



Drop-Off ID

Survey of Health, Ageing and Retirement in Europe

2017

Self-administered questionnaire

Respondent ID: — —

Name/Initials:

Interview date : / /

IWER-ID:

How to FILL IN this questionnaire

Most of the questions on the following pages can be answered by simply checking the box below or alongside the answer that applies to you.

Please check ONE (1) box:

Correct or
Incorrect

Please proceed question by question. Skip questions only if there is an explicit instruction to do so.

Example:

Do you have children?

- Yes > ► **If you check "Yes" in this example, you go on to the next question**
- No > GO TO QUESTION .
- **If you check "No" in this example, you go on to the question given in the instruction box!**

How to RETURN this Questionnaire

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to him or her. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can.

ALL YOUR ANSWERS WILL REMAIN CONFIDENTIAL.

1. At the end of the interview, we asked you about your expectations to live until a given age. Now we would like to ask you until what age you wish to live. Thus, if you could decide, until what age would you like to live?

I would like to live **until age** I don't know

2. Thinking about your life TODAY, how important is each of the following aspects of life for you these days?

(Please tick one box in each row)

	Not at all important	Not very important	Important	Very important	Absolutely critical
2a) Standard of living	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2b) Personal safety	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2c) Health and healthy lifestyle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2d) Partnership and family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2e) Friends and social relationships	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2f) Community participation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2g) Free time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2h) Religious beliefs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2i) Professional career and achievement (current or past job)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2j) Personal development and growth (having new experiences, learning new things)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2k) Making a difference	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2l) Enjoying myself in everyday life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

3. Thinking back about your life when you were 25 YEARS OLD, how important were each of the following aspects of life for you then?

(Please tick one box in each row)

	Not at all important	Not very important	Important	Very important	Absolutely critical
3a) Standard of living	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3b) Personal safety	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3c) Health and healthy lifestyle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3d) Partnership and family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3e) Friends and social relationships	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3f) Community participation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3g) Free time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3h) Religious beliefs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3i) Professional career	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3j) Personal development and growth (having new experiences, learning new things)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3k) Making a difference	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3l) Enjoying myself in everyday life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

4. Looking back at your life, how much do you regret...

(Please tick one box in each row)

		No regret	Slight regret	Moderate regret	Strong regret	Very strong regret
4a)	...the way you have handled your personal finances	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4b)	...decisions you have made about your education	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4c)	...decisions you have made that related to your job and career	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4d)	...decisions you have made that affect your family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4e)	...the way you have handled friendships and social relationships	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4f)	...decisions you have made that affect your health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4g)	...the way you pursued your leisure or free time like	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4h)	...the way you have handled yourself like not being more independent, not being more outspoken, not being more agreeable, not being more spiritual, or not contributing more to society	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4i)	...did not focus enough on the joys of everyday.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4j)	...having made wrong choices in life in general.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

5. How satisfied you are with your current life and specific aspects of it?

(Please tick one box in each row)

		Not at all satisfied	Not very satisfied	Satisfied	Very satisfied	Completely satisfied
5a)	Life as a whole taking all things together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5b)	Standard of living	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5c)	Personal safety	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5d)	Health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5e)	Family relationships	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5f)	Friends and social relationships	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5g)	Home/residence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5h)	Neighborhood/Local environment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5i)	Amount of free time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5j)	Overall achievements in life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

6. We would like to ask you a few questions about YESTERDAY. Please take a short moment to first recall your activities and experiences yesterday. Which day of the week was yesterday?

- ₁ Monday
- ₂ Tuesday
- ₃ Wednesday
- ₄ Thursday
- ₅ Friday
- ₆ Saturday
- ₇ Sunday

7. How often, if at all, did you experience the following feelings YESTERDAY?

(Please tick one box in each row)

	Never	Rarely	Some of the time	Often	Almost all the time
7a) Enjoyment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7b) Calm/Relaxed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7c) Worry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7d) Sadness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7e) Happiness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7f) Anger	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7g) Stress/rush	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7h) Tiredness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7i) Hope	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7j) Gratitude	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7k) Shame	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7l) Love	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7m) Boredom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7n) Pain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7o) Irritability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7p) Content	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7q) Frustration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7r) Motivation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7s) Resignation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7t) Hostility	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7u) Nervousness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7v) Loneliness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7w) Reward	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7x) Purpose	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

8. Still thinking about yesterday, how much time did you spend on...

Please enter the number of hours and minutes spent on each activity. For example, if you spent one and a half hours on an activity, enter 1 for the hours and 30 for the minutes. Please enter 0 in the hours and minutes if you haven't done the activity. Also note that activities are not mutually exclusive. For example, if you have spent an hour reading a book alone at home, please indicate the length of time in both the "reading books, newspapers or magazines" category and the "staying home alone" category.

8a) ...doing housework or yardwork such as cooking, cleaning, gardening etc.	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8b) ...working for pay	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8c) ...caring for a sick or disabled/frail person	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8d) ...volunteering	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8e) ...going for a walk or exercising	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8f) ...healthcare and self-care such as grooming, visiting a doctor etc.	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8g) ...traveling or commuting	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8h) ...watching television	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8i) ...listening to the radio	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8j) ...reading books, newspapers or magazines	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8k) ...using a computer or the Internet	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8l) ...spending time with/calling family	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8m) ...spending time with/calling friends	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes
8n) ...staying home alone	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> minutes

9. Was yesterday a normal day for you or did something unusual happen?

(Please tick the one that applies)

- ₁ Yes – just a normal day
- ₂ No, my day included unusual negative things
- ₃ No, my day included unusual positive things

10. In an average month, how often, if at all, do you have in-depth conversations about important things like your wishes, hopes or fears with any of the following persons?

(Please tick one box in each row)

	Never	Rarely	Some time	Often	Very often	Not applicable
10a) Spouse or partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
10b) Children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
10c) Grandchildren	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
10b) Other family such as siblings etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
10c) Friends and acquaintances	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

11. Do you and/or any other household member suffer any of the following allergies?

(Please tick all boxes that apply in each row)

	Myself	Other household member	No one in the household
11a) Hayfever, pollen, grass	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
11b) Dust	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
11c) Animal hair	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
11d) Mold	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
11e) Foods (e.g. nuts, shellfish, egg, wheat)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
11f) Medicines/drugs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁

12. Do you currently have one or more of the following pets in your household?

(Please tick all that apply)

- 12a) Dog
- 12b) Cat
- 12c) Bird
- 12d) Fish
- 12e) Other pets, please specify:

- 2f) No pets in the household → GO TO QUESTION **16.**

13. Whose decision was it to get the pet(s)?

(Please tick one answer that applies)

- 13a) My decision alone
- 13b) A joint decision of me and someone else
- 13c) Someone else's decision alone
- 13d) Don't know

14. Who is mainly responsible for taking care of the pet(s)?

(Please tick one answer that applies)

- 14a) Me alone
- 14b) Me and someone else
- 14c) Someone else alone
- 14d) Don't know

15. Please tell us how much you personally agree or disagree with each statement regarding your relationship between you and your pet(s) (even if you are not personally taking care of them).

(Please tick one box in each row)

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
15a)	I enjoy having my pet(s) around	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15b)	I love my pet(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15c)	My pet(s) give me companionship	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15d)	It is very expensive to take care of my pet(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15e)	I love to take care of my pet(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15f)	My pet(s) is/are my friend(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15g)	I talk to my pet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15h)	My pet(s) add to my happiness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15i)	I often play with my pet(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15j)	I talk to others about my pet(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15k)	My pet(s) makes me go outside more frequently	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15l)	My pet(s) help me to engage with other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15m)	My pet knows how I feel about things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15n)	My pet(s) go(es) on my nerves	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15o)	It is very hard work to take care of my pet(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

16. Finally, could you please indicate your gender and year of birth:

a) I am....

₁ A man

₂ A woman

b) I was born in (year).

Thank you very much for having taken the time to answer our questions.

Please give this questionnaire back to the interviewer or return it by mail using the pre-paid envelope at the survey institute.