT008_ INTRODUCTION RECEIVE**

|| We have just asked you about financial or material gifts or support

|| that you may have given. Now we would like to know about financial or

|| material gifts and support that you may have received.

|| 1. Continue

||

|| **FT009_ RECEIVED FINANCIAL GIFT OF 250 EURO OR MORE**

|| Please think of the last twelve months. Not counting any shared

|| housing or shared food, have you [or] [your] [husband/wife/partner] received any ||

|| financial or material gift from anyone inside or outside this household

|| amounting to 250 euro (in 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, ONLY GIFTS AND SUPPORT.**

|| 1. Yes

|| 5. No

||

|| *IF FT009_ (RECEIVED FINANCIAL GIFT OF 250 EURO OR MORE) = 1. Yes*

||

|| *Questions FT010_ (FROM WHOM RECEIVED FINANCIAL GIFT 250 EURO OR MORE) to FT013_ (REASON FINANCIAL GIFT RECEIVED 250 EURO OR MORE) are repeated with the appropriate fill to a maximum of 3 when FT014_ (FROM OTHER PERSONS RECEIVED FINANCIAL GIFT 250 EURO OR MORE) = 1. Yes*

|| **FT010_ FROM WHOM RECEIVED FINANCIAL GIFT 250 EURO OR MORE**

|| Who [else] has given you [or] [your]

|| [husband/wife/partner] a gift or assistance

|| in the past twelve months? [Please name the person that has given or

|| helped you most.]

|| {list with relations}

||

|| **FT011_ AMOUNT FINANCIAL GIFT RECEIVED 250 EURO OR MORE**
|| About how much did this person give you [or] [your]
|| [husband/wife/partner] altogether in the last
|| twelve months?
|| **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*
||

CHECK: The amount has to be higher than or equal to the earlier mentioned minimum amount.

|| *ENDIF*
||
|| *IF FT011_ (AMOUNT FINANCIAL GIFT RECEIVED 250 EURO OR MORE) =*
|| *EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes*
||

|| **FT011M AMOUNT FINANCIAL GIFT RECEIVED 250 EURO OR MORE**
|| About how much did this person give you [or][your]
|| [husband/wife/partner] altogether in the last twelve months?
|| **IWER: ADD SINGLE VALUES TO ARRIVE AT A TOTAL AMOUNT**
|| (in pre-euro currency)
|| enter an amount
||

CHECK: The amount has to be higher than or equal to the earlier mentioned minimum amount.

|| *ENDIF*
||

CHECK: Please enter a value.

|| *IF FT011_ (AMOUNT FINANCIAL GIFT RECEIVED 250 EURO OR MORE) =*
|| *NONRESPONSE OR FT011M (AMOUNT FINANCIAL GIFT RECEIVED 250*
|| *EURO OR MORE) = NONRESPONSE*
||

|| Unfolding Brackets
||

|| *ENDIF*
||

|| **FT013_ REASON FINANCIAL GIFT RECEIVED 250 EURO OR MORE**
|| Please look at card 29.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 NOT THIRD TIME IN THIS LOOP*

|| **FT014_ FROM OTHER PERSONS RECEIVED FINANCIAL GIFT 250 EURO OR MORE**

|| Still thinking about the last twelve months: Is there anyone *else* inside or outside this household who has given you [or] [your] [husband/wife/partner] any financial or material gift or support amounting to 250 euro (in local currency) or more?

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

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

|| *ENDIF*

|| *ENDIF*

|| **FT015_ EVER RECEIVED GIFT OR INHERITED MONEY 5000 EURO OR MORE**

|| Not counting any large gift we have already talked about, have you [or] [your] [husband/wife/partner] ever received a gift or inherited money, goods, or property worth more than 5000 euro (in local currency)?

|| IWER: NOT INCLUDING ANY GIFTS YOU HAVE ALREADY MENTIONED

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

|| *IF FT015_ (EVER RECEIVED GIFT OR INHERITED MONEY 5000 EURO OR / MORE) = 1. Yes*

|| *Questions FT016_(IN WHICH YEAR GIFT OR INHERITANCE RECEIVED) to FT018_(VALUE INHERITANCE) are repeated with the appropriate fill to a maximum of 5 when 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.] In which year did you [or] [your] [husband/wife/partner] receive it? (1890..2004)

|| **FT017_ FROM WHOM INHERITED 5000 EURO OR MORE**

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

|| {list with relations}

|| **FT018_ VALUE INHERITANCE**
|| What was the value of this gift or inheritance at the time you
|| [or] [your] [husband/wife/partner] received it?
|| IWER: ENTER AMOUNT (in local currency)
|| enter an amount

|| *IF FT018_ (VALUE INHERITANCE) = RESPONSE*

CHECK: The amount has to be higher than or equal to the earlier mentioned minimum amount.

|| *ENDIF*

|| *IF FT018_ (VALUE INHERITANCE) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes*

|| **FT018M VALUE INHERITANCE**

|| What was the value of this gift or inheritance at the time you
|| [or] [your] [husband/wife/partner] received it?
|| IWER: ENTER AMOUNT (in local currency) MAKE A REMARK
|| (CTRL+M) IN CASE OF A DIFFERENT PRE-EURO CURRENCY
|| enter an amount

CHECK: The amount has to be higher than or equal to the earlier mentioned minimum amount.

|| *ENDIF*

CHECK: Please enter a value.

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

|| Unfolding Brackets

|| *ENDIF*

|| *IF NOT FIFTH TIME IN THIS LOOP*

|| **FT020_ ANY FURTHER GIFT OR INHERITANCE**

|| Did you [or] [your] [husband/wife/partner] receive any further
|| gift or inheritance worth more than 5000 euro (in local currency)?
|| 1. Yes
|| 5. No

|| *ENDIF*

|| *ENDIF*

|| **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 MN008_ (HOUSEHOLD RESPONDENT) = 1

| **HO001_ INTERVIEW IN HOUSE OF RESPONDENT**

| IWER: DOES THE INTERVIEW TAKE PLACE IN THE RESPONDENT'S
| HOUSE OR FLAT?

- | 1. Yes
- | 5. No

| **HO002_ OWNER, TENANT OR RENT FREE**

| Now I have a few questions about your residence. Do you live as an
| owner, a main tenant, a subtenant, or do you live 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
- | | 97. Another period of time

| | *IF HO003_ (RENT PAYMENT PERIOD) = 97. Another period of*
| | *time*

| | **HO004_ OTHER PERIOD**

| | What other period do you mean?

| | _____

| | *ENDIF*

| | **HO005_ AMOUNT LAST RENT PAYMENT**

```

| | How much was your last payment?
| | IWER: AMOUNT IN [{local currency}]
| | enter an amount
| |
| | IF HO005_ (AMOUNT LAST RENT PAYMENT) = EMPTY AND MN004_ (EURO
| | COUNTRY) = 1. Yes
| |
| | HO005M AMOUNT LAST RENT PAYMENT
| | How much was your last payment?
| | IWER: AMOUNT IN [{pre-euro currency}]
| | enter an amount
| |
| | ENDIF
| |
| | IF HO005_ (AMOUNT LAST RENT PAYMENT) = NONRESPONSE OR
| | HO005M (AMOUNT LAST RENT PAYMENT) = NONRESPONSE
| |
| | Unfolding Brackets
| |
| | ENDIF
| |
| | HO007_ LAST RENT PAYMENT INCLUDES 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 RENT PAYMENT INCLUDES ALL CHARGES AND
| | SERVICES) = 5. No
| |
| | HO008_ AMOUNT 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_ (AMOUNT CHARGES AND SERVICES) = EMPTY AND
| | MN004_ (EURO COUNTRY) = 1. Yes
| |
| | HO008M AMOUNT CHARGES AND SERVICES
| | About how much did you pay for charges and services that were not
| | included during the last [week/month/three months/six months/period
| | of payment]?
| | IWER: AMOUNT IN [{pre-euro currency}]
| | enter an amount
| |
| | ENDIF

```

```

||
|| IF HO008_ (AMOUNT CHARGES AND SERVICES) = NONRESPONSE OR
|| HO008M (AMOUNT CHARGES AND SERVICES) = NONRESPONSE
||
||
|| | Unfolding Brackets
||
||
|| | ENDIF
||
||
|| | 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_ (OWNER, TENANT OR RENT FREE) = 2. Member of a cooperative
||
||
|| 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 PROPERTY
|| In which year was that?
|| (1900..2004)
||
||
|| 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
||
||
|| IF MN001_ (INTERVIEW COUNTRY) <> 4. Sweden
||
||
|| 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)
||
||
|| | ENDIF

```

```

|||
||| HO015_ AMOUNT STILL TO PAY ON MORTGAGE OR LOAN
||| How much do you [or] [your] [husband/wife/partner] still have to pay on
||| your mortgages or loans, excluding interest?
||| IWER: AMOUNT IN [{local currency}]
||| enter an amount
|||
||| IF HO015_ (AMOUNT STILL TO PAY ON MORTGAGE OR LOAN) = EMPTY
||| AND MN004_ (EURO COUNTRY) = 1. Yes
|||
||| HO015M AMOUNT STILL TO PAY ON MORTGAGE OR LOAN
||| How much do you [or] [your] [husband/wife/partner] still have to pay on
||| your mortgages or loans, excluding interest?
||| IWER: AMOUNT IN [{pre-euro currency}]
||| enter an amount
|||
||| ENDIF
|||
||| IF HO015_ (AMOUNT STILL TO PAY ON MORTGAGE OR LOAN) =
||| NONRESPONSE OR HO015M (AMOUNT STILL TO PAY ON MORTGAGE OR
||| LOAN) = NONRESPONSE
|||
||| Unfolding Brackets
|||
||| 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
|||
||| HO018_ PERIOD REPAY MORTGAGE OR LOAN
||| Thinking about your last repayment, what period did this cover? Was
||| that ...
||| 1. A week
||| 2. A month
||| 3. Three months
||| 4. Six months
||| 97. Another period of time
|||
||| IF HO018_ (PERIOD REPAY MORTGAGE OR LOAN) = 97. Another period
||| of time
|||
||| HO019_ OTHER PERIOD REPAY MORTGAGE OR LOAN
||| What other period do you mean?
||| _____
|||
||| ENDIF

```



```

| | | |
| | | | HO020_ AMOUNT REGULAR REPAY MORTGAGE OR LOAN
| | | | How much are the regular repayments for all mortgages and loans
| | | | outstanding on this property?
| | | | IWER: AMOUNT IN [{local currency}]
| | | | enter an amount
| | | |
| | | | IF HO020_ (AMOUNT REGULAR REPAY MORTGAGE OR LOAN)
| | | | = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes
| | | |
| | | | HO020M AMOUNT REGULAR REPAY MORTGAGE OR
| | | | LOAN
| | | | How much are the regular repayments for all mortgages and loans
| | | | outstanding on this property?
| | | | IWER: AMOUNT IN [{pre-euro currency}]
| | | | enter an amount
| | | |
| | | | ENDIF
| | | |
| | | | IF HO020_ (AMOUNT REGULAR REPAY MORTGAGE OR LOAN)
| | | | = NONRESPONSE OR HO020M (AMOUNT REGULAR REPAY
| | | | MORTGAGE OR LOAN) = NONRESPONSE
| | | |
| | | | Unfolding Brackets
| | | |
| | | | ENDIF
| | | |
| | | | HO022_ BEHIND WITH REPAY MORTGAGE OR LOAN
| | | | In the last twelve months, have you ever found yourself more than two
| | | | months behind with these repayments?
| | | | 1. Yes
| | | | 5. No
| | | |
| | | | ENDIF
| | | |
| | | | ENDIF
| | | |
| | | | ENDIF
| | | |
| | | | 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_ (OWNER, TENANT OR RENT FREE) = 2. Member of a cooperative

```

HO024_ VALUE OF PROPERTY
 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 PROPERTY) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes

HO024M VALUE OF PROPERTY
 In your opinion, how much would you receive if you sold your property today?
 IWER: AMOUNT IN [{pre-euro currency}]
 enter an amount

ENDIF

IF HO024_ (VALUE OF PROPERTY) = NONRESPONSE OR HO024M (VALUE OF PROPERTY) = NONRESPONSE

 Unfolding Brackets

ENDIF

ENDIF

HO026_ OWN OTHER REAL ESTATE
 Not including special time-sharing arrangements, do you [or] [your] [husband/wife/partner] 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 OTHER REAL ESTATE) = 1. Yes

HO027_ VALUE OF OTHER 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 OTHER REAL ESTATE) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes

HO027M VALUE OF OTHER 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 [{pre-euro

```

|| |currency}}
|| |enter an amount
|| |
|| |ENDIF
|| |
|| |IF HO027_ (VALUE OF OTHER REAL ESTATE) = NONRESPONSE OR
|| |HO027M (VALUE OF OTHER REAL ESTATE) = NONRESPONSE
|| |
|| |Unfolding Brackets
|| |
|| |ENDIF
|| |
|| |HO029_ RECEIVED INCOME OR RENT OF OTHER REAL ESTATE
|| |Did you [or] [your] [husband/wife/partner] receive any income or
|| |rent from these properties in 2003?
|| |1. Yes
|| |5. No
|| |
|| |IF HO029_ (RECEIVED INCOME OR RENT OF OTHER REAL ESTATE) = 1. Yes
|| |
|| |HO030_ AMOUNT INCOME OR RENT OF OTHER REAL ESTATE LAST
|| |YEAR
|| |How much income or rent did you [or] [your] [husband/wife/partner] receive
|| |from these properties during 2003, before taxes?
|| |IWER: AMOUNT IN [{local currency}]
|| |enter an amount
|| |
|| |IF HO030_ (AMOUNT INCOME OR RENT OF OTHER REAL ESTATE LAST
|| |YEAR) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes
|| |
|| |HO030M AMOUNT INCOME OR RENT OF OTHER REAL ESTATE LAST
|| |YEAR
|| |How much income or rent did [or] [your] [husband/wife/partner] receive from
|| |these properties during 2003, before taxes?
|| |IWER: AMOUNT IN [{pre-euro currency}]
|| |enter an amount
|| |
|| |ENDIF
|| |
|| |IF HO030_ (AMOUNT INCOME OR RENT OF OTHER REAL ESTATE LAST
|| |YEAR) = NONRESPONSE OR HO030M (AMOUNT INCOME OR RENT OF
|| |OTHER REAL ESTATE LAST YEAR) = NONRESPONSE
|| |
|| |Unfolding Brackets
|| |
|| |ENDIF
|| |
|| |ENDIF
|| |
|| |ENDIF

```

| **HO032_ NUMBER OF ROOMS IN ACCOMMODATION**

| Now 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]?

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

| _____ (1..25)

| **HO033_ SPECIAL FEATURES IN ACCOMMODATION**

| 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

| **HO034_ YEARS IN ACCOMMODATION**

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

| IWER: ROUND UP TO FULL YEARS

| _____ (0..120)

| **HO035_ YEARS IN COMMUNITY**

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

| IWER: ROUND UP TO FULL YEARS

| _____ (0..120)

CHECK: This value cannot be smaller than ho034_(years in accommodation).

| *IF HO001_ (INTERVIEW IN HOUSE OF RESPONDENT) = 5. No*

| | **HO036_ TYPE OF BUILDING**

| | 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_ (TYPE OF BUILDING) = 4. A building with 3 to 8*

| | *flats OR HO036_ (TYPE OF BUILDING) = 5. A building with 9 or more flats but*

| | *no more than 8 floors*

| | **HO042_ NUMBER OF FLOORS OF BUILDING**

| | Including the ground floor, how many floors does the building your

|| household lives in have?
 || _____ (1..99)
 ||
 || *ENDIF*
 ||
 || *IF HO036_ (TYPE OF BUILDING) > 3. A one or two family house*
 || *as row or double house*
 ||
 || **HO043_ 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*
 ||
 || **HO037_ AREA WHERE YOU LIVE**
 || Please look at card 30. How would you describe the area where you live?
 || IWER: READ OUT
 || 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*
 ||
 || **HO038_ SPEND REGULARLY TIME IN OTHER RESIDENCE**
 || Apart from vacations or brief visits, do you regularly spend part of
 || the year in another residence?
 || IWER: IF UNCLEAR: MORE THAN ONE MONTH
 || 1. Yes
 || 5. No
 ||
 || *IF HO038_ (SPEND REGULARLY TIME IN OTHER RESIDENCE) = 1. Yes*
 ||
 || **HO039_ LOCATION OF OTHER 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 OTHER 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**
 || **IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?**
 || 1. Respondent only
 || 2. Respondent and proxy
 || 3. Proxy only
 ||
 ||
 || *ENDIF*
 ||
 || *IF MN008_ (HOUSEHOLD RESPONDENT) = 1*
 ||
 || **HH001_ OTHER CONTRIBUTOR TO HOUSEHOLD INCOME**
 || Although we may have asked you [or other members of your
 || household] some of the details earlier, it is important for
 || us to understand your household's situation correctly. In the last
 || year, that is in 2003, 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 CONTRIBUTOR TO HOUSEHOLD INCOME) = 1. Yes*
 ||
 || **HH002_ TOTAL INCOME OTHER HOUSEHOLD MEMBERS**
 || Can you give us the approximate total amount of income received in
 || 2003 by other household members before 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) = EMPTY*
 || *AND MN004_ (EURO COUNTRY) = 1. Yes*
 ||
 || **HH002M TOTAL INCOME OTHER HOUSEHOLD MEMBERS**
 || Can you give us the approximate total amount of income received in
 || 2003 by other household members before any taxes or contributions?
 || **IWER: CODE ZERO IF NO SUCH INCOME; AMOUNT IN**
 || [pre-euro currency] enter an amount
 ||
 || *ENDIF*
 ||
 ||

```

| | IF HH002_ (TOTAL INCOME OTHER HOUSEHOLD MEMBERS) =
| | NONRESPONSE OR HH002M (TOTAL INCOME OTHER HOUSEHOLD
| | MEMBERS) = NONRESPONSE
| |
| | Unfolding Brackets
| |
| | ENDIF
| |
| | ENDIF
|
| HH010_ INCOME FROM OTHER SOURCES
| Some households receive payments such as housing allowances, child
| benefits, poverty relief etc. Has your household or anyone in your
| household received any such payments in 2003?
| 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 2003, before any taxes
| | and contributions.
| | IWER: AMOUNT IN [{local currency}]
| | enter an amount
| |
| | IF HH011_ (ADDITIONAL INCOME RECEIVED BY ALL HOUSEHOLD
| | MEMBERS IN LAST YEAR) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes
| |
| | HH011M 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 2003, before any taxes
| | and contributions.
| | IWER: AMOUNT IN [{pre-euro currency}]
| | enter an amount
| |
| | ENDIF
| |
| | IF HH011_ (ADDITIONAL INCOME RECEIVED BY ALL HOUSEHOLD
| | MEMBERS IN LAST YEAR) = NONRESPONSE OR HH011M (ADDITIONAL
| | INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST YEAR) =
| | NONRESPONSE
| |
| | Unfolding Brackets
| |
| | ENDIF
| |
| | ENDIF

```

```

|
| HH014_ WHO ANSWERED THE QUESTIONS IN HH
| IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?
| 1. Respondent only
| 2. Respondent and proxy
| 3. Proxy only
|
|
| ENDIF
|
| IF MN008_ (HOUSEHOLD RESPONDENT) = 1
|
| CO001_ Introduction text
| We would now like to ask some questions about your household's usual
| expenditures and how your household is managing financially.
| 1. Continue
|
| CO002_ AMOUNT SPENT ON FOOD AT HOME
| Please look at card 31.Thinking about the last 12 months: about how
| much did your household spend in a typical month on food to be
| consumed at home?
| IWER: AMOUNT IN [{local currency}]
| enter an amount
|
| IF CO002_ (AMOUNT SPENT ON FOOD AT HOME) = EMPTY AND
| MN004_ (EURO COUNTRY) = 1. Yes
|
|
| CO002M AMOUNT SPENT ON FOOD AT HOME
| Please look at card 31.Thinking about the last 12 months: about how
| much did your household spend in a typical month on food to be
| consumed at home?
| IWER: AMOUNT IN [{pre-euro currency}]
| enter an amount
|
| ENDIF
|
| CO003_ AMOUNT SPENT ON FOOD OUTSIDE THE HOME
| Please look at card 31.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?
| IWER: AMOUNT IN [{local currency}]
| enter an amount
|
| IF CO003_ (AMOUNT SPENT ON FOOD OUTSIDE THE HOME) = EMPTY AND
| MN004_ (EURO COUNTRY) = 1. Yes
|
|
| CO003M AMOUNT SPENT ON FOOD OUTSIDE THE HOME
| Please look at card 31. 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?

```



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| IWER: AMOUNT IN [{pre-euro currency}]
| enter an amount
|
| ENDIF
|
| CO004_ AMOUNT SPENT ON TELEPHONES IN LAST MONTH
| Please look at card 31.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
|
| IF CO004_ (AMOUNT SPENT ON TELEPHONES IN LAST MONTH) = EMPTY
| AND MN004_ (EURO COUNTRY) = 1. Yes
|
| CO004M AMOUNT SPENT ON TELEPHONES IN LAST MONTH
| Please look at card 31.Again, in the last 12 months: about how much
| was your household's expenditure for telephone calls and charges in a
| typical month?
| IWER: AMOUNT IN [{pre-euro currency}]
| enter an amount
|
| ENDIF
|
| CO005_ AMOUNT SPENT ON ALL GOODS AND SERVICES IN LAST
| MONTH
| Please look at card 31.Thinking about the last 12 months: about how
| much did your household spend in a typical month on all goods and
| services, including groceries, eating out, telephone and everything
| else?
| IWER: AMOUNT IN [{local currency}]
| enter an amount
|
| IF CO005_ (AMOUNT SPENT ON ALL GOODS AND SERVICES IN LAST
| MONTH) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes
|
| CO005M AMOUNT SPENT ON ALL GOODS AND SERVICES IN LAST
| MONTH
| Please look at card 31.Thinking about the last 12 months: about how
| much did your household spend in a typical month on all goods and
| services, including groceries, eating out, telephone and everything
| else?
| IWER: AMOUNT IN [{pre-euro currency}]
| enter an amount
|
| ENDIF
|
| IF CO005_ (AMOUNT SPENT ON ALL GOODS AND SERVICES IN LAST
| MONTH) = RESPONSE
|
|

```

CHECK: Could I please confirm that amount.

| *ENDIF*

| *IF CO005M (AMOUNT SPENT ON ALL GOODS AND SERVICES IN LAST*
| *MONTH) = RESPONSE*

CHECK: Could I please confirm that amount.

| *ENDIF*

| **CO007_ IS HOUSEHOLD ABLE TO MAKE ENDS MEET**

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

| IWER: READ OUT

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

| **CO008_ SITUATION IMPROVEMENT THINKING BACK ONE YEAR**

| Thinking back to one year ago, 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

| **CO009_ 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 OR CM002_ (FINANCES TOTALLY*
| *SEPARATE) = 1. Separately*

| **AS001_ INTRODUCTION 1 TO ASSETS**

| The next questions ask about a number of different kinds of savings
| or investments that you [or] [your] [husband/wife/partner] may have.

- | 1. Continue

| **AS002_ HAS ANY SAVINGS OR INVESTMENTS**

| Please look at card 32. Looking at this card, which, if any, of these
| savings and investments do you [or] [your] [husband/wife/partner] have?

| IWER: CODE ALL THAT APPLY

- | 1. Bank accounts, transaction accounts or saving accounts
- | 2. Government or corporate bonds
- | 3. Stocks or shares (listed or unlisted on stock market)
- | 4. Mutual funds or managed investment accounts
- | 5. Individual retirements accounts
- | 6. Contractual saving for housing
- | 7. Life insurance
- | 96. None of these

CHECK: You cannot select 'None of the above' together with any other answer.
Please change your answer.

| *IF 1. Bank accounts, transaction accounts or saving accounts IN*
| *AS002_(HAS ANY SAVINGS OR INVESTMENTS)*

| | **AS003_ AMOUNT BANK ACCOUNT**

| | About how much did you [or] [your] [husband/wife/partner] have in bank
| | accounts, transaction accounts or saving accounts at the end of 2003?

| | IWER: AMOUNT IN [{local currency}]

| | enter an amount

| | *IF AS003_ (AMOUNT BANK ACCOUNT) = EMPTY AND MN004_ (EURO*
| | *COUNTRY) = 1. Yes*

| | **AS003M AMOUNT BANK ACCOUNT**

| | About how much did you [or] [your] [husband/wife/partner] have in bank
| | accounts, transaction accounts or savings accounts at the end of 2003?

| | IWER: AMOUNT IN [{pre-euro currency}]

| | enter an amount

| | *ENDIF*

CHECK: Please enter a value.

| | *IF AS003_ (AMOUNT BANK ACCOUNT) = NONRESPONSE OR*
| | *AS003M (AMOUNT BANK ACCOUNT) = NONRESPONSE*

| | Unfolding Brackets

| | *ENDIF*

| | **AS005_ INTEREST FROM BANK ACCOUNTS**

| | About how much interest income did you [or] [your] [husband/wife/partner]
| | receive from such accounts in 2003?

| | IWER: AMOUNT IN [{local currency}]; BEFORE TAXES

| | enter an amount

| | *IF AS005_ (INTEREST FROM BANK ACCOUNTS) = EMPTY AND*
| | *MN004_ (EURO COUNTRY) = 1. Yes*

```

| | AS005M INTEREST FROM BANK ACCOUNTS
| | About how much interest income did you [or] [your] [husband/wife/partner]
| | receive from such accounts in 2003?
| | IWER: AMOUNT IN [{pre-euro currency}]; BEFORE TAXES
| | enter an amount
| |
| | ENDIF
| |
| | CHECK: Please enter a value.
| | IF AS005_ (INTEREST FROM BANK ACCOUNTS) = NONRESPONSE OR
| | AS005M (INTEREST FROM BANK ACCOUNTS) = NONRESPONSE
| |
| | Unfolding Brackets
| |
| | ENDIF
| |
| | ENDIF
| |
| | IF 2. Government or corporate bonds IN AS002_(HAS ANY SAVINGS OR
| | INVESTMENTS)
| |
| | AS007_ AMOUNT IN GOVERNMENT BONDS
| | About how much did you [or] [your] [husband/wife/partner] have in government
| | or corporate bonds?
| | IWER: ENTER AN AMOUNT IN [{local currency}]
| | enter an amount
| |
| | IF AS007_ (AMOUNT IN GOVERNMENT BONDS) = EMPTY AND
| | MN004_ (EURO COUNTRY) = 1. Yes
| |
| | AS007M AMOUNT IN GOVERNMENT BONDS
| | About how much did you [or] [your] [husband/wife/partner] have in government
| | or corporate bonds?
| | IWER: AMOUNT IN [{pre-euro currency}]
| | enter an amount
| |
| | ENDIF
| |
| | CHECK: Please enter a value.
| | IF AS007_ (AMOUNT IN GOVERNMENT BONDS) = NONRESPONSE OR
| | AS007M (AMOUNT IN GOVERNMENT BONDS) = NONRESPONSE
| |
| | Unfolding Brackets
| |
| | ENDIF
| |
| | AS009_ INTEREST FROM GOVERNMENT BONDS
| | About how much interest income did you [or] [your] [husband/wife/partner]
| | receive from these bonds in 2003?

```

```

| | IWER: AMOUNT IN [{local currency}]; BEFORE TAXES
| | enter an amount
| |
| | IF AS009_ (INTEREST FROM GOVERNMENT BONDS) = EMPTY AND
| | MN004_ (EURO COUNTRY) = 1. Yes
| |
| | AS009M INTEREST FROM GOVERNMENT BONDS
| | About how much interest income did you [or] [your] [husband/wife/partner]
| | receive from these bonds in 2003?
| | IWER: AMOUNT IN [{pre-euro currency}]; BEFORE TAXES
| | enter an amount
| |
| | ENDIF
| |
| | CHECK: Please enter a value.
| | IF AS009_ (INTEREST FROM GOVERNMENT BONDS) = NONRESPONSE OR
| | AS009M (INTEREST FROM GOVERNMENT BONDS) = NONRESPONSE
| |
| | Unfolding Brackets
| |
| | ENDIF
| |
| | ENDIF
| |
| | IF 3. Stocks or shares (listed or unlisted on stock market) IN
| | AS002_ (HAS ANY SAVINGS OR INVESTMENTS)
| |
| | AS011_ AMOUNT IN STOCKS
| | About how much did you [or] [your] [husband/wife/partner] have in stocks or
| | shares (listed or unlisted on stock market) at the end of 2003?
| | IWER: AMOUNT IN [{local currency}]
| | enter an amount
| |
| | IF AS011_ (AMOUNT IN STOCKS) = EMPTY AND MN004_ (EURO
| | COUNTRY) = 1. Yes
| |
| | AS011M AMOUNT IN STOCKS
| | About how much did you [or] [your] [husband/wife/partner] have in stocks or
| | shares (listed or unlisted on stock market) at the end of 2003?
| | IWER: AMOUNT IN [{pre-euro currency}]
| | enter an amount
| |
| | ENDIF
| |
| | CHECK: Please enter a value.
| | IF AS011_ (AMOUNT IN STOCKS) = NONRESPONSE OR
| | AS011M (AMOUNT IN STOCKS) = NONRESPONSE
| |
| | Unfolding Brackets

```

```

| |
| | ENDIF
| |
| | AS015_ DIVIDEND FROM STOCKS
| | About how much dividend income did you [or] [your] [husband/wife/partner]
| | receive from these stocks in 2003?
| | IWER: AMOUNT IN [{local currency}]; BEFORE TAXES
| | enter an amount
| |
| | IF AS015_ (DIVIDEND FROM STOCKS) = EMPTY AND
| | MN004_ (EURO COUNTRY) = 1. Yes
| |
| | AS015M DIVIDEND FROM STOCKS
| | About how much dividend income did you [or] [your] [husband/wife/partner]
| | receive from these stocks in 2003?
| | IWER: AMOUNT IN [{pre-euro currency}]; BEFORE TAXES
| | enter an amount
| |
| | ENDIF
| |
| | CHECK: NOT Please enter a value.
| | IF AS015_ (DIVIDEND FROM STOCKS) = NONRESPONSE OR
| | AS015M (DIVIDEND FROM STOCKS) = NONRESPONSE
| |
| | Unfolding Brackets
| |
| | ENDIF
| |
| | ENDIF
| |
| | IF 4. Mutual funds or managed investment accounts IN AS002_(HAS ANY
| | SAVINGS OR INVESTMENTS)
| |
| | AS017_ AMOUNT IN MUTUAL FUNDS
| | About how much did you [or] [your] [husband/wife/partner] have in mutual funds
| | or managed investment accounts at the end of 2003?
| | IWER: AMOUNT IN [{local currency}]
| | enter an amount
| |
| | IF AS017_ (AMOUNT IN MUTUAL FUNDS) = EMPTY AND
| | MN004_ (EURO COUNTRY) = 1. Yes
| |
| | AS017M AMOUNT IN MUTUAL FUNDS
| | About how much did you [or] [your] [husband/wife/partner] have in mutual funds
| | or managed investment accounts at the end of 2003?
| | IWER: AMOUNT IN [{pre-euro currency}]
| | enter an amount
| |
| | ENDIF
| |

```

CHECK: Please enter a value.

|| *IF AS017_ (AMOUNT IN MUTUAL FUNDS) = NONRESPONSE OR*
|| *AS017M (AMOUNT IN MUTUAL FUNDS) = NONRESPONSE*

||

|| | Unfolding Brackets

||

|| *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**

|| About how much interest or dividend income did you
|| [or] [your] [husband/wife/partner] earn with mutual funds
|| or managed investment accounts in 2003?

|| **IWER: AMOUNT IN [local currency]; BEFORE TAXES**
|| enter an amount

||

|| *IF AS058_ (INTEREST OR DIVIDEND ON MUTUAL FUNDS) = EMPTY AND*
|| *MN004_ (EURO COUNTRY) = 1. Yes*

||

|| | **AS058M INTEREST OR DIVIDEND ON MUTUAL FUNDS**

|| | About how much interest or dividend income did you
|| | [or] [your] [husband/wife/partner] earn with mutual funds
|| | or managed investment accounts in 2003?

|| | **IWER: AMOUNT IN [pre-euro currency]; BEFORE TAXES**
|| | enter an amount

||

|| *ENDIF*

||

CHECK: Please enter a value.

|| *IF AS058_ (INTEREST OR DIVIDEND ON MUTUAL FUNDS) =*
|| *NONRESPONSE OR AS058M (INTEREST OR DIVIDEND ON MUTUAL FUNDS)*
|| *= NONRESPONSE*

||

|| | Unfolding Brackets

||

|| *ENDIF*

||

|| *ENDIF*

||

|| *IF 5. Individual retirements accounts IN AS002_ (HAS ANY SAVINGS OR*
|| *INVESTMENTS)*

||

|| *IF MN005_ (INTERVIEW MODE) <> 1. Individual. Single AND*

```

| | CM002_(FINANCES TOTALLY SEPARATE) =5. Together
| |
| | AS020_ WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS
| | Who has individual retirements accounts? You[, your] [husband/wife/partner]
| | [or] [both]?
| | 1. Respondent only
| | 2. [husband/wife/partner] only
| | 3. Both
| |
| | ENDIF
| |
| | IF MN005_ (INTERVIEW MODE) = 1. Individual. Single OR
| | CM002_(FINANCES TOTALLY SEPARATE) = 1. Separately OR
| | (CM002_(FINANCES TOTALLY SEPARATE) =5. Together
| | AND (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 did you have in individual retirement accounts at the end of
| | 2003?
| | IWER: ENTER AN AMOUNT IN [{{local currency}}]
| | enter an amount
| |
| | IF AS021_ (AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS) = EMPTY
| | AND MN004_ (EURO COUNTRY) = 1. Yes
| |
| | AS021M AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS
| | How much did you have in individual retirement accounts at the end of
| | 2003?
| | IWER: AMOUNT IN [{{pre-euro currency}}]
| | enter an amount
| |
| | ENDIF
| |
| | CHECK: Please enter a value.
| | IF AS021_ (AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS) =
| | NONRESPONSE OR AS021M (AMOUNT INDIVIDUAL RETIREMENT
| | ACCOUNTS) = NONRESPONSE
| |
| | | | Unfolding Brackets
| |
| | 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 CM002_(FINANCES TOTALLY SEPARATE)= 5. Together AND
|| (AS020_(WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS) =
|| 2.[husband/wife/partner] only OR AS020_(WHO HAS INDIVIDUAL
|| RETIREMENT ACCOUNTS) = 3. Both)
||
|| AS024_ PARTNER AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS
|| How much did [or] [your] [husband/wife/partner] have in individual
|| retirement accounts at the end of 2003?
|| IWER: AMOUNT IN [{local currency}]
|| enter an amount
||
|| IF AS024_(PARTNER AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS) =
|| EMPTY AND MN004_(EURO COUNTRY) = 1. Yes
||
|| AS024M PARTNER AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS
|| How much did [or] [your] [husband/wife/partner] have in individual
|| retirement accounts at the end of 2003?
|| IWER: AMOUNT IN [{pre-euro currency}]
|| enter an amount
||
|| ENDIF
||
|| CHECK: Please enter a value.
|| IF AS024_(PARTNER AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS) =
|| NONRESPONSE OR AS024M (PARTNER AMOUNT INDIVIDUAL
|| RETIREMENT ACCOUNTS) = NONRESPONSE
||
|| | Unfolding Brackets
||
|| 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
||
|| ENDIF
||
|| IF 6. Contractual saving for housing IN AS002_(HAS ANY SAVINGS OR
|| INVESTMENTS)
||

```

AS027_ AMOUNT CONTRACTUAL SAVING
 Apart from anything you have already told me, about how much did you
 [or] [your] [husband/wife/partner] have in contractual
 saving for housing at the end of 2003?
 IWER: ENTER AN AMOUNT IN [{local currency}]
 enter an amount

IF AS027_ (AMOUNT CONTRACTUAL SAVING) = EMPTY AND
MN004_ (EURO COUNTRY) = 1. Yes

AS027M AMOUNT CONTRACTUAL SAVING
 Apart from anything you have already told me, about how much did you
 [or] [your] [husband/wife/partner] have in contractual
 saving for housing at the end of 2003?
 IWER: AMOUNT IN [{pre-euro currency}]
 enter an amount

ENDIF

CHECK: Please enter a value.

IF AS027_ (AMOUNT CONTRACTUAL SAVING) = NONRESPONSE OR
AS027M (AMOUNT CONTRACTUAL SAVING) = NONRESPONSE

 Unfolding Brackets

ENDIF

ENDIF

IF 7. Life insurance IN AS002_ (HAS ANY SAVINGS OR INVESTMENTS)

AS029_ LIFE INSURANCE POLICIES TERM OR WHOLE LIFE
 Are your life insurance policies term policies, whole life policies,
 or both of these?
 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
 [or] [your] [husband/wife/partner]?
 IWER: AMOUNT IN [{local currency}]
 enter an amount

IF AS030_ (FACE VALUE LIFE POLICIES) = EMPTY AND

```

||| MN004_ (EURO COUNTRY) = 1. Yes
|||
||| AS030M FACE VALUE LIFE POLICIES
||| What is the face value of the whole life policies owned by you
||| [or] [your] [husband/wife/partner]?
||| IWER: AMOUNT IN [{pre-euro currency}]
||| enter an amount
|||
||| ENDIF
|||
||| IF AS030_ (FACE VALUE LIFE POLICIES) = NONRESPONSE OR
||| AS030M (FACE VALUE LIFE POLICIES) = NONRESPONSE
|||
||| Unfolding Brackets
|||
||| ENDIF
|||
||| 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
||| [or] [your] [husband/wife/partner] die?
||| IWER: AMOUNT IN [{local currency}]. CODE TOTAL AMOUNT FOR ALL
||| BENEFICIARIES
||| enter an amount
|||
||| IF AS032_ (AMOUNT DEPENDENTS GET FROM LIFE INSURANCE
||| POLICIES) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes
|||
||| AS032M 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
||| [or] [your] [husband/wife/partner] die?
||| IWER: AMOUNT IN [{pre-euro currency}]. CODE TOTAL AMOUNT FOR
||| ALL
||| BENEFICIARIES
||| enter an amount
|||
||| ENDIF
|||
||| IF AS032_ (AMOUNT DEPENDENTS GET FROM LIFE INSURANCE
||| POLICIES) = NONRESPONSE OR AS032M (AMOUNT DEPENDENTS GET
||| FROM LIFE INSURANCE POLICIES) = NONRESPONSE
|||

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||| Unfolding Brackets
|||
||| ENDIF
|||
||| AS034_ PAID ON LIFE INSURANCE POLICIES
||| About how much did you [or] [your] [husband/wife/partner] pay on [your term
||| policies/your whole life policies] in 2003?
||| IWER: AMOUNT IN [{local currency}]
||| enter an amount
|||
||| IF AS034_ (PAID ON LIFE INSURANCE POLICIES) = EMPTY AND
||| MN004_ (EURO COUNTRY) = 1. Yes
|||
||| AS034M PAID ON LIFE INSURANCE POLICIES
||| About how much did you [or] [your] [husband/wife/partner] pay on [your term
||| policies/your whole life policies] in 2003?
||| IWER: AMOUNT IN [{pre-euro currency}]
||| enter an amount
|||
||| ENDIF
|||
||| IF AS034_ (PAID ON LIFE INSURANCE POLICIES) = NONRESPONSE
||| OR AS034M (PAID ON LIFE INSURANCE POLICIES) = NONRESPONSE
|||
||| Unfolding Brackets
|||
||| 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
||| [or] [your] [husband/wife/partner] die?
||| IWER: AMOUNT IN [{local currency}]. CODE TOTAL AMOUNT FOR ALL
||| BENEFICIARIES
||| enter an amount
|||
||| IF AS032_ (AMOUNT DEPENDENTS GET FROM LIFE INSURANCE
||| POLICIES) = EMPTY AND MN004_ (EURO COUNTRY) = 1. Yes
|||
||| AS032M 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

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||| [or] [your] [husband/wife/partner] die?
||| IWER: AMOUNT IN [{pre-euro currency}]. CODE TOTAL AMOUNT FOR
||| ALL BENEFICIARIES
||| enter an amount
|||
||| ENDIF
|||
||| IF AS032_ (AMOUNT DEPENDENTS GET FROM LIFE INSURANCE
||| POLICIES) = NONRESPONSE OR AS032M (AMOUNT DEPENDENTS GET
||| FROM LIFE INSURANCE POLICIES) = NONRESPONSE
|||
||| Unfolding Brackets
|||
||| ENDIF
|||
||| AS034_ PAID ON LIFE INSURANCE POLICIES
||| About how much did you [or] [your] [husband/wife/partner] pay on [your term
||| policies/your whole life policies] in 2003?
||| IWER: AMOUNT IN [{local currency}]
||| enter an amount
|||
||| IF AS034_ (PAID ON LIFE INSURANCE POLICIES) = EMPTY AND
||| MN004_ (EURO COUNTRY) = 1. Yes
|||
||| AS034M PAID ON LIFE INSURANCE POLICIES
||| About how much did you [or] [your] [husband/wife/partner] pay on [your term
||| policies/your whole life policies] in 2003?
||| IWER: AMOUNT IN [{pre-euro currency}]
||| enter an amount
|||
||| ENDIF
|||
||| IF AS034_ (PAID ON LIFE INSURANCE POLICIES) = NONRESPONSE
||| OR AS034M (PAID ON LIFE INSURANCE POLICIES) = NONRESPONSE
|||
||| Unfolding Brackets
|||
||| ENDIF
|||
||| ENDIF
|||
||| ENDIF
|||
||| IF NOT 96. None of these IN AS002_ (HAS ANY SAVINGS OR
||| INVESTMENTS)
|||
||| AS040_ HOW OFTEN SPEND TIME ON MANAGING SAVINGS
||| Managing your savings requires some time. Please look at card 33. How
||| often do you [or] [your] [husband/wife/partner] spend some time
||| finding out how your financial assets are performing and looking for

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|| possible new investment opportunities?
 || IWER: WE MEAN TIME READING THE FINANCIAL NEWS, WATCHING
 || TV, LOOKING ON THE INTERNET, CALLING FINANCIAL ADVISORS,
 || TALKING TO FINANCIAL EXPERTS ETC
 || 1. Never
 || 2. About once every year
 || 3. Few times per year
 || 4. About every month
 || 5. About every week
 || 6. About every day
 ||
 || *ENDIF*
 ||
 || **AS041_ OWN FIRM COMPANY BUSINESS**
 || Do you [or] [your] [husband/wife/partner] own a firm, company,
 || or business?
 || 1. Yes
 || 5. No
 ||
 || *IF AS041_ (OWN FIRM COMPANY BUSINESS) = 1. Yes*
 ||
 || **AS042_ AMOUNT SELLING FIRM**
 || If you sold this firm, company or business and then paid off any
 || debts on it, about how much money would be left?
 || IWER: AMOUNT IN [{local currency}]
 || enter an amount
 ||
 || *IF AS042_ (AMOUNT SELLING FIRM) = EMPTY AND MN004_ (EURO*
 || *COUNTRY) = 1. Yes*
 ||
 || **AS042M AMOUNT SELLING FIRM**
 || If you sold this firm, company or business and then paid off any
 || debts on it, about how much money would be left?
 || IWER: AMOUNT IN [{pre-euro currency}]
 || enter an amount
 ||
 || *ENDIF*
 ||
 || **CHECK: Please enter a value.**
 || *IF AS042_ (AMOUNT SELLING FIRM) = NONRESPONSE OR*
 || *AS042M (AMOUNT SELLING FIRM) = NONRESPONSE*
 ||
 || Unfolding Brackets
 ||
 || *ENDIF*
 ||
 || **AS044_ PERCENTAGE SHARE FIRM OWNED**
 || What percentage or share of this firm, company or business is owned
 || by you [or] [your] [husband/wife/partner]?
 || IWER: ENTER PERCENT

```

| | _____
| |
| | CHECK: Percentage should be less or equal to 100.
| | IF AS044_ (PERCENTAGE SHARE FIRM OWNED) = NONRESPONSE
| |
| | | Unfolding Brackets
| | |
| | ENDIF
| |
| | ENDIF
| |
| | AS049_ NUMBER OF CARS
| | How many cars do you [or] [your] [husband/wife/partner] own? Please exclude
| | company cars.
| | _____ (0..10)
| |
| | IF AS049_ (NUMBER OF CARS) > 0
| |
| | | AS051_ AMOUNT SELLING CARS
| | | If you sold [this/these] [car/cars] and paid off any debts that you
| | | may have on [it/them], about how much would be left?
| | | IWER: AMOUNT IN [{local currency}]
| | | enter an amount
| | |
| | | IF AS051_ (AMOUNT SELLING CARS) = EMPTY AND MN004_ (EURO
| | | COUNTRY) = 1. Yes
| | |
| | | | AS051M AMOUNT SELLING CARS
| | | | If you sold [this/these] [car/cars] and paid off any debts that you
| | | | may have on [it/them], about how much would be left?
| | | | IWER: AMOUNT IN [{pre-euro currency}]
| | | | enter an amount
| | | |
| | | | ENDIF
| | | |
| | | | CHECK: Please enter a value.
| | | | IF AS051_ (AMOUNT SELLING CARS) = NONRESPONSE OR
| | | | AS051M (AMOUNT SELLING CARS) = NONRESPONSE
| | | |
| | | | | Unfolding Brackets
| | | | |
| | | | | ENDIF
| | | | |
| | | | | ENDIF
| | | | |
| | | | | AS053_ INTRODUCTION 2 TO ASSETS
| | | | | The next questions refer to money that you
| | | | | [or] [your] [husband/wife/partner] may owe. Do not
| | | | | include mortgages or money owed on land, property or firms.

```

| 1. Continue

| **AS054_ OWE MONEY**

| Looking at card 34, which of these types of debts do you

| [or] [your] [husband/wife/partner] currently have, if any?

| IWER: CODE ALL THAT APPLY

| 1. Debt on cars and other vehicles (vans/motorcycles/boats, etc.)

| 2. Overdue bills (phone, electricity, heating)

| 3. Overdue credit cards / store card bills

| 4. Loans (from bank, building society or other financial institution)

| 5. Debts to relatives or friends

| 6. Student loans

| 96. None of these

| 97. Other

CHECK: You cannot select 'None of the above' together with any other answer.
Please change your answer.

| *IF NOT 96. None of these IN AS054_ (OWE MONEY)*

| | **AS055_ AMOUNT OWING MONEY IN TOTAL**

| | How much do you [and] [your] [husband/wife/partner] owe in total?

| | IWER: AMOUNT IN [{local currency}]

| | enter an amount

| | *IF AS055_ (AMOUNT OWING MONEY IN TOTAL) = EMPTY AND*

| | *MN004_ (EURO COUNTRY) = 1. Yes*

| | | **AS055M AMOUNT OWING MONEY IN TOTAL**

| | | How much do you [and] [your] [husband/wife/partner] owe in total?

| | | IWER: AMOUNT IN [{pre-euro currency}]

| | | enter an amount

| | *ENDIF*

CHECK: Please enter a value.

| | *IF AS055_ (AMOUNT OWING MONEY IN TOTAL) = NONRESPONSE OR*

| | *AS055M (AMOUNT OWING MONEY IN TOTAL) = NONRESPONSE*

| | | Unfolding Brackets

| | *ENDIF*

| *ENDIF*

| **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

|
|
ENDIF

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: 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

AC002_ ACTIVITIES IN LAST MONTH

Please look at card 35. Have you done any of these activities in the last month?

IWER: CODE ALL THAT APPLY

1. Done voluntary or charity work
2. Cared for a sick or disabled adult
3. Provided help to family, 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 a religious organization (church, synagogue, mosque etc.)
7. Taken part in a political or community-related organization
96. None of these

CHECK: You cannot select 'None of the above' together with any other answer. Please change your answer.

LOOP cnt = 1 TO 7

|
| *IF cnt IN AC002_(ACTIVITIES IN LAST MONTH)*

||
|| **AC003_ HOW OFTEN ACTIVITY IN THE LAST FOUR WEEKS**

|| How often in the last four weeks [did/have]
|| [you] [do voluntary or charity work/cared for
|| a sick or disabled adult/provided help to family, friends or
|| neighbors/attended an educational or training course/go to a sport,
|| social or other kind of club/taken part in 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 36. For which on the reasons given on this card,

|| if any, [did/have] [you] [do voluntary or charity work/cared for
|| a sick or disabled adult/provided help to family, friends or
|| neighbors/attended an educational or training course/go to a sport,
|| social or other kind of club/taken part in 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. For personal achievement
- || 4. Because I am needed
- || 5. To earn money
- || 6. Because I enjoy it
- || 7. To use my skills or to keep fit
- || 8. Because I feel obligated to do it
- || 96. None of these

CHECK: You cannot select 'None of the above' together with any other answer.
Please change your answer.

| *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 family,
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 cnt = 1 TO 3*

|| *IF cnt 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 family,
|| 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?)

- || 1. Strongly agree
- || 2. Agree
- || 3. Disagree

```

||| 4. Strongly disagree
|||
||| 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 family,
||| 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
|||
||| ENDIF
|||
||| ENDLOOP
|||
||| ENDIF

```

EX001_ INTRODUCTION AND EXAMPLE: SUNNY WEATHER

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 37, 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 37. 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 EURO

Please look at card 37. Within the next ten years, what are the chances that you will receive an inheritance worth more than 50,000 euro (in local currency)?

_____ (0..100)

ENDIF

EX004_ CHANCE OF LEAVING INHERITANCE MORE THAN 50000 EURO

(Please look at card 37.) Including property and other valuables, what

are the chances that you [or] [your] [husband/wife/partner] will leave an inheritance totalling 50,000 euro (in local currency) or more?
_____ (0..100)

IF EX004_ (CHANCE OF LEAVING INHERITANCE MORE THAN 50000 EURO) = 0

|
| **EX005_ CHANCE OF LEAVING ANY INHERITANCE**
| (Please look at card 37.)What are the chances that you
| [or] [your] [husband/wife/partner] will leave any
| inheritance?
| IWER: INCLUDE PROPERTIES AND OTHER VALUABLES
| _____ (0..100)

|
ELSE

|
| *IF EX004_ (CHANCE OF LEAVING INHERITANCE MORE THAN 50000 EURO)*
| *> 0*

|
| **EX006_ CHANCE OF LEAVING INHERITANCE MORE THAN 150000 EURO**
| (Please look at card 37.)What are the chances that you
| [or] [your] [husband/wife/partner] will leave an
| inheritance totalling 150,000 euro (in local currency) or more?
| IWER: INCLUDE PROPERTIES AND OTHER VALUABLES
| _____ (0..100)

|
ENDIF

|
ENDIF

IF EP005_ (CURRENT JOB SITUATION) = 2. Employed or self-employed (including working for family business) OR 1. Public old age pension IN EP098_ (TYPE OF PENSION YOU ARE ENTITLED TO)

|
| **EX007_ GOVERNMENT REDUCES PENSION**
| (Please look at card 37.)What are the chances that before you retire
| the government will reduce the pension which you are entitled to?
| _____ (0..100)

|
| **EX008_ GOVERNMENT RAISES RETIREMENT AGE**
| (Please look at card 37.)What are the chances that before you retire
| the government will raise your retirement age?
| _____ (0..100)

|
ENDIF

EX009_ LIFE EXPECTANCY
(Please look at card 37.)What are the chances that you will live to be age [75/80/85/90/95/100/105/110/120] or more?
_____ (0..100)

EX010_ CHANCES STANDARD OF LIVING WILL BE BETTER

(Please look at card 37.)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

_____ (0..100)

EX011_ CHANCES STANDARD OF LIVING WILL BE WORSE

(Please look at card 37.)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

_____ (0..100)

EX012_ UNEXPECTED GIFT

Finally, imagine you received an unexpected gift of 12,000 euro (in local currency). Please look at card 38. What would you use this money for?

IWER: IF UNCLEAR SAY THAT GIFT IS NET OF TAXES

1. Continue

EX013_ SAVE OR INVEST ANY OF THE GIFT

Would you save or invest any of it?

1. Yes

5. No

IF EX013_ (SAVE OR INVEST ANY OF THE GIFT) = 1. Yes

|

| **EX014_ AMOUNT SAVE OR INVEST OF THE GIFT**

| How much of it would you save or invest?

| IWER: ENTER AN AMOUNT IN [{{local currency}}]

| _____

|

ENDIF

IF EX014_ (AMOUNT SAVE OR INVEST OF THE GIFT) < 12000

|

| **EX015_ USE ANY OF THE GIFT TO PAY OFF DEBTS**

| Would you use any of it to pay off debts?

| 1. Yes

| 5. No

|

| *IF EX015_ (USE ANY OF THE GIFT TO PAY OFF DEBTS) = 1. Yes*

||

|| **EX016_ AMOUNT USING TO PAY OFF DEBTS**

|| How much of it would you use to pay off debts?

|| _____

||

|| *ENDIF*

|

```

| IF EX014_ (AMOUNT SAVE OR INVEST OF THE GIFT) +
| EX016_ (AMOUNT USING TO PAY OFF DEBTS) < 12000
|
| | EX017_ GIVE ANY TO RELATIVES OR DONATION
| | Would you give any of it to relatives or donate any of it?
| | 1. Yes
| | 5. No
|
| | IF EX017_ (GIVE ANY TO RELATIVES OR DONATION) = 1. Yes
| |
| | | EX018_ AMOUNT GIVING TO RELATIVES OR DONATION
| | | How much of it would you give to relatives or donate?
| | | IWER: ENTER AN AMOUNT IN [{local currency}]
| | | _____
| |
| | ENDIF
|
| IF EX014_ (AMOUNT SAVE OR INVEST OF THE GIFT) +
| EX016_ (AMOUNT USING TO PAY OFF DEBTS) + EX018_ (AMOUNT GIVING
| TO RELATIVES OR DONATION) < 12000
|
| | EX019_ USE TO BUY DURABLES
| | Would you use any of it to buy durable items such as a house, car,
| | furniture, or electrical appliances?
| | 1. Yes
| | 5. No
|
| | IF EX019_ (USE TO BUY DURABLES) = 1. Yes
| |
| | | EX020_ AMOUNT USING TO BUY DURABLES
| | | How much of it would you use to buy durable items?
| | | IWER: ENTER AN AMOUNT IN [{local currency}]
| | | _____
| |
| | ENDIF
|
| IF EX014_ (AMOUNT SAVE OR INVEST OF THE GIFT) +
| EX016_ (AMOUNT USING TO PAY OFF DEBTS) + EX018_ (AMOUNT
| GIVING TO RELATIVES OR DONATION) + EX020_ (AMOUNT USING TO
| BUY DURABLES) < 12000
|
| | EX021_ USE FOR HOLIDAY OR JOURNEY
| | Would you use any of it for a holiday trip or journey?
| | 1. Yes
| | 5. No
|
| | IF EX021_ (USE FOR HOLIDAY OR JOURNEY) = 1. Yes
| |
| | | EX022_ AMOUNT FOR HOLIDAY OR JOURNEY
| | | How much of it would you use for a holiday trip or journey?

```

```

||||| IWER: ENTER AN AMOUNT IN [{{local currency}}]
||||| _____
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
| ENDIF
|
ENDIF

```

CHECK: Total of the values should be less or equal to 12000.

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. HAND OUT DROP-OFF QUESTIONNAIRE TO RESPONDENT. FILL IN INITIALS, HOUSEHOLD ID [{{sample id}}] AND RESPONDENT ID [{{respondent id}}].

RANDOM NUMBER: [{{random number 1..12}}]

1. Continue

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. 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?

IWER: LET RESPONDENT SIGN CONSENT STATEMENT IF NECESSARY. IF THE RESPONDENT ASKS OR HESITATES, SAY THAT HE/SHE CAN STILL SAY NO AT THE TIME WHEN RECONTACTING

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 DN038_(WHO ANSWERED THE QUESTIONS IN DN) = 3. Proxy only OR PH054_(WHO ANSWERED THE QUESTIONS IN PH) = 3. Proxy only OR

*BR017_(WHO ANSWERED THE QUESTIONS IN BR) = 3. Proxy only OR
HC063_(WHO ANSWERED THE QUESTIONS IN HC) = 3. Proxy only OR
EP210_(WHO ANSWERED THE QUESTIONS IN EP) = 3. Proxy only OR
CH023_(WHO ANSWERED THE QUESTIONS IN CH) = 3. Proxy only OR
SP022_(WHO ANSWERED THE QUESTIONS IN SP) = 3. Proxy only OR
FT021_(WHO ANSWERED THE QUESTIONS IN FT) = 3. Proxy only OR
HO041_(WHO ANSWERED THE QUESTIONS IN HO) = 3. Proxy only OR
HH014_(WHO ANSWERED THE QUESTIONS IN HH) = 3. Proxy only OR
CO009_(WHO ANSWERED THE QUESTIONS IN CO) = 3. Proxy only OR
AS057_(WHO ANSWERED THE QUESTIONS IN AS) = 3. Proxy only*

| **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 respondent}]?

- | 1. Spouse/Partner
- | 2. Child/child-in-law
- | 3. Parent/ Parent-in-law
- | 4. Sibling
- | 5. Grand-child
- | 6. Other relative
- | 7. Nursing home staff
- | 8. Home helper
- | 9. Friend/acquaintance
- | 10. Other

|
ENDIF

IV002_ THIRD PERSONS PRESENT

Were any third persons, except proxy respondents, 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
Number of answers in IV002_ = 1)*

| **IV003_ INTERVENED IN INTERVIEW**

| Have these persons intervened in the interview?

- | 1. Yes, often
- | 2. Yes, occasionally
- | 3. No

|
ENDIF

IV004_ 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

|

| **IV005_ 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 HO001_ (INTERVIEW IN HOUSE OF RESPONDENT) = 1. Yes*

|

| **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_ (TYPE OF BUILDING) = 5. A building with 9 or more flats but*

| *no more than 8 floors*

|

| **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:

| _____

| **IV013_ SEX OF INTERVIEWER**

| Finally, we would like to ask you to provide a few details about you.

| What is your sex?

- | 1. Male
- | 2. Female

| **IV014_ AGE OF INTERVIEWER**

| What is your age?

| _____ (15..99)

| **IV015_ HIGHEST SCHOOL INTERVIEWER**

| What is the highest school certificate or degree that you have obtained?

- | 1. Comprehensive school
- | 2. Grammar school (not fee-paying)
- | 3. Fee-paying grammar school
- | 4. Sixth form College/Tertiary College
- | 5. Public or other private school
- | 6. Elementary school
- | 7. Secondary modern/secondary school
- | 8. Technical school (not college)
- | 96. None
- | 97. Other type (also abroad)

| **IV016_ DEGREE OF EDUCATION INTERVIEWER**

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

| IWER: CODE ALL THAT APPLY

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

| **IV017_ OUTRA IV**

| Thank you very much for completing this section.

- | 1. Continue

```
|  
ELSE  
|  
ENDIF
```