

Share w2 Questionnaire version 2.7 2006-09-21

IF INTERVIEW MODE = 1. Individual. Single

|

ELSE

|

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

||

|| **CM003_ CHOICE RESPONDENT FINANCE**

|| Later in this interview, we will be asking questions about household and family finances, for example about your savings for old-age and financial

|| support to children and other relatives. We only need to ask these questions of one of you.

Which of you would be the most able one to answer

|| questions about your finances?

|| **IWER:CODE ONE ONLY FINANCIAL RESPONDENT**

|| 1. Name of person 1

|| 2. Name of person 2

||

| *ELSE*

||

||

| *ENDIF*

|

ENDIF

IF MN101_ (MN101_Longitudinal) = 0

|

|

ENDIF

DN001_ INTRO DEMOGRAPHICS

Let me just repeat that this interview is voluntary and confidential. Your answers will be used only for research purposes. If we should come to any

question you don't want to answer, just let me know and I will go on to the next question.

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

1. Continue

DN042_ MALE OR FEMALE

OBSERVATION

IWER:NOTE SEX OF RESPONDENT FROM OBSERVATION (ASK IF UNSURE)

1. Male

2. Female

DN043_ CONFIRM MONTH/YEAR BIRTH

Can I just confirm? You were born in [{month of birth respondent}] [{year of birth respondent}]?

1. Yes

5. No

IF DN043_ (CONFIRM MONTH/YEAR BIRTH) = 1. Yes

ELSE

IF DN043_ (CONFIRM MONTH/YEAR BIRTH) = 5. No

DN002_ MONTH OF BIRTH

In which month and year were you born? MONTH: YEAR:

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

DN003_ YEAR OF BIRTH

In which month and year were you born? MONTH: [{month of birth}] YEAR:
(1900..2007)

ENDIF

ENDIF

IF MN101_ (MN101_Longitudinal) = 0

DN004_ COUNTRY OF BIRTH

Were you born in 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..2008)

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*

| **DN009_ WHERE LIVED SINCE 1989**

| Where have you lived on November 1st 1989, that is before the Berlin wall came down - in the GDR, in the FRG, or elsewhere?

- | 1. GDR
- | 2. FRG
- | 3. Elsewhere

| **DN010_ HIGHEST EDUCATIONAL DEGREE OBTAINED**

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

- | 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*

|

ENDIF

DN041_ YEARS EDUCATION

How many years have you been in full time education?

_____ (0..25)

IF MN101_ (MN101_Longitudinal) = 1

|

| **DN044_ MARITAL STATUS**

| Since our last interview in [{month year previous interview}], has your marital status changed?

| 1. Yes, marital status has changed

| 5. No, marital status has not changed

|

ENDIF

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

|

| **DN014_ MARITAL STATUS**

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

| 1. Married and living together with spouse

| 2. 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**

||| In which year did you get married?

||| (1890..2007)

|||

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

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| | ENDIF
| |
| | ENDIF
| |
| | IF DN014_MaritalStatus.ORD = 2
| |
| | DN016_ YEAR OF REGISTERED PARTNERSHIP
| | In which year did you register your partnership?
| | (1890..2007)
| |
| | ELSE
| |
| | IF DN014_ (MARITAL STATUS) = 3. Married, living separated from spouse
| |
| | DN017_ YEAR OF MARRIAGE
| | In which year did you get married?
| | (1890..2007)
| |
| | ELSE
| |
| | IF DN014_ (MARITAL STATUS) = 5. Divorced
| |
| | DN018_ SINCE WHEN DIVORCED
| | In which year did you get divorced?
| | IWER:IF MORE THAN ONE DIVORCE ENTER YEAR OF LAST DIVORCE
| | (1890..2007)
| |
| | ELSE
| |
| | IF DN014_ (MARITAL STATUS) = 6. Widowed
| |
| | DN019_ SINCE WHEN WIDOWED
| | In which year did you become a [widow/widower]?
| | IWER:ENTER YEAR OF DEATH PARTNER
| | (1890..2007)
| |
| | ENDIF
| |
| | ENDIF
| |
| | ENDIF
| |
| | ENDIF
| |
| | IF MN101_ (MN101_Longitudinal) = 0 AND DN014_ (MARITAL STATUS) = 3. Married,
| | living separated from spouse OR DN014_ (MARITAL
| | STATUS) = 5. Divorced OR DN014_ (MARITAL STATUS) = 6. Widowed
| |
| | DN020_ AGE OF PARTNER
| | In which year was [your/your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late]
| | [husband/wife/husband/wife/husband/wife] born?

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|| IWER:RECORD BIRTHYEAR OF MOST RECENT SPOUSE

|| (1875..2008)

||

|| **DN021_ HIGHEST EDUCATIONAL DEGREE OF PARTNER**

|| Please look at card 5.What is the highest school certificate or degree that

[your/your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late]

|| [husband/wife/husband/wife/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 PARTNER) = 97. Other type (or abroad)*

|||

||| **DN022_ OTHER HIGHEST EDUCATIONAL DEGREE PARTNER OBTAINED**

||| Which other school certificate or degree has [your/your/your/your/your/your]

[{empty}/{empty}/ex-/ex-/late/late]

||| [husband/wife/husband/wife/husband/wife] obtained?

||| _____

|||

|| *ENDIF*

||

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

|| Please look at card 6.Which degrees of higher education or vocational training does

[your/your/your/your/your/your]

|| [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/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/your/your/your/your/your]

[{empty}/{empty}/ex-/ex-/late/late]

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||| [husband/wife/husband/wife/husband/wife] have?
||| _____
|||
||| ENDIF
|||
||| DN025_ LAST JOB OF PARTNER
||| What is the most recent job [your/your/your/your/your/your] [{empty}/{empty}/ex-/ex-
/late/late] [husband/wife/husband/wife/husband/wife] had? Please
||| give the exact description.
||| IWER:E.G. NOT "CLERK" BUT "FORWARDING MERCHANT", NOT "WORKER"
BUT "ENGINE FITTER". IN CASE OF A CIVIL SERVANT, PLEASE GET FIRST
OFFICIAL
||| TITLE, E.G. "POLICE CONSTABLE" OR "STUDENT TEACHER". ONLY IF PERSON
NEVER HAD ANY OCCUPATION, ENTER "HOUSEWIFE/-HUSBAND".
||| _____
|||
||| ENDIF
|||
||| IF MN002_Person[1].MaritalStatus = a3
|||
||| DN040_ PARTNER OUTSIDE HOUSEHOLD
||| Do you have a partner who lives outside this household?
||| 1. Yes
||| 5. No
|||
||| ENDIF
|||
||| ENDIF

IF MN101_ (MN101_Longitudinal) = 0 OR MN101_ (MN101_Longitudinal) = 1 AND
Preload.W1_DN036_HowManyBrothersAlive <> 0 OR
Preload.W1_DN037_HowManySistersAlive <> 0 OR
Preload.W1_DN026_NaturalParentAlive[1] <> 5 OR
Preload.W1_DN026_NaturalParentAlive[2] <> 5
|||
||| DN039_ INTRODUCTION PARENTS SIBLINGS
||| Now, I have some questions about your parents and siblings.
||| 1. Continue
|||
||| ENDIF

IF Preload.W1_DN026_NaturalParentAlive[1] <> a5
|||
||| IF MN016_ (MOTHER IN HOUSEHOLD) = 5 AND RESPONDENT ID = 1
|||
||| DN026_ IS NATURAL PARENT STILL ALIVE
||| Is [your/your] [natural/natural] [mother/father] still alive?
||| 1. Yes
||| 5. No
|||
||| IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 5. No

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|||
||| DN027_ AGE OF DEATH OF PARENT
||| How old was [your/your] [mother/father] when [she/he] died?
||| _____ (10..120)
|||
||| ELSE
|||
||| IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes AND
MN101_ (MN101_Longitudinal) = 0
|||
||| DN028_ AGE OF NATURAL PARENT
||| How old is [your/your] [mother/father] now?
||| _____ (18..120)
|||
CHK: DN028_AgeOfNaturalParent >= (MN808_AgeRespondent + 10) MAIN
"^FLError[24]"
||| ENDIF
|||
||| ENDIF
|||
||| IF MN101_ (MN101_Longitudinal) = 0
|||
||| DN029_ LAST JOB OR OCCUPATION OF PARENT
||| What is or was the last job [your/your] [mother/father] had? Please give the exact
description.
||| IWER:E.G. NOT "CLERK" BUT "FORWARDING MERCHANT", NOT "WORKER"
BUT "ENGINE FITTER". IN CASE OF A CIVIL SERVANT, PLEASE GET FIRST
OFFICIAL
||| TITLE, E.G. "POLICE CONSTABLE" OR "STUDENT TEACHER". ONLY IF PERSON
DID NEVER DO ANY WORK FOR PAY, ENTER "HOUSEWIFE/-HUSBAND".
||| _____
|||
||| ENDIF
|||
||| IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes
|||
||| DN030_ WHERE DOES PARENT LIVE
||| Please look at card 7. Where does [your/your] [mother/father] live?
||| 1. In the same household
||| 2. In the same building
||| 3. Less than 1 kilometre 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_LivingPlaceParent.ORD = 9
|||
||| DN031_ WHICH COUNTRY

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||| Which country is it?

||| _____

||| *ENDIF*

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

||| **DN032_ PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS**

||| During the past twelve months, how often did you have contact with [your/your] [mother/father], either personally, by phone or mail?

||| IWER:ANY KIND OF CONTACT, INCLUDING FOR EXAMPLE E-MAIL, SMS OR MMS

||| 1. Daily

||| 2. Several times a week

||| 3. About once a week

||| 4. About every two weeks

||| 5. About once a month

||| 6. Less than once a month

||| 7. Never

||| *ENDIF*

||| **DN033_ HEALTH OF PARENT**

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

||| IWER:READ OUT

||| 1. Excellent

||| 2. Very good

||| 3. Good

||| 4. Fair

||| 5. Poor

||| *ENDIF*

||| *ELSE*

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

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

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

||| 1. Yes

||| 5. No

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

||| **DN027_ AGE OF DEATH OF PARENT**

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

||| _____ (10..120)

||| *ELSE*

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

MN101_ (MN101_Longitudinal) = 0

||||

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

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

|||| _____ (18..120)

||||

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

|||| *ENDIF*

||||

|||| *ENDIF*

||||

|||| *IF MN101_ (MN101_Longitudinal) = 0*

||||

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

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

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

|||| TITLE, E.G. "POLICE CONSTABLE" OR "STUDENT TEACHER". ONLY IF PERSON DID NEVER DO ANY WORK FOR PAY, ENTER "HOUSEWIFE/-HUSBAND".

|||| _____

||||

|||| *ENDIF*

||||

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

||||

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

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

|||| 1. In the same household

|||| 2. In the same building

|||| 3. Less than 1 kilometre 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_LivingPlaceParent.ORD = 9*

||||

|||| **DN031_ WHICH COUNTRY**

|||| Which country is it?

|||| _____

||||

|||| *ENDIF*

||||

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

||||

|||| **DN032_ PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS**

||||| During the past twelve months, how often did you have contact with [your/your]
[mother/father], either personally, by phone or mail?
||||| IWER:ANY KIND OF CONTACT, INCLUDING FOR EXAMPLE E-MAIL, SMS OR
MMS

- ||||| 1. Daily
- ||||| 2. Several times a week
- ||||| 3. About once a week
- ||||| 4. About every two weeks
- ||||| 5. About once a month
- ||||| 6. Less than once a month
- ||||| 7. Never

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

||||| **DN033_ HEALTH OF PARENT**

||||| How would you describe the health of [your/your] [mother/father]? Would you say it is
||||| IWER:READ OUT

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

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

||| *ELSE*

||||| *IF RESPONDENT ID > 2*

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

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

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

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

||||| **DN027_ AGE OF DEATH OF PARENT**

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

||||| _____ (10..120)

|||||
||||| *ELSE*

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

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

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

||||| _____ (18..120)

|||||

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

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||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF MN101_ (MN101_Longitudinal) = 0
|||||
||||| DN029_ LAST JOB OR OCCUPATION OF PARENT
||||| What is or was the last job [your/your] [mother/father] had? Please give the exact
description.
||||| IWER:E.G. NOT "CLERK" BUT "FORWARDING MERCHANT", NOT "WORKER"
BUT "ENGINE FITTER". IN CASE OF A CIVIL SERVANT, PLEASE GET FIRST
OFFICIAL
||||| TITLE, E.G. "POLICE CONSTABLE" OR "STUDENT TEACHER". ONLY IF
PERSON DID NEVER DO ANY WORK FOR PAY, ENTER "HOUSEWIFE/-HUSBAND".
||||| _____
|||||
||||| ENDIF
|||||
||||| IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes
|||||
||||| DN030_ WHERE DOES PARENT LIVE
||||| Please look at card 7. Where does [your/your] [mother/father] live?
||||| 1. In the same household
||||| 2. In the same building
||||| 3. Less than 1 kilometre 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_LivingPlaceParent.ORD = 9
|||||
||||| DN031_ WHICH COUNTRY
||||| Which country is it?
||||| _____
|||||
||||| ENDIF
|||||
||||| IF DN030_ (WHERE DOES PARENT LIVE) > 1. In the same household
|||||
||||| DN032_ PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS
||||| During the past twelve months, how often did you have contact with [your/your]
[mother/father], either personally, by phone or mail?
||||| IWER:ANY KIND OF CONTACT, INCLUDING FOR EXAMPLE E-MAIL, SMS
OR MMS
||||| 1. Daily
||||| 2. Several times a week
||||| 3. About once a week
||||| 4. About every two weeks

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||||| 5. About once a month
||||| 6. Less than once a month
||||| 7. Never
|||||
||||| ENDIF
|||||
||||| DN033_ HEALTH OF PARENT
||||| How would you describe the health of [your/your] [mother/father]? Would you say it is
||||| IWER:READ OUT
||||| 1. Excellent
||||| 2. Very good
||||| 3. Good
||||| 4. Fair
||||| 5. Poor
|||||
||||| ENDIF
|||||
||| ENDIF
|||
| ENDIF
|
| ENDIF
|
ENDIF

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IF Preload.W1_DN026_NaturalParentAlive[2] <> a5

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

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

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

|| 1. Yes

|| 5. No

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

|| **DN027_ AGE OF DEATH OF PARENT**

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

|| _____ (10..120)

|| *ELSE*

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

MN101_ (MN101_Longitudinal) = 0

|| **DN028_ AGE OF NATURAL PARENT**

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

|| _____ (18..120)

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

||| *ENDIF*
|||
||| *ENDIF*
|||
||| *IF MN101_ (MN101_Longitudinal) = 0*
|||
||| **DN029_ LAST JOB OR OCCUPATION OF PARENT**
||| What is or was the last job [your/your] [mother/father] had? Please give the exact description.
||| IWER:E.G. NOT "CLERK" BUT "FORWARDING MERCHANT", NOT "WORKER" BUT "ENGINE FITTER". IN CASE OF A CIVIL SERVANT, PLEASE GET FIRST OFFICIAL
||| TITLE, E.G. "POLICE CONSTABLE" OR "STUDENT TEACHER". ONLY IF PERSON DID NEVER DO ANY WORK FOR PAY, ENTER "HOUSEWIFE/-HUSBAND".
||| _____
|||
||| *ENDIF*
|||
||| *IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes*
|||
||| **DN030_ WHERE DOES PARENT LIVE**
||| Please look at card 7. Where does [your/your] [mother/father] live?
||| 1. In the same household
||| 2. In the same building
||| 3. Less than 1 kilometre 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_LivingPlaceParent.ORD = 9*
|||
||| **DN031_ WHICH COUNTRY**
||| Which country is it?
||| _____
|||
||| *ENDIF*
|||
||| *IF DN030_ (WHERE DOES PARENT LIVE) > 1. In the same household*
|||
||| **DN032_ PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS**
||| During the past twelve months, how often did you have contact with [your/your] [mother/father], either personally, by phone or mail?
||| IWER:ANY KIND OF CONTACT, INCLUDING FOR EXAMPLE E-MAIL, SMS OR MMS
||| 1. Daily
||| 2. Several times a week
||| 3. About once a week
||| 4. About every two weeks

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||| 5. About once a month
||| 6. Less than once a month
||| 7. Never
|||
||| ENDIF
|||
||| DN033_ HEALTH OF PARENT
||| How would you describe the health of [your/your] [mother/father]? Would you say it is
||| IWER:READ OUT
||| 1. Excellent
||| 2. Very good
||| 3. Good
||| 4. Fair
||| 5. Poor
|||
||| ENDIF
|||
||| ELSE
|||
||| IF MN019_ (FATHER IN LAW IN HOUSEHOLD) = 5 AND RESPONDENT ID = 2
|||
||| DN026_ IS NATURAL PARENT STILL ALIVE
||| Is [your/your] [natural/natural] [mother/father] still alive?
||| 1. Yes
||| 5. No
|||
||| IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 5. No
|||
||| DN027_ AGE OF DEATH OF PARENT
||| How old was [your/your] [mother/father] when [she/he] died?
||| _____ (10..120)
|||
||| ELSE
|||
||| IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes AND
||| MN101_ (MN101_Longitudinal) = 0
|||
||| DN028_ AGE OF NATURAL PARENT
||| How old is [your/your] [mother/father] now?
||| _____ (18..120)
|||
|||
||| CHK: DN028_AgeOfNaturalParent >= (MN808_AgeRespondent + 10) MAIN
||| "^FLerror[24]"
||| ENDIF
|||
||| ENDIF
|||
||| IF MN101_ (MN101_Longitudinal) = 0
|||
||| DN029_ LAST JOB OR OCCUPATION OF PARENT
||| What is or was the last job [your/your] [mother/father] had? Please give the exact

```

description.

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

|||| TITLE, E.G. "POLICE CONSTABLE" OR "STUDENT TEACHER". ONLY IF
PERSON DID NEVER DO ANY WORK FOR PAY, ENTER "HOUSEWIFE/-HUSBAND".

|||| _____
||||

|||| *ENDIF*

||||

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

||||

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

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

- |||| 1. In the same household
- |||| 2. In the same building
- |||| 3. Less than 1 kilometre 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_LivingPlaceParent.ORD = 9*

||||

|||| **DN031_ WHICH COUNTRY**

|||| Which country is it?

|||| _____
||||

|||| *ENDIF*

||||

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

||||

|||| **DN032_ PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS**

|||| During the past twelve months, how often did you have contact with [your/your]
[mother/father], either personally, by phone or mail?

|||| IWER: ANY KIND OF CONTACT, INCLUDING FOR EXAMPLE E-MAIL, SMS OR
MMS

- |||| 1. Daily
- |||| 2. Several times a week
- |||| 3. About once a week
- |||| 4. About every two weeks
- |||| 5. About once a month
- |||| 6. Less than once a month
- |||| 7. Never

||||

|||| *ENDIF*

||||

|||| **DN033_ HEALTH OF PARENT**

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


```

|||| IWER:READ OUT
|||| 1. Excellent
|||| 2. Very good
|||| 3. Good
|||| 4. Fair
|||| 5. Poor
||||
|||| ENDIF
||||
|||| ELSE
||||
|||| IF RESPONDENT ID > 2
||||
|||| DN026_ IS NATURAL PARENT STILL ALIVE
|||| Is [your/your] [natural/natural] [mother/father] still alive?
|||| 1. Yes
|||| 5. No
||||
|||| IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 5. No
||||
|||| DN027_ AGE OF DEATH OF PARENT
|||| How old was [your/your] [mother/father] when [she/he] died?
|||| _____ (10..120)
||||
|||| ELSE
||||
|||| IF DN026_ (IS NATURAL PARENT STILL ALIVE) = 1. Yes AND
MN101_ (MN101_Longitudinal) = 0
||||
|||| DN028_ AGE OF NATURAL PARENT
|||| How old is [your/your] [mother/father] now?
|||| _____ (18..120)
||||
|||| CHK: DN028_AgeOfNaturalParent >= (MN808_AgeRespondent + 10) MAIN
"^FLError[24]"
|||| ENDIF
||||
|||| ENDIF
||||
|||| IF MN101_ (MN101_Longitudinal) = 0
||||
|||| DN029_ LAST JOB OR OCCUPATION OF PARENT
|||| What is or was the last job [your/your] [mother/father] had? Please give the exact
description.
|||| IWER:E.G. NOT "CLERK" BUT "FORWARDING MERCHANT", NOT "WORKER"
BUT "ENGINE FITTER". IN CASE OF A CIVIL SERVANT, PLEASE GET FIRST
OFFICIAL
|||| TITLE, E.G. "POLICE CONSTABLE" OR "STUDENT TEACHER". ONLY IF
PERSON DID NEVER DO ANY WORK FOR PAY, ENTER "HOUSEWIFE/-HUSBAND".
|||| _____
||||
||||

```

||| *ENDIF*

|||

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

|||

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

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

- ||| 1. In the same household
- ||| 2. In the same building
- ||| 3. Less than 1 kilometre 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_LivingPlaceParent.ORD = 9*

|||

||| **DN031_ WHICH COUNTRY**

||| Which country is it?

||| _____

|||

||| *ENDIF*

|||

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

|||

||| **DN032_ PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS**

||| During the past twelve months, how often did you have contact with [your/your] [mother/father], either personally, by phone or mail?

||| **IWER: ANY KIND OF CONTACT, INCLUDING FOR EXAMPLE E-MAIL, SMS OR MMS**

- ||| 1. Daily
- ||| 2. Several times a week
- ||| 3. About once a week
- ||| 4. About every two weeks
- ||| 5. About once a month
- ||| 6. Less than once a month
- ||| 7. Never

|||

||| *ENDIF*

|||

||| **DN033_ HEALTH OF PARENT**

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

||| **IWER: READ OUT**

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

|||

||| *ENDIF*

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

```
IF MN101_ (MN101_Longitudinal) = 0
```

```
| 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
```

```
|| ENDIF
```

```
| ENDIF
```

```
IF DN034_ (EVER HAD ANY SIBLINGS) = 1. Yes OR  
Preload.W1_DN036_HowManyBrothersAlive <> 0 OR  
Preload.W1_DN037_HowManySistersAlive <> 0
```

```
| DN036_ HOW MANY BROTHERS ALIVE  
| How many brothers do you have that are still alive?  
| IWER:INCLUDE NON-BIOLOGICAL  
| _____ (0..20)
```

```
| DN037_ HOW MANY SISTERS ALIVE  
| And how many sisters do you have that are still alive?  
| IWER:INCLUDE NON-BIOLOGICAL  
| _____ (0..20)
```

```
| ENDIF
```

```
DN038_ INTERVIEWER CHECK DN  
WHO ANSWERED THE QUESTIONS IN THIS SECTION?
```

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

PH001_ INTRO HEALTH

Now I have some questions about your health.

1. Continue

PH003_ HEALTH IN GENERAL QUESTION 2

Would you say your health is...

IWER:READ OUT

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

IF MN101_ (MN101_Longitudinal) = 1

|

| **PH062_ COMPARE HEALTH LAST WAVE**

| Compared with your health when we talked with you in [{month and year previous interview}], would you say that your health is better now, about the same, or worse?

- | 1. Better
| 2. About the same
| 3. Worse

|

| *IF PH062_ (COMPARE HEALTH LAST WAVE) = 1. Better*

||

|| **PH063_ HEALTH BETTER LAST WAVE**

|| Is it much better or somewhat better?

- || 1. Much better
|| 2. Somewhat better

||

| *ELSE*

||

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

|||

||| **PH064_ HEALTH WORSE LAST WAVE**

||| Is it much worse or somewhat worse?

- ||| 1. Much worse
||| 2. Somewhat worse

|||

|| *ENDIF*

||

| *ENDIF*

|

ENDIF

PH004_ LONG-TERM ILLNESS

Some people suffer from chronic or long-term health problems. By long-term we mean it has troubled you over a period of time or is likely to affect

you over a period of time. Do you have any long-term health problems, illness, disability or infirmity?

IWER:INCLUDING MENTAL HEALTH PROBLEMS

1. Yes
5. No

PH005_ LIMITED ACTIVITIES

For the past six months at least, to what extent have you been limited because of a health problem in activities people usually do?

IWER:READ OUT

1. Severely limited
2. Limited, but not severely
3. Not limited

PH061_ PROBLEM THAT LIMITS PAID WORK

Do you have any health problem or disability that limits the kind or amount of paid work you can do?

1. Yes
5. No

PH006_ DOCTOR TOLD YOU HAD CONDITIONS

Please look at card 8. [Has a doctor ever told you that you had/Do you currently have] any of the conditions on this card? [{}empty]/With this we mean that a doctor has told you that you have this condition, and that you are either currently being treated for or bothered by this condition.]

Please tell me the number or numbers of the conditions.

IWER:CODE ALL THAT APPLY

1. A heart attack including myocardial infarction or coronary thrombosis or any other heart problem including congestive heart failure
2. High blood pressure or hypertension
3. High blood cholesterol
4. A stroke or cerebral vascular disease
5. Diabetes or high blood sugar
6. Chronic lung disease such as chronic bronchitis or emphysema
7. Asthma
8. Arthritis, including osteoarthritis, or rheumatism
9. Osteoporosis
10. Cancer or malignant tumour, including leukaemia or lymphoma, but excluding minor skin cancers
11. Stomach or duodenal ulcer, peptic ulcer
12. Parkinson disease
13. Cataracts
14. Hip fracture or femoral fracture
15. Other fractures
16. Alzheimer's disease, dementia, organic brain syndrome, senility or any other serious memory impairment
17. Benign tumor (fibroma, polypus, angioma)
96. None
97. Other conditions, not yet mentioned

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

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

| **PH007_ OTHER CONDITIONS**

| What other conditions have you had?

| IWER:PROBE

| _____
|
ENDIF

LOOP cnt:= 1 TO 19

|
| *IF cnt < 18 AND cnt IN PH006_ (DOCTOR TOLD YOU HAD CONDITIONS) OR cnt = 20 AND 97. Other conditions, not yet mentioned IN PH006_(DOCTOR TOLD YOU HAD CONDITIONS)*

|| *IF IndexSub <> 18*

||| *IF IndexSub = 10*

||| **PH008_ CANCER IN WHICH ORGANS**

||| In which organ or part of the body have you or have you had cancer?

||| IWER:CODE ALL THAT APPLY

||| 1. Brain

||| 2. Oral cavity

||| 3. Larynx

||| 4. Other pharynx

||| 5. Thyroid

||| 6. Lung

||| 7. Breast

||| 8. Oesophagus

||| 9. Stomach

||| 10. Liver

||| 11. Pancreas

||| 12. Kidney

||| 13. Prostate

||| 14. Testicle

||| 15. Ovary

||| 16. Cervix

||| 17. Endometrium

||| 18. Colon or rectum

||| 19. Bladder

||| 20. Skin

||| 21. Non-Hodgkin lymphoma

||| 22. Leukemia

||| 97. Other organ

||| *ENDIF*

||| *IF MN101_ (MN101_Longitudinal) = 0*

```
|||| PH009_ AGE WHEN CONDITION STARTED  
|||| About how old were you when you were first told by a doctor that you had [a heart attack  
or any other heart problem/high blood pressure/high blood  
|||| cholesterol/a stroke or cerebral vascular disease/diabetes/chronic lung  
disease/asthma/arthritis or rheumatism/osteoporosis/cancer/stomach or  
|||| duodenal ulcer/parkinson disease/cataracts/hip fracture or femoral fracture/other  
fractures/Alzheimer"s disease/benign tumor/{other filled by  
|||| PH007_OthCond}}?  
|||| _____ (0..125)  
||||
```

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

```
||| ENDIF  
|||  
|| ENDIF  
||  
| ENDIF  
|  
ENDLOOP
```

```
IF MN101_ (MN101_Longitudinal) = 1
```

```
|  
| PH067_ HAD CONDITION  
| Have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular  
disease/been diagnosed with cancer/suffered a hip fracture] since  
| we last interviewed you in [{month and year previous interview}]?  
| 1. Yes  
| 5. No  
|
```

```
| IF PH067_ (HAD CONDITION) = 1. Yes
```

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

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

```
||| IF PH068_ (HAD CONDITION CHECK) = 1. Yes
```

```
||||  
|||| PH069_ HAD CONDITION CONFIRM  
|||| To confirm, does this mean that you have [had another heart attack/had another stroke or  
been diagnosed again with cerebral vascular disease/been  
|||| diagnosed again with cancer/suffered another hip fracture] since we last talked to you in  
[{}month and year previous interview}]?  
|||| 1. Yes, had another [heart attack/stroke and/or cerebral vascular disease/cancer/hip  
fracture]
```

||| 2. No, did not have another [heart attack/stroke and/or cerebral vascular disease/cancer/hip fracture] since last interview
 ||| 3. Not sure whether has had another [heart attack/stroke and/or cerebral vascular disease/cancer/hip fracture]
 |||
 ||| *ENDIF*
 |||
 || *ENDIF*
 ||
 | *ENDIF*
 |
 | *IF PH067_ (HAD CONDITION) = 1. Yes AND PH069_ (HAD CONDITION CONFIRM) = EMPTY OR PH069_ (HAD CONDITION CONFIRM) = 1. Yes, had another ^FL_PH069_5*
 ||
 || **PH071_ HOW MANY**
 || How many [heart attacks or myocardial infarctions/strokes or cerebral vascular diseases/cancers or malignant tumours/hip fractures] have you had since we last talked to you in [{month and year previous interview}]?
 || 1. 1
 || 2. 2
 || 3. 3 or more
 ||
 | *ENDIF*
 |
 | **PH067_ HAD CONDITION**
 | Have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture] since we last interviewed you in [{month and year previous interview}]?
 | 1. Yes
 | 5. No
 |
 | *IF PH067_ (HAD CONDITION) = 1. Yes*
 ||
 || *IF Index = 1 AND Preload.W1_PH006_DocCon[1] = a1 OR Index = 2 AND Preload.W1_PH006_DocCon[4] = a1 OR Index = 3 AND Preload.W1_PH006_DocCon[10] = a1 OR Index = 4 AND Preload.W1_PH006_DocCon[14] = a1*
 |||
 ||| **PH068_ HAD CONDITION CHECK**
 ||| Have you already [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture] before we last interviewed you in [{month and year previous interview}]?
 ||| 1. Yes
 ||| 5. No
 |||
 ||| *IF PH068_ (HAD CONDITION CHECK) = 1. Yes*
 |||
 ||| **PH069_ HAD CONDITION CONFIRM**
 ||| To confirm, does this mean that you have [had another heart attack/had another stroke or been diagnosed again with cerebral vascular disease/been

||| diagnosed again with cancer/suffered another hip fracture] since we last talked to you in [{month and year previous interview}]?

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

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

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

|||

|| *ENDIF*

||

| *ENDIF*

|

| *ENDIF*

|

| *IF PH067_ (HAD CONDITION) = 1. Yes AND PH069_ (HAD CONDITION CONFIRM) = EMPTY OR PH069_ (HAD CONDITION CONFIRM) = 1. Yes, had*

| *another ^FL_PH069_5*

||

|| **PH071_ HOW MANY**

|| How many [heart attacks or myocardial infarctions/strokes or cerebral vascular diseases/cancers or malignant tumours/hip fractures] have you had since

|| we last talked to you in [{month and year previous interview}]?

|| 1. 1

|| 2. 2

|| 3. 3 or more

||

| *ENDIF*

|

| **PH067_ HAD CONDITION**

| Have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture] since

| we last interviewed you in [{month and year previous interview}]?

| 1. Yes

| 5. No

|

| *IF PH067_ (HAD CONDITION) = 1. Yes*

||

|| *IF Index = 1 AND Preload.W1_PH006_DocCon[1] = a1 OR Index = 2 AND Preload.W1_PH006_DocCon[4] = a1 OR Index = 3 AND*

|| *Preload.W1_PH006_DocCon[10] = a1 OR Index = 4 AND*

|| *Preload.W1_PH006_DocCon[14] = a1*

|||

||| **PH068_ HAD CONDITION CHECK**

||| Have you already [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip

||| fracture] before we last interviewed you in [{month and year previous interview}]?

||| 1. Yes

||| 5. No

|||

||| *IF PH068_ (HAD CONDITION CHECK) = 1. Yes*

```

||||
|||| PH069_ HAD CONDITION CONFIRM
|||| To confirm, does this mean that you have [had another heart attack/had another stroke or
been diagnosed again with cerebral vascular disease/been
|||| diagnosed again with cancer/suffered another hip fracture] since we last talked to you in
[{{month and year previous interview}}]?
|||| 1. Yes, had another [heart attack/stroke and/or cerebral vascular disease/cancer/hip
fracture]
|||| 2. No, did not have another [heart attack/stroke and/or cerebral vascular
disease/cancer/hip fracture] since last interview
|||| 3. Not sure whether has had another [heart attack/stroke and/or cerebral vascular
disease/cancer/hip fracture]
||||
||| ENDIF
|||
|| ENDIF
||
| ENDIF
|
| IF PH067_ (HAD CONDITION) = 1. Yes AND PH069_ (HAD CONDITION CONFIRM) =
EMPTY OR PH069_ (HAD CONDITION CONFIRM) = 1. Yes, had
| another ^FL_PH069_5
||
|| PH071_ HOW MANY
|| How many [heart attacks or myocardial infarctions/strokes or cerebral vascular
diseases/cancers or malignant tumours/hip fractures] have you had since
|| we last talked to you in [{{month and year previous interview}}]?
|| 1. 1
|| 2. 2
|| 3. 3 or more
||
| ENDIF
|
| PH067_ HAD CONDITION
| Have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular
disease/been diagnosed with cancer/suffered a hip fracture] since
| we last interviewed you in [{{month and year previous interview}}]?
| 1. Yes
| 5. No
|
| IF PH067_ (HAD CONDITION) = 1. Yes
||
|| IF Index = 1 AND Preload.W1_PH006_DocCon[1] = a1 OR Index = 2 AND
Preload.W1_PH006_DocCon[4] = a1 OR Index = 3 AND
|| Preload.W1_PH006_DocCon[10] = a1 OR Index = 4 AND
Preload.W1_PH006_DocCon[14] = a1
|||
||| PH068_ HAD CONDITION CHECK
||| Have you already [had a heart attack/had a stroke or been diagnosed with cerebral
vascular disease/been diagnosed with cancer/suffered a hip
||| fracture] before we last interviewed you in [{{month and year previous interview}}]?

```

```

||| 1. Yes
||| 5. No
|||
||| IF PH068_ (HAD CONDITION CHECK) = 1. Yes
|||
|||| PH069_ HAD CONDITION CONFIRM
|||| To confirm, does this mean that you have [had another heart attack/had another stroke or
been diagnosed again with cerebral vascular disease/been
|||| diagnosed again with cancer/suffered another hip fracture] since we last talked to you in
[{{month and year previous interview}}]?
|||| 1. Yes, had another [heart attack/stroke and/or cerebral vascular disease/cancer/hip
fracture]
|||| 2. No, did not have another [heart attack/stroke and/or cerebral vascular
disease/cancer/hip fracture] since last interview
|||| 3. Not sure whether has had another [heart attack/stroke and/or cerebral vascular
disease/cancer/hip fracture]
||||
||| ENDIF
|||
|| ENDIF
||
| ENDIF
|
| IF PH067_ (HAD CONDITION) = 1. Yes AND PH069_ (HAD CONDITION CONFIRM) =
EMPTY OR PH069_ (HAD CONDITION CONFIRM) = 1. Yes, had
| another ^FL_PH069_5
||
|| PH071_ HOW MANY
|| How many [heart attacks or myocardial infarctions/strokes or cerebral vascular
diseases/cancers or malignant tumours/hip fractures] have you had since
|| we last talked to you in [{{month and year previous interview}}]?
|| 1. 1
|| 2. 2
|| 3. 3 or more
||
| ENDIF
|
ENDIF

```

PH010_ BOTHERED BY SYMPTOMS

Please look at card 9. For the past six months at least, have you been bothered by any of the health conditions on this card? Please tell me the number or numbers.

IWER:CODE ALL THAT APPLY

1. Pain in your back, knees, hips or any other joint
2. Heart trouble or angina, chest pain during exercise
3. Breathlessness, difficulty breathing
4. Persistent cough
5. Swollen legs
6. Sleeping problems
7. Falling down

8. Fear of falling down
9. Dizziness, faints or blackouts
10. Stomach or intestine problems, including constipation, air, diarrhoea
11. Incontinence or involuntary loss of urine
12. Fatigue
96. None
97. Other symptoms, not yet mentioned

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

PH011_ CURRENT DRUGS AT LEAST ONCE A WEEK

Our next question is about the medication you may be taking. Please look at card 10. Do you currently take drugs at least once a week for problems mentioned on this card?

IWER:CODE ALL THAT APPLY

1. Drugs for high blood cholesterol
2. Drugs for high blood pressure
3. Drugs for coronary or cerebrovascular diseases
4. Drugs for other heart diseases
5. Drugs for asthma
6. Drugs for diabetes
7. Drugs for joint pain or for joint inflammation
8. Drugs for other pain (e.g. headache, backpain, etc.)
9. Drugs for sleep problems
10. Drugs for anxiety or depression
11. Drugs for osteoporosis, hormonal
12. Drugs for osteoporosis, other than hormonal
13. Drugs for stomach burns
14. Drugs for chronic bronchitis
96. None
97. Other drugs, not yet mentioned

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

PH012_ WEIGHT OF RESPONDENT

Approximately how much do you weigh?

IWER:WEIGHT IN KILOS (IN UK STONE-DOT-POUNDS)

_____ (0.00..250.00)

IF Preload.W1_PH012_Weight - PH012_ (WEIGHT OF RESPONDENT) > 5

|

| **PH065_ CHECK LOSS WEIGHT**

| Have you lost weight since we last interviewed you in [{month and year previous interview}]?

| 1. Yes

| 5. No, have not lost weight since last interview

|

| *IF PH065_ (CHECK LOSS WEIGHT) = 1. Yes*

||

|| **PH066_ REASON LOST WEIGHT**

|| Have you lost weight due to illness or have you followed a special diet in the last two years?

|| 1. Due to illness

|| 2. Followed a special diet
|| 3. Due to illness and followed a special diet
|| 97. Other reasons for weight loss

||
| *ENDIF*

|
ENDIF

IF MN101_ (MN101_Longitudinal) = 0

|
| **PH013_ HOW TALL ARE YOU?**
| How tall are you?
| IWER:LENGTH IN CENTIMETRES (IN UK: FEET-DOT-INCHES)
| _____ (0.00..230.00)

|
ENDIF

PH041_ USE GLASSES

Do you usually wear glasses or contact lenses?

1. Yes
5. No

PH043_ EYESIGHT DISTANCE

How good is your eyesight for seeing things at a distance, like recognising a friend across the street [using glasses or contact lenses as usual/{empty}]? Would you say it is...

IWER:READ OUT...

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

PH044_ EYESIGHT READING

How good is your eyesight for seeing things up close, like reading ordinary newspaper print [using glasses or contact lenses as usual/{empty}]? Would you say it is...

IWER:READ OUT...

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

PH045_ USE HEARING AID

Are you usually wearing a hearing aid?

1. Yes
5. No

PH046_ HEARING

Is your hearing [using a hearing aid as usual/{empty}]...

IWER:READ OUT...

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

PH047_ HEARING WITH BACKGROUND NOISE

Do you find it difficult to follow a conversation if there is background noise, such as a TV, a radio or children playing [using a hearing aid as usual/{empty}]?

1. Yes
5. No

PH056_ HEARING WITH ONE PERSON

Can you hear clearly what is said in a conversation with one person [using a hearing aid as usual/{empty}]?

1. Yes
5. No

PH024_ USE DENTURES

Do you use dentures?

1. Yes
5. No

PH025_ BITE ON HARD FOODS

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

1. Yes
5. No

PH048_ HEALTH AND ACTIVITIES

Please look at card 11. We need to understand difficulties people may have with various activities because of a health or physical problem. Please tell me whether you have any difficulty doing each of the everyday activities on card 11. Exclude any difficulties that you expect to last less than three months. (Because of a health problem, do you have difficulty doing any of the activities on this card?)

IWER:PROBE: ANY OTHERS? CODE ALL THAT APPLY

1. Walking 100 metres
2. Sitting for about two hours
3. Getting up from a chair after sitting for long periods
4. Climbing several flights of stairs without resting
5. Climbing one flight of stairs without resting
6. Stooping, kneeling, or crouching
7. Reaching or extending your arms above shoulder level
8. Pulling or pushing large objects like a living room chair
9. Lifting or carrying weights over 10 pounds/5 kilos, like a heavy bag of groceries
10. Picking up a small coin from a table
96. None of these

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

PH049_ MORE HEALTH AND ACTIVITIES

Please look at card 12. Here are a few more everyday activities. Please tell me if you have any difficulty with these because of a physical, mental, emotional or memory problem. Again exclude any difficulties you expect to last less than three months. (Because of a health or memory problem, do you have difficulty doing any of the activities on card 12?)

IWER:PROBE: ANY OTHERS? CODE ALL THAT APPLY

1. Dressing, including putting on shoes and socks
2. Walking across a room
3. Bathing or showering
4. Eating, such as cutting up your food
5. Getting in or out of bed
6. Using the toilet, including getting up or down
7. Using a map to figure out how to get around in a strange place
8. Preparing a hot meal
9. Shopping for groceries
10. Making telephone calls
11. Taking medications
12. Doing work around the house or garden
13. Managing money, such as paying bills and keeping track of expenses
96. None of these

CHK: NOT ((> 1) AND (96 IN PH049_HeADLb)) MAIN "^FLError[5]"

IF NOT 96. None of these IN PH048_ (HEALTH AND ACTIVITIES) OR PH048_ (HEALTH AND ACTIVITIES) = DONTKNOW OR PH048_ (HEALTH AND ACTIVITIES) = REFUSAL AND 96. None of these IN PH049_ (MORE HEALTH AND ACTIVITIES) OR PH049_ (MORE HEALTH AND ACTIVITIES) = DONTKNOW OR PH049_ (MORE HEALTH AND ACTIVITIES) = REFUSAL

| **PH050_ HELP ACTIVITIES**

| Thinking about the activities that you have problems with, does anyone ever help you with these activities?

| IWER:INCLUDING YOUR PARTNER OR OTHER PEOPLE IN YOUR HOUSEHOLD

- | 1. Yes
| 5. No

| *IF PH050_ (HELP ACTIVITIES) = 1. Yes*

|| **PH051_ HELP MEETS NEEDS**

|| Would you say that the help you receive meets your needs?

|| IWER:READ OUT...

- || 1. All the time
|| 2. Usually
|| 3. Sometimes
|| 4. Hardly ever

| *ENDIF*

| **PH059_ USE OF AIDS**

| Please look at card 13. Do you use any of the items listed on this card?

| IWER:ONLY INCLUDE PERSONAL ALARMS USED TO CALL FOR ASSISTANCE
AFTER FALLS ETC.

- | 1. A cane or walking stick
- | 2. A zimmer frame or walker
- | 3. A manual wheelchair
- | 4. An electric wheelchair
- | 5. A buggy or scooter
- | 6. Special eating utensils
- | 7. A personal alarm
- | 96. None of these

|
ENDIF

PH060_ HEALTH IN GENERAL QUESTION 3

On a scale from 0 to 10, where 0 describes the worst imaginable condition and 10 describes the best imaginable condition, how do you rate your health in general?

_____ (0..10)

PH054_ WHO ANSWERED THE QUESTIONS IN PH

IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

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

IF MN024_ (HOUSEHOLD TYPE) = 1

|

| *IF MN101_ (MN101_Longitudinal) = 0*

||

|| **BR001_ EVER SMOKED DAILY**

|| The following questions are about smoking and drinking alcoholic beverages. Have you ever smoked cigarettes, cigars, cigarillos or a pipe daily for a period of at least one year?

|| 1. Yes

|| 5. No

||

| *ENDIF*

|

|

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

||

|| **BR002_ SMOKE AT THE PRESENT TIME**

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

|| 1. Yes

|| 5. No

||

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

|||


```

||| BR022_ STOPPED SMOKING
||| Have you stopped smoking since we last interviewed you in [{month and year previous
interview}]?
||| 1. Yes, I stopped after last interview
||| 2. No, I did not smoke by last interview
||| 3. No, I still smoke nowadays
|||
||| ENDIF
|||
||| IF MN101_ (MN101_Longitudinal) = 0
|||
||| BR003_ HOW MANY YEARS SMOKED
||| For how many years [do/did] [you/you] [smoke/smoke] altogether?
||| IWER:DON'T INCLUDE PERIODS WITHOUT SMOKINGCODE 1 IF R SMOKED
FOR LESS THAN ONE YEAR
||| _____ (1..150)
|||
||| CHK: BR003_HowManyYearsSmoked < MN808_AgeRespondent MAIN "^FLError[27]"
||| ENDIF
|||
||| IF BR002_ (SMOKE AT THE PRESENT TIME) = 1. Yes OR
MN101_ (MN101_Longitudinal) = 0 AND BR002_ (SMOKE AT THE PRESENT TIME) = 5.
||| No OR MN101_ (MN101_Longitudinal) = 1 AND BR022_ (STOPPED SMOKING) = 3.
No, I still smoke nowadays AND BR002_ (SMOKE AT THE PRESENT
||| TIME) = 5. No
|||
||| BR005_ WHAT DO OR DID YOU SMOKE
||| What [do/did] [you/you] [smoke/smoke before you stopped]?
||| IWER:READ OUT; CODE ALL THAT APPLY
||| 1. Cigarettes
||| 2. Pipe
||| 3. Cigars or cigarillos
|||
||| ENDIF
|||
||| ENDIF
|||
||| IF 1. Cigarettes IN BR005_(WHAT DO OR DID YOU SMOKE)
|||
||| BR006_ AVERAGE AMOUNT OF CIGARETTES PER DAY
||| How many cigarettes [do/did] [you/you] [smoke/smoke] on average per day?
||| _____ (0..120)
|||
||| ENDIF
|||
||| IF 2. Pipe IN BR005_(WHAT DO OR DID YOU SMOKE)
|||
||| BR007_ AVERAGE AMOUNT OF PIPES PER DAY
||| How many pipes [do/did] [you/you] [smoke/smoke] on average per day?
||| _____ (0..120)
|||

```

```

| ENDIF
|
| IF 3. Cigars or cigarillos IN BR005_(WHAT DO OR DID YOU SMOKE)
| |
| | BR008_ AVERAGE AMOUNT OF CIGARS PER DAY
| | How many cigars or cigarillos [do/did] [you/you] [smoke/smoke] on average per day?
| | _____ (0..120)
| |
| ENDIF
|
| BR010_ DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS
| I am now going to ask you a few questions about what you drink - that is if you drink. Please
| look at card 14 During the last 3 months, how often
| have you drunk any alcoholic beverages, like beer, cider, wine, spirits or cocktails?
| 1. Almost every day
| 2. Five or six days a week
| 3. Three or four days a week
| 4. Once or twice a week
| 5. Once or twice a month
| 6. Less than once a month
| 7. Not at all in the last 3 months
|
| IF BR010_ (DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS) < 7. Not at all in
| the last 3 months
| |
| | BR019_ HOW MANY DRINKS IN A DAY
| | In the last three months, on the days you drink, about how many drinks do you have?
| | IWER:AS A RULE OF THUMB, YOU CAN ESTIMATE THAT ONE DRINK IS: 1
| BOTTLE/CAN OF BEER=33CL, 1 GLASS TABLE WINE=12CL, 1 GLASS FORTIFIED
| WINE=8CL, AND 1
| | GLASS SPIRITS=4CL
| | _____ (1..70)
| |
| | BR020_ HOW OFTEN FOUR OR MORE DRINKS LAST 3 MONTHS
| | In the last three months, on how many days have you had four or more drinks on one
| occasion?
| | _____ (0..90)
| |
| ELSE
| |
| | IF BR010_ (DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS) = 7. Not at all in
| the last 3 months OR BR010_ (DAYS A WEEK CONSUMED ALCOHOL
| | LAST 3 MONTHS) = DONTKNOW OR BR010_ (DAYS A WEEK CONSUMED ALCOHOL
| LAST 3 MONTHS) = REFUSAL
| |
| | BR021_ EVER DRUNK ALCOHOLIC BEVERAGES
| | Have you ever drunk alcoholic beverages?
| | 1. Yes
| | 5. No
| |
| | ENDIF

```

|

| *ENDIF*

| **BR015_ SPORTS OR ACTIVITIES THAT ARE VIGOROUS**

| We would like to know about the type and amount of physical activity you do in your daily life. How often do you engage in vigorous physical

| activity, such as sports, heavy housework, or a job that involves physical labour?

| IWER:READ OUT

| 1. More than once a week

| 2. Once a week

| 3. One to three times a month

| 4. Hardly ever, or never

| **BR016_ ACTIVITIES REQUIRING A MODERATE LEVEL OF ENERGY**

| How often do you engage in activities that require a moderate level of energy such as gardening, cleaning the car, or doing a walk?

| IWER:READ OUT

| 1. More than once a week

| 2. Once a week

| 3. One to three times a month

| 4. Hardly ever, or never

| **BR017_ INTERVIEWER CHECK BR**

| WHO ANSWERED THE QUESTIONS IN THIS SECTION?

| 1. Respondent only

| 2. Respondent and proxy

| 3. Proxy only

| *ENDIF*

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

IF MN101_ (MN101_Longitudinal) = 0

| **CF001_ SELF-RATED READING SKILLS**

| Now I would like to ask some questions about your reading and writing skills. How would you rate your reading skills needed in your daily life? Would

| you say they are...

| IWER:READ OUT

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

| **CF002_ SELF-RATED WRITING SKILLS**

| How would you rate your writing skills needed in your daily life? Would you say they are...

| IWER:READ OUT

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

|
ENDIF

CF003_ DATE-DAY OF MONTH

Part of this study is concerned with people's memory and ability to think about things. First, I am going to ask about today's date. Which day of the month is it?

IWER:CODE WHETHER DAY OF MONTH ({{day of the month}}) IS GIVEN CORRECTLY

- 1. Day of month given correctly
- 2. Day of month given incorrectly/doesn't know day

CF004_ DATE-MONTH

Which month is it?

IWER:CODE WHETHER MONTH ({{system month of the year}}) IS GIVEN CORRECTLY

- 1. Month given correctly
- 2. Month given incorrectly/doesn't know month

CF005_ DATE-YEAR

Which year is it?

IWER:CODE WHETHER YEAR ({{current year}}) IS GIVEN CORRECTLY

- 1. Year given correctly
- 2. Year given incorrectly/doesn't know year

CF006_ DAY OF THE WEEK

Can you tell me what day of the week it is?

IWER:CORRECT ANSWER: ({{system day of the week}})

- 1. Day of week given correctly
- 2. Day of week given incorrectly/doesn't know day

CF007_ INTRODUCTION TEN WORDS LIST LEARNING

Now, I am going to read a list of words from my computer screen. We have purposely made the list long so it will be difficult for anyone to recall all the words. Most people recall just a few. Please listen carefully, as the set of words cannot be repeated. When I have finished, I will ask you

to recall aloud as many of the words as you can, in any order. Is this clear?
IWER:PRESS ENTER TO BEGIN TEST AND HAVE BOOKLET READY
1. Continue

IF CF007_ (INTRODUCTION TEN WORDS LIST LEARNING) = RESPONSE

|
| IF CF009_ (VERBAL FLUENCY INTRO) = EMPTY

|| **CF101_ TEN WORDS LIST LEARNING FIRST TRIAL**

|| Ready?

|| IWER:WAIT UNTIL WORDS APPEAR ON THE SCREEN.WRITE WORDS ON SHEET PROVIDED.ALLOW UP TO ONE MINUTE FOR RECALL. ENTER THE WORDS RESPONDENT CORRECTLY

|| RECALLS.

|| 1. Start test

|| **CF102_ TEN WORDS LIST LEARNING SHOW MOVIE**

|| \@

|| 1. Continue

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

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

|| 1. Butter

|| 2. Arm

|| 3. Letter

|| 4. Queen

|| 5. Ticket

|| 6. Grass

|| 7. Corner

|| 8. Stone

|| 9. Book

|| 10. Stick

|| 96. None of these

CHK: NOT ((> 1) AND (96 IN CF008_Learn1)) MAIN "^FLerror[5]"

| *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 1000 (one thousand) would be expected to get the disease?

IWER:DO NOT READ OUT THE ANSWERS

1. 100

2. 10

3. 90

4. 900

97. Other answer

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

|

| **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*

^FLCurr

|| **CF015_ 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

CHK: NOT ((> 1) AND (96 IN CF016_Learn4)) MAIN "^FLError[5]"

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

INTERVIEWER 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)

CHK: NOT ((> 1) AND (1 IN CF018_IntCheck)) MAIN "^FLError[22]"

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_ DEPRESSION

In the last month, have you been sad or depressed?

IWER:IF PARTICIPANT ASKS FOR CLARIFICATION, SAY 'BY SAD OR DEPRESSED, WE MEAN MISERABLE, IN LOW SPIRITS, OR BLUE'

1. Yes
5. No

MH003_ HOPES FOR THE FUTURE

What are your hopes for the future?

IWER:NOTE ONLY WHETHER HOPES ARE MENTIONED OR NOT

1. Any hopes mentioned
2. No hopes mentioned

MH004_ FELT WOULD RATHER BE DEAD

In the last month, have you felt that you would rather be dead?

1. Any mention of suicidal feelings or wishing to be dead
2. No such feelings

MH005_ FEELS GUILTY

Do you tend to blame yourself or feel guilty about anything?

1. Obvious excessive guilt or self-blame
2. No such feelings
3. Mentions guilt or self-blame, but it is unclear if these constitute obvious or excessive guilt or self-blame

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

|

| **MH006_ BLAME FOR WHAT**

| So, for what do you blame yourself?

| IWER:NOTE - ONLY CODE 1 FOR AN EXAGGERATED FEELING OF GUILT, WHICH IS CLEARLY OUT OF PROPORTION TO THE CIRCUMSTANCES. THE FAULT WILL OFTEN HAVE BEEN

| VERY MINOR, IF THERE WAS ONE AT ALL. JUSTIFIABLE OR APPROPRIATE GUILT SHOULD BE CODED 2.

| 1. Example(s) given constitute obvious excessive guilt or self-blame

| 2. Example(s) do not constitute obvious excessive guilt or self-blame, or it remains unclear if these constitute obvious or excessive guilt or

| self-blame

|

ENDIF

MH007_ TROUBLE SLEEPING

Have you had trouble sleeping recently?

1. Trouble with sleep or recent change in pattern
2. No trouble sleeping

MH008_ LESS OR SAME INTEREST IN THINGS

In the last month, what is your interest in things?

1. Less interest than usual mentioned
2. No mention of loss of interest
3. Non-specific or uncodeable response

IF MH008_ (LESS OR SAME INTEREST IN THINGS) = 3. Non-specific or uncodeable response

|

| **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

[Since the last interview in /{empty}][[{month year previous interview}]{empty}][, has/Has] there been a time or times[/{empty}/ in your life] when you suffered from symptoms of depression which lasted at least two weeks?

1. Yes
5. No

IF MH018_ (DEPRESSION EVER) = 1. Yes

|
| *IF MN101_ (MN101_Longitudinal) = 0*

||
|| **MH019_ AGE SYMPTOMS FIRST TIME**

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

|| _____ (0..120)

||

| *ENDIF*

|

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

| Were you [{empty}/ever] treated for depression by a family doctor or a psychiatrist?

| 1. Yes

| 5. No

|

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

| Were you [{empty}/ever] admitted to a mental hospital or psychiatric ward?

| 1. Yes

| 5. No

|

| *ENDIF*

MH022_ EVER TOLD AFFECTIVE OR EMOTIONAL DISORDERS

Has a doctor ever told you that you suffer from other affective or emotional disorders, including anxiety, nervous or psychiatric problems?

1. Yes

5. No

HC002_ SEEN OR TALKED TO MEDICAL DOCTOR

Now we have some questions about your health care. Please think about your care during the last twelve months. During the last twelve months, about how many times in total have you seen or talked to a medical doctor about your health? Please exclude dentist visits and hospital stays, but include emergency room or outpatient clinic visits.

IWER:IF MORE THAN 98, ENTER 98

_____ (0..98)

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

|

| **HC003_ CONTACTS WITH GENERAL PRACTITIONER**

| How many of these contacts were with a general practitioner or with a doctor at your health care center?

| IWER:IF MORE THAN 98, ENTER 98

| _____ (0..98)

|

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

ENDIF

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

|

| **HC004_ CONTACTS WITH SPECIALISTS**

| Please look at card 15. During the last twelve months, have you consulted any of the

specialists mentioned on card 15?

| 1. Yes

| 5. No

|

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

||

|| **HC005_ LAST CONSULTATION TO SPECIALIST**

|| **CODE ALL THAT APPLY added to IWER**

|| Still looking at card 15, please specify which of these specialists you did consult during the last 12 months?

|| IWER:IF DENTIST MENTIONED, SAY THIS COMES LATER ON; CODE ALL THAT APPLY

|| 1. Specialist for heart disease, pulmonary, gastroenterology, diabetes or endocrine diseases

|| 2. Dermatologist

|| 3. Neurologist

|| 4. Ophthalmologist

|| 5. Ear, nose and throat specialist

|| 6. Rheumatologist or physiatrist

|| 7. Orthopaedist

|| 8. Surgeon

|| 9. Psychiatrist

|| 10. Gynaecologist

|| 11. Urologist

|| 12. Oncologist

|| 13. Geriatrician

||

CHK: NOT ((MN002_Person[1].Gender = a1) AND (a10 IN HC005_LastCSp)) MAIN
"^FLError[26]"

| *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 16. For which of these reasons have you stayed overnight in hospitals during the last twelve months: inpatient surgery, medical

| tests or non-surgical treatments, or mental health problems?

| IWER:CODE ALL THAT APPLY

- | 1. Inpatient surgery
- | 2. Medical tests or non-surgical treatments (except mental health)
- | 3. Mental health problems

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

AND 2. Medical tests or non-surgical treatments (except mental

health) IN HC015_ (REASONS FOR HAVING STAYED IN HOSPITAL) OR 3. Mental health problems IN HC015_ (REASONS FOR HAVING STAYED IN HOSPITAL)

AND HC013_ (TIMES BEING PATIENT IN HOSPITAL) > 1

|| **HC016_ TIMES OVERNIGHT IN HOSPITAL FOR SURGERY**

|| How often have you stayed overnight in a hospital for a surgery during the last twelve months?

|| IWER:COUNT SEPARATE OCCASIONS ONLY

|| _____ (1..98)

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

| ENDIF

| IF 3. Mental health problems IN HC015_ (REASONS FOR HAVING STAYED IN HOSPITAL) AND 1. Inpatient surgery IN HC015_ (REASONS FOR HAVING

STAYED IN HOSPITAL) OR 2. Medical tests or non-surgical treatments (except mental health) IN HC015_ (REASONS FOR HAVING STAYED IN HOSPITAL) AND

| HC013_ (TIMES BEING PATIENT IN HOSPITAL) > 1

|| **HC022_** TIMES OVERNIGHT IN HOSPITAL FOR PSYCHIATRIC PROBLEMS
|| How often have you stayed overnight in a hospital for mental health problems during the last twelve months?

|| IWER:COUNT SEPARATE OCCASIONS ONLY

|| _____ (1..98)

||

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

| *ENDIF*

|

ENDIF

HC023_ OUTPATIENT SURGERY LAST 12 MONTHS

During the last twelve months, have you had outpatient surgery?

IWER:EXPLAIN: BY "OUTPATIENT SURGERY" WE MEAN SURGERY PERFORMED IN AN OPERATING ROOM FOR PATIENTS WHO ARE NOT HOSPITALISED OVERNIGHT

1. Yes

5. No

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

|

| **HC024_** TIMES HAD OUTPATIENT SURGERY

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

| IWER:COUNT SEPARATE OCCASIONS ONLY

| _____ (1..98)

|

ENDIF

IF MN024_ (HOUSEHOLD TYPE) = 1

|

| **HC029_** IN A NURSING HOME

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

| IWER:A NURSING HOME PROVIDES ALL OF THE FOLLOWING SERVICES FOR ITS RESIDENTS: DISPENSING OF MEDICATION, AVAILABLE 24-HOUR PERSONAL ASSISTANCE AND

| SUPERVISION (NOT NECESSARILY A NURSE), AND ROOM &

| MEALS.PERMANENTLY MEANS NONSTOP DURING THE PAST 12 MONTHS.

| WHEN A RESPONDENT DEFINITELY MOVED TO A

| NURSING HOME LESS THAN 12 MONTHS AGO, ANSWER 1 (YES TEMPORARILY)

| 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*

|

| **HC064_ IN OTHER INSTITUTIONS LAST 12 MONTHS**

| During the last twelve months, have you been a patient overnight in any health care facility other than a hospital or a nursing home? Please consider

| any stay not yet mentioned, e.g. in institutions for rehabilitation, convalescence, etc.

| 1. Yes

| 5. No

|

| *IF HC064_ (IN OTHER INSTITUTIONS LAST 12 MONTHS) = 1. Yes*

||

|| **HC065_ TIMES BEING PATIENT IN OTHER INSTITUTIONS**

|| How often have you been a patient overnight in any institution other than a hospital or a nursing home during the last twelve months?

|| IWER:COUNT SEPARATE OCCASIONS ONLY. CODE 10 FOR 10 OR MORE OCCASIONS

|| _____ (1..10)

||

|| **HC066_ TOTAL NIGHTS STAYED IN OTHER INSTITUTIONS**

|| How many nights altogether have you spent in any institution other than a hospital or a nursing home during the last twelve months?

|| _____ (1..365)

||

| *ENDIF*

|

| *IF NOT HC029_NursHome.ORD = 3*

||

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

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

|| IWER:CODE ALL THAT APPLY

|| 1. Professional or paid nursing or personal care

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

|| 3. Meals-on-wheels

|| 96. None of these

||

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

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

|||

||| **HC033_ WEEKS RECEIVED PROFESSIONAL NURSING CARE**

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

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

||| _____ (1..52)

|||

||| **HC034_ HOURS RECEIVED PROFESSIONAL NURSING CARE**

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

||| IWER:ROUND UP TO FULL HOURS

||| _____ (1..168)

|||

||| *ENDIF*

|||

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

||| *CARE IN OWN HOME)*

|||

||| **HC035_ WEEKS RECEIVED HELP FROM PAID PROFESSIONALS**

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

||| yourself due to health problems?

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

||| _____ (1..52)

|||

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

|||

||| **HC036_ HOURS HELP FROM PAID PROFESSIONALS**

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

||| 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*

|||

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

||| Please look at card 18. During the last twelve months, did you receive any of these types of care from private providers that you paid yourself or

||| through a private insurance because you would have waited too long, or you could not get them as much as you needed, 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

CHK: NOT ((> 1) AND (96 IN HC039_PrivProv)) MAIN "^FLError[5]"

| *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}

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

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

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

BRs.Brackets[28].BR3)

||

|| *ENDIF*

||

| *ENDIF*

|

| **HC047_ PAID OUT-OF-POCKET FOR OUTPATIENT CARE**

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

| IWER:EXPLAIN: CONSIDER EXPENSES FOR CONSULTATIONS FOR ALL HEALTH PROFESSIONALS, INCLUDING DENTISTS, FOR ALL LABS, EXAMS, OR THERAPIES PRESCRIBED BY

| DOCTORS, AND FOR OUTPATIENT SURGERY - DO NOT CONSIDER EXPENSES FOR DRUGS OR FOR ALTERNATIVE MEDICINES. AMOUNT IN [{{local currency}}]

| {enter an amount}

|

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

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

||

|| BRACKETS (FLUnfolding[2], FLCurr, BRs.Brackets[29].BR1, BRs.Brackets[29].BR2, BRs.Brackets[29].BR3)

||

| *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}

|

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

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

||

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

||

| *ENDIF*

|

| *IF HC029_ (IN A NURSING HOME) = 1. Yes, temporarily OR HC029_NursHome.ORD = 3 OR 1. Professional or paid nursing or personal care IN*

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

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

||

|| **HC051_ PAID OUT-OF-POCKET FOR DAY CARE, NURSING HOME AND HOME-BASED CARE**

|| Not counting health insurance premiums, about how much did you pay out-of-pocket for all

your care in nursing homes, in day-care centers, and for all
|| home care services in the last twelve months?
|| IWER:AMOUNT IN [{local currency}]. IF QUESTION IS ASKED TO PERMANENT
NURSING HOME RESIDENTS, EXPENSES FOR HOUSING AND BOARD MUST NOT
BE INCLUDED

|| {enter an amount}

||

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

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

|||

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

|||

|| *ENDIF*

||

| *ENDIF*

|

| **HC067_ INTRO HEALTH INSURANCE COVERAGE**

| Please look at card 19. I am now going to read out some types of health care. Thinking about
your current health insurance, please tell me who [In
| countries with deductibles in health insurance: PAST YOUR DEDUCTIBLE] finally pays
for the costs of these type of care, should you need them:

| yourself only, mostly yourself, mostly social insurances and your health insurances, or social
insurances and your health insurances only?

| 1. Continue

|

| *LOOP cnt:= 1 TO 10*

||

|| **HC068_ CURRENT HEALTH INSURANCE COVERAGE**

|| Who finally pays for [medical visits to a general practitioner/medical visits to specialists,
when prescribed by a general practitioner/medical

|| visits to specialists, when not prescribed by a general practitioner/medical visits to any
doctor of your choice/dental care/prescribed

|| drugs/hospitalisations in public hospitals/hospitalisations in private hospitals/stays in a
nursing home/nursing care at home in case of chronic

|| disease or disability]? (Yourself only, mostly yourself, mostly your health insurance, or
your health insurance only)?

|| IWER:IF RESPONDENT PAYS FIRST BUT LATER GETS REIMBURSED BY
HEALTH INSURANCES, THIS IS NOT 'ENTIRELY BY RESPONDENT'.

|| 1. Entirely paid by respondent

|| 2. Mostly paid by respondent

|| 3. Mostly paid, or reimbursed, by social insurances and/or respondent's health insurances

|| 4. Entirely paid, or reimbursed, by social insurances and/or respondent's health insurances

||

| *ENDLOOP*

|

| *IF MN101_ (MN101_Longitudinal) = 1*

||

|| **HC069_ CHANGES HEALTH INSURANCE COVERAGE**

|| We are interested in how your health insurance may have changed since our last interview

in [{month year previous interview}]. Taking all your social
|| and health insurances into account, has anything changed, for better or for worse, in your
coverage for health problems since [{month year previous
|| interview}]?

- || 1. No change
- || 2. Better coverage now
- || 3. Worse coverage now

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

||| **HC070_ CHANGES BETTER HEALTH INSURANCE COVERAGE**

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

||| IWER:CODE ALL THAT APPLY

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

|| *ELSE*

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

||| **HC071_ CHANGES WORSE HEALTH INSURANCE COVERAGE**

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

||| IWER:CODE ALL THAT APPLY

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

||| *ENDIF*

|| *ENDIF*

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

|||
 ||| **HC072_ REASONS CHANGES HEALTH INSURANCE COVERAGE**
 ||| Is the change in your health insurance coverage the result of...
 ||| IWER:READ OUT. CODE ALL THAT APPLY
 ||| 1. A life event that automatically changed your insurance coverage, such as retirement
 ||| 2. Your own decision to change insurance coverage
 ||| 3. Changes in the health insurance system
 |||
 ||| *ENDIF*
 |||
 | *ENDIF*
 |
 | *ENDIF*

HC063_ WHO ANSWERED THE QUESTIONS IN HC
 IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?
 1. Respondent only
 2. Respondent and proxy
 3. Proxy only

IF MN024_ (HOUSEHOLD TYPE) = 1

| **EP001_ INTRODUCTION EMPLOYMENT AND PENSIONS**
 | Now I'm going to ask you some questions about your current employment situation.
 | 1. Continue

| **EP005_ CURRENT JOB SITUATION**
 | Please look at card 20. In general, which of the following best describes your current
 employment situation?
 | IWER:CODE ONLY ONEONLY IF RESPONDENT IN DOUBT THEN REFER TO THE
 FOLLOWING:1. RETIRED (RETIRED FROM OWN WORK, INCLUDING SEMI-
 RETIRED, PARTIALLY
 | RETIRED, EARLY RETIRED, PRE-RETIRED2. EMPLOYED OR SELF-EMPLOYED
 (PAID WORK, INCLUDING ALSO WORKING FOR FAMILY BUSINESS BUT UNPAID
 – INCLUDING
 | WORKERS WHO ARE STILL EMPLOYEES OF A FIRM THOUGH CURRENTLY NOT
 PAID)3. UNEMPLOYED (LAID OUT OR OUT OF WORK, INCLUDING SHORT TERM
 UNEMPLOYED)4.
 | PERMANENTLY SICK OR DISABLED (INCLUDING PARTIALLY DISABLED OR
 PARTIALLY INVALID)5. HOMEMAKER (INCLUDING LOOKING AFTER HOME OR
 FAMILY, LOOKING AFTER
 | GRANDCHILDREN)RETIRED REFERS TO RETIRED FROM OWN WORK ONLY.
 RECIPIENTS OF SURVIVOR PENSIONS WHO DO NOT RECEIVE PENSIONS FROM
 OWN WORK SHOULD NOT BE
 | CODED AS RETIRED. IF THEY DO NOT FIT IN CATEGORIES 2 THROUGH 5, THEY
 SHOULD GO INTO OTHER.
 | 1. Retired
 | 2. Employed or self-employed (including working for family business)
 | 3. Unemployed and looking for work

- | 4. Permanently sick or disabled
- | 5. Homemaker
- | 97. Other (Rentier, Living off own property, Student, Doing voluntary work)

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

| | **EP328_ RETIREMENT MONTH**

| | In what month and year did you retire? MONTH: YEAR:

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

| | **EP329_ RETIREMENT YEAR**

| | In what month and year did you retire?MONTH [EP328_RetMonthYEAR]
| | (1900..2007)

| | *ENDIF*

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

| | **EP064_ MAIN REASON FOR EARLY RETIREMENT**

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

| | **IWER:CODE ALL THAT APPLY**

- | | 1. Became eligible for public pension
- | | 2. Became eligible for private occupational pension
- | | 3. Became eligible for a private pension
- | | 4. Was offered an early retirement option/window (with special incentives or bonus)
- | | 5. Made redundant (for example pre-retirement)
- | | 6. Own ill health
- | | 7. Ill health of relative or friend
- | | 8. To retire at same time as spouse or partner
- | | 9. To spend more time with family
- | | 10. To enjoy life

| | **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

|| *ENDIF*

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

|| **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
- || 6. Because you moved town
- || 97. Other reason

|| *ENDIF*

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

|| **EP002_ DID ANY PAID WORK**

|| [We are interested in your work experiences since our last interview./{empty}] Did you do any paid work [since our last interview in/during the last
|| four weeks][{month year previous interview}], either as an employee or self-employed, even if this was only for a few hours?

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

|| *ENDIF*

|| *IF MN101_ (MN101_Longitudinal) = 0*

|| *IF EP005_CurrentJobSit.ORD = 4 OR EP005_CurrentJobSit.ORD = 5 OR EP005_CurrentJobSit.ORD = 97 AND EP002_ (DID ANY PAID WORK) = 5. No*

|| **EP006_ EVER DONE PAID WORK**

|| Have you ever done any paid work?

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

|| *ENDIF*

| *ENDIF*

|
| *IF EP005_ (CURRENT JOB SITUATION) = 4. Permanently sick or disabled AND EP002_ (DID ANY PAID WORK) = 1. Yes OR EP006_ (EVER DONE PAID WORK) = 1. Yes*

|| **EP068_ DISABILITY CAUSED BY WORK**

|| You said that you are permanently sick or disabled. Was this caused by your working activities?

|| 1. Yes

|| 5. No

| *ENDIF*

| *IF MN101_ (MN101_Longitudinal) = 1*

|| *IF EP005_ (CURRENT JOB SITUATION) = 2. Employed or self-employed (including working for family business) OR EP002_ (DID ANY PAID WORK) = 1. Yes*

||| **EP125_ CONTINUOUSLY WORKING**

||| I'd like to know about all of the work for pay that you may have done since [{month year previous interview}] through the present. During that time, have you been working continuously?

||| 1. Yes

||| 5. No

| *ENDIF*

| *IF EP125_ (CONTINUOUSLY WORKING) = 1. Yes*

||| **EP141_ CHANGE IN JOB**

||| **READ OUT from IWER removed**

||| Please look at card 22. Even though you have been working continuously since [{month year previous interview}], have you experienced any of the changes listed on this card?

||| IWER:CODE ALL THAT APPLY.

||| 1. A change in type of employment (for instance from dependent employment to self-employment)

||| 2. A change in employer

||| 3. A promotion

||| 4. A change in job location

||| 5. A change in contract length (from long term to short term or viceversa)

||| 96. None of the above

| *ENDIF*

| *IF EP125_ (CONTINUOUSLY WORKING) = 5. No*

||| **EP331_ INTRODUCTION WHEN WORKING**

||| When have you been working? Please give me all of your start and stop dates if you have been working at more than one occasion.

||| 1. Continue

|||

||| **EP127_ PERIOD FROM MONTH**

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

||| 1. January

||| 2. February

||| 3. March

||| 4. April

||| 5. May

||| 6. June

||| 7. July

||| 8. August

||| 9. September

||| 10. October

||| 11. November

||| 12. December

|||

||| **EP128_ PERIOD FROM YEAR**

||| From what month and year have you been [working/unemployed]? MONTH
[EP127_PeriodFromMonthYEAR]

||| 1. 2003 or earlier

||| 2. 2004

||| 3. 2005

||| 4. 2006

||| 5. 2007

|||

||| **EP129_ PERIOD TO MONTH**

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

||| IWER:IF SPELL STILL ONGOING TYPE 13. TODAY

||| 1. January

||| 2. February

||| 3. March

||| 4. April

||| 5. May

||| 6. June

||| 7. July

||| 8. August

||| 9. September

||| 10. October

||| 11. November

||| 12. December

||| 13. Today

|||

||| *IF EP129_ (PERIOD TO MONTH) <> 13. Today*

|||

||| **EP130_ PERIOD TO YEAR**

||| To what month and year have you been [working/unemployed]? MONTH: [{period to month}] YEAR:

||| IWER:TO YEAR

```

|||| 1. 2004
|||| 2. 2005
|||| 3. 2006
|||| 4. 2007
||||
|||| ENDIF
||||
|||| EP133_ OTHER PERIODS
|||| Were there other times since [{month year previous interview}] when you have been
|[working for pay/unemployed]?
|||| 1. Yes
|||| 5. No
||||
||||
|||| LOOP cnt:= 2 TO 20
||||
|||| IF riodOtherEpisodes[cnt - EP133_ (OTHER PERIODS) = 1. Yes
||||
|||| EP127_ PERIOD FROM MONTH
|||| From what month and year have you been [working/unemployed]? MONTH: YEAR:
|||| 1. January
|||| 2. February
|||| 3. March
|||| 4. April
|||| 5. May
|||| 6. June
|||| 7. July
|||| 8. August
|||| 9. September
|||| 10. October
|||| 11. November
|||| 12. December
||||
|||| EP128_ PERIOD FROM YEAR
|||| From what month and year have you been [working/unemployed]?MONTH
|[EP127_PeriodFromMonthYEAR]
|||| 1. 2003 or earlier
|||| 2. 2004
|||| 3. 2005
|||| 4. 2006
|||| 5. 2007
||||
|||| EP129_ PERIOD TO MONTH
|||| To what month and year have you been [working/unemployed]? MONTH: YEAR:
|||| IWER:IF SPELL STILL ONGOING TYPE 13. TODAY
|||| 1. January
|||| 2. February
|||| 3. March
|||| 4. April
|||| 5. May
|||| 6. June

```

```

||||| 7. July
||||| 8. August
||||| 9. September
||||| 10. October
||||| 11. November
||||| 12. December
||||| 13. Today
|||||
||||| IF EP129_ (PERIOD TO MONTH) <> 13. Today
|||||
||||| EP130_ PERIOD TO YEAR
||||| To what month and year have you been [working/unemployed]? MONTH: [{period to
month}] YEAR:
||||| IWER:TO YEAR
||||| 1. 2004
||||| 2. 2005
||||| 3. 2006
||||| 4. 2007
|||||
||||| ENDIF
|||||
||||| EP133_ OTHER PERIODS
||||| Were there other times since [{month year previous interview}] when you have been
[working for pay/unemployed]?
||||| 1. Yes
||||| 5. No
|||||
|||||
||||| ENDIF
|||||
||| ENDLOOP
|||
||| ENDIF
|||
| ENDIF
|
| IF MN101_ (MN101_Longitudinal) = 0 AND EP006_ (EVER DONE PAID WORK) = 1. Yes
AND EP005_ (CURRENT JOB SITUATION) = 5. Homemaker
| OR MN101_ (MN101_Longitudinal) = 1 AND EP005_ (CURRENT JOB SITUATION) = 5.
Homemaker AND EP002_ (DID ANY PAID WORK) = 1. Yes AND
| EP335_ (WORKED TILL TODAY) = 5
||
|| EP069_ REASON STOP WORKING
|| You said you are currently a homemaker, but you have done paid work in the past. Why did
you stop working?
|| IWER:READ ANSWERS OUT
|| 1. Because of health problems
|| 2. It was too tiring
|| 3. It was too expensive to hire someone to look after home or family
|| 4. Because you wanted to take care of children or grandchildren
|| 5. Because you were laid off, or your place of work or office closed

```

|| 6. Because family income was sufficient

|| 97. Other

||

| *ENDIF*

|

| *IF MN101_ (MN101_Longitudinal) = 1*

||

|| *IF EP005_ (CURRENT JOB SITUATION) <> 3. Unemployed and looking for work AND EP125_ (CONTINUOUSLY WORKING) = 5. No OR*

|| *EP005_ (CURRENT JOB SITUATION) <> 2. Employed or self-employed (including working for family business) AND EP002_ (DID ANY PAID WORK) = 5.*

|| *No*

|||

||| **EP325_ UNEMPLOYED**

||| Now I'd like to know about times since our last interview through the present in which you were not working at all for pay. Were there any times

||| since [{month year previous interview}], when you were unemployed and looking for work?

||| 1. Yes

||| 5. No

|||

|| *ENDIF*

||

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

|||

||| **EP332_ INTRODUCTION WHEN UNEMPLOYED**

||| Now I'd like to know about the times since our last interview through the present in which you were unemployed and looking for work.

||| 1. Continue

|||

|| *ENDIF*

||

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

|||

||| **EP333_ INTRODUCTION DATES UNEMPLOYED**

||| When were you unemployed and looking for work? Please give me all of your start and stop dates if you have been unemployed at more than one occasion.

||| 1. Continue

|||

||| **EP127_ PERIOD FROM MONTH**

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

||| 1. January

||| 2. February

||| 3. March

||| 4. April

||| 5. May

||| 6. June

||| 7. July

||| 8. August

||| 9. September

- ||| 10. October
- ||| 11. November
- ||| 12. December

|||

||| **EP128_ PERIOD FROM YEAR**

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

[EP127_PeriodFromMonthYEAR]

- ||| 1. 2003 or earlier
- ||| 2. 2004
- ||| 3. 2005
- ||| 4. 2006
- ||| 5. 2007

|||

||| **EP129_ PERIOD TO MONTH**

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

||| IWER:IF SPELL STILL ONGOING TYPE 13. TODAY

- ||| 1. January
- ||| 2. February
- ||| 3. March
- ||| 4. April
- ||| 5. May
- ||| 6. June
- ||| 7. July
- ||| 8. August
- ||| 9. September
- ||| 10. October
- ||| 11. November
- ||| 12. December
- ||| 13. Today

|||

||| *IF EP129_ (PERIOD TO MONTH) <> 13. Today*

|||

||| **EP130_ PERIOD TO YEAR**

||| To what month and year have you been [working/unemployed]? MONTH: [{period to month}] YEAR:

||| IWER:TO YEAR

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

|||

||| *ENDIF*

|||

||| **EP133_ OTHER PERIODS**

||| Were there other times since [{month year previous interview}] when you have been [working for pay/unemployed]?

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

|||

||| *LOOP cnt:= 22 TO 40*

|||

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

||| |

||| | **EP127_ PERIOD FROM MONTH**

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

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

||| |

||| | **EP128_ PERIOD FROM YEAR**

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

[EP127_PeriodFromMonthYEAR]

- ||| | 1. 2003 or earlier
- ||| | 2. 2004
- ||| | 3. 2005
- ||| | 4. 2006
- ||| | 5. 2007

||| |

||| | **EP129_ PERIOD TO MONTH**

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

||| | IWER:IF SPELL STILL ONGOING TYPE 13. TODAY

- ||| | 1. January
- ||| | 2. February
- ||| | 3. March
- ||| | 4. April
- ||| | 5. May
- ||| | 6. June
- ||| | 7. July
- ||| | 8. August
- ||| | 9. September
- ||| | 10. October
- ||| | 11. November
- ||| | 12. December
- ||| | 13. Today

||| |

||| | *IF EP129_ (PERIOD TO MONTH) <> 13. Today*

||| |

||| | **EP130_ PERIOD TO YEAR**

||| | To what month and year have you been [working/unemployed]? MONTH: [{period to month}] YEAR:

||| | IWER:TO YEAR

- ||| | 1. 2004
- ||| | 2. 2005

```

||||| 3. 2006
||||| 4. 2007
|||||
||||| ENDIF
|||||
||||| EP133_ OTHER PERIODS
||||| Were there other times since [{month year previous interview}] when you have been
[working for pay/unemployed]?
||||| 1. Yes
||||| 5. No
|||||
||||| ENDIF
|||||
||| ENDLOOP
|||
||| ENDIF
|||
||| EP110_ RECEIVED PUBLIC BENEFITS
||| We would also like to know about times since our last interview through the present in
which you received public benefits, such as early retirement
||| benefits or unemployment benefits. Please look at card 23. Since [{month year previous
interview}] have you received any of the benefits listed on
||| this card?
||| IWER:CODE ALL THAT APPLY
||| 1. old age pension benefits
||| 2. early retirement pension benefits
||| 3. unemployment benefits
||| 4. sickness benefits
||| 5. disability insurance benefits
||| 6. social assistance
||| 96. none of these
|||
||| CHK: NOT (( > 1) AND (96 IN EP110_RecPubBen)) MAIN "^FLError[5]"
||| LOOP cnt2:= 1 TO 6
|||
||| IF cnt2 IN EP110_(RECEIVED PUBLIC BENEFITS)
|||
||||| EP334_ INTRODUCTION WHEN RECEIVED PUBLIC BENEFITS
||||| When have you received [old age pension benefits/early retirement pension
benefits/unemployment benefits/sickness benefits/disability insurance
||||| benefits/social assistance]? Please give me all of your start and stop dates if you have
received [old age pension benefits/early retirement pension
||||| benefits/unemployment benefits/sickness benefits/disability insurance benefits/social
assistance] at more than one occasion.
||||| 1. Continue
|||||
||||| EP111_ RECEIVE PAYMENT PERIOD FROM MONTH
||||| From what month and year have you received [old age pension benefits/early retirement
pension benefits/unemployment benefits/sickness
||||| benefits/disability insurance benefits/social assistance]?
||||| 1. January

```

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

|||

||| **EP112_ RECEIVE PAYMENT PERIOD FROM YEAR**

||| From what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness

||| benefits/disability insurance benefits/social assistance]? MONTH: [{{period from month}}]
YEAR:

- ||| 1. 2003 or earlier
- ||| 2. 2004
- ||| 3. 2005
- ||| 4. 2006
- ||| 5. 2007

|||

||| **EP113_ RECEIVE PAYMENT PERIOD TO MONTH**

||| To what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness

||| benefits/disability insurance benefits/social assistance]?

||| **IWER:IF SPELL STILL ONGOING TYPE 13. TODAY**

- ||| 1. January
- ||| 2. February
- ||| 3. March
- ||| 4. April
- ||| 5. May
- ||| 6. June
- ||| 7. July
- ||| 8. August
- ||| 9. September
- ||| 10. October
- ||| 11. November
- ||| 12. December
- ||| 13. Today

|||

||| *IF EP113_ (RECEIVE PAYMENT PERIOD TO MONTH) <> 13. Today*

|||

||| **EP114_ RECEIVE PAYMENT PERIOD TO YEAR**

||| To what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness

||| benefits/disability insurance benefits/social assistance]? MONTH: [{{period to month}}]
YEAR:

- ||| 1. 2004
- ||| 2. 2005

||||| 3. 2006

||||| 4. 2007

|||||

||||| *ENDIF*

|||||

||||| **EP116_ RECEIVE PAYMENT OTHER EPISODES**

||||| Were there other times since [{ month year last interview}] when you received [old age pension benefits/early retirement pension benefits/unemployment

||||| benefits/sickness benefits/disability insurance benefits/social assistance]?

||||| 1. Yes

||||| 5. No

|||||

||||| *LOOP cnt:= 2 TO 20*

|||||

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

|||||

||||| **EP111_ RECEIVE PAYMENT PERIOD FROM MONTH**

||||| From what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness

||||| benefits/disability insurance benefits/social assistance]?

||||| 1. January

||||| 2. February

||||| 3. March

||||| 4. April

||||| 5. May

||||| 6. June

||||| 7. July

||||| 8. August

||||| 9. September

||||| 10. October

||||| 11. November

||||| 12. December

|||||

||||| **EP112_ RECEIVE PAYMENT PERIOD FROM YEAR**

||||| From what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness

||||| benefits/disability insurance benefits/social assistance]? MONTH: [{period from month}] YEAR:

||||| 1. 2003 or earlier

||||| 2. 2004

||||| 3. 2005

||||| 4. 2006

||||| 5. 2007

|||||

||||| **EP113_ RECEIVE PAYMENT PERIOD TO MONTH**

||||| To what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness

||||| benefits/disability insurance benefits/social assistance]?

||||| **IWER:IF SPELL STILL ONGOING TYPE 13. TODAY**

||||| 1. January

||||| 2. February

- ||||| 3. March
- ||||| 4. April
- ||||| 5. May
- ||||| 6. June
- ||||| 7. July
- ||||| 8. August
- ||||| 9. September
- ||||| 10. October
- ||||| 11. November
- ||||| 12. December
- ||||| 13. Today

||||| *IF EP113_ (RECEIVE PAYMENT PERIOD TO MONTH) <> 13. Today*

||||| **EP114_ RECEIVE PAYMENT PERIOD TO YEAR**

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

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

||||| *ENDIF*

||||| **EP116_ RECEIVE PAYMENT OTHER EPISODES**

||||| Were there other times since [{month year last interview}] when you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]?

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

||||| *ENDIF*

||||| *ENDLOOP*

||||| *ENDIF*

||||| *ENDLOOP*

|| **EP326_ RECEIVED SEVERANCE PAYMENT**

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

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

|| *IF EP326_ (RECEIVED SEVERANCE PAYMENT) = 1. Yes*

|| **EP122_ RECEIVE SEVERANCE MONTH**

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

|| IWER:IF MORE THAN ONE CODE MOST RECENT

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

|| **EP123_ RECEIVE SEVERANCE YEAR**

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

|| IWER:IF MORE THAN ONE CODE MOST RECENT

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

|| *ENDIF*

|| *ENDIF*

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

|| *MN101_ (MN101_Longitudinal) = 0 AND EP002_ (DID ANY PAID WORK) = 1. Yes OR MN101_ (MN101_Longitudinal) = 1 AND EP335_ (WORKED*

|| *TILL TODAY) = 1*

|| **EP008_ INTRODUCTION CURRENT JOB**

|| The following questions are about your current main job.

|| IWER:INCLUDING SEASONAL JOB. THE MAIN JOB IS THE JOB THE RESPONDENT IS WORKING MOST HOURS FOR. IF SAME HOURS THAN CHOOSE THE ONE THE RESPONDENT GETS

|| MORE MONEY FROM.

- || 1. Continue

|| **EP009_ EMPLOYEE OR SELF-EMPLOYED**

|| In this job are you an employee, a civil servant, or a self-employed?

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

|| *IF MN101_ (MN101_Longitudinal) = 0 OR NOT 96. None of the above IN EP141_ (CHANGE IN JOB) OR EP125_ (CONTINUOUSLY WORKING) =*

- || 5. No

|| **EP010_ START OF CURRENT JOB (YEAR)**

```

||| In which year did you start this job?
||| (1900..2007)
|||
||| IF EP010_ (START OF CURRENT JOB (YEAR)) <> DONTKNOW AND EP010_ (START
OF CURRENT JOB (YEAR)) <> REFUSAL
|||
CHK: ((YEAR (SYSDATE) - EP010_CurJobYear) + 10) < MN808_AgeRespondent MAIN
"^FLError[10]"
||| ENDIF
|||
||| EP016_ NAME OR TITLE OF JOB
||| Please look at showcard 24. What best describes this job?
||| 1. Legislator, senior official or manager
||| 2. Professional
||| 3. Technician or associate professional
||| 4. Clerk
||| 5. Service worker and shop and market sales worker
||| 6. Skilled agricultural or fishery worker
||| 7. Craft and related trades worker
||| 8. Plant and machine operator or assembler
||| 9. Elementary occupation
||| 10. Armed forces
|||
||| EP018_ WHICH INDUSTRY ACTIVE
||| Please look at showcard 25. What kind of business, industry or services do you work in?
||| 1. Agriculture, hunting, forestry, fishing
||| 2. Mining and quarrying
||| 3. Manufacturing
||| 4. Electricity, gas and water supply
||| 5. Construction
||| 6. Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and
household goods
||| 7. Hotels and restaurants
||| 8. Transport, storage and communication
||| 9. Financial intermediation
||| 10. Real estate, renting and business activities
||| 11. Public administration and defence; compulsory social security
||| 12. Education
||| 13. Health and social work
||| 14. Other community, social and personal service activities
|||
||| IF EP009_ (EMPLOYEE OR SELF-EMPLOYED) = 1. Employee
|||
||| EP019_ FIRM BELONGS TO THE PUBLIC SECTOR
||| In this job are you employed in the public sector?
||| 1. Yes
||| 5. No
|||
||| ENDIF
|||
||| IF EP009_ (EMPLOYEE OR SELF-EMPLOYED) = 1. Employee OR

```

EP009_EmployeeOrSelf.ORD = 2

|||

||| **EP021_ RESPONSIBILITY FOR SUPERVISING OTHER EMPLOYEES**

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

||| 1. Yes

||| 5. No

|||

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

|||

||| **EP022_ NUMBER OF PEOPLE RESPONSIBLE FOR**

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

||| 1. 1 to 5

||| 2. 6 to 15

||| 3. 16 to 24

||| 4. 25 to 199

||| 5. 200 to 499

||| 6. 500 or more

|||

||| *ENDIF*

|||

||| *ELSE*

|||

||| *IF EP009_EmployeeOrSelf.ORD = 3*

|||

||| **EP024_ NUMBER OF EMPLOYEES**

||| How many employees, if any, do you have in this job?

||| IWER:EXCLUDING RESPONDENT

||| 0. None

||| 1. 1 to 5

||| 2. 6 to 15

||| 3. 16 to 24

||| 4. 25 to 199

||| 5. 200 to 499

||| 6. 500 or more

|||

||| *ENDIF*

|||

||| *ENDIF*

|||

||| *IF EP009_ (EMPLOYEE OR SELF-EMPLOYED) = 1. Employee OR*

EP009_EmployeeOrSelf.ORD = 2

|||

||| **EP011_ TERM OF JOB**

||| In this job, do you have a short-term or a permanent contract?

||| IWER:BY SHORT-TERM WE MEAN LESS THAN 3 YEARS

||| 1. Short-term

||| 2. Permanent

|||

||| **EP012_ TOTAL CONTRACTED HOURS PER WEEK IN THIS JOB**

||| What are your total basic or contracted hours each week in this job, excluding meal breaks and any paid or unpaid overtime?

||| _____ (0.0..168.0)

|||

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

||| *ENDIF*

|||

||| *ENDIF*

|||

||| **EP013_ TOTAL HOURS WORKED PER WEEK**

||| [Regardless of your basic contracted hours/{empty}] [how many/How many] hours a week do you usually work in this job, excluding meal breaks [but

||| including any paid or unpaid overtime/{empty}]?

||| _____ (0.0..168.0)

|||

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

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

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

||| _____ (1..12)

|||

||| **EP301_ MISSED DAYS FROM WORK**

||| In the last 12 months, did you miss any days from work because of your health?

||| 1. Yes

||| 5. No

|||

||| *IF EP301_ (MISSED DAYS FROM WORK) = 1. Yes*

|||

||| **EP302_ HOW MANY DAYS MISSED FROM WORK**

||| About how many days did you miss?

||| _____ (1..365)

|||

||| *ENDIF*

|||

||| **EP025_ INTRODUCTION WORK SATISFACTION**

||| Please look at card 26.I am now going to read some statements people might use to describe their work. We would like to know if you feel like this

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

||| 1. Continue

|||

||| **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 26

||| 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 26

- || 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 26

- || 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 26

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

|| **EP030_ I HAVE AN OPPORTUNITY TO DEVELOP NEW SKILLS**

|| I have an opportunity to develop new skills. (Would you say you strongly agree, agree, disagree or strongly disagree?)

|| IWER:SHOW CARD 26

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

|| **EP031_ SUPPORT IN DIFFICULT SITUATIONS**

|| I receive adequate support in difficult situations. (Would you say you strongly agree, agree, disagree or strongly disagree?)

|| IWER:SHOW CARD 26

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

|| **EP032_ RECEIVE THE RECOGNITION DESERVING FOR MY WORK**

|| I receive the recognition I deserve for my work. (Would you say you strongly agree, agree, disagree or strongly disagree?)

|| IWER:SHOW CARD 26

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

|| **EP033_ SALARY OR EARNINGS ARE ADEQUATE**

|| Considering all my efforts and achievements, my [salary is/earnings are] adequate. (Would you say you strongly agree, agree, disagree or strongly disagree?)

|| IWER:SHOW CARD 26. IN CASE OF DOUBT EXPLAIN: WE MEAN ADEQUATE FOR THE WORK DONE

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

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

||| **EP034_ PROSPECTS FOR JOB ADVANCEMENT ARE POOR**

||| My [job promotion prospects/prospects for job advancement] are poor. (Would you say you strongly agree, agree, disagree or strongly disagree?)

||| IWER:SHOW CARD 26

- ||| 1. Strongly agree
- ||| 2. Agree
- ||| 3. Disagree
- ||| 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 26

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

||| **EP036_ LOOK FOR EARLY RETIREMENT**

||| Now we will not use card 26 any longer. Thinking about your present job, would you like to retire as early as you can from this job?

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

||| **EP037_ AFRAID HEALTH LIMITS ABILITY TO WORK BEFORE REGULAR RETIREMENT**

||| Are you afraid that your health will limit your ability to work in this job before regular retirement?

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

|||
||| *ENDIF*

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

||| **EP038_ FREQUENCY OF PAYMENT**

||| Now I'd like to ask some questions about your income from your job. How often do you

get paid?

||| IWER:DO NOT READ OUT

||| 1. Every week

||| 2. Every two weeks

||| 3. Every calendar month/4 weeks

||| 4. Every three months/13 weeks

||| 5. Every six months/26 weeks

||| 6. Every year/12 months/52 weeks

||| 97. Other frequency (specify)

|||

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

|||

||| **EP039_ OTHER FREQUENCY OF PAYMENT**

|||

||| IWER:CODE OTHER FREQUENCY

||| _____

|||

||| *ENDIF*

|||

||| **EP201_ TAKEN HOME FROM WORK AFTER TAX**

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

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

||| {enter an amount}

|||

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

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

|||

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

|||

||| *ENDIF*

|||

||| **EP214_ AMOUNT INCLUDE ADDITIONAL PAYMENTS**

||| Did this amount include any additional payments or bonuses?

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

||| 1. Yes

||| 5. No

|||

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

|||

||| **EP314_ TOTAL AMOUNT OF ADDITIONAL PAYMENTS**

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

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

||| {enter an amount}

|||

||| *ENDIF*

|||

||| **EP041_ TAKEN HOME FROM WORK BEFORE TAX**

||| Before any deductions for tax, national insurance or pension and health contributions and

so on, about how much was your last payment?

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

||| {enter an amount}

|||

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

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

|||

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

|||

||| ENDIF

|||

|| ELSE

|||

||| IF EP009_EmployeeOrSelf.ORD = 3

|||

||| EP045_ TOTAL AMOUNT BEFORE TAX PROFITS END OF YEAR

||| Now I'd like to ask about your income from your business, that is after paying for any materials, equipment or goods that you use in your work. What

||| was on average your monthly income from your business over the last twelve months before subtracting taxes?

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

||| {enter an amount}

|||

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

||| IF EP045_ (TOTAL AMOUNT BEFORE TAX PROFITS END OF YEAR) = NONRESPONSE

|||

||| BRACKETS (FLUnfolding[10], FLCurr, BRs.Brackets[23].BR1, BRs.Brackets[23].BR2, BRs.Brackets[23].BR3)

|||

||| ENDIF

|||

||| EP305_ TOTAL AMOUNT AFTER TAXES PROFITS END OF YEAR

||| Now, we would like to know your monthly income from your business over the last twelve months after subtracting taxes?

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

||| {enter an amount}

|||

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

||| IF EP305_ (TOTAL AMOUNT AFTER TAXES PROFITS END OF YEAR) = NONRESPONSE

|||

||| BRACKETS (FLUnfolding[5], FLCurr, BRs.Brackets[23].BR1, BRs.Brackets[23].BR2, BRs.Brackets[23].BR3)

|||

||| ENDIF

|||

||| ENDIF

|||

```

|| ENDIF
||
|| IF EP005_ (CURRENT JOB SITUATION) = 2. Employed or self-employed (including
|| working for family business)
|||
||| EP007_ CURRENTLY MORE THAN ONE JOB
||| So far we have talked about your main job. Do you currently have a second job besides
||| your main job?
||| 1. Yes
||| 5. No
|||
||| IF EP007_ (CURRENTLY MORE THAN ONE JOB) = 1. Yes
|||
||| EP321_ TOTAL HOURS WORKED PER WEEK SECOND JOB
||| [Regardless of your basic contracted hours/{empty}] [how many/How many] hours a
||| week do you usually work in this job, excluding meal breaks [but
||| including any paid or unpaid overtime /{empty}].
||| _____ (0.0..168.0)
|||
||| EP322_ MONTHS WORKED IN SECOND JOB (NUMBER)
||| How many months a year are you normally working in this job (including paid holidays)?
||| _____ (1..12)
|||
||| ENDIF
|||
|| ENDIF
||
|| ENDIF
||
|| IF MN101_ (MN101_Longitudinal) = 0 AND EP006_ (EVER DONE PAID WORK) = 1. Yes
|| OR EP005_ (CURRENT JOB SITUATION) = 1. Retired OR
|| EP005_ (CURRENT JOB SITUATION) = 3. Unemployed and looking for work
||
|| EP048_ INTRODUCTION PAST JOB
|| We are now going to talk about the last job you had [before you retired/before you became
|| unemployed/{empty}].
|| 1. Continue
||
|| EP050_ YEAR LAST JOB END
|| In which year did your last job end?
|| (1900..2007)
||
|| EP049_ YEARS WORKING IN LAST JOB
|| How many years have you been working in your last job?
|| _____ (0..99)
||
|| EP051_ EMPLOYEE OR A SELF EMPLOYED IN LAST JOB
|| In this job were you an employee or self-employed?
|| 1. Employee
|| 2. Civil servant
|| 3. Self-employed

```

```

||
|| EP052_ NAME OR TITLE OF JOB
|| Please look at showcard 27. What best describes this job?
|| IWER:CODE ANSWERS 1..10.
|| 1. Legislator, senior official or manager
|| 2. Professional
|| 3. Technician or associate professional
|| 4. Clerk
|| 5. Service worker and shop and market sales worker
|| 6. Skilled agricultural or fishery worker
|| 7. Craft and related trades worker
|| 8. Plant and machine operator or assembler
|| 9. Elementary occupation
|| 10. Armed forces
||
|| EP054_ WHICH INDUSTRY ACTIVE
|| Please look at showcard 28. What kind of business, industry or services did you work in?
|| IWER:CODE ANSWERS 1..14.
|| 1. Agriculture, hunting, forestry, fishing
|| 2. Mining and quarrying
|| 3. Manufacturing
|| 4. Electricity, gas and water supply
|| 5. Construction
|| 6. Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and
household goods
|| 7. Hotels and restaurants
|| 8. Transport, storage and communication
|| 9. Financial intermediation
|| 10. Real estate, renting and business activities
|| 11. Public administration and defence; compulsory social security
|| 12. Education
|| 13. Health and social work
|| 14. Other community, social and personal service activities
||
|| IF EP051_EmployeeORSelf.ORD = 1
||
|| EP055_ FIRM BELONGED TO THE PUBLIC SECTOR
|| In this job were you employed in the public sector?
|| 1. Yes
|| 5. No
||
|| ENDIF
||
|| IF EP051_EmployeeORSelf.ORD = 1 OR EP051_EmployeeORSelf.ORD = 2
||
|| EP057_ RESPONSIBILITY FOR SUPERVISING THE WORK
|| In this job, did you have any responsibility for supervising the work of other employees?
|| 1. Yes
|| 5. No
||
|| IF EP057_ (RESPONSIBILITY FOR SUPERVISING THE WORK) = 1. Yes

```

|||
||| **EP058_ NUMBER OF PEOPLE RESPONSIBLE FOR**

||| About how many people were you responsible for?

- ||| 1. 1 to 5
- ||| 2. 6 to 15
- ||| 3. 16 to 24
- ||| 4. 25 to 199
- ||| 5. 200 to 499
- ||| 6. 500 or more

|||
||| *ENDIF*

|||
||| *ENDIF*

|||
||| *IF EP051_EmployeeORSelf.ORD = 3*

|||
||| **EP061_ NUMBER OF EMPLOYEES**
||| How many employees, if any, did you have?
||| IWER:READ ANSWERS OUT

- ||| 0. None
- ||| 1. 1 to 5
- ||| 2. 6 to 15
- ||| 3. 16 to 24
- ||| 4. 25 to 199
- ||| 5. 200 to 499
- ||| 6. 500 or more

|||
||| *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 [{{previous year}}].

- 1. Continue

EP204_ ANY EARNINGS FROM EMPLOYMENT LAST YEAR

Have you had any wages, salaries or other earnings from dependent employment in [{{previous year}}]?

- 1. Yes
- 5. No

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

|
| **EP205_ EARNINGS EMPLOYMENT PER YEAR AFTER TAXES**

| After any taxes and contributions, what was your approximate income from employment in the year [{{previous year}}]?

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

| {enter an amount}

|

CHK: EP205_EarningsEmplAT <> EMPTY MAIN "^FLError[20]"

| IF EP205_ (EARNINGS EMPLOYMENT PER YEAR AFTER TAXES) = NONRESPONSE

||

|| BRACKETS (FLUnfolding[12], FLCurr, BRs.Brackets[26].BR1, BRs.Brackets[26].BR2, BRs.Brackets[26].BR3)

||

| ENDIF

|

ENDIF

EP206_ INCOME FROM SELF-EMPLOYMENT LAST YEAR

Have you had any income at all from self-employment or work for a family business in [previous year]?

1. Yes
5. No

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

|

| EP207_ EARNINGS PER YEAR AFTER TAXES FROM SELF-EMPLOYMENT

| After any taxes and contributions and after paying for any materials, equipment or goods that you use in your work, what was your approximate income

| from self-employment in the year [previous year]?

| IWER:AMOUNT IN [local currency]

| {enter an amount}

|

CHK: EP207_EarningsSelfAT <> EMPTY MAIN "^FLError[20]"

| IF EP207_ (EARNINGS PER YEAR AFTER TAXES FROM SELF-EMPLOYMENT) = NONRESPONSE

||

|| BRACKETS (FLUnfolding[13], FLCurr, BRs.Brackets[27].BR1, BRs.Brackets[27].BR2, BRs.Brackets[27].BR3)

||

| ENDIF

|

ENDIF

EP303_ INTRODUCTION INCOME FROM PUBLIC PENSIONS

Now we are going to ask you a set of questions regarding income from different public pensions and benefits. Even if we have asked you already some information, it is important for us to have all the details. First we are going to ask you about amounts, then we ask you about the timing of these payments, and finally for how long you have received them.

1. Continue

EP071_ INCOME FROM PUBLIC PENSIONS IN LAST YEAR

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

IWER:CODE ALL THAT APPLY

1. Public old age pension

2. Public old age supplementary pension or public old age second pension
3. Public early retirement or pre-retirement pension
4. Main public disability insurance pension, or sickness benefits
5. Secondary public disability insurance pension, or sickness benefits
6. Public unemployment benefit or insurance
7. Main public survivor pension from your spouse or partner
8. Secondary public survivor pension from your spouse or partner
9. Public war pension
10. Public long-term care insurance
96. None of these

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

LOOP cnt:= 1 TO 10

|

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

||

|| **EP078_ TYPICAL PAYMENT OF PENSION IN LAST YEAR**

|| After taxes, about how large was a typical payment of [your public old age pension/your public old age supplementary pension or public old age second

|| pension/your public early retirement or pre-retirement pension/your main public disability insurance pension, or sickness benefits/your secondary

|| public disability insurance pension, or sickness benefits/your public unemployment benefit or insurance/your main public survivor pension from your

|| spouse or partner/your secondary public survivor pension from your spouse or partner/your public war pension/your public long-term care

|| insurance/your occupational old age pension from your last job/your occupational old age pension from your second job/your occupational old age

|| pension from a third job/your occupational early retirement pension/your occupational disability or invalidity insurance/your occupational survivor

|| pension from your spouse or partner's job] in [{previous year}]?

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

|| {enter an amount}

||

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

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

|||

||| BRACKETS (FLUnfolding[17], FLCurr, BRs.Brackets[45].BR1, BRs.Brackets[45].BR2, BRs.Brackets[45].BR3)

|||

|| *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
||
|| EP208_ HOW MANY MONTHS RECEIVED INCOME SOURCE
|| For how many months altogether did you receive [the public old age pension/the public old
age supplementary pension or public old age second
|| pension/the public early retirement or pre-retirement pension/the main public disability
insurance pension, or sickness benefits/the secondary public
|| disability insurance pension, or sickness benefits/the public unemployment benefit or
insurance/the main public survivor pension from your spouse or
|| partner/the secondary public survivor pension from your spouse or partner/the public war
pension/the public long-term care insurance/the occupational
|| old age pension from your last job/the occupational old age pension from your second
job/the occupational old age pension from a third job/the
|| occupational early retirement pension/the occupational disability or invalidity insurance/the
occupational survivor pension from your spouse or
|| partner's job] in [{previous year}]?
|| IWER:NOT HOW MANY PAYMENTS WERE MADE, BUT THE TIME-SPAN.
EXAMPLE: THE PENSION WAS RECEIVED DURING THE WHOLE YEAR, THE
ANSWER IS 12. IN CASE THE
|| RESPONDENT STARTED RECEIVING IT IN NOVEMBER, THE ANSWER IS 2.
|| _____ (1..12)
||
|| IF NOT MN101_ (MN101_Longitudinal) = 1 AND Index < 11
||
|| EP213_ YEAR RECEIVED INCOME SOURCE
||
|| 'your' replaced by 'this'
|| In which year did you first receive this [public old age pension/public old age
supplementary pension or public old age second pension/public
|| early retirement or pre-retirement pension/main public disability insurance pension, or
sickness benefits/secondary public disability insurance
|| pension, or sickness benefits/public unemployment benefit or insurance/main public
survivor pension from your spouse or partner/secondary public
|| survivor pension from your spouse or partner/public war pension/public long-term care
insurance/occupational old age pension from your last
|| job/occupational old age pension from your second job/occupational old age pension from
a third job/occupational early retirement
|| pension/occupational disability or invalidity insurance/occupational survivor pension from
your spouse or partner's job]?
|| (1900..2005)
||
|| ENDIF
||

```



```

|| EP081_ LUMP SUM PAYMENT INCOME SOURCE
|| Did you receive any additional, or extra or lump sum (one off) payment from [your public
old age pension/your public old age supplementary pension or
|| public old age second pension/your public early retirement or pre-retirement pension/your
main public disability insurance pension, or sickness
|| benefits/your secondary public disability insurance pension, or sickness benefits/your
public unemployment benefit or insurance/your main public
|| survivor pension from your spouse or partner/your secondary public survivor pension from
your spouse or partner/your public war pension/your public
|| long-term care insurance/occupational old age pension from your last job/occupational old
age pension from your second job/occupational old age
|| pension from a third job/occupational early retirement pension/occupational disability or
invalidity insurance/occupational survivor pension from
|| your spouse or partner's job] during the year [{previous year}]?
|| IWER:LUMP SUM PAYMENTS ARE FOR EXAMPLE (COUNTRY-SPECIFIC
EXAMPLE, E.G."LIQUIDAZIONE" OR "TFR TRATTAMENTO DI FINE RAPPORTO"
IN ITALY )CONSIDER ALL
|| EXTRAS, SUCH AS BONUSES, 13TH MONTH ETC.
|| 1. Yes
|| 5. No
||
|| IF EP081_ (LUMP SUM PAYMENT INCOME SOURCE) = 1. Yes
|||
||| EP082_ TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME SOURCE
||| After taxes, about how much did you receive overall as additional or extra payments last
year from [this public old age pension/this public old age
||| supplementary pension or public old age second pension/this public early retirement or
pre-retirement pension/this main public disability insurance
||| pension, or sickness benefits/this secondary public disability insurance pension, or
sickness benefits/this public unemployment benefit or
||| insurance/this main public survivor pension from your spouse or partner/this secondary
public survivor pension from your spouse or partner/this
||| public war pension/this public long-term care insurance/this occupational old age pension
from your last job/this occupational old age pension from
||| your second job/this occupational old age pension from a third job/this occupational early
retirement pension/this occupational disability or
||| invalidity insurance/this occupational survivor pension from your spouse or partner's job]?
||| IWER:AMOUNT IN [FLCURRINCLUDE] ALL ADDITIONAL OR EXTRA
PAYMENTS
||| {enter an amount}
|||
CHK: EP082_TotAmountLS <> EMPTY MAIN "^FLError[20]"
||| IF EP082_ (TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME SOURCE) =
NONRESPONSE
|||
||| BRACKETS (FLUnfolding[7], FLCurr, BRs.Brackets[24].BR1, BRs.Brackets[24].BR2,
BRs.Brackets[24].BR3)
|||
||| ENDIF
|||
||| ENDIF

```

```
||  
| ENDIF  
|  
ENDLOOP
```

EP323_ INTRODUCTION OCCUPATIONAL PENSIONS

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

EP324_ OCCUPATIONAL PENSION INCOME SOURCES

Please look at card 30. Have you received income from any of these sources in the year
[previous year] ?

IWER:CODE ALL THAT APPLY

1. Occupational old age pension from your last job
2. Occupational old age pension from a second job
3. Occupational old age pension from a third job
4. Occupational early retirement pension
5. Occupational disability or invalidity insurance
6. Occupational survivor pension from your spouse or partner's job
96. None of these

LOOP cnt:= 11 TO 16

```
|  
| IF cnt - >1. Occupational old age pension from your last job IN EP324_(OCCUPATIONAL  
PENSION INCOME SOURCES)
```

```
||  
|| EP078_ TYPICAL PAYMENT OF PENSION IN LAST YEAR  
|| After taxes, about how large was a typical payment of [your public old age pension/your  
public old age supplementary pension or public old age second  
pension/your public early retirement or pre-retirement pension/your main public disability  
insurance pension, or sickness benefits/your secondary  
public disability insurance pension, or sickness benefits/your public unemployment benefit  
or insurance/your main public survivor pension from your  
spouse or partner/your secondary public survivor pension from your spouse or partner/your  
public war pension/your public long-term care  
insurance/your occupational old age pension from your last job/your occupational old age  
pension from your second job/your occupational old age  
pension from a third job/your occupational early retirement pension/your occupational  
disability or invalidity insurance/your occupational survivor  
pension from your spouse or partner's job] in [previous year]?  
|| IWER:AMOUNT IN [FLCURRIT] IS AN ORDINARY TYPICAL-REGULAR  
PAYMENT, EXCLUDING ANY EXTRAS, SUCH AS BONUSES, 13TH MONTH ETC.  
|| {enter an amount}
```

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

```
|| IF EP078_ (TYPICAL PAYMENT OF PENSION IN LAST YEAR) = NONRESPONSE  
|||  
||| BRACKETS (FLUnfolding[17], FLCurr, BRs.Brackets[45].BR1, BRs.Brackets[45].BR2,  
BRs.Brackets[45].BR3)  
|||  
|| 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
||
|| EP208_ HOW MANY MONTHS RECEIVED INCOME SOURCE
|| For how many months altogether did you receive [the public old age pension/the public old
age supplementary pension or public old age second
|| pension/the public early retirement or pre-retirement pension/the main public disability
insurance pension, or sickness benefits/the secondary public
|| disability insurance pension, or sickness benefits/the public unemployment benefit or
insurance/the main public survivor pension from your spouse or
|| partner/the secondary public survivor pension from your spouse or partner/the public war
pension/the public long-term care insurance/the occupational
|| old age pension from your last job/the occupational old age pension from your second
job/the occupational old age pension from a third job/the
|| occupational early retirement pension/the occupational disability or invalidity insurance/the
occupational survivor pension from your spouse or
|| partner's job] in [{previous year}]?
|| IWER:NOT HOW MANY PAYMENTS WERE MADE, BUT THE TIME-SPAN.
EXAMPLE: THE PENSION WAS RECEIVED DURING THE WHOLE YEAR, THE
ANSWER IS 12. IN CASE THE
|| RESPONDENT STARTED RECEIVING IT IN NOVEMBER, THE ANSWER IS 2.
|| _____ (1..12)
||
|| IF NOT MN101_ (MN101_Longitudinal) = 1 AND Index < 11
||
|| EP213_ YEAR RECEIVED INCOME SOURCE
||
|| 'your' replaced by 'this'
|| In which year did you first receive this [public old age pension/public old age
supplementary pension or public old age second pension/public
|| early retirement or pre-retirement pension/main public disability insurance pension, or
sickness benefits/secondary public disability insurance
|| pension, or sickness benefits/public unemployment benefit or insurance/main public
survivor pension from your spouse or partner/secondary public

```

||| survivor pension from your spouse or partner/public war pension/public long-term care insurance/occupational old age pension from your last
 ||| job/occupational old age pension from your second job/occupational old age pension from a third job/occupational early retirement
 ||| pension/occupational disability or invalidity insurance/occupational survivor pension from your spouse or partner's job]?
 ||| (1900..2005)
 |||
 || *ENDIF*
 ||
 || **EP081_ LUMP SUM PAYMENT INCOME SOURCE**
 || Did you receive any additional, or extra or lump sum (one off) payment from [your public old age pension/your public old age supplementary pension or
 || public old age second pension/your public early retirement or pre-retirement pension/your main public disability insurance pension, or sickness
 || benefits/your secondary public disability insurance pension, or sickness benefits/your public unemployment benefit or insurance/your main public
 || survivor pension from your spouse or partner/your secondary public survivor pension from your spouse or partner/your public war pension/your public
 || long-term care insurance/occupational old age pension from your last job/occupational old age pension from your second job/occupational old age
 || pension from a third job/occupational early retirement pension/occupational disability or invalidity insurance/occupational survivor pension from
 || your spouse or partner's job] during the year [{previous year}]?
 || IWER:LUMP SUM PAYMENTS ARE FOR EXAMPLE (COUNTRY-SPECIFIC
 EXAMPLE, E.G."LIQUIDAZIONE" OR "TFR TRATTAMENTO DI FINE RAPPORTO"
 IN ITALY)CONSIDER ALL
 || EXTRAS, SUCH AS BONUSES, 13TH MONTH ETC.
 || 1. Yes
 || 5. No
 ||
 || *IF EP081_ (LUMP SUM PAYMENT INCOME SOURCE) = 1. Yes*
 |||
 ||| **EP082_ TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME SOURCE**
 ||| After taxes, about how much did you receive overall as additional or extra payments last year from [this public old age pension/this public old age
 ||| supplementary pension or public old age second pension/this public early retirement or pre-retirement pension/this main public disability insurance
 ||| pension, or sickness benefits/this secondary public disability insurance pension, or sickness benefits/this public unemployment benefit or
 ||| insurance/this main public survivor pension from your spouse or partner/this secondary public survivor pension from your spouse or partner/this
 ||| public war pension/this public long-term care insurance/this occupational old age pension from your last job/this occupational old age pension from
 ||| your second job/this occupational old age pension from a third job/this occupational early retirement pension/this occupational disability or
 ||| invalidity insurance/this occupational survivor pension from your spouse or partner's job]?
 ||| IWER:AMOUNT IN [FLCURRENCLUDE] ALL ADDITIONAL OR EXTRA
 PAYMENTS
 ||| {enter an amount}
 |||

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

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

|||

||| BRACKETS (FLUnfolding[7], FLCurr, BRs.Brackets[24].BR1, BRs.Brackets[24].BR2,
BRs.Brackets[24].BR3)

|||

|| ENDIF

||

|| ENDIF

||

| ENDIF

|

ENDLOOP

EP089_ ANY OTHER REGULAR PAYMENTS RECEIVED

Please look at card 31. Did you receive any of the following regular payments or transfers during the year [{previous year}]?

IWER:CODE ALL THAT APPLY

1. Regular life insurance payments
2. Regular private annuity or private personal pension payments
3. Alimony
4. Regular payments from charities
5. Long-term care insurance payments from a private insurance company
96. None of these

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

LOOP cnt:= 1 TO 5

|

| IF cnt IN EP089_(ANY OTHER REGULAR PAYMENTS RECEIVED)

||

|| EP094_ TOTAL AMOUNT IN THE LAST PAYMENT

|| After any taxes and contributions, about how large was the average payment of [your life insurance payments/your private annuity or private personal

|| pension payments/your alimony/your regular payments from charities/your long-term care insurance payments] in [{previous year}]?

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

|| {enter an amount}

||

CHK: EP094_TotalAmountBenLP <> EMPTY MAIN "^FLError[20]"

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

|||

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

|||

|| ENDIF

||

|| EP090_ Period RECEIVED REGULAR PAYMENTS

|| Which period did that payment cover?

|| 1. One week

```

|| 2. Two weeks
|| 3. Calendar month/4 weeks
|| 4. Three months/13 weeks
|| 5. Six months/26 weeks
|| 6. Full year/12 months/52 weeks
|| 97. Other (specify)
||
|| IF EP090_ (PERIOD RECEIVED REGULAR PAYMENTS) = 97. Other (specify)
||
|| EP091_ OTHER PERIOD OF RECEIVING REGULAR PAYMENTS
||
|| IWER:SPECIFY OTHER
|| _____
||
|| ENDIF
||
|| EP096_ MONTHS RECEIVED REGULAR PAYMENTS
|| For how many months altogether did you receive [life insurance payments/private annuity
|| or private personal pension payments/alimony/regular payments
|| from charities/long-term care insurance payments] in [{previous year}]?
|| _____ (1..12)
||
|| EP092_ ADDITIONAL PAYMENTS FOR THIS BENEFIT IN LAST YEAR
|| For [your life insurance payments/your private annuity or private personal pension
|| payments/your alimony/your regular payments from charities/your
|| long-term care insurance payments], did you get additional or lump sum payments in
|| [{previous year}]?
|| 1. Yes
|| 5. No
||
|| IF EP092_ (ADDITIONAL PAYMENTS FOR THIS BENEFIT IN LAST YEAR) = 1. Yes
||
|| EP209_ ADDITIONAL PAYMENTS AFTER TAXES
|| After any taxes and contributions, about how much did you get in additional payments?
|| IWER:AMOUNT IN [{local currency}]
|| {enter an amount}
||
|| CHK: EP209_AddPaymAT <> EMPTY MAIN "^FLError[20]"
|| IF EP209_ (ADDITIONAL PAYMENTS AFTER TAXES) = NONRESPONSE
||
|| BRACKETS (FLUnfolding[18], FLCurr, BRs.Brackets[46].BR1, BRs.Brackets[46].BR2,
|| BRs.Brackets[46].BR3)
||
|| ENDIF
||
|| ENDIF
||
|| ENDIF
||
|| ENDLOOP

```

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

| **EP097_ PENSION CLAIMS**

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

- | 1. Yes
- | 5. No

| IF EP097_ (PENSION CLAIMS) = 1. Yes

|| **EP098_ TYPE OF PENSION YOU WILL BE ENTITLED TO**

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

|| IWER:CODE ALL THAT APPLY RESPONDENT MUST NOT RECEIVE ALREADY THESE PENSIONS

- || 1. Public old age pension
- || 2. Public early retirement or pre-retirement pension
- || 3. Public disability insurance; sickness/invalidity/incapacity pension
- || 4. Private (occupational) old age pension
- || 5. Private (occupational) early retirement pension
- || 96. None of these

CHK: NOT ((> 1) AND (96 IN EP098_TypeOfPension)) MAIN "^FLError[5]"

|| LOOP cnt:= 1 TO 9

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

|||| **EP101_ NAME OF PLAN OR FUND**

|||| What is the name of the institution (pension plan) which will provide [your public old age pension/your public early retirement or pre-retirement

|||| pension/your public disability insurance; sickness/invalidity/incapacity pension/your private (occupational) old age pension/your private

|||| (occupational) early retirement pension/{empty}/{empty}/{empty}/{empty}]?

|||| _____

|||| **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/{empty}/{empty}/{empty}/{empty}] 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/{empty}/{empty}/{empty}/{empty}] ?

|||| _____ (0..120)

||||
|||| **EP106_ EXPECTED AGE TO COLLECT THIS PENSION**
|||| At what age do you yourself expect to start collecting this pension payment for the first
time?
|||| _____ (30..75)
||||

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

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

||||
|||| **EP109_ PERCENTAGE OF SALARY RECEIVED AS PENSION**
|||| Please think about the time in which you will start collecting this pension.
Approximately, what percentage of your last earnings will [your public
|||| old age pension/your public early retirement or pre-retirement pension/your public
disability insurance; sickness/invalidity/incapacity pension/your
|||| private (occupational) old age pension/your private (occupational) early retirement
pension] amount to?

|||| **IWER:LAST EARNINGS BEFORE COLLECTING PENSION**
|||| _____ (0..100)

||||
|||| *ENDIF*

||||
||| *ENDIF*

|||
|| *ENDLOOP*

||
| *ENDIF*

|
ENDIF

EP210_ WHO ANSWERED SECTION EP

IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

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

GS001_ WILLING TO HAVE HANDGRIP MEASURED

Now I would like to assess the strength of your hand in a gripping exercise. I will ask you to squeeze this handle as hard as you can, just for a couple of seconds and then let go. I will take two alternate measurements from your right and your left hand. Would you be willing to have your handgrip measured?

IWER:DEMONSTRATE GRIP STRENGTH MEASURE

1. R agrees to take measurement
2. R refuses to take measurement
3. R is unable to take measurement

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

| **GS010_ WHY NOT COMPLETED GS TEST**

| IWER:Why didn't R complete the grip strength test? CODE ALL THAT APPLY

- | 1. R felt it would not be safe
- | 2. IWER felt it would not be safe
- | 3. R refused, no reason given
- | 4. R tried but was unable to complete test
- | 5. R did not understand the instructions
- | 6. R had surgery, injury, swelling, etc. on both hands in past 6 months
- | 97. Other (Specify)

| *IF 97. Other (Specify) IN GS010_(WHY NOT COMPLETED GS TEST)*

|| **GS011_ OTHER REASON**

|| IWER:SPECIFY OTHER REASON

|| _____

| *ENDIF*

| *ENDIF*

GS002_ RECORD RESPONDENT STATUS

IWER:RECORD RESPONDENT STATUS

- 1. Respondent has the use of both hands
- 2. Respondent is unable to use right hand
- 3. Respondent is unable to use left hand

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

| **GS003_ END OF TEST BECAUSE RESPONDENT IS UNABLE OR NOT WILLING TO DO TEST**

| INTERVIEWER STOP TEST.

| IWER:NO HANDGRIP MEASUREMENT TO BE TAKEN

- | 1. Continue

| *ENDIF*

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

| *IF GS002_ (RECORD RESPONDENT STATUS) = 1. Respondent has the use of both hands*

|| **GS004_ DOMINANT HAND**

|| Which is your dominant hand?

- || 1. Right hand
- || 2. Left hand

||

```

| 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)
| |
| |
| | CHK: NOT ((GS007_SecondLHand <= (GS006_FirstLHand - 20)) OR
| | (GS007_SecondLHand >= (GS006_FirstLHand + 20))) MAIN "^FLError[29]"
| |
| | 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)
| | |
| | |
| | | CHK: NOT ((GS009_SecondRHand <= (GS008_FirstRHand - 20)) OR
| | | (GS009_SecondRHand >= (GS008_FirstRHand + 20))) MAIN "^FLError[30]"
| | |
| | | ENDIF
| |
| |
| | GS012_ HOW MUCH EFFORT R GAVE
| |
| | IWER:How much effort did R give to this measurement?

```

- | 1. R gave full effort
- | 2. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
- | 3. R did not appear to give full effort, but no obvious reason for this

| **GS013_ THE POSITION OF R FOR THIS TEST**

| IWER:What was the R"s position for this test?

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

| **GS014_ R RESTED HIS/HER ARMS ON A SUPPORT**

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

- | 1. Yes
- | 5. No

| *ENDIF*

PF001_ INTRODUCTION

"The last test..." changed to "The next test..."

The next test that I am going to ask you to perform will measure how fast you can expel air from your lungs. It is important that you blow as hard and as fast as you can. I would like you to perform the test two times. When we are ready to begin, I'll ask you to stand up. Take as deep a breath as possible. Open your mouth and close your lips firmly around the outside of the mouthpiece, and then blow as hard and as fast as you can into the mouthpiece. Like this...

IWER:DEMONSTRATE THE TEST.

- 1. Continue

PF002_ SAFE TO DO THE TEST

Do you feel it would be safe for you to do this test?

- 1. Yes
- 5. No

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

| **PF003_ VALUE FIRST MEASUREMENT**

| IWER:ENTER VALUE FIRST MEASUREMENT(RECORD 30 IF LESS THAN 60; RECORD 890 IF PAST LAST TICK MARK; RECORD 993 IF R TRIED BUT WAS UNABLE; OR RECORD 999

| IF R CHOSE NOT TO DO IT.)

| _____ (30..999)

| **PF004_ VALUE SECOND MEASUREMENT**

| IWER:ENTER VALUE SECOND MEASUREMENT(RECORD 30 IF LESS THAN 60;
RECORD 890 IF PAST LAST TICK MARK; RECORD 993 IF R TRIED BUT WAS
UNABLE; OR RECORD 999

| IF R CHOSE NOT TO DO IT.)

| _____ (30..999)

| *IF PF003_ (VALUE FIRST MEASUREMENT) <> REFUSAL OR PF004_ (VALUE
SECOND MEASUREMENT) <> REFUSAL*

|| **PF005_ EFFORT R GAVE TO THIS MEASUREMENT**

|| IWER:HOW MUCH EFFORT DID R GIVE TO THIS MEASUREMENT?

|| 1. R gave full effort

|| 2. R was prevented from giving full effort by illness, pain, or other symptoms or
discomforts

|| 3. R did not appear to give full effort, but no obvious reason for this

|| **PF006_ POSITION OF R FOR THIS TEST**

|| IWER:WHAT WAS THE R'S POSITION FOR THIS TEST?

|| 1. Standing

|| 2. Sitting

|| 3. Lying down

| *ENDIF*

| *ENDIF*

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

| **PF007_ WHY PF NOT COMPLETED**

| IWER:WHY DIDN'T R COMPLETE THE BREATHING TEST? (CODE ALL THAT
APPLY)

| 1. R felt it would not be safe

| 2. IWER felt it would not be safe

| 3. R refused or was not willing to complete the test

| 4. R tried but was unable to complete test

| 5. R did not understand the instructions

| 97. Other (Specify)

| *IF 97. Other (Specify) IN PF007_(WHY PF NOT COMPLETED)*

|| **PF008_ OTHER REASON NOT COMPLETED PF**

|| IWER:RECORD OTHER REASON

|| _____

| *ENDIF*

ENDIF

IF MN808_ (AGE RESPONDENT) > 74

| **WS001_ RECORD RESPONDENT STATUS**

| IWER:THIS IS THE START OF WALKING SPEED TEST, PLEASE RECORD
RESPONDENT STATUS

- | 1. Observed walking without help of another person or using support
- | 2. Observed walking with help of another person or using support
- | 3. Not observed - in wheelchair
- | 4. Not observed - bed bound
- | 5. Not observed - uncertain if respondent has impairment

| *IF WS001_ (RECORD RESPONDENT STATUS) <> 1. Observed walking without help of
another person or using support*

|| **WS002_ INTRODUCTION TO RESPONDENT**

|| Now we have a different kind of exercise that involves walking a short distance. Are you
able to walk alone without holding on to another person

|| (using a walking stick or other aid if necessary)?

- || 1. Yes
- || 2. Yes, but aid unavailable
- || 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 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
|||| _____ (0.50..30.00)
||||
|||| 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
|||| _____ (0.50..30.00)
||||
|||| CHK: NOT ((WS013_RecordSecondTime <= (WS011_RecordFirstTime - 10)) OR
(WS013_RecordSecondTime >= (WS011_RecordFirstTime + 10))) MAIN "^FLerror[28]"
|||| ENDIF
||||
|||| ENDIF
||||
|||| ENDIF
||||
|||| WS014_ DID THE RESPONDENT HAVE COMMENT ON PAIN
|||| IWER: CODE IF RESPONDENT HAS COMMENTED ON PAIN, OTHERWISE
ASK:"Did you have pain while you were performing the walking test?"
|||| 1. Yes
|||| 5. No
||||
|||| WS015_ RECORD TYPE OF FLOOR SURFACE
||||
|||| IWER:RECORD TYPE OF FLOOR SURFACE
|||| 1. Linoleum/tile/wood

```

- ||| 2. Low-pile carpet
- ||| 3. Thick-pile carpet
- ||| 4. Concrete
- ||| 5. Not sure
- ||| 97. Other

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

||| **WS016_ OTHER TYPE OF FLOOR SURFACE**

||| IWER:WHAT OTHER TYPE OF FLOOR SURFACE?

||| _____

||| *ENDIF*

||| **WS017_ TYPE OF AID USED DURING TEST**

||| IWER:RECORD TYPE OF AID

- ||| 1. None
- ||| 2. Walking stick or cane
- ||| 3. Elbow crutches
- ||| 4. Walking frame
- ||| 97. Other

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

||| **WS018_ OTHER TYPE OF AID USED DURING TEST**

||| IWER:WHAT OTHER TYPE OF AID?

||| _____

||| *ENDIF*

||| *ENDIF*

||| *ENDIF*

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

||| **WS019_ DETAILS ON WHY TEST WAS NOT COMPLETED**

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

||| _____

||| *ENDIF*

|
|
ENDIF

IF MN808_ (AGE RESPONDENT) < 75

| **CS001_ INTRODUCTION CS**

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

| IWER:DEMONSTRATE

| 1. Continue

| **CS002_ SAFE TO DO CS**

| Do you think it would be safe for you to try to stand up from a chair without using your arms?

| 1. Yes

| 5. No

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

|| **CS003_ SET UP TEST**

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

|| 1. Continue

|| **CS004_ SINGLE CS TEST RESULTS**

|| IWER:RECORD SINGLE CHAIR STAND TEST RESULTS

|| 1. R stood up without using arms

|| 2. R used arms to stand up

|| 3. Test not completed

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

||| **CS005_ WHY NOT COMPLETED SINGLE CS TEST**

||| IWER:WHY DIDN'T R COMPLETE THE SINGLE CHAIR STAND TEST? (CODE ALL THAT APPLY)

||| 1. Tried but unable

||| 2. R could not stand unassisted

||| 3. R felt it would not be safe

||| 4. IWER felt it would not be safe

||| 5. R refused or was not willing to complete the test

||| 6. R did not understand the instructions

||| 97. Other (Specify)

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

|||

```

||| CS006_ OTHER REASON NOT COMPLETED SINGLE CS TEST
|||
||| IWER:RECORD OTHER REASON
||| _____
|||
||| ENDIF
|||
||| ENDIF
|||
||| IF CS004_ (SINGLE CS TEST RESULTS) = 1. R stood up without using arms
|||
||| CS007_ SAFE TO DO FIVE TIMES CS
||| Do you think it would be safe for you to try to stand up from a chair five times without
||| using your arms?
||| 1. Yes
||| 5. No
|||
||| IF CS007_ (SAFE TO DO FIVE TIMES CS) = 1. Yes
|||
||| CS008_ TIME IN SECONDS USED FOR FIVE STANDS
|||
||| IWER:RECORD TIME IN SECONDS USED FOR 5 STANDS. TYPE 99 IF R FAILED
||| TO COMPLETE 5 STANDS IN ONE MINUTE
||| _____ (0.00..99.00)
|||
||| IF CS008_ (TIME IN SECONDS USED FOR FIVE STANDS) = 99
|||
||| CS009_ WHY NOT COMPLETED THE FIVE CS TEST
|||
||| IWER:WHY DIDN'T R COMPLETE THE FIVE CHAIR STAND TEST? (CODE
||| ALL THAT APPLY)
||| 1. Tried but unable
||| 2. R could not stand unassisted
||| 3. R felt it would not be safe
||| 4. IWER felt it would not be safe
||| 5. R refused or was not willing to complete the test
||| 6. R did not understand the instructions
||| 97. Other (Specify)
|||
||| IF 97. Other (Specify) IN CS009_(WHY NOT COMPLETED THE FIVE CS TEST)
|||
||| CS010_ OTHER REASON FIVE CS TEST NOT COMPLETED
|||
||| IWER:RECORD OTHER REASON
||| _____
|||
||| ENDIF
|||
||| ENDIF
|||
||| CS011_ EFFORT THAT R GAVE TO CS

```

```

| | | |
| | | | IWER:HOW MUCH EFFORT DID R GIVE TO THIS MEASUREMENT?
| | | | 1. R gave full effort
| | | | 2. R was prevented from giving full effort by illness, pain, or other symptoms or
discomforts
| | | | 3. R did not appear to give full effort, but no obvious reason for this
| | | |
| | | | ENDIF
| | | |
| | | | 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/, including those of/, including those of/,
including those of/{empty}/{empty}] [your husband/your
| | wife/your partner/your partner/{empty}/{empty}].
| | _____ (0..20)
|

```

```

| | IF CH001_ (NUMBER OF CHILDREN) > 0
| |

```

```

| | | CH002_ CHILD IS NATURAL CHILD

```

```

| | | [Is this child a natural child/Are all these children natural children ] of your own [and your
current spouse or partner/and your current spouse or
| | | partner/{empty}]?
| | | 1. Yes
| | | 5. No
| | |

```

```

| | | CH003_ INTRODUCTION TEXT ON QUESTIONS ABOUT CHILDREN

```

```

| | | We would like to know more about [this child/these children. Let us begin with the oldest
child].
| | | 1. Continue
| | |

```

```

| | | LOOP cnt:= 1 TO NUMBER OF CHILDREN
| | |

```

```

| | | | CH004_ FIRST NAME OF CHILD N

```

```

| | | | What is the first name of your
| | | |
| | | | [{empty}/1st/2nd/3rd/4th/5th/6th/7th/8th/9th/10th/11th/12th/13th/14th/15th/16th/17th/18th/19
th/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..2008)
|||
||| CH007_ WHERE DOES CHILD N LIVE
||| Please look at card 33.Where does [{child name}] live?
||| 1. In the same household
||| 2. In the same building
||| 3. Less than 1 kilometre 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_ChLWh.ORD = 9
|||
||| CH008_ WHICH COUNTRY
||| Which country do you mean?
||| _____
|||
||| ENDIF
|||
||| ENDLOOP
|||
||| ENDIF
|||
||| IF CH001_ (NUMBER OF CHILDREN) > 0
|||
|||
||| LOOP cnt:= 1 TO Sec_CH.Child.ChildInfoLoop2
|||
||| IF FLChildName <> "
|||
||| IF CH001_ (NUMBER OF CHILDREN) > 4 AND j = 1
|||
||| CH009_ INTRODUCTION2 TEXT ON QUESTIONS ABOUT CHILDREN
||| Now we want to know more about some of these children. Please let us begin with
||| [{child name}].
||| 1. Continue
|||
||| ENDIF
|||
||| IF CH002_ (CHILD IS NATURAL CHILD) = 5. No

```

```

|||||
||||| IF MN005_ (INTERVIEW MODE) = 1
|||||
||||| CH010_ STEP ADOPTIVE OR FOSTER CHILD
||||| Is [{child name}]...
||||| IWER:READ OUT
||||| 1. A child of your own
||||| 2. A step child
||||| 3. An adopted child
||||| 4. A foster child
|||||
||||| ELSE
|||||
||||| CH011_ OWN CHILD
||||| Is [{child name}]...
||||| IWER:READ OUT
||||| 1. A child of your own and your current partner
||||| 2. A child of your own from a previous relationship
||||| 3. A child of your current partner from a previous relationship
||||| 4. An adopted child
||||| 5. A foster child
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF CH005_YearOfBirthChildN < YEAR SYSDATE - 16
|||||
||||| CH012_ MARITAL STATUS OF CHILD
||||| Please look at card 34.What is the marital status of [{child name}]?
||||| 1. Married and living together with spouse
||||| 2. Registered partnership
||||| 3. Married, living separated from spouse
||||| 4. Never married
||||| 5. Divorced
||||| 6. Widowed
|||||
||||| IF CH012_MaritalStatusChildN.ORD > 2
|||||
||||| CH013_ DOES CHILD HAVE PARTNER
||||| Does [{child name}] have a partner who lives with [him/her]?
||||| 1. Yes
||||| 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 CHILD**

||||| During the past twelve months, how often did you [or your/or your/or your/or your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]

||||| have contact with [{child name}], either personally, by phone or mail?

||||| IWER:ANY KIND OF CONTACT, INCLUDING FOR EXAMPLE E-MAIL, SMS OR MMS

||||| 1. Daily

||||| 2. Several times a week

||||| 3. About once a week

||||| 4. About every two weeks

||||| 5. About once a month

||||| 6. Less than once a month

||||| 7. Never

|||||

||||| **CH015_ YEAR CHILD MOVED FROM HOUSEHOLD**

||||| In which year did [{child name}] move from the parental household?

||||| IWER:THE LAST MOVE TO COUNT. TYPE "2008" IF CHILD STILL LIVES AT HOME (E.G. WITH DIVORCED MOTHER)

||||| _____ (1875..2008)

|||||

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

||||| *ENDIF*

|||||

||||| *IF CH005_YearOfBirthChildN < YEAR SYSDATE - 16*

|||||

||||| **CH016_ CHILD OCCUPATION**

||||| Please look at card 35.What is [{child name}]'s employment status?

||||| 1. Full-time employed

||||| 2. Part-time employed

||||| 3. Self-employed or working for own family business

||||| 4. Unemployed

||||| 5. In vocational training/retraining/education

||||| 6. Parental leave

||||| 7. In retirement or early retirement

||||| 8. Permanently sick or disabled

||||| 9. Looking after home or family

||||| 97. Other

|||||

||||| **CH017_ CHILD EDUCATION**

||||| Please look at card 36.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_ FURTHER EDUCATION OR VOCATIONAL TRAINING
||||| Please look at card 37. 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 CHILD
||||| How many children - if any - does [{{child name}}] have?
||||| IWER:PLEASE COUNT ALL NATURAL CHILDREN, FOSTERED, ADOPTED
AND STEPCHILDREN, INCLUDING THOSE OF A SPOUSE OR PARTNER
||||| _____ (0..25)
|||||
||||| IF CH019_ (NUMBER OF CHILDREN OF CHILD) > 0
|||||
||||| CH020_ YEAR OF BIRTH YOUNGEST CHILD
||||| In which year was the [youngest/{{empty}}] child of [{{child name}}] born?
||||| (1875..2008)
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||| ENDLOOP
|||
||| ENDIF
|||
||| IF CH001_ (NUMBER OF CHILDREN) > 0
|||
||| CH021_ NUMBER OF GRANDCHILDREN
||| How many grandchildren do you [and your/and your/and your/and your/{{empty}}/{{empty}}]
[husband/wife/partner/partner/{{empty}}/{{empty}}] have altogether?
||| IWER:INCLUDE GRANDCHILDREN OF SPOUSE OR PARTNER FROM PREVIOUS
RELATIONSHIPS
||| _____ (0..20)
|||
||| IF CH021_ (NUMBER OF GRANDCHILDREN) > 0
|||
||| CH022_ HAS GREAT-GRANDCHILDREN
||| Do you [or your/or your/or your/or your/{{empty}}/{{empty}}]

```

[husband/wife/partner/partner/{empty}/{empty}] have any great-grandchildren?

||| 1. Yes

||| 5. No

|||

|| *ENDIF*

||

| *ENDIF*

| **CH023_ WHO ANSWERED QUESTIONS IN SECTION CH**

| **IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?**

| 1. Respondent only

| 2. Respondent and proxy

| 3. Proxy only

| *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 OTHERS**

| Please look at card 38. Thinking about [the time since the last interview, **that is since**/the last twelve months][{month year previous

| interview}/{empty}], has any family member from outside the household, any friend or neighbour given you [or/or/or/or/{empty}/{empty}]

| [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] any kind of help listed on this card?

| 1. Yes

| 5. No

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

||

|| **SP003_ WHO GAVE YOU HELP**

|| Which [{empty}/other] family member from outside the household, friend or neighbour has helped you [or/or/or/or/{empty}/{empty}]

|| [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] [most often/{empty}] in [the time since the last interview/the

|| last twelve months]?

|| {list with relations}

||

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

|||

||| **SP023_ NAME OTHER CHILD**

|||

||| **IWER:RECORD CHILD'S NAME**

||| _____


```

|||
|| ENDIF
||
|| SP004_ WHICH TYPES OF HELP
|| Please look at card 38. Which types of help has this person provided in [the time since the
last interview/the last twelve months]?
|| IWER:CODE ALL THAT APPLY. QUESTION DOES NOT INCLUDE LOOKING
AFTER GRANDCHILDREN; THIS IS ASKED LATER IN SP014
|| 1. personal care, e.g. dressing, bathing or showering, eating, getting in or out of bed, using
the toilet
|| 2. practical household help, e.g. with home repairs, gardening, transportation, shopping,
household chores
|| 3. help with paperwork, such as filling out forms, settling financial or legal matters
||
|| SP005_ HOW OFTEN RECEIVED HELP FROM THIS PERSON
|| [In the time since the last interview/In the last twelve months], how often altogether have
you [or/or/or/or/{empty}]{empty}]
|| [your/your/your/your/{empty}]{empty}] [husband/wife/partner/partner/{empty}]{empty}]
received such help from this person? Was it...
|| IWER:READ OUT
|| 1. Almost daily
|| 2. Almost every week
|| 3. Almost every month
|| 4. Less often
||
|| SP006_ HOURS RECEIVED HOUSEHOLD HELP
|| About how many hours did you [or/or/or/or/{empty}]{empty}]
[your/your/your/your/{empty}]{empty}] [husband/wife/partner/partner/{empty}]{empty}]
|| receive such help altogether [on a typical day/in a typical week/in a typical month/in the
last twelve months] from this person?
|| IWER:ROUND UP TO FULL HOURS
|| _____ (0..3000)
||
|| IF Index <> 3
|||
||| SP007_ ANY OTHER HELPER FROM OUTSIDE THE HOUSEHOLD
|||
||| "in" from second instance of fill FL_SP007_5 removed
||| Is there any other family member from outside the household, friend or neighbour who has
helped you [or/or/or/or/{empty}]{empty}]
||| [your/your/your/your/{empty}]{empty}] [husband/wife/partner/partner/{empty}]{empty}]
with the tasks listed on card 38 in [the time since the last
||| interview/the last twelve months]?
||| 1. Yes
||| 5. No
|||
||| ENDIF
|||
||| LOOP cnt1:= 2 TO 3
|||
||| IF HelpFromOther[cnt1 - SP007_ (ANY OTHER HELPER FROM OUTSIDE THE

```

HOUSEHOLD) = 1. Yes

||||

|||| **SP003_ WHO GAVE YOU HELP**

|||| Which [{empty}/other] family member from outside the household, friend or neighbour has helped you [or/or/or/or/{empty}]/{{empty}}

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

[husband/wife/partner/partner/{empty}]/{{empty}} [most often/{empty}] in [the time since the last interview/the

|||| last twelve months]?

|||| {list with relations}

||||

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

||||

|||| **SP023_ NAME OTHER CHILD**

||||

|||| IWER:RECORD CHILD'S NAME

|||| _____

||||

|||| *ENDIF*

||||

|||| **SP004_ WHICH TYPES OF HELP**

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

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

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

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

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

||||

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

|||| [In the time since the last interview/In the last twelve months], how often altogether have you [or/or/or/or/{empty}]/{{empty}}

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

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

|||| IWER:READ OUT

|||| 1. Almost daily

|||| 2. Almost every week

|||| 3. Almost every month

|||| 4. Less often

||||

|||| **SP006_ HOURS RECEIVED HOUSEHOLD HELP**

|||| About how many hours did you [or/or/or/or/{empty}]/{{empty}}

[your/your/your/your/{empty}]/{{empty}} [husband/wife/partner/partner/{empty}]/{{empty}}

|||| receive such help altogether [on a typical day/in a typical week/in a typical month/in the last twelve months] from this person?

|||| IWER:ROUND UP TO FULL HOURS

|||| _____ (0..3000)

||||

||| *IF Index <> 3*

||||

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

|||| "in" from second instance of fill FL_SP007_5 removed

|||| Is there any other family member from outside the household, friend or neighbour who has helped you [or/or/or/or/{empty}/{empty}]

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

[husband/wife/partner/partner/{empty}/{empty}] with the tasks listed on card 38 in [the time since the last

|||| interview/the last twelve months]?

|||| 1. Yes

|||| 5. No

||||

||| *ENDIF*

||||

|| *ENDIF*

|||

|| *ENDLOOP*

||

| *ENDIF*

|

ENDIF

SP008_ GIVEN HELP IN THE TIME SINCE THE LAST INTERVIEW

Now I would like to ask you about the help you have given to others. Please look at card 38.

In [the time since the last interview, that is since/the

last twelve months] [{month year previous interview} /{empty}], have you personally given any kind of help listed on this card to a family member

from outside the household, a friend or neighbour?

1. Yes

5. No

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

|

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

| Which [{empty}/other] family member from outside the household, friend or neighbour have you helped [most often/{empty}] in [the time since the last

| interview/the last twelve months]?

| {list with relations}

|

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

||

|| **SP024_ NAME OTHER CHILD**

||

|| **IWER:RECORD CHILD'S NAME**

|| _____

||

| *ENDIF*

|

| **SP010_ TYPES OF HELP GIVEN**

| Please look at card 38. Which types of help have you given to this person in [the time since the last interview/the last twelve months]?

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

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

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

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

| **SP011_ HOW OFTEN GIVE HELP**

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

| IWER:READ OUT

| 1. Almost daily

| 2. Almost every week

| 3. Almost every month

| 4. Less often

| **SP012_ HOURS GIVEN HELP**

| About how many hours altogether did you give such help [on a typical day/in a typical week/in a typical month/in the last twelve months]?

| IWER:ROUND UP TO FULL HOURS

| _____ (0..3000)

| *IF Index <> 3*

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

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

|| 1. Yes

|| 5. No

| *ENDIF*

| *LOOP cnt2:= 2 TO 3*

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

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

||| Which [{empty}/other] family member from outside the household, friend or neighbour have you helped [most often/{empty}] in [the time since the last interview/the last twelve months]?

||| {list with relations}

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

|||| **SP024_ NAME OTHER CHILD**

||| IWER:RECORD CHILD'S NAME

||| _____

|||

||| *ENDIF*

|||

||| **SP010_ TYPES OF HELP GIVEN**

||| Please look at card 38. Which types of help have you given to this person in [the time since the last interview/the last twelve months]?

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

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

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

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

|||

||| **SP011_ HOW OFTEN GIVE HELP**

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

||| IWER:READ OUT

||| 1. Almost daily

||| 2. Almost every week

||| 3. Almost every month

||| 4. Less often

|||

||| **SP012_ HOURS GIVEN HELP**

||| About how many hours altogether did you give such help [on a typical day/in a typical week/in a typical month/in the last twelve months]?

||| IWER:ROUND UP TO FULL HOURS

||| _____ (0..3000)

|||

||| *IF Index <> 3*

|||

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

||| Is there any other family member from outside the household, friend, or neighbour whom you have helped with the tasks listed on card 38 in [the time

||| since the last interview/the last twelve months]?

||| 1. Yes

||| 5. No

|||

||| *ENDIF*

|||

||| *ENDIF*

|||

| *ENDLOOP*

|

ENDIF

IF Sec_CH.Child.CH021_NoGrandChild > 0

|

| **SP014_ LOOK AFTER GRANDCHILDREN**

| During [the time since the last interview/the last twelve months], have you regularly or occasionally looked after [your grandchild/your

| grandchildren] without the presence of the parents?
| 1. Yes
| 5. No

| *IF SP014_ (LOOK AFTER GRANDCHILDREN) = 1. Yes*

|| **SP015_ PARENTS FROM GRANDCHILDREN**

|| From which of your children [is/are] [the grandchild/the grandchildren] you have looked after?

|| **IWER:CODE ALL THAT APPLY**

|| {list with children}

|| *LOOP cnt3:= 1 TO 20*

||| *IF cnt3 IN SP015_(PARENTS FROM GRANDCHILDREN)*

|||| **SP016_ HOW OFTEN DO YOU LOOK AFTER GRANDCHILDREN**

|||| On average, how often did you look after the child(ren) of [FLChild[i]] in [the time since the last interview/the last twelve months]? Was it...

|||| **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 [FLChild[i]] [on a typical day/in a typical week/in a typical month/in the last twelve months]?

|||| **IWER:ROUND UP TO FULL HOURS**

|||| _____ (0..9000)

||| *ENDIF*

|| *ENDLOOP*

| *ENDIF*

ENDIF

IF MN013_ (HOUSEHOLD SIZE) > 1

| **SP018_ GIVEN HELP TO SOMEONE IN THE HOUSEHOLD**

| Let us now talk about help within your household. Is there someone living in this household whom you have helped regularly during [the time since the last interview/the last twelve months] with personal care, such as washing, getting out of bed, or dressing?

| **IWER:BY REGULARLY WE MEAN DAILY OR ALMOST DAILY DURING AT LEAST THREE MONTHS. WE DO NOT WANT TO CAPTURE HELP DURING SHORT-TERM**

SICKNESS OF FAMILY

| MEMBERS.

| 1. Yes

| 5. No

| *IF SP018_ (GIVEN HELP TO SOMEONE IN THE HOUSEHOLD) = 1. Yes*

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

|| Who is that?

|| IWER:CODE ALL THAT APPLY

|| {list with relations}

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

||| **SP025_ NAME OTHER CHILD**

||| IWER:RECORD CHILD'S NAME

||| _____

|| *ENDIF*

| *ENDIF*

| *IF NOT 96 IN Sec_PH.Health_B2.PH048_HeADLa*

|| **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 time since the last interview/the last twelve months] with

|| personal care, such as washing, getting out of bed, or dressing?

|| IWER:BY REGULARLY WE MEAN DAILY OR ALMOST DAILY DURING AT LEAST THREE MONTHS. WE DO NOT WANT TO CAPTURE HELP DURING SHORT-TERM SICKNESS.

|| 1. Yes

|| 5. No

|| *IF SP020_ (SOMEONE IN THIS HOUSEHOLD HELPED YOU REGULARLY WITH PERSONAL CARE) = 1. Yes*

||| **SP021_ WHO HELPES YOU WITH PERSONAL CARE IN THE HOUSEHOLD**

||| Who is that?

||| IWER:CODE ALL THAT APPLY

||| {list with relations}

||| *IF >list with relations IN SP021_(WHO HELPES YOU WITH PERSONAL CARE IN THE HOUSEHOLD)*

||| **SP026_ NAME OTHER CHILD**

||| IWER:RECORD CHILD'S NAME

||| _____

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

| **FT001_ INTRODUCTION FINANCIAL TRANSFERS**

| Some people provide financial or material gifts, or support to others such as parents, children, grandchildren, some other kind, or friends or neighbours, and some people don't.

- | 1. Continue

| **FT002_ GIVEN FINANCIAL GIFT 250 OR MORE**

| Now please think of [the time since the last interview, that is since /the last twelve months][{month year previous interview}/{empty}]. Not counting

| any shared housing or shared food, have you [or/or/or/or/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}]

| [husband/wife/partner/partner/{empty}/{empty}] given any financial or material gift or support to any person inside or outside this household

| amounting to [{empty}] [{local currency}] or more?

| IWER:BY FINANCIAL GIFT WE MEAN GIVING MONEY, OR COVERING SPECIFIC TYPES OF COSTS SUCH AS THOSE FOR MEDICAL CARE OR INSURANCE, SCHOOLING, DOWN PAYMENT

| FOR A HOME. DO NOT INCLUDE LOANS OR DONATIONS TO CHARITIES.

- | 1. Yes

- | 5. No

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

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

|| To whom [{empty}/else] did you [or/or/or/or/{empty}/{empty}]

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

|| [husband/wife/partner/partner/{empty}/{empty}/{empty}] provide such financial assistance or gift [{empty}/in the last twelve months]?

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

|| {list with relations}

||

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

||
|| **FT022_ NAME OTHER CHILD**

||
|| IWER:RECORD CHILD'S NAME

|| _____
||

|| *ENDIF*

||
|| **FT004_ AMOUNT FINANCIAL GIFT GIVEN 250 OR MORE**

|| About how much did you [or/or/or/or/{empty} / {empty}]
[your/your/your/your/{empty} / {empty}] [husband/wife/partner/partner/{empty} / {empty}]
give to

|| this person altogether in [the time since the last interview, that is since /the last twelve
months][{month year previous interview} / {empty}]?

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

|| {enter an amount}

||

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

||

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

|| *ENDIF*

||

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

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

||

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

||

|| *ENDIF*

||

|| **FT006_ REASON FINANCIAL GIFT GIVEN 250 OR MORE**

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

|| 1. To meet basic needs

|| 2. To buy or furnish a house or apartment

|| 3. To help with a large item of expenditure (other than buying a house)

|| 4. For a major family event (birth, marriage, other celebration)

|| 5. To help with a divorce

|| 6. To help following a bereavement or illness

|| 7. To help with unemployment

|| 8. For further education

|| 9. To meet a legal obligation (e.g. alimony or compulsory payments for parents' care)

|| 96. No specific reason

|| 97. Other reason

||

|| *IF Index <> 3*

||

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

|| Still thinking about [the time since the last interview/the last twelve months]: Is there

```

anyone else inside or outside this household whom you
| | | [or/or/or/or/{empty}]{empty} [your/your/your/your/{empty}]{empty}
[husband/wife/partner/partner/{empty}]{empty} have given any financial or
| | | material gift or support amounting to [{empty}] [{local currency}] or more?
| | | 1. Yes
| | | 5. No
| | |
| | | ENDIF
| | |
| | | LOOP cnt1:= 2 TO 3
| | |
| | | IF FT_Given_FinancialAssistance_LOOP[cnt1 - FT007_ (OTHER PERSONS GIVEN
FINANCIAL GIFT 250 OR MORE) = 1. Yes
| | |
| | | FT003_ TO WHOM DID YOU PROVIDE FINANCIAL GIFT 250 OR MORE
| | | To whom [{empty}/else] did you [or/or/or/or/{empty}]{empty}
[your/your/your/your/{empty}]{empty}
| | | [husband/wife/partner/partner/{empty}]{empty} provide such financial
assistance or gift [{empty}/in the last twelve months]?
| | | IWER:INSTRUMENT ALLOWS TO GO THROUGH THE 'GIVE' LOOP UP TO
THREE TIMES
| | | {list with relations}
| | |
| | | IF FT003_ (TO WHOM DID YOU PROVIDE FINANCIAL GIFT 250 OR MORE) = >list
with relations
| | |
| | | FT022_ NAME OTHER CHILD
| | |
| | | IWER:RECORD CHILD'S NAME
| | | _____
| | |
| | | ENDIF
| | |
| | | FT004_ AMOUNT FINANCIAL GIFT GIVEN 250 OR MORE
| | | About how much did you [or/or/or/or/{empty}]{empty}
[your/your/your/your/{empty}]{empty} [husband/wife/partner/partner/{empty}]{empty}
give to
| | | this person altogether in [the time since the last interview, that is since /the last twelve
months][{month year previous interview}]{empty}]?
| | | IWER:ADD SINGLE VALUES TO ARRIVE AT A TOTAL AMOUNT IN [{local
currency}]
| | | {enter an amount}
| | |
| | | IF FT004_ (AMOUNT FINANCIAL GIFT GIVEN 250 OR MORE) = RESPONSE
| | |
| | | CHK: FT004_AmFiGift250 >= VAL (FL250) MAIN "^FLError[23]"
| | | ENDIF
| | |
| | | CHK: FT004_AmFiGift250 <> EMPTY MAIN "^FLError[20]"
| | | IF FT004_ (AMOUNT FINANCIAL GIFT GIVEN 250 OR MORE) = NONRESPONSE
| | |

```

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

||||
||| *ENDIF*

||||
||| **FT006_ REASON FINANCIAL GIFT GIVEN 250 OR MORE**

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

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

||||
||| *IF Index <> 3*

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

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

|||| [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] have given any financial or
|||| material gift or support amounting to [{empty}] [{{local currency}}] or more?

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

||||
||| *ENDIF*

||||
|| *ENDIF*

|||
| *ENDLOOP*

||
| *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 OR MORE**

| Please think of [the time since the last interview/the last twelve months]. Not counting any shared housing or shared food, have you

| [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] received any financial or material
| gift from anyone inside or outside this household amounting to [{empty}] [{{local currency}}]
or more?

| IWER:BY FINANCIAL GIFT WE MEAN GIVING MONEY, OR COVERING SPECIFIC
TYPES OF COSTS SUCH AS THOSE FOR MEDICAL CARE OR INSURANCE,
SCHOOLING, DOWN PAYMENT

| FOR A HOME. DO NOT INCLUDE LOANS OR INHERITANCES.

| 1. Yes

| 5. No

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

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

|| Who [{empty}/else] has given you [or/or/or/or/{empty}]{empty}}

[your/your/your/your/{empty}]{empty} [husband/wife/partner/partner/{empty}]{empty} a

|| gift or assistance [{empty}/in the past twelve months]? [Please name the person that has
given or helped you most./{empty}]

|| {list with relations}

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

||| **FT023_ NAME OTHER CHILD**

||| IWER:RECORD CHILD'S NAME

|| *ENDIF*

|| **FT011_ AMOUNT FINANCIAL GIFT RECEIVED 250 OR MORE**

|| About how much did this person give you [or/or/or/or/{empty}]{empty}}

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

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

|| previous interview}/{empty}]?

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

|| {enter an amount}

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

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

|| *ENDIF*

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

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

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

|| *ENDIF*

|| **FT013_ REASON FINANCIAL GIFT RECEIVED 250 OR MORE**

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

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

|| *IF Index <> 3*

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

||| given you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] any financial or material gift or support amounting to [{empty}] [{local currency}] or more?

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

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

|| *ENDIF*

|| *LOOP cnt2:= 2 TO 3*

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

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

|||| Who [{empty}/else] has given you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] a gift or assistance [{empty}/in the past twelve months]? [Please name the person that has given or helped you most./{empty}]

|||| {list with relations}

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

||||| **FT023_ NAME OTHER CHILD**

||||| IWER:RECORD CHILD'S NAME

||||| _____

|||| *ENDIF*

|||| **FT011_ AMOUNT FINANCIAL GIFT RECEIVED 250 OR MORE**

|||| About how much did this person give you [or/or/or/or/{empty}/{empty}]

```

[your/your/your/your/{empty}]{empty}}
|||| [husband/wife/partner/partner/{empty}]{empty}} altogether in [the time since the last
interview, that is since /the last twelve months][month year
|||| previous interview]{empty}}?
|||| IWER:ADD SINGLE VALUES TO ARRIVE AT A TOTAL AMOUNT IN [{local
currency}]
|||| {enter an amount}
||||
|||| IF FT011_ (AMOUNT FINANCIAL GIFT RECEIVED 250 OR MORE) = RESPONSE
||||
CHK: FT011_AmRecFiGift250 >= VAL (FL250) MAIN "^FLError[23]"
|||| ENDIF
||||
CHK: FT011_AmRecFiGift250 <> EMPTY MAIN "^FLError[20]"
|||| IF FT011_ (AMOUNT FINANCIAL GIFT RECEIVED 250 OR MORE) =
NONRESPONSE
||||
|||| BRACKETS (FLUnfolding[15], FLCurr, BRs.Brackets[43].BR1,
BRs.Brackets[43].BR2, BRs.Brackets[43].BR3)
||||
|||| ENDIF
||||
|||| FT013_ REASON FINANCIAL GIFT RECEIVED 250 OR MORE
|||| Please look at card 39.What was the main reason for this assistance or gift?
|||| 1. To meet basic needs
|||| 2. To buy or furnish a house or apartment
|||| 3. To help with a large item of expenditure (other than buying a house)
|||| 4. For a major family event (birth, marriage, other celebration)
|||| 5. To help with a divorce
|||| 6. To help following a bereavement or illness
|||| 7. To help with unemployment
|||| 8. For further education
|||| 9. To meet a legal obligation (e.g. alimony or compulsory payments for parents' care)
|||| 96. No specific reason
|||| 97. Other reason
||||
|||| IF Index <> 3
||||
|||| FT014_ FROM OTHER PERSONS RECEIVED FINANCIAL GIFT 250 OR MORE
|||| (Still thinking about [the time since the last interview/the last twelve months]). Is there
anyone else inside or outside this household who has
|||| given you [or/or/or/or/{empty}]{empty}} [your/your/your/your/{empty}]{empty}}
[husband/wife/partner/partner/{empty}]{empty}} any financial or
|||| material gift or support amounting to [{empty}] [{local currency}] or more?
|||| IWER:INSTRUMENT ALLOWS TO GO THROUGH THE 'RECEIVE' LOOP UP TO
THREE TIMES
|||| 1. Yes
|||| 5. No
||||
|||| ENDIF
||||

```

```

||| ENDIF
|||
|| ENDLOOP
||
| ENDIF
|
| FT015_ EVER RECEIVED GIFT OR INHERITED MONEY 5000 OR MORE
| [Not counting any large gift we may have already talked about/Since our last interview in]
| [{empty}/{month year previous interview}], have you
| [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
| [husband/wife/partner/partner/{empty}/{empty}] [ever received a gift or/{empty}]
| inherited money, goods, or property worth more than [{5000}] [{local currency}] ?
| IWER:NOT INCLUDING ANY GIFTS YOU HAVE ALREADY MENTIONED
| 1. Yes
| 5. No
|
| IF FT015_ (EVER RECEIVED GIFT OR INHERITED MONEY 5000 OR MORE) = 1. Yes
|
| FT016_ IN WHICH YEAR GIFT OR INHERITANCE RECEIVED
| [Think of the largest gift or inheritance you received./{empty}] In which year did you
| [or/or/or/or/{empty}/{empty}]
| [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
| receive it?
| (1890..2007)
|
| FT017_ FROM WHOM INHERITED 5000 OR MORE
| From whom did you [or/or/or/or/{empty}/{empty}]
| [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
| receive this
| gift or inheritance?
| {list with relations}
|
| IF FT017_ (FROM WHOM INHERITED 5000 OR MORE) = >list with relations
|
| FT024_ NAME OTHER CHILD
|
| IWER:RECORD CHILD'S NAME
| _____
|
| ENDIF
|
| FT018_ VALUE INHERITANCE
| What was the value of this gift or inheritance at the time you [or/or/or/or/{empty}/{empty}]
| [your/your/your/your/{empty}/{empty}]
| [husband/wife/partner/partner/{empty}/{empty}] received it?
| IWER:ENTER AMOUNT IN [{local currency}]
| {enter an amount}
|
| IF FT018_ (VALUE INHERITANCE) = RESPONSE
|
|
| CHK: FT018_AmRecInh5000 >= VAL (FL5000) MAIN "^FLError[23]"

```

```

|| ENDIF
||
|| IF FT018_ (VALUE INHERITANCE) = EMPTY AND MN004_ (EURO COUNTRY) = 1
||
||| FT018M VALUE INHERITANCE
||| What was the value of this gift or inheritance at the time you
||| [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
||| [husband/wife/partner/partner/{empty}/{empty}] received it?
||| IWER:ENTER AMOUNT IN [FLCURR_AMAKE] A REMARK (CTRL+M) IN CASE
||| OF A DIFFERENT PRE-EURO CURRENCY
||| {enter an amount}
|||
||| CHK: FT018MAmRecInh5000 >= VAL (FL5000) MAIN "^FLError[23]"
|||
|| ENDIF
||
||| CHK: NOT (FT018_AmRecInh5000 = EMPTY AND FT018MAmRecInh5000 = EMPTY)
||| MAIN "^FLError[20]"
||
|| IF FT018_ (VALUE INHERITANCE) = NONRESPONSE OR FT018M (VALUE
|| INHERITANCE) = NONRESPONSE
||
||| BRACKETS (FLUnfolding[16], FLCurr, BRs.Brackets[44].BR1, BRs.Brackets[44].BR2,
||| BRs.Brackets[44].BR3)
||
|| ENDIF
||
|| IF Index <> 5
||
||| FT020_ ANY FURTHER GIFT OR INHERITANCE
||| Did you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
||| [husband/wife/partner/partner/{empty}/{empty}] receive any further gift
||| or inheritance worth more than [{5000}] [{local currency}] [since the time of the last
||| interview/{empty}]?
||| 1. Yes
||| 5. No
||
|| ENDIF
||
|| LOOP cnt3:= 2 TO 5
||
||| IF FT_Receive_FinancialAssistance_LOOP[cnt3 - FT020_ (ANY FURTHER GIFT OR
||| INHERITANCE) = 1. Yes
|||
||| FT016_ IN WHICH YEAR GIFT OR INHERITANCE RECEIVED
||| [Think of the largest gift or inheritance you received./{empty}] In which year did you
||| [or/or/or/or/{empty}/{empty}]
||| [your/your/your/your/{empty}/{empty}]
||| [husband/wife/partner/partner/{empty}/{empty}] receive it?
||| (1890..2007)
|||
||| FT017_ FROM WHOM INHERITED 5000 OR MORE
||| From whom did you [or/or/or/or/{empty}/{empty}]

```


[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
receive this

|||| gift or inheritance?

|||| {list with relations}

||||

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

||||

|||| **FT024_ NAME OTHER CHILD**

||||

|||| IWER:RECORD CHILD'S NAME

|||| _____

||||

|||| *ENDIF*

||||

|||| **FT018_ VALUE INHERITANCE**

|||| What was the value of this gift or inheritance at the time you

[or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]

|||| [husband/wife/partner/partner/{empty}/{empty}] received it?

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

|||| {enter an amount}

||||

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

||||

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

|||| *ENDIF*

||||

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

||||

|||| **FT018M VALUE INHERITANCE**

|||| What was the value of this gift or inheritance at the time you

[or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]

|||| [husband/wife/partner/partner/{empty}/{empty}] received it?

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

|||| {enter an amount}

||||

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

|||| *ENDIF*

||||

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

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

||||

|||| BRACKETS (FLUnfolding[16], FLCurr, BRs.Brackets[44].BR1,

BRs.Brackets[44].BR2, BRs.Brackets[44].BR3)

||||

|||| *ENDIF*

||||

|||| *IF Index <> 5*

|||||
||||| **FT020_ ANY FURTHER GIFT OR INHERITANCE**
||||| Did you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] receive any further gift
||||| or inheritance worth more than [{5000}] [{local currency}] [since the time of the last
interview/{empty}]?

||||| 1. Yes

||||| 5. No

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

|||||
||| *ENDIF*

|||
|| *ENDLOOP*

||
| *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 MN024_ (HOUSEHOLD TYPE) = 1

|
| *IF MN008_ (HOUSEHOLD RESPONDENT) = 1*

||
|| **HO001_ INTERVIEW IN HOUSE R**

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

|| 1. Yes

|| 5. No

||
||
|| *IF MN101_ (MN101_Longitudinal) = 1*

|||
||| **HO044_ CHANGE PLACE OF RESIDENCE**

||| Now I have a few questions about your residence. Since [{month year previous
interview}], have you moved to another residence, house, or flat?

||| 1. Yes

||| 5. No

|||
||| *IF HO044_ (CHANGE PLACE OF RESIDENCE) = 1. Yes*

|||
||| **HO045_ MAIN REASON MOVE**

||| Please look at card 40. What was the main reason for your move?

||| 1. for family reasons

- ||| 2. for job reasons
- ||| 3. wanted smaller/bigger/different house or apartment
- ||| 4. wanted to change area
- ||| 97. other reason

||| *ENDIF*

||| *ENDIF*

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

|| [FL_HO002_3Do] 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
- || 5. A year
- || 97. Other period of time

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

|| **HO004_ OTHER PERIOD**

|| What other period do you mean?

|| _____

||| *ENDIF*

|| **HO005_ LAST PAYMENT**

|| How much was your last payment?

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

|| {enter an amount}

|| *IF HO005_ (LAST PAYMENT) = NONRESPONSE*

||| BRACKETS (FLUnfolding[23], FLCurr, BRs.Brackets[35].BR1, BRs.Brackets[35].BR2, BRs.Brackets[35].BR3)

||| *ENDIF*

|||

||| **HO007_ LAST PAYMENT INCLUDE ALL CHARGES AND SERVICES**

||| Did your last payment include all charges and services, such as water charges, garbage removal, upkeep of common space, electricity, gas, or heating?

||| 1. Yes

||| 5. No

|||

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

|||

||| **HO008_ CHARGES AND SERVICES**

||| About how much did you pay for charges and services that were not included in your rent during the last [week/month/three months/six months/period of

||| payment]?

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

||| {enter an amount}

|||

||| *IF HO008_ (CHARGES AND SERVICES) = NONRESPONSE*

|||

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

|||

||| *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_OwnerTenant.ORD = 2*

|||

||| **HO011_ HOW PROPERTY ACQUIRED**

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

||| IWER:READ OUT

||| 1. Purchase or build it solely with own means

||| 2. Purchase or build it with help from family

||| 3. Receive it as a bequest

||| 4. Receive it as a gift

||| 5. Acquire it through other means

|||

||| **HO012_ YEAR ACQUIRED THE HOUSE**

||| In which year was that?

||| (1900..2007)

|||

||| **HO013_ MORTGAGES OR LOANS ON PROPERTY**

```

||| Do you have mortgages or loans on this property?
||| 1. Yes
||| 5. No
|||
||| IF HO013_ (MORTGAGES OR LOANS ON PROPERTY) = 1. Yes
|||
||| HO014_ YEARS LEFT OF MORTGAGE OR LOAN
||| How many years do your mortgages or loans on this property have left to run?
||| IWER:IF MORE THAN ONE MORTGAGE/LOAN ASK FOR THE LARGEST
||| _____ (1..50)
|||
||| HO015_ AMOUNT STILL TO PAY ON MORTGAGE OR LOAN
||| How much do you [or/or/or/or/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
still have to pay
||| on your mortgages or loans, excluding interest?
||| IWER:TOTAL AMOUNT IN [{local currency}]
||| {enter an amount}
|||
||| IF HO015_ (AMOUNT STILL TO PAY ON MORTGAGE OR LOAN) = NONRESPONSE
|||
||| BRACKETS (FLUnfolding[25], FLCurr, BRs.Brackets[37].BR1,
BRs.Brackets[37].BR2, BRs.Brackets[37].BR3)
|||
||| ENDIF
|||
||| HO017_ REGULARLY REPAY MORTGAGE OR LOANS
||| Do you regularly repay your mortgages or loans?
||| 1. Yes
||| 5. No
|||
||| IF HO017_ (REGULARLY REPAY MORTGAGE OR LOANS) = 1. Yes
|||
||| HO020_ AMOUNT REGULAR REPAYMENTS ON MORTGAGE OR LOAN
||| In the last twelve months, about how much did you pay for all mortgages and loans
outstanding on this property?
||| IWER:AMOUNT IN [{local currency}]
||| {enter an amount}
|||
||| IF HO020_ (AMOUNT REGULAR REPAYMENTS ON MORTGAGE OR LOAN) =
NONRESPONSE
|||
||| BRACKETS (FLUnfolding[26], FLCurr, BRs.Brackets[38].BR1,
BRs.Brackets[38].BR2, BRs.Brackets[38].BR3)
|||
||| ENDIF
|||
||| HO022_ BEHIND WITH REPAYMENTS MORTGAGE OR LOAN
||| In the last twelve months, have you ever found yourself more than two months behind
with these repayments?
||| 1. Yes

```

```

|||| 5. No
||||
|||| ENDIF
||||
|||| ENDIF
||||
|||| ENDIF
||||
|||| IF HO002_ (OWNER, TENANT OR RENT FREE) <> 5. Rent free
||||
|||| HO023_ SUBLET OR LET PARTS OF ACCOMMODATION
|||| Do you [let/sublet] parts of this accommodation?
|||| 1. Yes
|||| 5. No
||||
|||| ENDIF
||||
|||| IF HO002_ (OWNER, TENANT OR RENT FREE) = 1. Owner OR
HO002_OwnerTenant.ORD = 2
||||
|||| HO024_ VALUE OF THE HOUSE
|||| In your opinion, how much would you receive if you sold your property today?
|||| IWER:AMOUNT IN [{local currency}]
|||| {enter an amount}
||||
|||| IF HO024_ (VALUE OF THE HOUSE) = NONRESPONSE
||||
|||| BRACKETS (FLUnfolding[28], FLCurr, BRs.Brackets[39].BR1, BRs.Brackets[39].BR2,
BRs.Brackets[39].BR3)
||||
|||| ENDIF
||||
|||| ENDIF
||||
|||| HO026_ OWN SECONDARY HOMES ETC
|||| Not including special time-sharing arrangements, do you [or/or/or/or/{empty}]/{empty}/]
[your/your/your/{empty}]/{empty}]
|||| [husband/wife/partner/partner/{empty}]/{empty}] own secondary homes, holiday homes,
other real estate, land or forestry?
|||| IWER:PLEASE DO NOT INCLUDE A TIME SHARING ARRANGEMENT
|||| 1. Yes
|||| 5. No
||||
|||| IF HO026_ (OWN SECONDARY HOMES ETC) = 1. Yes
||||
|||| HO027_ VALUE OF REAL ESTATE
|||| In your opinion, how much would this property be worth now if you sold it?
|||| IWER:IF OWNS PROPERTY ABROAD, GIVE VALUE IN [{local currency}]
|||| {enter an amount}
||||
|||| IF HO027_ (VALUE OF REAL ESTATE) = NONRESPONSE

```

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

|||
||| *ENDIF*

|||
||| **HO029_ RECEIVE INCOME OR RENT OF REAL ESTATE**

||| Did you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] receive any income or rent from these properties in [{previous year}]?

||| 1. Yes

||| 5. No

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

|||
||| **HO030_ AMOUNT INCOME OR RENT OF REAL ESTATE LAST YEAR**

||| How much income or rent did you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] receive from these properties during [{previous year}], after taxes?

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

||| {enter an amount}

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

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

|||
||| *ENDIF*

|||
||| *ENDIF*

|||
||| *ENDIF*

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

|||
||| **HO032_ NUMBER OF ROOMS**

||| Now we have a few questions about your household's accommodation. How many rooms do you have for your household members' personal use, including bedrooms but excluding kitchen, bathrooms, and hallways [and any rooms you may let or sublet/{empty}]?

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

||| _____ (1..25)

|||
||| **HO050_ INDOOR BATH OR SHOWER**

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

||| 1. Yes

||| 5. No

|||
||| **HO051_ INDOOR FLUSHING TOILET**

||| Does your home have an indoor flushing toilet only for your household's personal use?
||| 1. Yes
||| 5. No

||| **HO052_ CENTRAL HEATING**

||| Does your home have central heating?
||| 1. Yes
||| 5. No

||| **HO053_ AIR CONDITION**

||| Does your home have air condition?
||| 1. Yes
||| 5. No

||| **HO054_ ELEVATOR**

||| Does your home have an elevator?
||| 1. Yes
||| 5. No

||| **HO055_ BALCONY TERRACE OR GARDEN**

||| Does your home have a balcony, terrace or garden?
||| 1. Yes
||| 5. No

||| **HO033_ SPECIAL FEATURES IN THE HOUSE**

||| 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 CODE LENGTH OF MOST RECENT SPELL
||| _____ (0..120)

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

||| IF HO001_ (INTERVIEW IN HOUSE R) = 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_TypeAcc.ORD = 5*

||| **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**

||| **READ OUT removed from IWER**

||| Please look at card 41.How would you describe the area where you live?

- ||| 1. A big city
- ||| 2. The suburbs or outskirts of a big city
- ||| 3. A large town
- ||| 4. A small town
- ||| 5. A rural area or village

||| *ENDIF*

||| **HO056_ AREA FACILITIES**

||| How about the area immediately surrounding your accommodation. Would you say it has sufficient supply of facilities such as pharmacy, medical care,

||| or grocery?

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

|||

||| **HO057_ AREA PUBLIC TRANSPORTATION**

||| Would you say it has sufficient possibilities for public transportation?

||| 1. Yes

||| 5. No

||| **HO058_ AREA POLLUTION NOISE OR OTHER PROBLEMS**

||| Would you say it has pollution, noise or other environmental problems?

||| 1. Yes

||| 5. No

||| **HO059_ AREA VANDALISM OR CRIME**

||| Would you say it suffers from vandalism or crime?

||| 1. Yes

||| 5. No

||| *ENDIF*

||| **HO038_ TIME IN OTHER ACCOMMODATION**

||| Apart from vacations or brief visits, do you regularly spend part of the year in another residence?

||| IWER:IF UNCLEAR: MORE THAN ONE MONTH

||| 1. Yes

||| 5. No

||| *IF HO038_ (TIME IN OTHER ACCOMMODATION) = 1. Yes*

||| **HO039_ LOCATION OF RESIDENCE**

||| Where is this residence located?

||| IWER:READ OUT

||| 1. In same city or community

||| 2. In another part of the country

||| 3. In another country (please specify)

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

||| **HO040_ COUNTRY OF ACCOMMODATION**

||| In which country is the residence located?

||| _____

||| *ENDIF*

||| *ENDIF*

||| **HO041_ WHO ANSWERED THE QUESTIONS IN HO**

||| CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

||| 1. Respondent only

||| 2. Respondent and proxy

||| 3. Proxy only

||| *ENDIF*

|
ENDIF

IF MN024_ (HOUSEHOLD TYPE) = 1

|
IF MN008_ (HOUSEHOLD RESPONDENT) = 1

|| **HH001_ OTHER CONTRIBUTION TO HOUSEHOLD INCOME**

|| Although we may have asked you [or other members of your household/{empty}] some of the details earlier, it is important for us to understand your

|| household's situation correctly. In the last year, that is in [{previous year}], was there any household member who contributed to your household

|| income and who is not part of this interview?

|| **IWER:IF NECESSARY READ LIST OF ELIGIBLES: PART OF THIS INTERVIEW**

ARE [{list with eligible respondents}]

|| 1. Yes

|| 5. No

|| *IF HH001_ (OTHER CONTRIBUTION TO HOUSEHOLD INCOME) = 1. Yes*

||| **HH002_ TOTAL INCOME OTHER HOUSEHOLD MEMBERS**

||| Can you give us the approximate total amount of income received in [{previous year}] by other household members after any taxes or contributions?

||| **IWER:CODE ZERO IF NO SUCH INCOME; AMOUNT IN** [{local currency}]

||| {enter an amount}

||| *IF HH002_ (TOTAL INCOME OTHER HOUSEHOLD MEMBERS) = NONRESPONSE*

||| **BRACKETS** (FLUnfolding[31], FLCurr, BRs.Brackets[33].BR1, BRs.Brackets[33].BR2, BRs.Brackets[33].BR3)

||| *ENDIF*

|| *ENDIF*

|| **HH010_ INCOME FROM OTHER SOURCES**

|| [This is an old question, deleted between versions 2.2. and 2.3. Now this question is back in. Please check your translation.](#)

|| Some households receive payments such as housing allowances, child benefits, poverty relief etc.Has your household or anyone in your household

|| received any such payments in [{previous year}]?

|| 1. Yes

|| 5. No

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

||| **HH011_ ADDITIONAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST YEAR**

||| This is an old question, deleted between versions 2.2. and 2.3. Now this question is back in. Please check your translation.

||| Please give us the approximate total amount of income from these benefits that you received as a household in [{{previous year}}], after any taxes and

||| contributions.

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

||| {enter an amount}

|||

||| *IF HH011_ (ADDITIONAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST YEAR) = NONRESPONSE*

|||

||| BRACKETS (FLUnfolding[35], FLCurr, BRs.Brackets[34].BR1, BRs.Brackets[34].BR2, BRs.Brackets[34].BR3)

|||

||| *ENDIF*

|||

||| *ENDIF*

|||

||| **HH017_ TOTAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST MONTH**

|| To summarize, how much was the overall income, after tax, that your entire household had in an average month in [{{previous year}}]?

|| {enter an amount}

||

|| *IF HH017_ (TOTAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST MONTH) = DONTKNOW OR HH017_ (TOTAL INCOME RECEIVED BY ALL*

|| *HOUSEHOLD MEMBERS IN LAST MONTH) = REFUSAL*

|||

||| **HH018_ TOTAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST MONTH UB**

||| Please look at card 42. Can you tell me the letter that corresponds to the overall income, after tax, that your household had in an average month in

||| [{{previous year}}]?

||| _____

|||

||| *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*

|

ENDIF

IF MN024_ (HOUSEHOLD TYPE) = 1

|

```

| 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 43.Thinking about the last 12 months: about how much did your
| | household spend in a typical month on food to be consumed at home?
| | IWER:AMOUNT IN [{local currency}]
| | {enter an amount}
| |
| | CO003_ AMOUNT SPENT ON FOOD OUTSIDE THE HOME
| | Please look at card 43.Still thinking about the last 12 months: about how much did your
| | household spend in a typical month on food to be consumed
| | outside home?
| | IWER:AMOUNT IN [{local currency}]
| | {enter an amount}
| |
| | CO010_ CONSUME HOME PRODUCED FOOD
| | Do you [and other members of your household/{empty}] consume vegetables, fruit or meat
| | that you have grown, produced, caught or gathered yourselves?
| | 1. Yes
| | 5. No
| |
| | IF CO010_ (CONSUME HOME PRODUCED FOOD) = 1. Yes
| | |
| | | CO011_ VALUE OF HOME PRODUCED FOOD
| | | What is the value of the home produced food that you consumed in a typical month during
| | | the last year? In other words, how much would you have paid
| | | for this food if you had to buy it?
| | | {enter an amount}
| | |
| | | ENDIF
| | |
| | CO004_ AMOUNT SPENT ON TELEPHONES IN LAST MONTH
| | Please look at card 43.Again, in the last 12 months: about how much was your household's
| | expenditure on telephone calls and charges in a typical
| | month?
| | IWER:AMOUNT IN [{local currency}]
| | {enter an amount}
| |
| | 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

||

|| *IF MN101_ (MN101_Longitudinal) = 1*

||

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

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

|| IWER:READ OUT

|| 1. Greatly improved

|| 2. Somewhat improved

|| 3. Remained the same

|| 4. Somewhat deteriorated

|| 5. Greatly deteriorated

||

|| *ENDIF*

||

|| **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*

|

ENDIF

IF MN007_ (FINANCIAL RESPONDENT) = 1

|

| **AS001_ INTRODUCTION 1 TO ASSETS**

| The next questions ask about a number of different kinds of savings or investments that you [or/or/or/or/{empty}]{empty}]

| [your/your/your/your/{empty}]{empty}] [husband/wife/partner/partner/{empty}]{empty}] may have.

| 1. Continue

|

|

| **AS060_ HAS BANK ACCOUNT**

| Do you[or/or/or/or/{empty}]{empty}] [your/your/your/your/{empty}]{empty}]

[husband/wife/partner/partner/{empty}]{empty}] currently have any money in

| bank accounts, transaction accounts, saving accounts or postal accounts?

| 1. Yes

| 5. No

|

| *IF AS060_ (HAS BANK ACCOUNT) = 5. No*

||

|| **AS061_ REASON FOR NOT HAVING A BANK ACCOUNT**

|| Please look at card 44. Looking at this list, please tell me which is the most important reason

||

you[or/or/or/or/{empty}]{empty}][your/your/your/your/{empty}]{empty}][husband/wife/part

```

ner/partner/{empty}/{empty}] currently do not have bank
|| accounts, transaction accounts, saving accounts or postal accounts?
|| 1. Do not like dealing with banks
|| 2. Minimum balance/service charges are too high
|| 3. No bank has convenient hours or location
|| 4. Do not need/want a bank account
|| 5. Do not have enough money
|| 6. Savings are managed by children or other relatives (in or outside the household)
|| 95. Actually I/we do have an account
|| 97. Some other reason
||
| ENDIF
|
| IF AS060_ (HAS BANK ACCOUNT) = 1. Yes OR AS061_ (REASON FOR NOT HAVING A
BANK ACCOUNT) = 95. Actually I/we do have an account
||
|| AS003_ AMOUNT BANK ACCOUNT
|| About how much do you [and/and/and/and/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
|| currently have in bank accounts, transaction accounts, saving accounts or postal accounts?
|| IWER:AMOUNT IN [{local currency}]; CODE TOTAL AMOUNT FOR BOTH
PARTNERS
|| {enter an amount}
||
CHK: AS003_AmBankAcc <> EMPTY MAIN "^FLError[20]"
|| IF AS003_ (AMOUNT BANK ACCOUNT) = NONRESPONSE
|||
||| BRACKETS (FLUnfolding[45], FLCurr, BRs.Brackets[3].BR1, BRs.Brackets[3].BR2,
BRs.Brackets[3].BR3)
|||
|| ENDIF
||
|| AS005_ INTEREST FROM BANK ACCOUNTS
|| After taxes, about how much interest income did you [and/and/and/and/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}]
|| [husband/wife/partner/partner/{empty}/{empty}] receive from such accounts in [{previous
year}]?
|| IWER:AMOUNT IN [{local currency}]; AFTER TAXES; CODE TOTAL AMOUNT FOR
BOTH PARTNERS
|| {enter an amount}
||
CHK: AS005_IntBankAcc <> EMPTY MAIN "^FLError[20]"
|| IF AS005_ (INTEREST FROM BANK ACCOUNTS) = NONRESPONSE
|||
||| BRACKETS (FLUnfolding[46], FLCurr, BRs.Brackets[4].BR1, BRs.Brackets[4].BR2,
BRs.Brackets[4].BR3)
|||
|| ENDIF
||
| ENDIF
|

```

| **AS062_ HAS BONDS**

| Do

you[or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/partner/partner/{empty}/{empty}] currently have any money in government or corporate bonds?

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

| 1. Yes

| 5. No

| *IF AS062_ (HAS BONDS) = 1. Yes*

|| **AS007_ AMOUNT IN BONDS**

|| About how much do you currently [and/and/and/and/{empty}/{empty}]

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

|| [husband/wife/partner/partner/{empty}/{empty}] have in government or corporate bonds?

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

|| {enter an amount}

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

|| *IF AS007_ (AMOUNT IN BONDS) = NONRESPONSE*

||| BRACKETS (FLUnfolding[47], FLCurr, BRs.Brackets[5].BR1, BRs.Brackets[5].BR2, BRs.Brackets[5].BR3)

|| *ENDIF*

|| **AS009_ INTEREST FROM BONDS**

|| After taxes, about how much interest income did you [and/and/and/and/{empty}/{empty}]

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

|| [husband/wife/partner/partner/{empty}/{empty}] receive from these bonds in [previous year]?

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

|| {enter an amount}

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

|| *IF AS009_ (INTEREST FROM BONDS) = NONRESPONSE*

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

|| *ENDIF*

| *ENDIF*

| **AS063_ HAS STOCKS**

| Do

you[or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/partner/partner/{empty}/{empty}] currently have any money in

| stocks or shares (listed or unlisted on stockmarket)?
| IWER:STOCKS ARE PIECES OF PAPER THAT SHOW THAT THE PERSON OWNS
PART OF A CORPORATION AND HAS THE RIGHT TO RECEIVE DIVIDENDS FROM
IT.

| 1. Yes

| 5. No

| *IF AS063_ (HAS STOCKS) = 1. Yes*

|| **AS011_ AMOUNT IN STOCKS**

|| About how much do you [and/and/and/and/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
|| currently have in stocks or shares (listed or unlisted on stock market)?

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

|| {enter an amount}

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

|| *IF AS011_ (AMOUNT IN STOCKS) = NONRESPONSE*

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

|| *ENDIF*

|| **AS015_ DIVIDEND FROM STOCKS**

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

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

|| {enter an amount}

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

|| *IF AS015_ (DIVIDEND FROM STOCKS) = NONRESPONSE*

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

|| *ENDIF*

| *ENDIF*

| **AS064_ HAS MUTUAL FUNDS**

| Do

you[or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/part
ner/partner/{empty}/{empty}] currently have any money in
| mutual funds or managed investment accounts?

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

| 1. Yes

| 5. No

| *IF AS064_ (HAS MUTUAL FUNDS) = 1. Yes*

|| **AS017_ AMOUNT IN MUTUAL FUNDS**

|| About how much do you [and/and/and/and/{empty}/{empty}]

[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]

|| currently have in mutual funds or managed investment accounts?

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

|| {enter an amount}

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

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

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

|| *ENDIF*

|| **AS019_ MUTUAL FUNDS MOSTLY STOCKS OR BONDS**

|| Are these mutual funds and managed investment accounts mostly stocks or mostly bonds?

|| 1. Mostly stocks

|| 2. Half stocks and half bonds

|| 3. Mostly bonds

|| **AS058_ INTEREST OR DIVIDEND ON MUTUAL FUNDS**

|| After taxes, about how much interest or dividend income did you

[and/and/and/and/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]

|| [husband/wife/partner/partner/{empty}/{empty}] earn with mutual funds or managed investment accounts in [{previous year}]?

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

|| {enter an amount}

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

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

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

|| *ENDIF*

| *ENDIF*

| **AS065_ HAS INDIVIDUAL RETIREMENT ACCOUNTS**

| Do

you[or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/partner/partner/{empty}/{empty}] currently have any money in

| individual retirements accounts?

| IWER:AN INDIVIDUAL RETIREMENT ACCOUNT IS A RETIREMENT PLAN THAT LETS THE PERSON PUT SOME MONEY AWAY EACH YEAR, TO BE (PARTIALLY) TAKEN OUT AT RETIREMENT TIME.

- | 1. Yes
- | 5. No

| *IF AS065_ (HAS INDIVIDUAL RETIREMENT ACCOUNTS) = 1. Yes*

|| *IF MN005_ (INTERVIEW MODE) <> 1*

||| **AS020_ WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS**

||| Who has individual retirements accounts? You[, your/, your/, your/, your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] [or/or/or/or/{empty}/{empty}] [both/both/both/both/{empty}/{empty}]?

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

|| *ENDIF*

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

||| **AS021_ AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS**

||| How much do you currently have in individual retirement accounts?
||| IWER:ENTER AN AMOUNT IN [local currency] ; CODE AMOUNT FOR RESPONDENT ONLY

||| {enter an amount}

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

||| *IF AS021_ (AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS) = NONRESPONSE*

||| BRACKETS (FLUnfolding[53], FLCurr, BRs.Brackets[11].BR1, BRs.Brackets[11].BR2, BRs.Brackets[11].BR3)

||| *ENDIF*

||| **AS023_ INDIVIDUAL RETIREMENT ACCOUNTS MOSTLY IN STOCKS OR BONDS**

||| Are these individual retirement accounts mostly in stocks or mostly in bonds?

- ||| 1. Mostly stocks
- ||| 2. Half stocks and half bonds
- ||| 3. Mostly bonds

|| *ENDIF*

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

|| *Both*

```

|||
||| AS024_ PARTNER AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS
||| How much does [your/your/your/your/{empty}]{empty}
[husband/wife/partner/partner/{empty}]{empty} currently have in individual retirement
accounts?
||| IWER:AMOUNT IN [FLCURRCODE] AMOUNT FOR PARTNER ONLY
||| {enter an amount}
|||
CHK: AS024_PAmIndRet <> EMPTY MAIN "^FLError[20]"
||| IF AS024_ (PARTNER AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS) =
NONRESPONSE
|||
||| BRACKETS (FLUnfolding[55], FLCurr, BRs.Brackets[12].BR1, BRs.Brackets[12].BR2,
BRs.Brackets[12].BR3)
|||
||| ENDIF
|||
||| AS026_ PARTNER INDIVIDUAL RETIREMENT ACCOUNTS MOSTLY IN STOCKS
OR BONDS
||| Are these individual retirement accounts mostly in stocks or mostly in bonds?
||| 1. Mostly stocks
||| 2. Half stocks and half bonds
||| 3. Mostly bonds
|||
||| ENDIF
|||
| ENDIF
|
| AS066_ HAS CONTRACTUAL SAVING
| Do
you[or/or/or/or/{empty}]{empty}[your/your/your/your/{empty}]{empty}[husband/wife/part
ner/partner/{empty}]{empty} currently have any money in
| contractual saving for housing?
| IWER:CONTRACTUAL SAVINGS FOR HOUSING: AN ACCOUNT AT A FINANCIAL
INSTITUTION THAT ACCUMULATES CASH TO BE USED TOWARDS THE
PURCHASE OF A HOUSE.
| 1. Yes
| 5. No
|
| IF AS066_ (HAS CONTRACTUAL SAVING) = 1. Yes
||
|| AS027_ AMOUNT CONTRACTUAL SAVING
|| About how much do you [and/and/and/and/{empty}]{empty}
[your/your/your/your/{empty}]{empty} [husband/wife/partner/partner/{empty}]{empty}
|| currently have in contractual saving for housing?
|| IWER:ENTER AN AMOUNT IN [{local currency}]; CODE TOTAL AMOUNT FOR
BOTH PARTNERS
|| {enter an amount}
||
CHK: AS027_AmContSav <> EMPTY MAIN "^FLError[20]"

```

```

|| IF AS027_ (AMOUNT CONTRACTUAL SAVING) = NONRESPONSE
|||
||| BRACKETS (FLUnfolding[57], FLCurr, BRs.Brackets[13].BR1, BRs.Brackets[13].BR2,
BRs.Brackets[13].BR3)
|||
|| ENDIF
||
| ENDIF
|
| AS067_ HAS LIFE INSURANCE
| Do
you[or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/part
ner/partner/{empty}/{empty}] currently own any life
| insurance policies?
| 1. Yes
| 5. No
|
| IF AS067_ (HAS LIFE INSURANCE) = 1. Yes
||
|| AS029_ LIFE INSURANCE POLICIES TERM OR WHOLE LIFE
|| Are your life insurance policies term policies, whole life policies, or both of these?
|| IWER:TERM LIFE INSURANCE PROVIDES COVERAGE FOR A FIXED PERIOD OF
TIME AND PAYS A PREDETERMINED AMOUNT ONLY IF THE POLICYHOLDER
DIES WITHIN THIS
|| PERIOD. ON THE OTHER HAND, WHOLE LIFE INSURANCE HAS A SAVINGS
COMPONENT THAT INCREASES IN VALUE OVER TIME AND CAN BE PAID BACK
IN MANY INSTALLMENTS
|| OVER TIME OR ALL AT ONCE.
|| 1. Term policies
|| 2. Whole life policies
|| 3. Both
|| 97. Other
||
|| IF AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE LIFE) = 2. Whole life
policies OR AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE
LIFE) = 3. Both
|||
||| AS030_ FACE VALUE LIFE POLICIES
||| What is the face value of the whole life policies owned by you
[and/and/and/and/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
||| [husband/wife/partner/partner/{empty}/{empty}]?
||| IWER:AMOUNT IN [{{local currency}}] ; CODE TOTAL AMOUNT FOR BOTH
PARTNERS
||| {enter an amount}
|||
||| IF AS030_ (FACE VALUE LIFE POLICIES) = NONRESPONSE
|||
||| BRACKETS (FLUnfolding[42], FLCurr, BRs.Brackets[14].BR1, BRs.Brackets[14].BR2,
BRs.Brackets[14].BR3)
|||
||| ENDIF

```

```

|||
|| ENDIF
||
|| IF AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE LIFE) = 2. Whole life
policies OR AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE
|| LIFE) = 3. Both
|||
||| AS032_ AMOUNT DEPENDENTS GET FROM LIFE INSURANCE POLICIES
||| About how much will your dependents or other beneficiaries get from [your term
policies/your whole life policies] when you
||| [and/and/and/and/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] die?
||| IWER:AMOUNT IN [{local currency}]. CODE TOTAL AMOUNT FOR ALL
BENEFICIARIES
||| {enter an amount}
|||
||| IF AS032_ (AMOUNT DEPENDENTS GET FROM LIFE INSURANCE POLICIES) =
NONRESPONSE
|||
||| BRACKETS (FLUnfolding[43], FLCurr, BRs.Brackets[1].BR1, BRs.Brackets[1].BR2,
BRs.Brackets[1].BR3)
|||
||| ENDIF
|||
||| AS034_ PAID ON LIFE INSURANCE POLICIES
||| About how much did you [and/and/and/and/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
pay on
||| [your term policies/your whole life policies] in [{previous year}]?
||| IWER:AMOUNT IN [{local currency}]; CODE TOTAL AMOUNT FOR BOTH
PARTNERS
||| {enter an amount}
|||
||| IF AS034_ (PAID ON LIFE INSURANCE POLICIES) = NONRESPONSE
|||
||| BRACKETS (FLUnfolding[44], FLCurr, BRs.Brackets[2].BR1, BRs.Brackets[2].BR2,
BRs.Brackets[2].BR3)
|||
||| ENDIF
|||
|| ENDIF
||
|| IF AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE LIFE) = 1. Term policies
OR AS029_ (LIFE INSURANCE POLICIES TERM OR WHOLE LIFE) =
|| 3. Both
|||
||| AS032_ AMOUNT DEPENDENTS GET FROM LIFE INSURANCE POLICIES
||| About how much will your dependents or other beneficiaries get from [your term
policies/your whole life policies] when you
||| [and/and/and/and/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] die?

```

```

||| IWER:AMOUNT IN [{local currency}]. CODE TOTAL AMOUNT FOR ALL
BENEFICIARIES
||| {enter an amount}
|||
||| IF AS032_ (AMOUNT DEPENDENTS GET FROM LIFE INSURANCE POLICIES) =
NONRESPONSE
|||
||| BRACKETS (FLUnfolding[43], FLCurr, BRs.Brackets[1].BR1, BRs.Brackets[1].BR2,
BRs.Brackets[1].BR3)
|||
||| ENDIF
|||
||| AS034_ PAID ON LIFE INSURANCE POLICIES
||| About how much did you [and/and/and/and/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
pay on
||| [your term policies/your whole life policies] in [{previous year}]?
||| IWER:AMOUNT IN [{local currency}]; CODE TOTAL AMOUNT FOR BOTH
PARTNERS
||| {enter an amount}
|||
||| IF AS034_ (PAID ON LIFE INSURANCE POLICIES) = NONRESPONSE
|||
||| BRACKETS (FLUnfolding[44], FLCurr, BRs.Brackets[2].BR1, BRs.Brackets[2].BR2,
BRs.Brackets[2].BR3)
|||
||| ENDIF
|||
||| ENDIF
|||
||| ENDIF
|||
||| AS041_ OWN FIRM COMPANY BUSINESS
||| Do you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] currently own a firm,
company, or business?
||| 1. Yes
||| 5. No
|||
||| IF 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}]; CODE TOTAL AMOUNT FOR BOTH
PARTNERS
||| {enter an amount}
|||
||| CHK: AS042_AmSellFirm <> EMPTY MAIN "^FLError[20]"
||| IF AS042_ (AMOUNT SELLING FIRM) = NONRESPONSE
|||

```

||| BRACKETS (FLUnfolding[58], FLCurr, BRs.Brackets[15].BR1, BRs.Brackets[15].BR2, BRs.Brackets[15].BR3)

|||

|| *ENDIF*

||

|| **AS044_ PERCENTAGE SHARE FIRM OWNED**

|| What percentage or share of this firm, company or business is owned by you

[or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]

|| [husband/wife/partner/partner/{empty}/{empty}]?

|| IWER:ENTER PERCENT

|| _____

||

CHK: AS044_ShareFirm <= 100 MAIN "^FLError[18]"

|| *IF AS044_ (PERCENTAGE SHARE FIRM OWNED) = NONRESPONSE*

|||

||| BRACKETS (FLUnfolding[59], FLPercent, BRs.Brackets[16].BR1,

BRs.Brackets[16].BR2, BRs.Brackets[16].BR3)

|||

|| *ENDIF*

||

| *ENDIF*

|

| **AS049_ NUMBER OF CARS**

| How many cars do you [or/or/or/or/{empty}/{empty}]

[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
own? Please

| exclude company cars.

| _____ (0..10)

|

| *IF AS049_ (NUMBER OF CARS) > 0*

||

|| **AS051_ AMOUNT SELLING CARS**

|| If you sold [this/these] [car/cars] about how much would be left?

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

|| {enter an amount}

||

CHK: AS051_AmSellingCars <> EMPTY MAIN "^FLError[20]"

|| *IF AS051_ (AMOUNT SELLING CARS) = NONRESPONSE*

|||

||| BRACKETS (FLUnfolding[61], FLCurr, BRs.Brackets[18].BR1, BRs.Brackets[18].BR2, BRs.Brackets[18].BR3)

|||

|| *ENDIF*

||

| *ENDIF*

|

| **AS053_ INTRODUCTION 2 TO ASSETS**

| The next questions refer to money that you [or/or/or/or/{empty}/{empty}]

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

|| [husband/wife/partner/partner/{empty}/{empty}] may owe. Do not include mortgages or

money owed on land, property or firms.

| 1. Continue

|

| **AS054_ OWE MONEY**

| Looking at card 45, which of these types of debts do you [or/or/or/or/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}]

| [husband/wife/partner/partner/{empty}/{empty}] currently have, if any?

| IWER:CODE ALL THAT APPLY

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

| 2. Debt on credit cards / store cards

| 3. Loans (from bank, building society or other financial institution)

| 4. Debts to relatives or friends

| 5. Student loans

| 6. Overdue bills (phone, electricity, heating, rent)

| 96. None of these

| 97. Other

|

CHK: NOT ((> 1) AND (96 IN AS054_OweMonAny)) MAIN "^FLError[5]"

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

||

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

|| [Too many fills in Polish version.](#)

|| How much do you [and/and/and/and/{empty}/{empty}]

[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
owe in total?

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

|| {enter an amount}

||

CHK: AS055_AmOweMon <> EMPTY MAIN "^FLError[20]"

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

|||

||| BRACKETS (FLUnfolding[62], FLCurr, BRs.Brackets[19].BR1, BRs.Brackets[19].BR2,
BRs.Brackets[19].BR3)

|||

|| *ENDIF*

||

| *ENDIF*

|

| **AS068_ RISK AVERSION**

| Please look at card 46. When people invest their savings they can choose between assets that
give low return with little risk to lose money, for

| instance a bank account or a safe bond, or assets with a high return but also a higher risk of
losing, for instance stocks and shares. Which of the

| statements on the card comes closest to the amount of financial risk that you are willing to
take when you save or make investments?

| IWER:READ ANSWERS ONLY IF NECESSARY. IF MORE THAN ONE RESPONSE IS
GIVEN USE THE FIRST CATEGORY THAT APPLIES

| 1. Take substantial financial risks expecting to earn substantial returns

| 2. Take above average financial risks expecting to earn above average returns

| 3. Take average financial risks expecting to earn average returns

| 4. Not willing to take any financial risks

| *IF MN014_ (NUMBER OF ELIGIBLE PERSONS) < MN023_ (# PERSONS OVER 17)*

|| **AS069_ SAVINGS AND INVESTMENTS OF OTHER ADULTS IN THE HOUSEHOLD**

|| How much do all other adults aged 18 and over (except you/and your partner) that live with you have in total savings and investments, after you

|| subtract all the debts they may have?

|| IWER:AMOUNT IN [{local currency}]; CODE TOTAL AMOUNT FOR ALL OTHER ADULTS EXCEPT PARTNERS

|| {enter an amount}

CHK: AS069_AmSavInvOth <> EMPTY MAIN "^FLError[20]"

|| *IF AS069_ (SAVINGS AND INVESTMENTS OF OTHER ADULTS IN THE HOUSEHOLD) = NONRESPONSE*

||| BRACKETS (FLUnfolding[63], FLCurr, BRs.Brackets[20].BR1, BRs.Brackets[20].BR2, BRs.Brackets[20].BR3)

|| *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*

AC011_ INTRODUCTION WELL-BEING

We are also interested in how people think about their lives in general.

IWER:START OF A NON-PROXY SECTION. NO PROXY ALLOWED. IF THE RESPONDENT IS NOT CAPABLE OF ANSWERING ANY OF THESE QUESTION ON HER/HIS OWN, PRESS CTRL-K

AT EACH QUESTION AND MAKE A REMARK USING CTRL-M AT THE END OF THE SECTION.

1. Continue

AC012_ HOW SATISFIED WITH LIFE

On a scale from 0 to 10 where 0 means completely dissatisfied and 10 means completely satisfied, how satisfied are you with your life?

_____ (0..10)

AC013_ INTRODUCTION CASP ITEMS

Please look at card 47. I will now read a list of statements that people have used to describe

their lives or how they feel. We would like to know how often, if at all, you experienced the following feelings and thoughts over the past four weeks: often, sometimes, rarely, or never.

1. Continue

AC014_ AGE PREVENTS FROM DOING THINGS

How often do you think your age prevents you from doing the things you would like to do? Often, sometimes, rarely or never?

1. Often
2. Sometimes
3. Rarely
4. Never

AC015_ OUT OF CONTROL

How often do you feel that what happens to you is out of your control? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC016_ FEEL LEFT OUT OF THINGS

How often do you feel left out of things? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC017_ DO THE THINGS YOU WANT TO DO

How often do you think that you can do the things that you want to do? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC018_ FAMILY RESPONSIBILITIES PREVENT

How often do you think that family responsibilities prevent you from doing what you want to do? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC019_ SHORTAGE OF MONEY STOPS

How often do you think that shortage of money stops you from doing the things you want to do? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC020_ LOOK FORWARD TO EACH DAY

How often do you look forward to each day? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC021_ LIFE HAS MEANING

How often do you feel that your life has meaning? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC022_ LOOK BACK ON LIFE WITH HAPPINESS

How often, on balance, do you look back on your life with a sense of happiness? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC023_ FEEL FULL OF ENERGY

How often do you feel full of energy these days? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC024_ FULL OF OPPORTUNITIES

How often do you feel that life is full of opportunities? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC025_ FUTURE LOOKS GOOD

How often do you feel that the future looks good for you? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

IF AC199_ (WELL-BEING: RANDOM NR 1..2) = 1

|

| **AC026_ INTRODUCTION FEELINGS**

| Now think about the past week and the feelings you have experienced. Please tell me if each of the following was true for you much of the time during
| the past week.

| 1. Continue

| **AC027_ FELT DEPRESSED**

| Much of the time during the past week, you felt depressed.(Would you say yes or no?)

| 1. Yes

| 5. No

| **AC028_ FELT EVERYTHING EFFORT**

| (Much of the time during the past week...)You felt that everything you did was an effort.(Would you say yes or no?)

| 1. Yes

| 5. No

| **AC029_ SLEEP WAS RESTLESS**

| (Much of the time during the past week...)Your sleep was restless.(Would you say yes or no?)

| 1. Yes

| 5. No

| **AC030_ HAPPY**

| (Much of the time during the past week...)You were happy.(Would you say yes or no?)

| 1. Yes

| 5. No

| **AC031_ FELT LONELY**

| (Much of the time during the past week...)You felt lonely.(Would you say yes or no?)

| 1. Yes

| 5. No

| **AC032_ ENJOYED LIFE**

| (Much of the time during the past week...)You enjoyed life.(Would you say yes or no?)

| 1. Yes

| 5. No

| **AC033_ FELT SAD**

| (Much of the time during the past week...)You felt sad.(Would you say yes or no?)

| 1. Yes

| 5. No

| **AC034_ COULD NOT GET GOING**

| (Much of the time during the past week...)You could not get going.(Would you say yes or no?)

| 1. Yes

| 5. No

| *ENDIF*

| *IF MN024_ (HOUSEHOLD TYPE) = 1*

| **AC001_ INTRODUCTION AC ACTIVITIES**

| Now I have a few questions about the motivation for and the satisfaction with your activities,

and about your expectations for the future.

| IWER:NON-PROXY SECTION. NO PROXY ALLOWED. IF THE RESPONDENT IS NOT CAPABLE OF ANSWERING ANY OF THESE QUESTIONS ON HER/HIS OWN, PRESS CTRL-K AT EACH

| QUESTION AND MAKE A REMARK USING CTRL-M AT THE END OF THE SECTION.

| 1. Continue

| **AC002_ ACTIVITIES IN LAST MONTH**

| *two words added in IWER*

| Please look at card 48. Have you done any of these activities in the last month?

| IWER:CODE ALL THAT APPLY. TAKING PART IN ACTIVITIES OF A RELIGIOUS ORGANIZATION INCLUDES CHURCH, **SYNAGOGUE, MOSQUE** ATTENDANCE.

- | 1. Done voluntary or charity work
- | 2. Cared for a sick or disabled adult
- | 3. Provided help to friends or neighbors
- | 4. Attended an educational or training course
- | 5. Gone to a sport, social or other kind of club
- | 6. Taken part in activities of a religious organization (church, synagogue, mosque etc.)
- | 7. Taken part in a political or community-related organization
- | 96. None of these

CHK: NOT ((> 1) AND (a96 IN AC002_ActLastMonth)) MAIN "^FLerror[5]"

| *LOOP cnt1:= 1 TO 7*

|| *IF cnt1 IN AC002_(ACTIVITIES IN LAST MONTH)*

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

||| How often in the last four weeks [did/have/have/have/did/have/have]

[you/you/you/you/you/you/you] [do voluntary or charity work/cared for a sick or disabled adult/provided help to friends or neighbours/attended an educational or training course/go to a sport, social or other kind of club/taken part in the activities of a religious organization (church, synagogue, mosque etc.)/taken part in a political or community-related organization]?

- ||| 1. Almost daily
- ||| 2. Almost every week
- ||| 3. Less often

||| **AC004_ MOTIVATIONS**

||| Please look at card 49. For which on the reasons given on this card, if any,

[did/have/have/have/did/have/have] [you/you/you/you/you/you] [do

voluntary or charity work/cared for a sick or disabled adult/provided help to friends or neighbors/attended an educational or training course/go to a

sport, social or other kind of club/taken part in the activities of a religious organization (church, synagogue, mosque etc.)/taken part in a

political or community-related organization]?

||| IWER:CODE ALL THAT APPLY

- ||| 1. To meet other people
- ||| 2. To contribute something useful
- ||| 3. Because I am needed

||| 4. To earn money
||| 5. To use my skills or to keep fit
||| 96. None of these
|||

CHK: NOT ((> 1) AND (a96 IN AC004_Motiv)) MAIN "^FLError[5]"

|| *ENDIF*

||

| *ENDLOOP*

|

| *IF 1. Done voluntary or charity work IN AC002_ (ACTIVITIES IN LAST MONTH) OR 2. Cared for a sick or disabled adult IN*

| *AC002_ (ACTIVITIES IN LAST MONTH) OR 3. Provided help to friends or neighbors IN AC002_ (ACTIVITIES IN LAST MONTH)*

||

|| **AC005_ INTRODUCTION STATEMENTS AC**

|| I will now read a couple of statements that are related to your commitment towards people. Please tell me whether you strongly agree, agree, disagree

|| or strongly disagree with each statement.

|| 1. Continue

||

|| *LOOP cnt2:= 1 TO 3*

|||

||| *IF cnt2 IN AC002_ (ACTIVITIES IN LAST MONTH)*

|||

||| **AC006_ FULLY SATISFIED WITH WHAT ACHIEVED SO FAR**

||| Considering all the efforts that I have invested into my [voluntary or charity work/care for a sick or disabled adult/help to friends or

||| neighbors/educational or training course/sport, social or other kind of club/participation in a religious organization (church, synagogue, mosque

||| etc.)/participation in a political or community-related organization], I am fully satisfied with what I have achieved so far. (Would you say that you

||| strongly agree, agree, disagree, or strongly disagree with that statement?)

||| 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 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
|
ENDIF
```

EX001_ INTRODUCTION AND EXAMPLE

Finally, I have some questions about how likely you think various events might be. When I ask a question I'd like for you to give me a number from 0 to 100. Let's try an example together and start with the weather. Looking at card 50, what do you think the chances are that it will be sunny tomorrow? For example, '90' would mean a 90 per cent chance of sunny weather. You can say any number from 0 to 100.

_____ (0..100)

EX002_ CHANCE OF RECEIVING INHERITANCE

Please look at card 50. Thinking about the next ten years, what are the chances that you will receive any inheritance, including property and other valuables?

_____ (0..100)

IF EX002_ (CHANCE OF RECEIVING INHERITANCE) > 0

|

| **EX003_ CHANCE INHERITANCE MORE THAN 50000**

| Please look at card 50. Within the next ten years, what are the chances that you will receive an inheritance worth more than 50,000 [{{local currency}}]?

| _____ (0..100)

|

ENDIF

EX004_ CHANCE OF LEAVING INHERITANCE MORE THAN 50000

[marked text added](#)

(Please look at card 50.) **Not only thinking about the next 10 years**, including property and other valuables, what are the chances that you

[or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]

[husband/wife/partner/partner/{empty}/{empty}] will leave an inheritance totaling 50,000 [{{local currency}}] or more?

_____ (0..100)

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

|

| **EX005_ CHANCE OF LEAVING ANY INHERITANCE**

| (Please look at card 50.) What are the chances that you [or/or/or/or/{empty}/{empty}]

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

| [husband/wife/partner/partner/{empty}/{empty}] will leave any inheritance?

| **IWER:INCLUDE PROPERTIES AND OTHER VALUABLES**

| _____ (0..100)

|

ELSE

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

| | **EX006_ CHANCE OF LEAVING INHERITANCE MORE THAN 150000**

| | (Please look at card 50.)What are the chances that you [or/or/or/or/{empty}]{empty}]

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

| | [husband/wife/partner/partner/{empty}]{empty}] will leave an inheritance totaling 150,000
| | [{local currency}] or more?

| | **IWER:INCLUDE PROPERTIES AND OTHER VALUABLES**

| | _____ (0..100)

| *ENDIF*

ENDIF

IF Sec_EP.EP005_CurrentJobSit = a2 OR 1 IN Sec_EP.EP098_TypeOfPension

| | **EX007_ GOVERNMENT REDUCES PENSION**

| | (Please look at card 50.)What are the chances that before you retire the government will
| | reduce the pension which you are entitled to?

| | _____ (0..100)

| *IF MN808_ (AGE RESPONDENT) < 61*

| | | **EX025_ CHANCE TO WORK AFTER AGE OF 63**

| | | (Please look at card 50.) Thinking about your work generally and not just your present job,
| | | what are the chances that you will be working full-time

| | | after you reach age 63?

| | | _____ (0..100)

| | *ENDIF*

| | **EX008_ GOVERNMENT RAISES RETIREMENT AGE**

| | (Please look at card 50.)What are the chances that before you retire the government will raise
| | your retirement age?

| | _____ (0..100)

| *ENDIF*

IF MN808_ (AGE RESPONDENT) < 101

| | **EX009_ LIVING IN TEN YEARS**

| | (Please look at card 50.)What are the chances that you will live to be age
| | [75/80/85/90/95/100/105/110/120] or more?

| | _____ (0..100)

| *ENDIF*

EX010_ CHANCES STANDARD OF LIVING WILL BE BETTER

(Please look at card 50.)What are the chances that five years from now your standard of living

will be better than today?

IWER:BY STANDARD OF LIVING WE MEAN THE ABILITY TO BUY GOODS AND SERVICES

_____ (0..100)

EX011_ CHANCES STANDARD OF LIVING WILL BE WORSE

(Please look at card 50.)And what are the chances that five years from now your standard of living will be worse than today?

IWER:BY STANDARD OF LIVING WE MEAN THE ABILITY TO BUY GOODS AND SERVICES

_____ (0..100)

EX026_ TRUST IN OTHER PEOPLE

'Finally' at the beginning of the question text removed.

I would now like to ask a question about how you view other people. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people? Not looking at card 50 anymore, please tell me on a scale from 0 to 10, where 0 means you can't be too careful and 10 means that most people can be trusted.

_____ (0..10)

EX028_ LEFT OR RIGHT IN POLITICS

In politics people sometimes talk of "left" and "right". On a scale from 0 to 10, where 0 means the left and 10 means the right, where would you place yourself?

_____ (0..10)

EX029_ RELIGIOUS BACKGROUND

And what about your religious background? Thinking about the present, how often do you pray?

IWER:READ OUT

1. More than once a day
2. Once daily
3. A couple of times a week
4. Once a week
5. Less than once a week
6. Never

EX023_ END NON PROXY

IWER:END OF NON-PROXY SECTION. IF THE RESPONDENT WAS NOT CAPABLE OF ANSWERING THE PRECEDING QUESTIONS, PRESS CTRL-M AND MAKE A REMARK.

1. Continue

IF MN101_ (MN101_Longitudinal) = 0 AND MN022_ (SAMPLE TYPE) = 0

|

| **EX106_ HAND OUT DROP-OFF QUESTIONNAIRE A**

|

| IWER:HAND OUT DROP-OFF QUESTIONNAIRE A TO RESPONDENT. FILL IN

FIRST NAME, HOUSEHOLD ID [{sample id}] AND RESPONDENT ID [{respondent id}].
ENTER

| DROP-OFF SERIAL NUMBER FROM QUESTIONNAIRE TO CAPI.

| _____
|

ENDIF

IF MN808_ (AGE RESPONDENT) < 65 AND MN022_ (SAMPLE TYPE) = 1

|
| **EX107_** HAND OUT DROP-OFF QUESTIONNAIRE B

|
| IWER:HAND OUT DROP-OFF QUESTIONNAIRE B TO RESPONDENT. FILL IN
FIRST NAME, HOUSEHOLD ID [{sample id}] AND RESPONDENT ID [{respondent id}].
ENTER

| DROP-OFF SERIAL NUMBER FROM QUESTIONNAIRE TO CAPI.

| _____
|

ENDIF

IF MN808_ (AGE RESPONDENT) >= 65 AND MN022_ (SAMPLE TYPE) = 1

|
| **EX108_** HAND OUT DROP-OFF QUESTIONNAIRE C

|
| IWER:HAND OUT DROP-OFF QUESTIONNAIRE C TO RESPONDENT. FILL IN
FIRST NAME, HOUSEHOLD ID [{sample id}] AND RESPONDENT ID [{respondent id}].
ENTER

| DROP-OFF SERIAL NUMBER FROM QUESTIONNAIRE TO CAPI.

| _____
|

ENDIF

IF MN005_ (INTERVIEW MODE) = 2

|
| **EX100_** PARTNER AVAILABLE AND WILLING TO PARTICIPATE

|
| [text added in IWERtext '\(proxy\)' added in both answer categories](#)

|
| IWER:IS THE RESPONDENT'S PARTNER AVAILABLE AND WILLING TO BE
INTERVIEWED IN THIS SESSION **OR ARE YOU DOING A PROXY INTERVIEW FOR
THE PARTNER IN
THIS SESSION?**

| 1. Yes, partner is available and willing to be (proxy) interviewed in this session
| 5. No, partner unavailable or unwilling to be (proxy) interviewed in this session

|
| *IF EX100_ (PARTNER AVAILABLE AND WILLING TO PARTICIPATE) = 5. No, partner
unavailable or unwilling to be (proxy) interviewed in this
session*

||
|| **EX101_** INTRODUCTION PARTNER INFORMATION

||
|| [Slightly modified formulation: question now has become a statement.](#)

|| Before we finish, I would like to ask you to please give me some information on
[your/your/your/your/{empty}/{empty}]
|| [husband/wife/partner/partner/{empty}/{empty}], who is not doing the interview today.

|| 1. Continue

|| **EX102_ PARTNER YEARS OF EDUCATION**

|| How many years has [your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] been in full time education?
|| _____ (0..21)

|| **EX103_ PARTNER CURRENT JOB SITUATION**

|| In general, how would you describe the current employment situation of
[your/your/your/your/{empty}/{empty}]
|| [husband/wife/partner/partner/{empty}/{empty}]?

|| IWER:READ OUT

|| 1. Retired

|| 2. Employed or self-employed (including working for family business)

|| 3. Unemployed and looking for work

|| 4. Permanently sick or disabled

|| 5. Homemaker

|| 6. Other

|| *IF EX103_ (PARTNER CURRENT JOB SITUATION) <> 1. Retired AND
EX103_ (PARTNER CURRENT JOB SITUATION) <> 2. Employed or self-employed
(including working for family business)*

|| **EX104_ PARTNER EVER DONE PAID WORK**

|| Has [your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner/{empty}/{empty}] ever done any paid work?

|| 1. Yes

|| 5. No

|| *ENDIF*

|| *IF EX103_ (PARTNER CURRENT JOB SITUATION) = 1. Retired OR EX103_ (PARTNER
CURRENT JOB SITUATION) = 2. Employed or self-employed
(including working for family business) OR EX104_ (PARTNER EVER DONE PAID
WORK) = 1. Yes*

|| **EX105_ PARTNER EMPLOYEE OR A SELF-EMPLOYED**

|| **'private' and 'public' in the question text exchanged**

|| In [his/her] [last/current/last] job, [was/is/was] [your/your/your/your/{empty}/{empty}]
[husband/wife/partner/partner] a private sector employee, a
|| public sector employee or a self-employed?

|| 1. Private sector employee

|| 2. Public sector employee

|| 3. Self-employed

|| *ENDIF*

| *ENDIF*
|
ENDIF

EX024_ THANK YOU FOR PARTICIPATION

Thank you. This was the last question. We would like to thank you very much again for participating in our research project. We know it has been a long and difficult questionnaire, but your help was really important. With your participation you have helped researchers to understand how the ageing of populations in Europe affects our future.

1. Continue

EX027_ CONSENT TO RECONTACT

It has not been decided yet but we are thinking about continuing this research project in one or two years with another, much shorter interview. For this reason, we hope that it is ok with you that we keep your name and address in our files, so that we can contact you again. Is this ok?

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 Sec_DN.DN038_IntCheck = a3 OR Sec_PH.PH054_IntCheck = a3 OR
Sec_BR.BR017_IntCheck = a3 OR Sec_HC.HC063_IntCheck = a3 OR
Sec_EP.EP210_IntCheck
= a3 OR Sec_CH.CH023_IntCheck = a3 OR Sec_SP.SP022_IntCheck = a3 OR
Sec_FT.FT021_IntCheck = a3 OR Sec_HO.HO041_IntCheck = a3 OR
Sec_HH.HH014_IntCheck
= a3 OR Sec_CO.CO009_IntCheck = a3 OR Sec_AS.AS057_IntCheck = a3*

| **IV020_ RELATIONSHIP PROXY**

| A proxy respondent has answered some or all of the questions we had for [{name of respondent}]. How is the proxy respondent related to [{name of 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 respondent, present during (parts of) the interview with [name of respondent]?

IWER:CODE ALL THAT APPLY

- 1. Nobody
- 2. Spouse or partner
- 3. Parent or parents
- 4. Child or children
- 5. Other relatives
- 6. Other persons present

*IF NOT 1. Nobody IN IV002_ (THIRD PERSONS PRESENT) AND
IV002_PersPresent.CARDINAL = 1*

|
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 Sec_HO.HO001_Place = a1*

||
|| **IV009_ WHICH AREA BUILDING LOCATED**

|| In which type of area is the building located?

- || 1. A big city
- || 2. The suburbs or outskirts of a big city
- || 3. A large town
- || 4. A small town
- || 5. A rural area or village

||
|| **IV010_ TYPE OF BUILDING**

|| Which type of building does the household live in?

- || 1. A farm house
- || 2. A free standing one or two family house
- || 3. A one or two family house as row or double house
- || 4. A building with 3 to 8 flats
- || 5. A building with 9 or more flats but no more than 8 floors
- || 6. A high-rise with 9 or more floors
- || 7. A housing complex with services for elderly
- || 8. Special housing for elderly (24 hours attention)

```

| |
| | IF IV010_ (TYPE OF BUILDING) = 4. A building with 3 to 8 flats OR
| | IV010_TypeBuilding.ORD = 5
| |
| | IV011_ NUMBER OF FLOORS OF BUILDING
| | Including the ground floor, how many floors does the building have?
| | _____ (1..99)
| |
| | ENDIF
| |
| | IF IV010_ (TYPE OF BUILDING) > 3. A one or two family house as row or double house
| |
| | IV012_ NUMBER OF STEPS TO ENTRANCE
| | How many steps had to be climbed (up or down) to get to the main entrance of the
| | household's flat?
| | IWER:DO NOT INCLUDE STEPS THAT ARE AVOIDED, BECAUSE THE BLOCK
| | HAS AN ELEVATOR
| | 1. Up to 5
| | 2. 6 to 15
| | 3. 16 to 25
| | 4. More than 25
| |
| | ENDIF
| |
| | ENDIF
| |
| | IV019_ INTERVIEWER ID
| | Your interviewer ID:
| | _____
| |
| | IV017_ OUTRA IV
| | Thank you very much for completing this section.
| | 1. Continue
| |
| |
| | ELSE
| |
| | ENDIF

```