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Respondent ID										First Name/Initials	
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Interview Date:

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Interviewer ID: _____

"50+ in Europe"

***The Survey of Health,
Ageing and Retirement in Europe***

2017

Questionnaire

Dear Sir or Madam,

long-term care of elderly people is an important concern in Slovenia and nowadays society. Due to illness, invalidism, old age and many other reasons, elderly people often rely (permanently or repeatedly) on help from other people, receiving support with basic activities of daily living (i.e. getting dressed, bathing, eating, walking and transferring, toileting, maintaining continence) and/or when performing instrumental activities of daily living (i.e., taking medications as prescribed, shopping, laundry, cleaning, cooking, doing other housework, managing finances, using the telephone). Demographic changes, such as ageing population, will continue to considerably affect the extent of formal and informal care of elderly people and the intensity of intergenerational solidarity for decades to come.

In the following survey, we would like to ask you about your time allocation among different daily activities (i.e. paid and unpaid work, leisure time and personal care including sleeping). Additionally, we would like to learn how much time you devote to help others and to what extent you rely on help from others when performing daily activities.

We thank you for your participation in this survey!

The survey consists of two parts. In the first part we would like to determine how individuals allocate their time among different daily activities, while the second part focuses on the amount of time that individuals dedicate to child/adult-care. Please start filling out the first part of the survey – the table.

FIRST PART OF THE SURVEY

Please, specify how you allocated your yesterday's 24-hours among certain activities (colour or cross out each box). Please round up your answers to 10-minute intervals (each box represents 10 minutes of a day).

→ Turn to the next page

Hour		0:00	1:00	2:00
1. PERSONAL CARE	1.1 SLEEPING AND NAPPING			
	1.2 REST DUE TO ILLNESS			
	1.3 EATING AND SELFCARE (washing, showering, dressing, personal services - doctor, hairdresser, etc.; including transportation)			
2. PAID WORK	2.1 PAID WORK, BREAKS AND MEALS AT WORK, COMMUTE TO/FROM WORK, SEARCHING FOR WORK			
3. UNPAID WORK (only work that you have done yourself and not somebody else for you); including transportation	3.1 FOOD PREPARATION (cooking, baking, washing the dishes, etc.); DO NOT INCLUDE eating!			
	3.2 LAUNDRY, IRONING, CLOTHING MAINTENANCE, CLEANING, HEATING, OTHER DOMESTIC WORK ETC.			
	3.3 GARDENING/LANDSCAPING/PETCARE (including walking the dog, beekeeping, fishing, hunting, picking mushrooms etc.)			
	3.4 HOME/VEHICLE REPAIRING AND MAINTENANCE			
	3.5 HOUSEHOLD RELATED SHOPPING (food, household appliances, etc.) AND ERRANDS AT THE POST OFFICE, BANK ETC.			
	3.6 CARE FOR CHILDREN/(GREAT-) GRANDCHILDREN <u>if they are younger than 18 years</u> (physical/medical childcare, supervision, playing with, reading to a child, help with homework, etc.); DO NOT INCLUDE cooking!			
	3.7a HELPING ANOTHER ADULT PERSON (18+) perform <u>basic activities of daily living</u> (eating, bathing, washing, getting dressed, moving around the room, getting into and out of bed, using the bathroom, maintaining continence); DO NOT INCLUDE help with instrumental activities of daily living!			
	3.7b HELPING ANOTHER ADULT PERSON (18+) perform <u>instrumental activities of daily living</u> (preparing meals, housework, laundry, taking medications, shopping, use of telephone, transportation); DO NOT INCLUDE help with basic activities of daily living!			
	3.8 OTHER HELP AND VOLUNTARY WORK that is not included above in points 3.6 to 3.7b			
4. LEISURE TIME (including transportation)	4.1 SPORT (cycling, horseback riding, walking, mountaineering, dancing, etc.) OR EXERCISE, MEDITATION, YOGA, SPORT EXCURSION ETC.			
	4.2 HOBBIES (knitting, playing instruments, choir, crafts, etc.), READING, SOLVING CROSSWORDS, PLAYING CHESS OR GAMES, WRITING LETTERS, ETC.			
	4.3 ATTENDING SPORTING, CULTURAL, RELIGIOUS, ARTISTIC AND OTHER EVENTS, SPENDING TIME WITH FRIENDS/NEIGHBOURS/ACQUAINTANCES, ETC.			
	4.4 WATCHING TV, LISTENING TO THE RADIO, USING COMPUTER (e-mail, internet, computer games, etc.), RESTING, OTHER LEISURE ACTIVITIES			
Other (specify)				
Don't know				
Refuse to say				

3:00	4:00	5:00	6:00	7:00	8:00	9:00
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SECOND PART OF THE SURVEY

In the following section we focus on **the amount of time** you spent **yesterday** caring for other people (unpaid work) or the amount of time you yourself received help from other people. Also, we are interested in who **received** your help or **from whom** you yourself received help. Considering the help offered or received from adults, we are only interested in help with basic and instrumental activities of daily living.

1. Did you take care of children/(great-) grandchildren, if they are younger than 18 years (health and other care, supervision, companion, play, reading, help with homework)?

Yes → continue completing the table

No → go to question No. 2

Child	1	2	3	4	5	6	7
a) Time spent	$\frac{\quad}{\text{h:min}}$	$\frac{\quad}{\text{h:min}}$	$\frac{\quad}{\text{h:min}}$	$\frac{\quad}{\text{h:min}}$	$\frac{\quad}{\text{h:min}}$	$\frac{\quad}{\text{h:min}}$	$\frac{\quad}{\text{h:min}}$
b) Age	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
c) Gender	M/F	M/F	M/F	M/F	M/F	M/F	M/F
d) Is child living in the same household?	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no

2. Did you help another adult person (18+) perform basic activities of daily living (eating, bathing, washing, getting dressed, moving around the room, getting into and out of bed, using bathroom and control of urinary incontinence)? DO NOT INCLUDE help with instrumental activities of daily living!

Yes → continue completing the table

No → go to question No. 3

Person (Showcard 1)	_____	_____	_____	_____	_____
a) Time spent	$\frac{\quad}{\text{h : min}}$	$\frac{\quad}{\text{h : min}}$	$\frac{\quad}{\text{h : min}}$	$\frac{\quad}{\text{h : min}}$	$\frac{\quad}{\text{h : min}}$
b) Age	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
c) Gender	M/F	M/F	M/F	M/F	M/F
d) Is person living in the same household?	yes/no	yes/no	yes/no	yes/no	yes/no

3. Did you help another adult person (18+) perform instrumental activities of daily living (preparing meals, housework, laundry, taking medications, shopping, use of telephone, transportation)? **DO NOT INCLUDE** help with basic activities of daily living!

Yes → continue completing the table

No → go to question No. 4

Person (Showcard 1)	_____	_____	_____	_____	_____
a) Time spent	____:____ h : min	____:____ h : min	____:____ h : min	____:____ h : min	____:____ h : min
b) Age	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
c) Gender	M/F	M/F	M/F	M/F	M/F
d) Is person living in the same household?	yes/no	yes/no	yes/no	yes/no	yes/no

4. Did you receive help from other people in performing basic activities of daily living (eating, bathing, washing, getting dressed, moving around the room, getting into and out of bed, using bathroom and control of urinary incontinence)? **DO NOT INCLUDE** help with instrumental activities of daily living!

All professional trained workers (e.g. home care nurse, home care providers, personal or family assistants) as well as household members (e.g. husband to wife, child to mother, etc.), other relatives, friends, etc., are counted.

Yes → continue completing the table

No → go to question No. 5

Person (informal care - see Showcard 1)	_____	_____	_____	_____	_____
a) Time received	____:____ h : min	____:____ h : min	____:____ h : min	____:____ h : min	____:____ h : min
b) Age	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
c) Gender	M/F	M/F	M/F	M/F	M/F
d) Is person living in the same household?	yes/no	yes/no	yes/no	yes/no	yes/no

5. Did you receive help from other people in performing instrumental activities of daily living (cooking, cleaning, laundry, taking medications as prescribed, shopping, using the telephone, transportation)? **DO NOT INCLUDE** help with basic activities of daily living!

All professional trained workers (e.g. home care nurse, home care providers, personal or family assistants) as well as household members (e.g. husband to wife, child to mother, etc.),

other relatives, friends, etc., are counted.

Yes → continue completing the table

No → go to question No. 6

Person

(informal care - see
Showcard 1)

a) Time received

_____ : _____ _____ : _____ _____ : _____ _____ : _____ _____ : _____
h : min h : min h : min h : min h : min

b) Age

years years years years years

c) Gender

M/F M/F M/F M/F M/F

d) Is person living in
the same household?

yes/no yes/no yes/no yes/no yes/no

6. Special events

a) How many days in the **past 12 months** did you spend
on holidays outside your home/place of residence?

days

b) **In the past 12 months, did you visit your child/
(great-) grandchild** who is less than 18 years old **or**
did your child/(great-) grandchild visit you so that
you could take care of him or her? *Consider all visits,*
including short ones.

yes/no

b1) If yes, **how many days** in the past 12 months? Sum
up days, if more than one child/(great-) grandchild.

days

b2) On those days, about **how many hours** did you
spend taking care of a child/(great-) grandchild? *The*
time of active engagement with the child.

hours

c) **In the past 12 months, did you visit an elderly
parent or did your elderly parent visit you** so that
you could take care of him or her? *Consider all visits,*
including short ones.

Yes/no

c1) If yes, **how many days** in the past 12 months?

days

c2) On those days, about **how many hours** did you
spend taking care of an elderly parent?

hours

7. Finally, please fill in your gender and year of birth:

a) Your sex: Male Female

b) You were born in year?

Thank you for taking the time to complete the survey!

Please, return the completed questionnaire using envelope provided to:

Ipsos d.o.o.

Za: ga. Kaja Vimer

Šmartinska 152

1000 Ljubljana

Slovenija