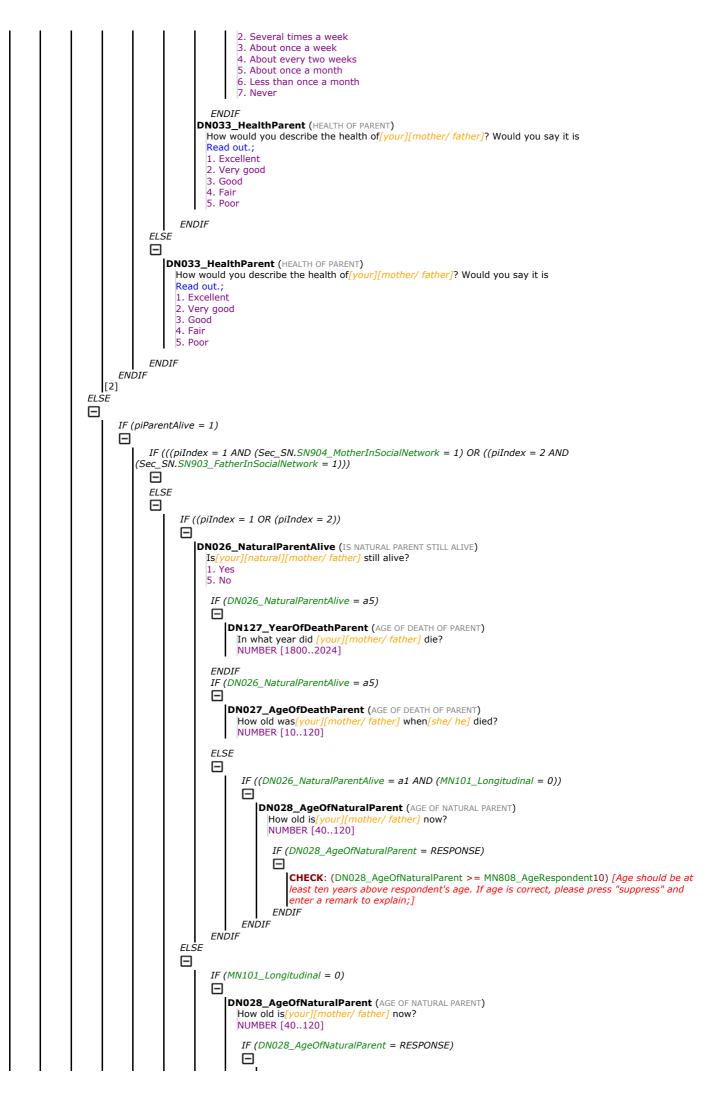
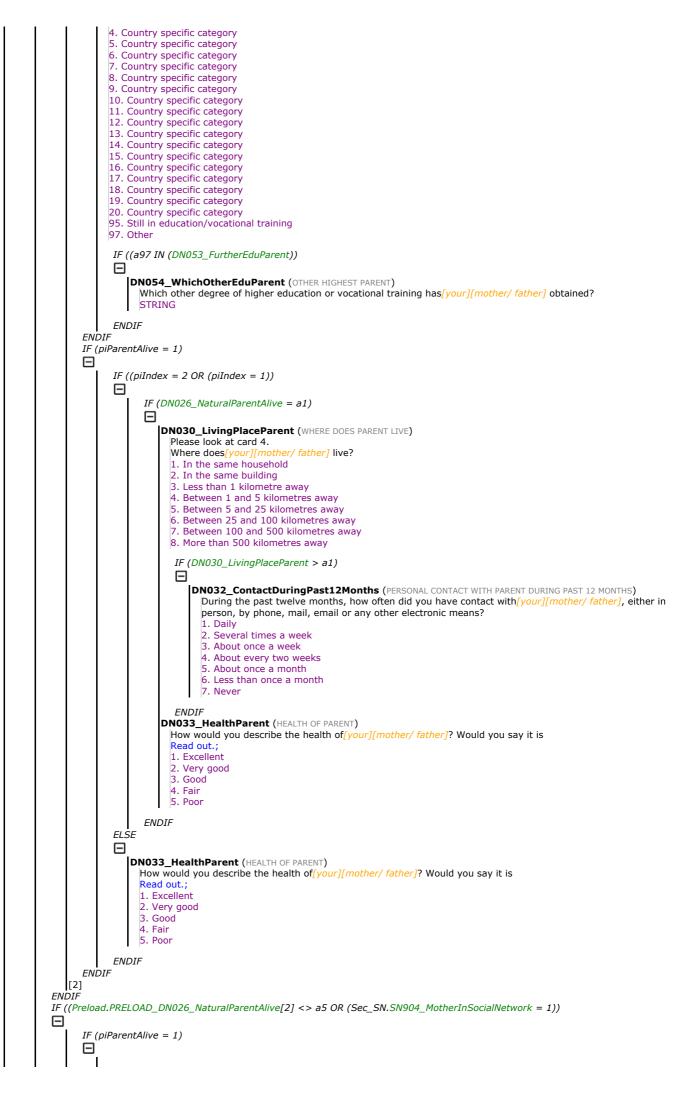
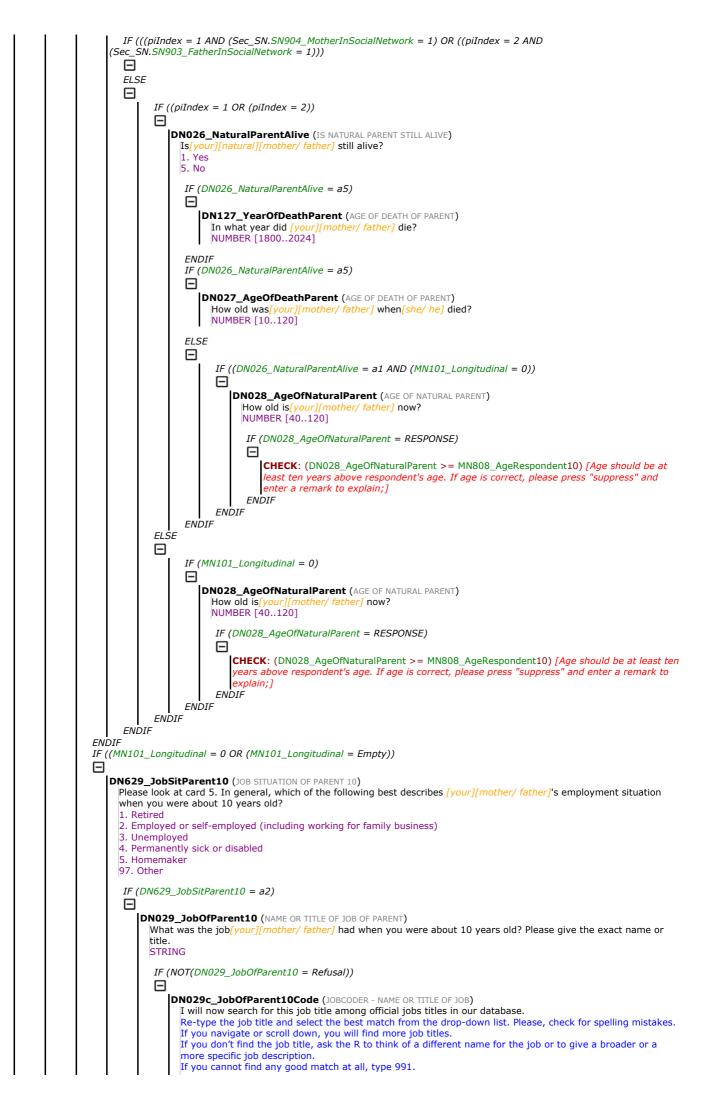


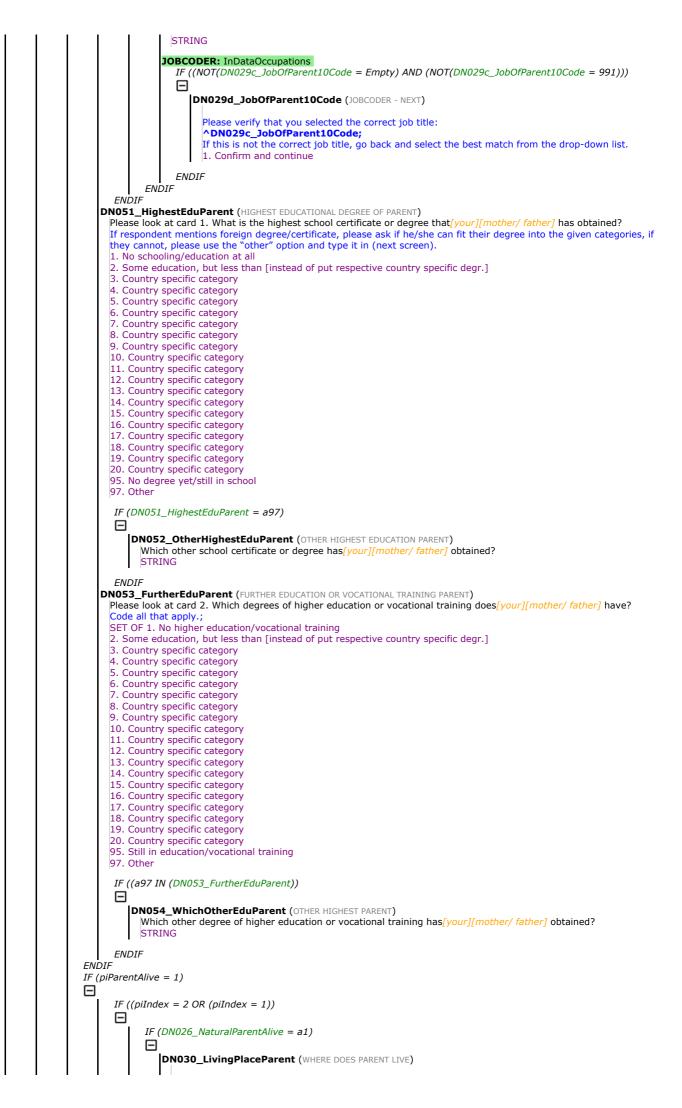
```
If respondent mentions foreign degree/certificate, please ask if he/she can fit their degree into the given categories, if
     they cannot, please use the "other" option and type it in (next screen).
     1. No schooling/education at all
        Some education, but less than [instead of put respective country specific degr.]
     2.
     3. Country specific category
     4. Country specific category
     5. Country specific category
     6. Country specific category
     7. Country specific category
     8. Country specific category
     9. Country specific category
     10. Country specific category
     11. Country specific category
     12. Country specific category
     13. Country specific category
     14. Country specific category
     15. Country specific category
     16. Country specific category
     17. Country specific category
     18. Country specific category
     19. Country specific category
     20. Country specific category
     95. No degree yet/still in school
     97. Other
      IF (DN051_HighestEduParent = a97)
      Ξ
          DN052 OtherHighestEduParent (OTHER HIGHEST EDUCATION PARENT)
            Which other school certificate or degree has[your][mother/ father] obtained?
            STRING
      ENDIF
   DN053_FurtherEduParent (FURTHER EDUCATION OR VOCATIONAL TRAINING PARENT)
     Please look at card 2. Which degrees of higher education or vocational training does[your][mother/ father] have?
     Code all that apply.
     SET OF 1. No higher education/vocational training
     2. Some education, but less than [instead of put respective country specific degr.]
     3. Country specific category
     4. Country specific category
     5. Country specific category
     6. Country specific category
     7. Country specific category
     8. Country specific category
     9. Country specific category
     10. Country specific category
     11. Country specific category
     12. Country specific category
     13. Country specific category
     14. Country specific category
     15. Country specific category
     16. Country specific category
     17. Country specific category
     18. Country specific category
     19. Country specific category
     20. Country specific category
     95. Still in education/vocational training
     97. Other
      IF ((a97 IN (DN053_FurtherEduParent))
      F
          DN054_WhichOtherEduParent (OTHER HIGHEST PARENT)
            Which other degree of higher education or vocational training has[your][mother/ father] obtained?
           STRING
      ENDIF
ENDIF
IF (piParentAlive = 1)
-
      IF ((piIndex = 2 OR (piIndex = 1))
      Ξ
             IF (DN026_NaturalParentAlive = a1)
             Ξ
                DN030 LivingPlaceParent (WHERE DOES PARENT LIVE)
                  Please look at card 4.
                   Where does[your][mother/ father] live?
                   1. In the same household
                   2. In the same building
                   Less than 1 kilometre away
                   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
                    IF (DN030_LivingPlaceParent > a1)
                   Ξ
                       DN032_ContactDuringPast12Months (PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS)
                         During the past twelve months, how often did you have contact with [your] [mother/ father], either in
                         person, by phone, mail, email or any other electronic means?
                         1. Daily
```

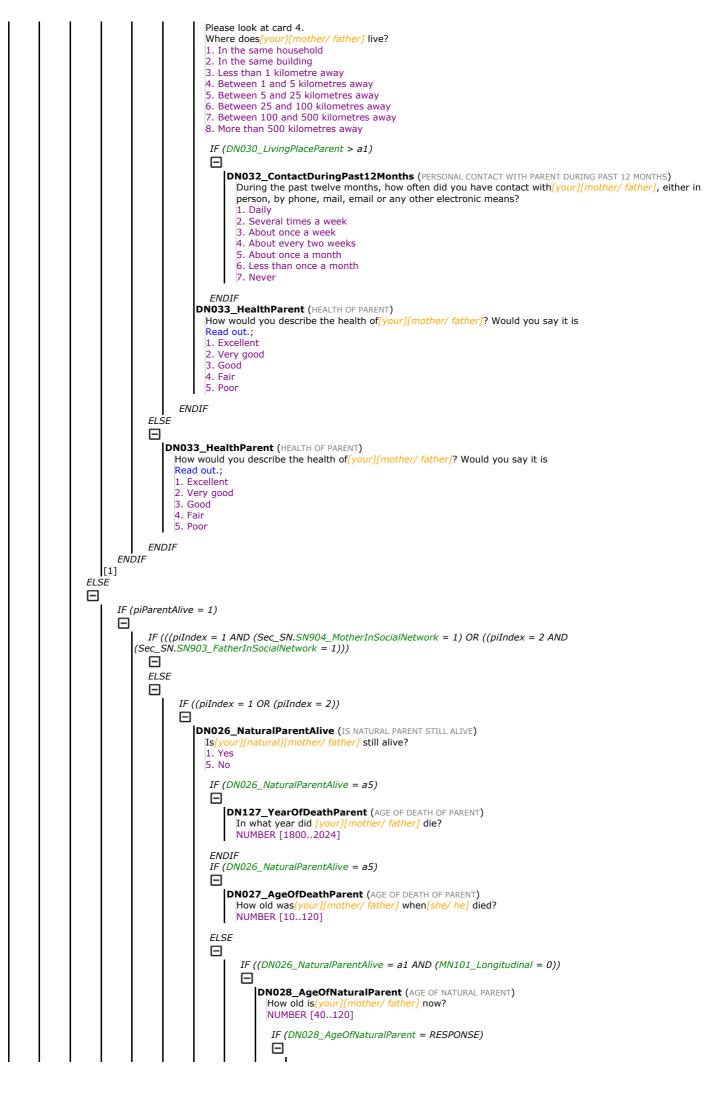


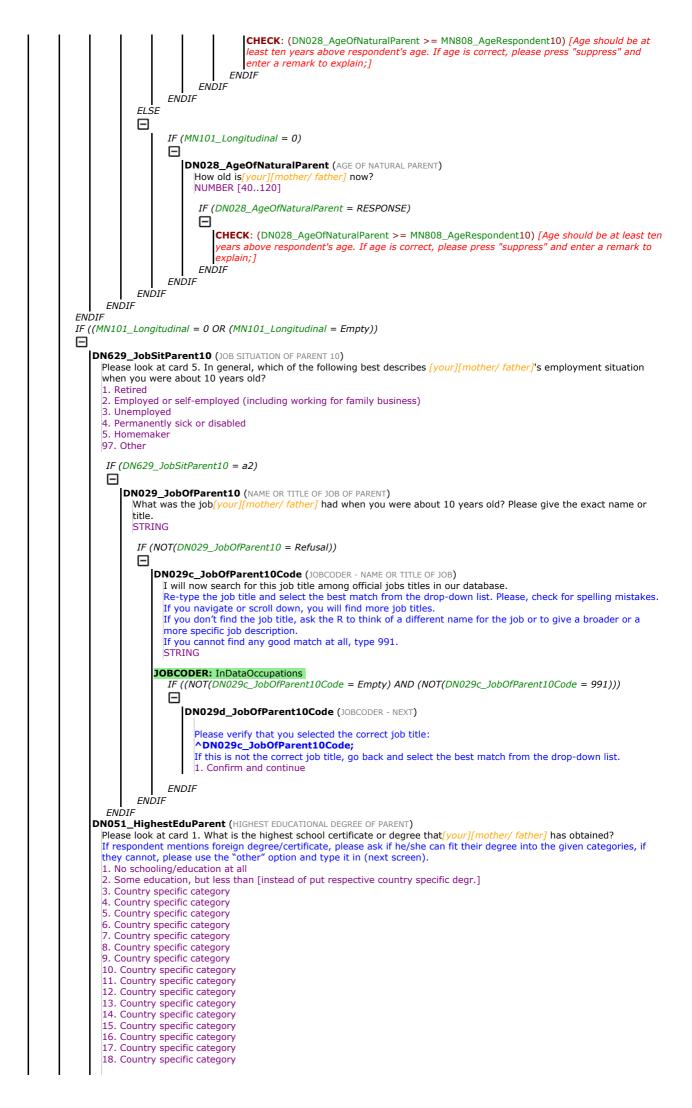






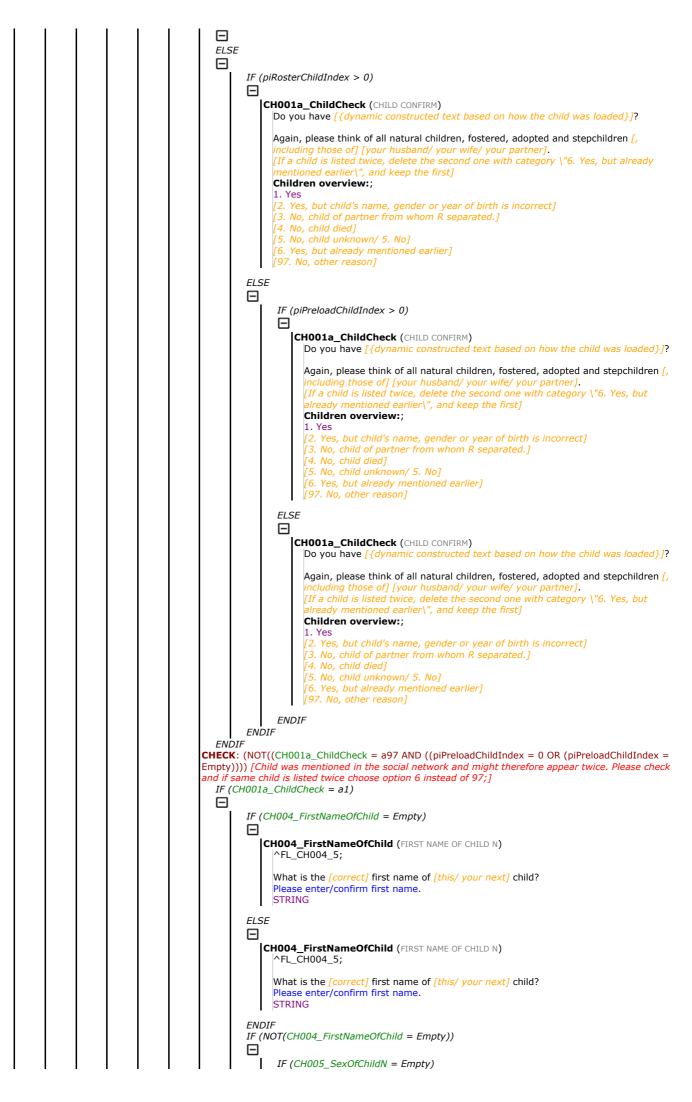


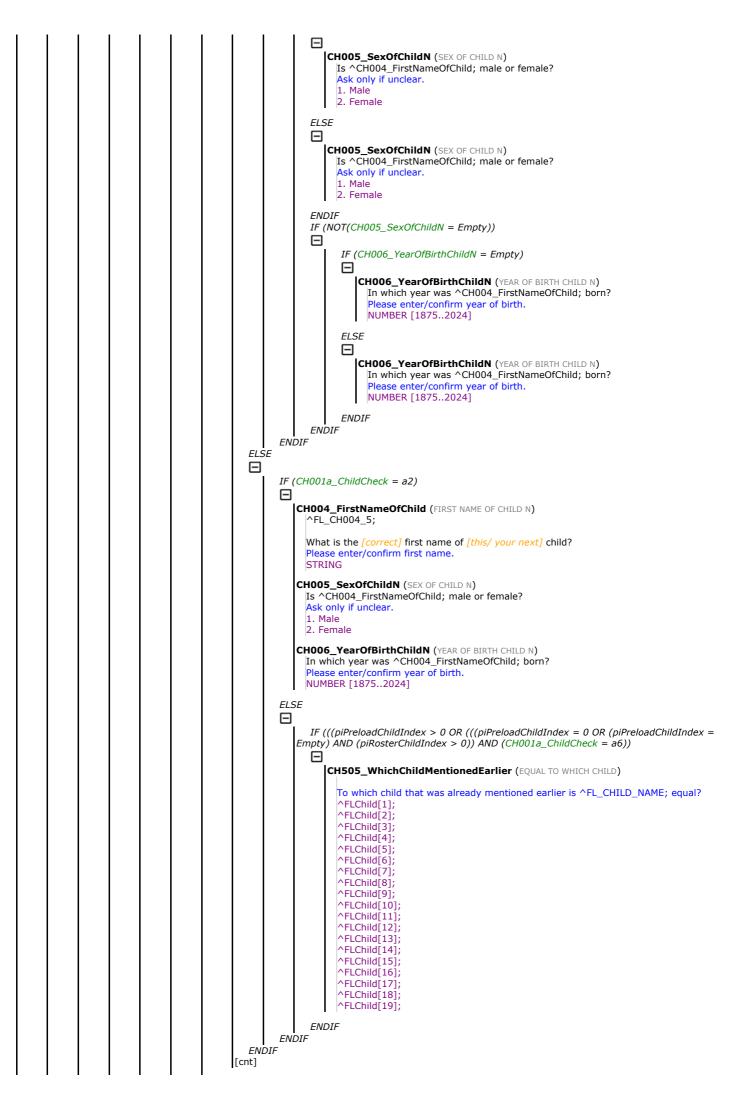




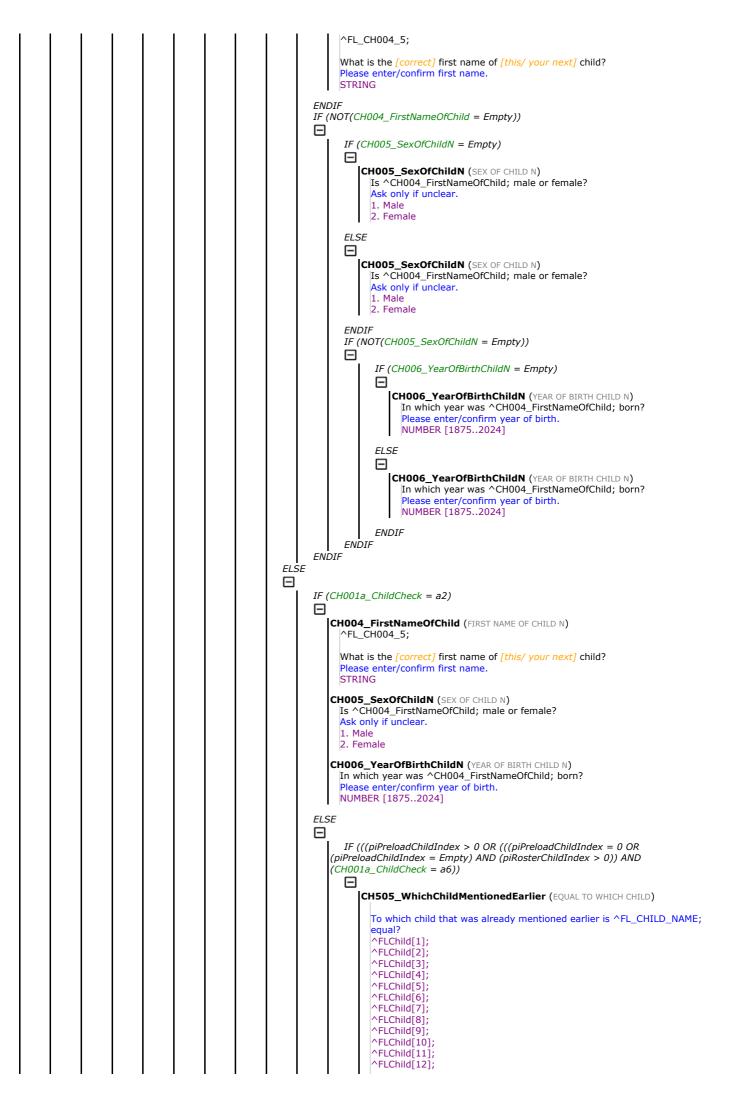


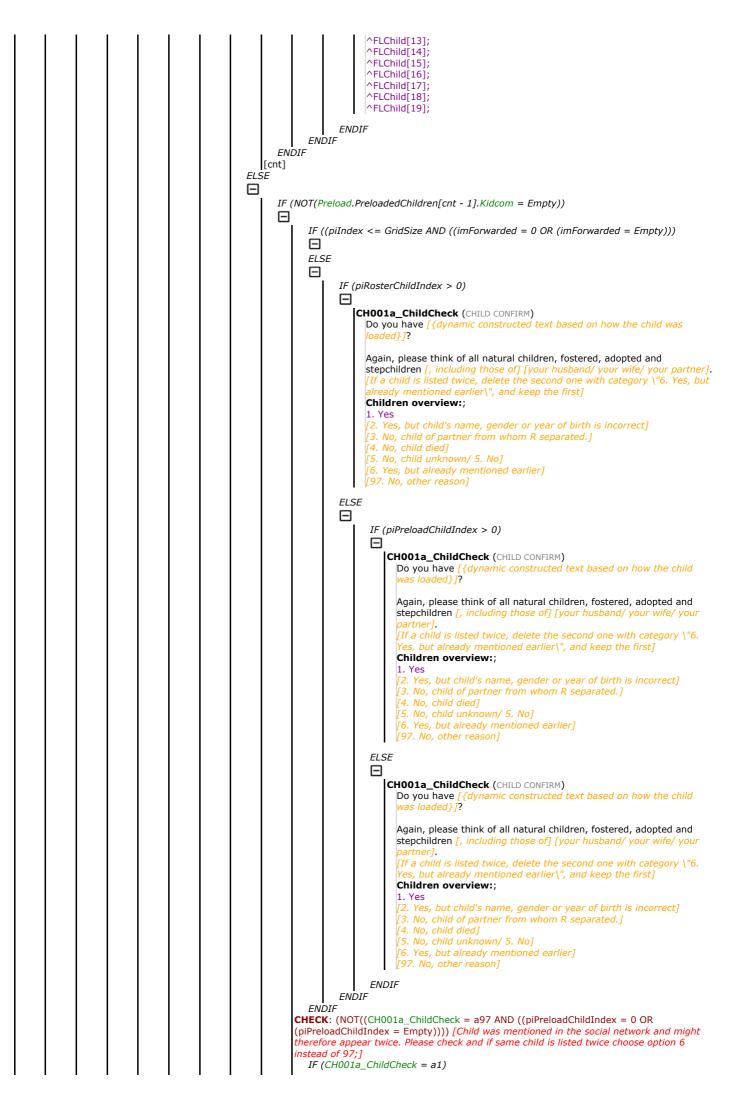
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DN033_HealthParent (HEALTH OF PARENT)
                     How would you describe the health of [your][mother/ father]? Would you say it is
                     Read out.;
                     1. Excellent
                    2. Very good
                    3. Good
                    4. Fair
                    5. Poor
               ENDIF
         ENDIF
     [1]
  ENDIF
  IF (MN101_Longitudinal = 0)
  -
     DN034_AnySiblings (EVER HAD ANY SIBLINGS)
        Have you ever had any siblings?
        Include non-biological siblings
        1. Yes
        5. No
         IF (DN034_AnySiblings = a1)
         Ξ
            DN035_OldestYoungestBetweenChild (OLDEST YOUNGEST CHILD)
              Talking about your siblings, were you the oldest child, the youngest child, or somewhere in-between?
              1. Oldest
              2. Youngest
              3. In-between
        ENDIF
  FNDIF
  IF (((DN034_AnySiblings = a1 OR (Preload.PRELOAD_DN036_HowManyBrothersAlive > 0) OR ((MN101_Longitudinal = 1 AND
(Preload.PRELOAD_DN036_HowManyBrothersAlive = Empty)))
  F
      DN036_HowManyBrothersAlive (HOW MANY BROTHERS ALIVE)
        How many brothers do you have that are still alive?
        Include non-biological
        NUMBER [0..20]
  ENDIF
  IF (((DN034_AnySiblings = a1 OR (Preload.PRELOAD_DN037_HowManySistersAlive > 0) OR ((MN101_Longitudinal = 1 AND
(Preload.PRELOAD_DN037_HowManySistersAlive = Empty)))
  F
      DN037_HowManySistersAlive (HOW MANY SISTERS ALIVE)
        And how many sisters do you have that are still alive?
        Include non-biological
       NUMBER [0..20]
  ENDIF
  IF (((CH IN (Test) OR ((ALL IN (Test)))
  Ξ
         IF(MN006_NumFamR = 1)
         Ξ
            CH001_NumberOfChildren (NUMBER OF CHILDREN)
              Now I will ask some questions about your children. How many children do you have that are still alive? Please count all
              natural children, fostered, adopted and stepchildren[, including those of] [your husband/ your wife/ your partner] [{Name
                              ;e}].
              NUMBER [0..20]
            CHECK: (NOT((Sec_SN.SN906_ChildInSocialNetwork > 0 AND ((CH001_NumberOfChildren = 0 OR
            (CH001_NumberOfChildren = Empty)))) [You mentioned children in the Social network module, please correct.;]
               IF (CH001_NumberOfChildren > 0)
               —
                     IF ((NOT(Preload.PreloadedChildren[1].Name = Empty) OR (Sec_SN.SN906_ChildInSocialNetwork > 0))
                     CH201_ChildByINTRO (INTRO PRELOADED CHILDREN)
                          I will read a list of all children we have talked about [today/ today or in a previous interview].
                           Some of your children may be listed twice in this list, others may be missing or we may have missing or
                           wrong information for some children.
                           I would like to go through this list with you and make sure we have complete and correct information for all
                           natural children, fostered, adopted and stepchildren. We are interested in children that are still alive.
                           1. Continue
                     ELSE
                     —
                         CH603_IntroTextChildren (INTRO IF NO SN OR PRELOADED CHILDREN)
                           We would like to know more about[this child/ these children. Let us begin with the oldest child]. Again,
                           please think of all natural children, fostered, adopted and stepchildren[including those of your husband/
                                 ing those of your wife/ including those of your partner].
                          1. Continue
                     ENDIF
                     LOOP cnt := 1 TO 20
                     Ξ
                           IF (NOT(Preload.PreloadedChildren[cnt].Kidcom = Empty))
                            Ξ
                                  IF ((piIndex <= GridSize AND ((imForwarded = 0 OR (imForwarded = Empty)))
```

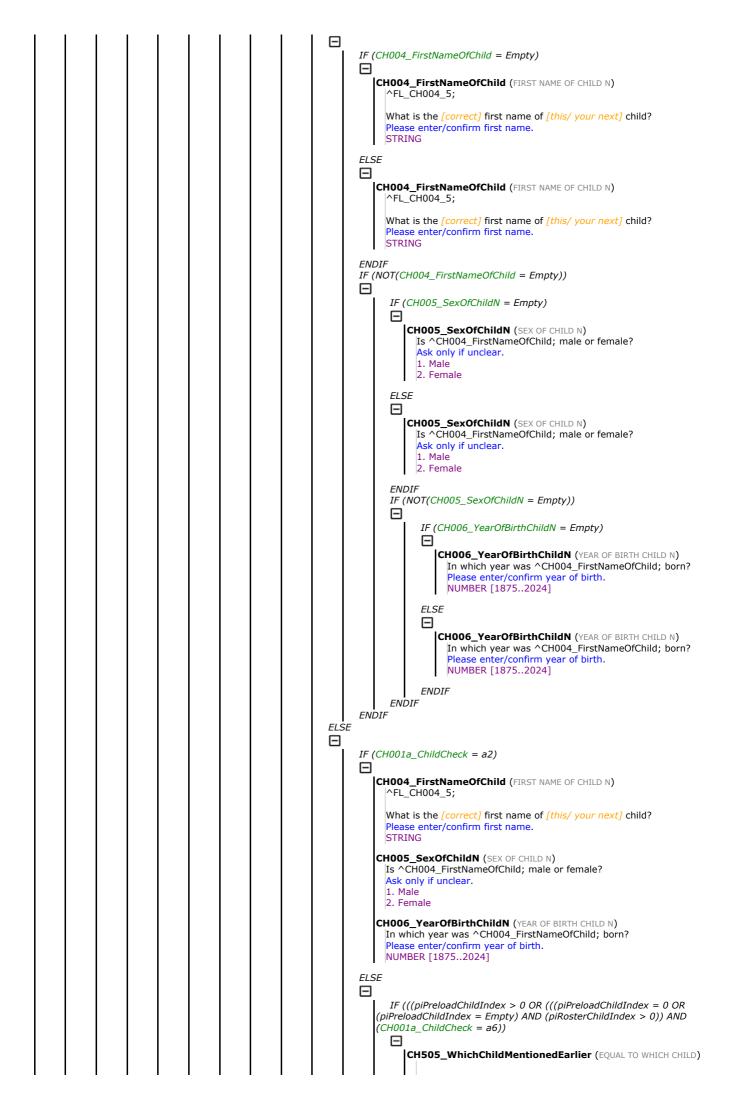


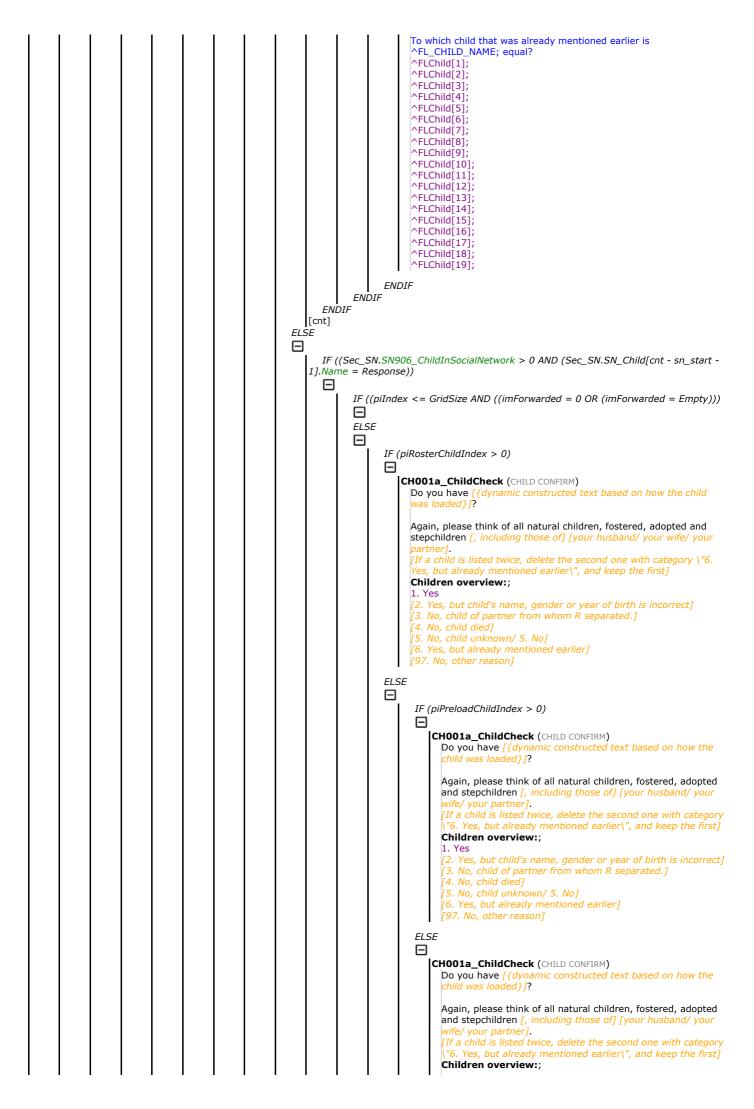


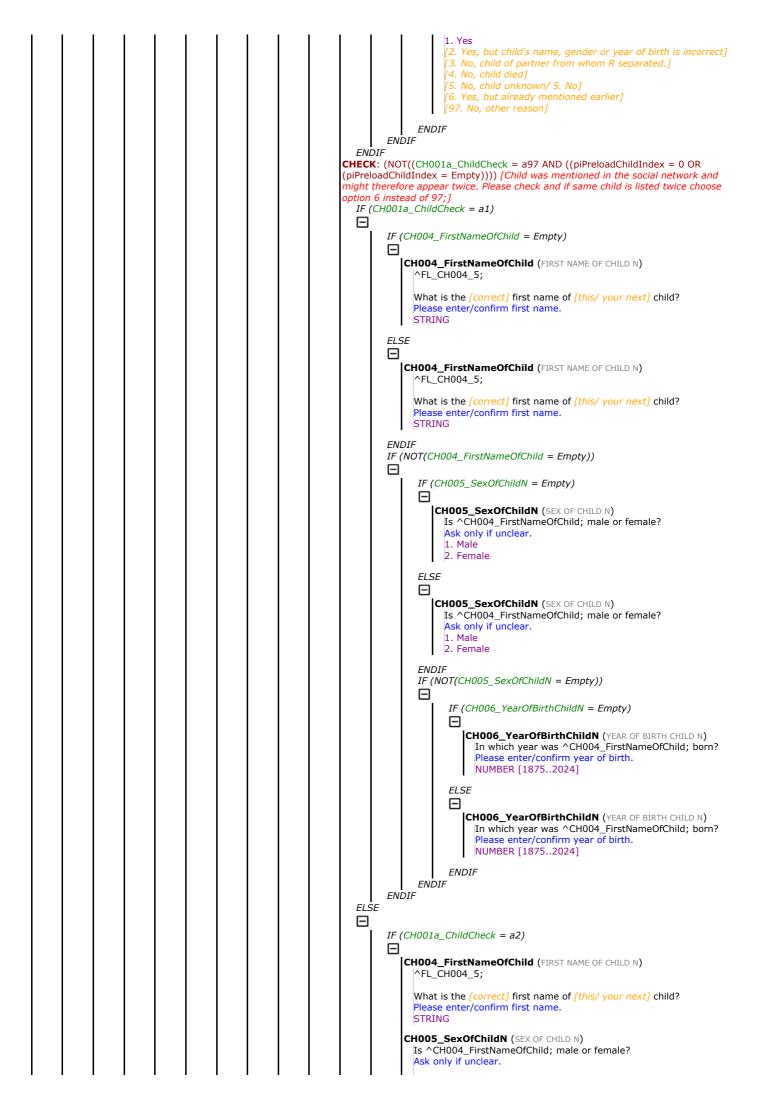
ELSE
IF ((Sec_SN.SN906_ChildInSocialNetwork > 0 AND (Sec_SN.SN_Child[cnt - sn_start].Name =
Response))
IF ((piIndex <= GridSize AND ((imForwarded = 0 OR (imForwarded = Empty))) ELSE
IF (piRosterChildIndex > 0)
CH001a_ChildCheck (CHILD CONFIRM) Do you have [{dynamic constructed text based on how the child was loaded}]?
Again, please think of all natural children, fostered, adopted and stepchildren [, including those of] [your husband/ your wife/ your partner]. [If a child is listed twice, delete the second one with category \"6. Yes, but already mentioned earlier\", and keep the first] <b>Children overview:;</b> 1. Yes [2. Yes, but child's name, gender or year of birth is incorrect] [3. No, child of partner from whom R separated.] [4. No, child died] [5. No, child unknown/ 5. No] [6. Yes, but already mentioned earlier] [97. No, other reason]
IF (piPreloadChildIndex > 0)
CH001a_ChildCheck (CHILD CONFIRM) Do you have [{dynamic constructed text based on how the child was loaded}]?
Again, please think of all natural children, fostered, adopted and stepchildren [, including those of] [your husband/ your wife/ your partner] [If a child is listed twice, delete the second one with category \"6. Yes, but already mentioned earlier\", and keep the first] Children overview:; 1. Yes [2. Yes, but child's name, gender or year of birth is incorrect] [3. No, child of partner from whom R separated.] [4. No, child died]
[5. No, child unknown/ 5. No] [6. Yes, but already mentioned earlier] [97. No, other reason]
CH001a_ChildCheck (CHILD CONFIRM) Do you have [{dynamic constructed text based on how the child was loaded}]?
Again, please think of all natural children, fostered, adopted and stepchildren [, including those of] [your husband/ your wife/ your partner] [If a child is listed twice, delete the second one with category \"6. Yes, but already mentioned earlier\", and keep the first] <b>Children overview:</b> ; 1. Yes [2. Yes, but child's name, gender or year of birth is incorrect]
[2. res, but child s hande, gender of year of bhild is incorrect] [3. No, child of partner from whom R separated.] [4. No, child died] [5. No, child unknown/ 5. No] [6. Yes, but already mentioned earlier] [97. No, other reason]
ENDIF
ENDIF ENDIF CHECK: (NOT((CH001a_ChildCheck = a97 AND ((piPreloadChildIndex = 0 OR (piPreloadChildIndex = Empty)))) [Child was mentioned in the social network and might
therefore appear twice. Please check and if same child is listed twice choose option 6 instead of 97;] IF (CH001a_ChildCheck = a1)
IF (CH004_FirstNameOfChild = Empty)
CH004_FirstNameOfChild (FIRST NAME OF CHILD N) ^FL_CH004_5;
What is the [correct] first name of [this/ your next] child? Please enter/confirm first name. STRING
ELSE CH004_FirstNameOfChild (FIRST NAME OF CHILD N)

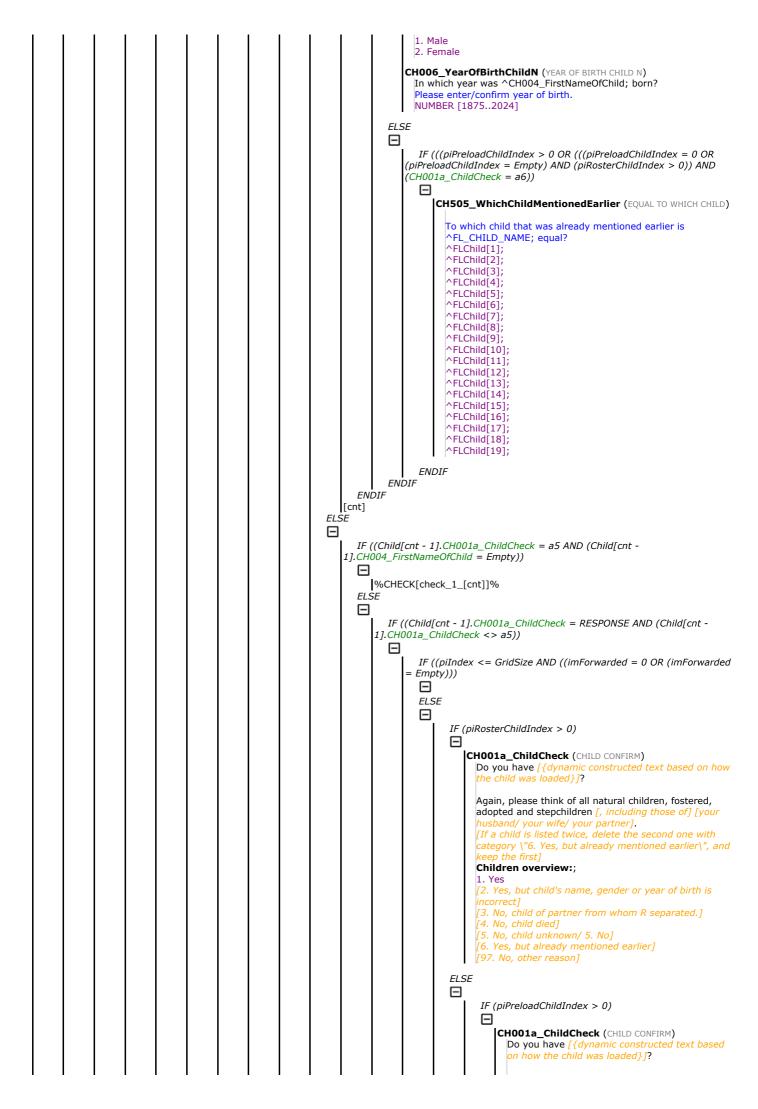


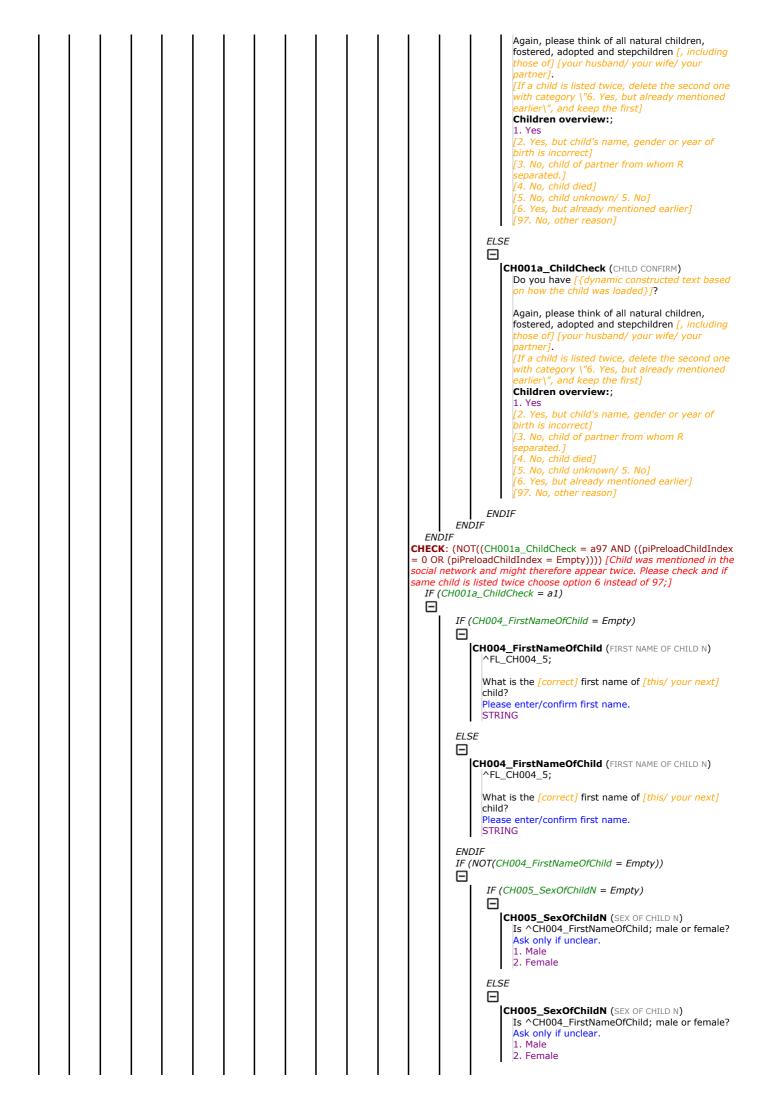


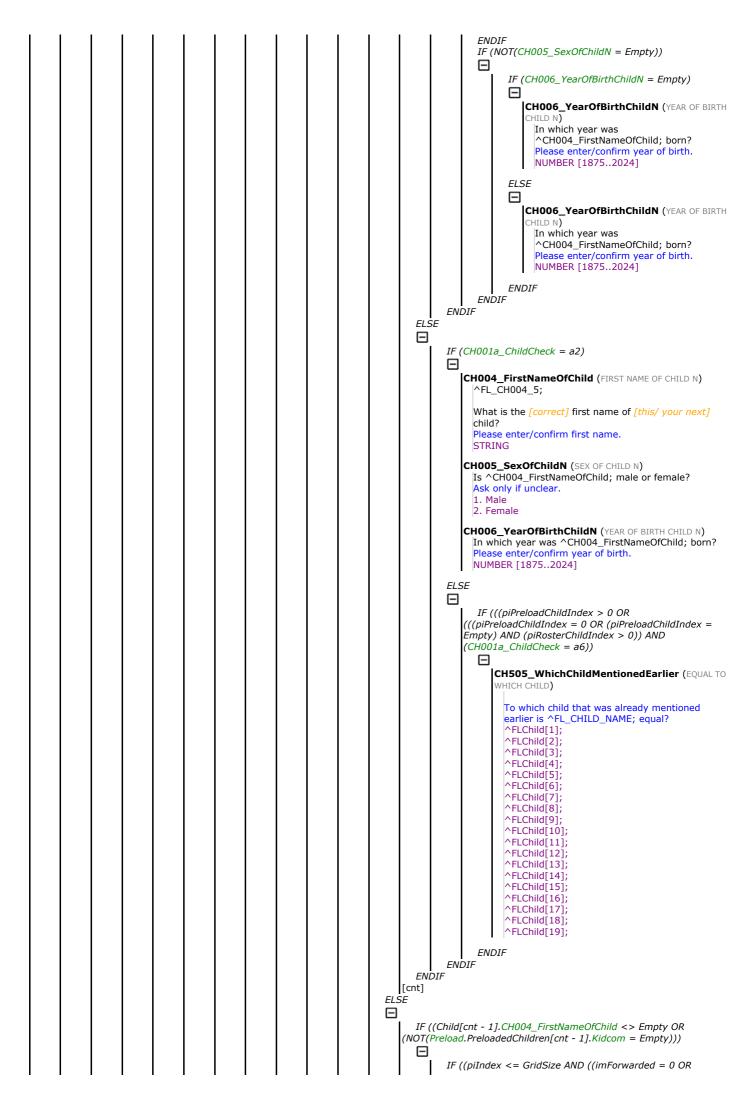




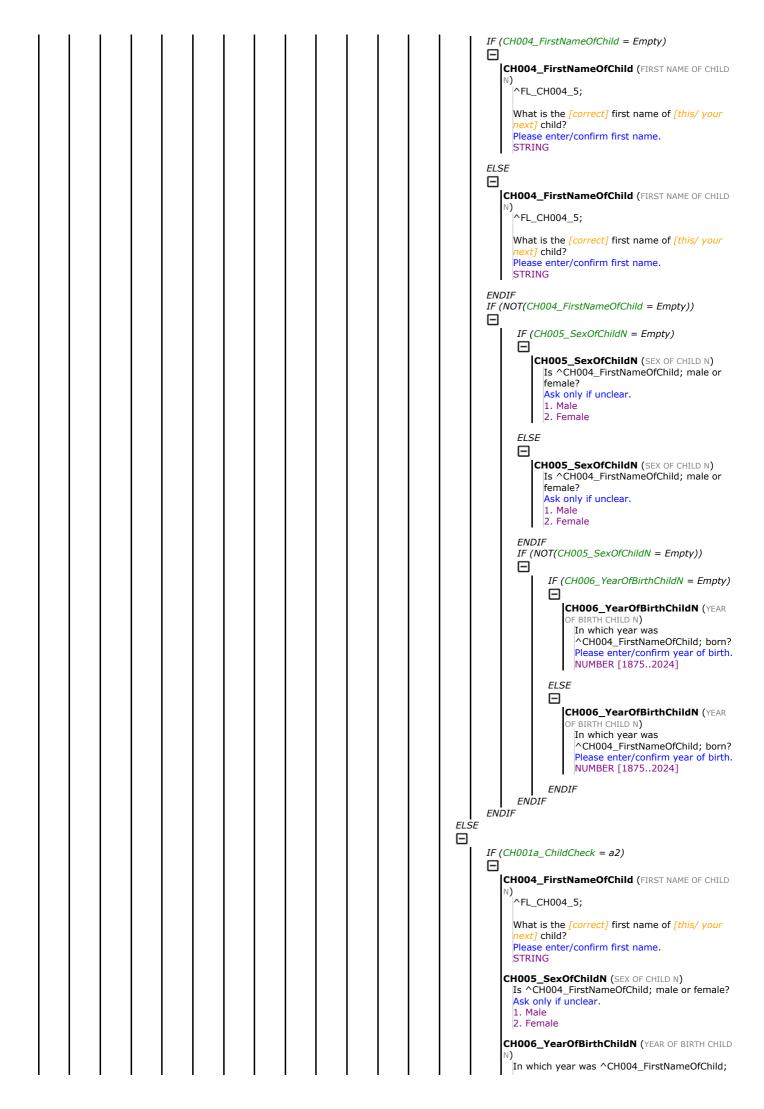








1	1		1					(imForv	varded	= Empty)))
								Ξ		
								ELSE	=	
									IF (r	iRosterChildIndex > 0)
									Ξ	
									C	CH001a_ChildCheck (CHILD CONFIRM) Do you have [{dynamic constructed text based on how the child was loaded}]?
										Again, please think of all natural children, fostered, adopted and stepchildren [, including those of] [your husband/ your wife/ your partner]. [If a child is listed twice, delete the second one with category \"6. Yes, but already mentioned earlier\", and keep the first] <b>Children overview:</b> ; 1. Yes [2. Yes, but child's name, gender or year of
										[2. res, but ching's name, geneer or year of birth is incorrect] [3. No, child of partner from whom R separated.] [4. No, child died] [5. No, child unknown/ 5. No]
										[6. Yes, but already mentioned earlier] [97. No, other reason]
									ELSE	-
ļ									Ξ	
										IF (piPreloadChildIndex > 0)
										CH001a_ChildCheck (CHILD CONFIRM) Do you have [{dynamic constructed text based on how the child was loaded}]?
										Again, please think of all natural children, fostered, adopted and stepchildren [, including those of] [your husband/ your wife/ your partner]. [If a child is listed twice, delete the second one with category \"6. Yes, but already mentioned earlier\", and keep the first] <b>Children overview:;</b> 1. Yes [2. Yes, but child's name, gender or year of birth is incorrect] [3. No, child of partner from whom R separated.] [4. No, child died] [5. No, child unknown/ 5. No]
										[6. Yes, but already mentioned earlier] [97. No, other reason]
										ELSE
										CH001a_ChildCheck (CHILD CONFIRM) Do you have [{dynamic constructed text based on how the child was loaded}]? Again, please think of all natural children, fostered, adopted and stepchildren [, including those of] [your husband/ your wife/ your partner]. [If a child is listed twice, delete the second one with category \"6. Yes, but already mentioned earlier\", and keep the first] Children overview:;
										<ol> <li>Yes         [2. Yes, but child's name, gender or year of birth is incorrect]         [3. No, child of partner from whom R separated.]         [4. No, child died]         [5. No, child unknown/ 5. No]         [6. Yes, but already mentioned earlier]         [97. No, other reason]         </li> </ol>
									END.	ENDIF IF
								END.	IF	
								((piPrel [Child v appear choose IF (C	oadChi vas me twice. option	((CH001a_ChildCheck = a97 AND ldIndex = 0 OR (piPreloadChildIndex = Empty)))) ntioned in the social network and might therefore Please check and if same child is listed twice 6 instead of 97;] ChildCheck = a1)



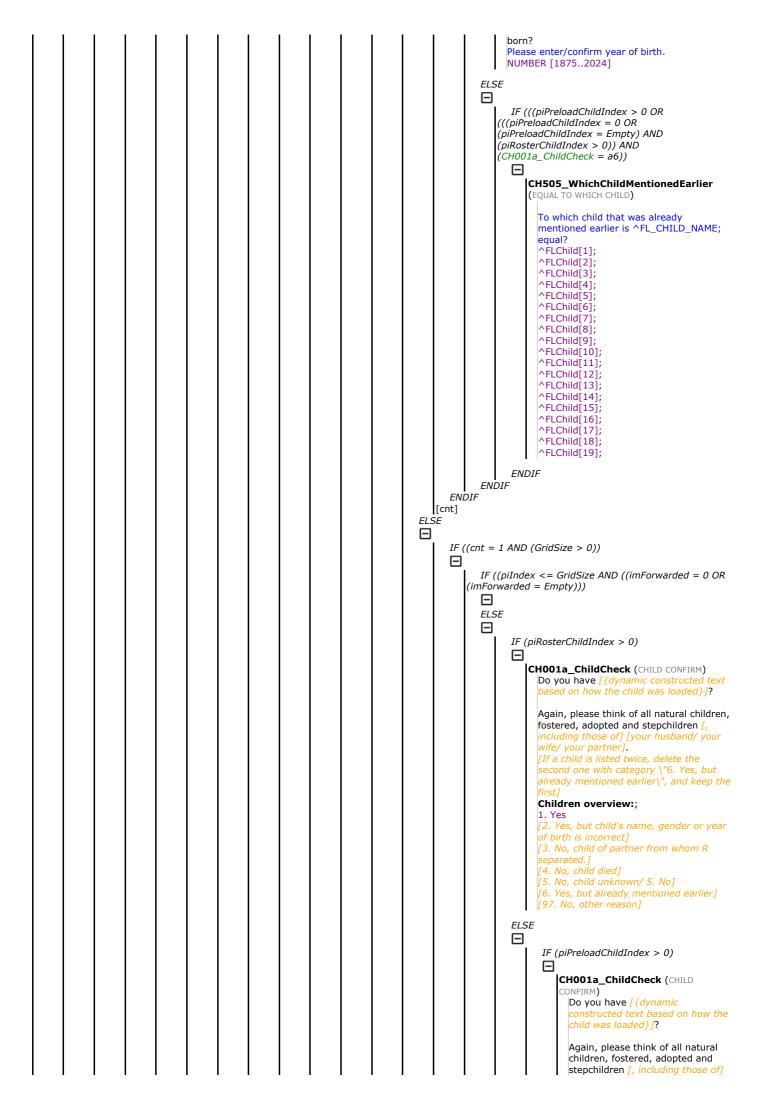
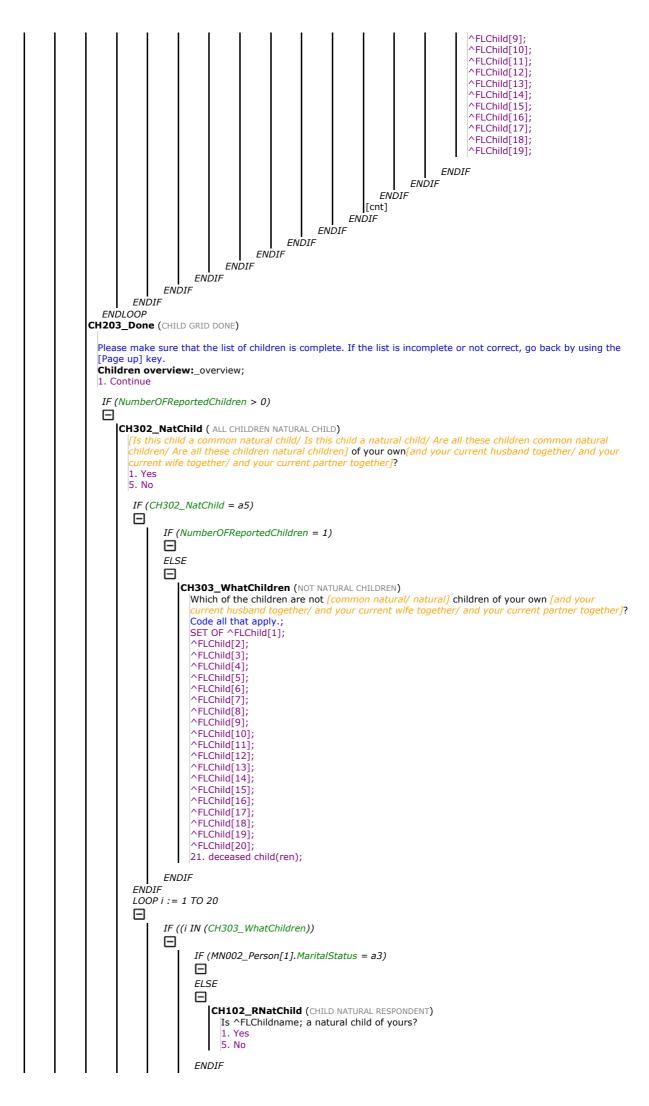
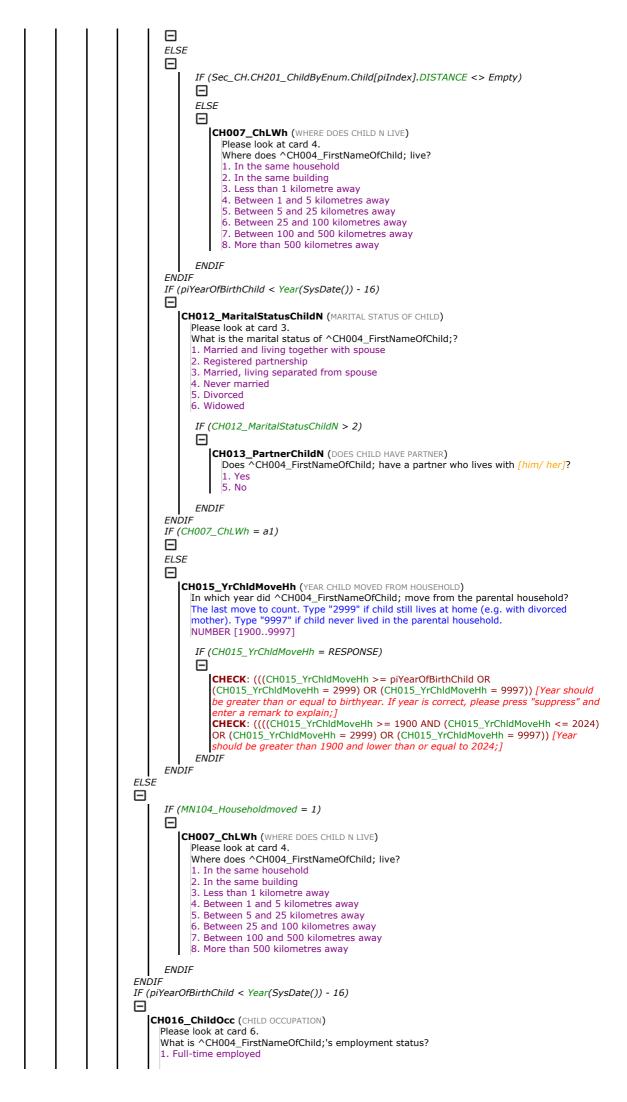


Image: Second	[your husband/ your wife/ your
Image: Second	[If a child is listed twice, delete the second one with category \"6. Yes,
Li Ves, hit child's name, pr di Crede di Mitti Si loccenzio Responsedo J Responsedo	and keep the first]
Image: Second	1. Yes [2. Yes, but child's name, gender
Image: State Stat	[3. No, child of partner from whom R separated.]
ElSE         CHODIA_ChildCheck (cdtL)         COMBINITY         CHORING         CHORING         ChildCheck (cdtL)         Common C	[5. No, child unknown/ 5. No] [6. Yes, but already mentioned
Image: Child Check (CHU)         Image: Ch	
CONFIRM       Do you have [ (dynamic constructed text based on h phild wave [ adopted i stepchildren [, including that hyber hyber]         Again, please think of all name hyber hyber]       If a child is listed twice, del phild aready mentioned earling and hyber hyber hyber of the philos the control of the hyber hyber of the hyber hyber of the hyber hyber of the hyber hyber of the hyber of thyber of thyber of the hyber of thyber of the hyber of th	
Image: Second	CONFIRM)
Image: Strategy of the strategy	constructed text based on how the
Image: Second one with a tagety (*)	Again, please think of all natural children, fostered, adopted and stepchildren [, including those of]
Image: Strain	<i>partner].</i> [If a child is listed twice, delete the
I. Yes, but child's name, gt or year of birth is incorrect)         [3. No, child of partner from R separated.]         [4. No, child died]         [5. No, child of partner from R separated.]         [6. Yes, but already mentor earlier]         [7] CHIECK:         [8] NOIF         ENDIF         IF (CH004_FirstNameOfChild (FIRST N         CHLD N         Please enter/confirm first name. STRING         ELSE         CHD04_S;         What is the (correct) first name of your next) child?         Please enter/confirm first name. STRING         ENDIF         IF (NOTIC CH004_FirstNameOfChild = Empt) </td <td>but already mentioned earlier\", and keep the first]</td>	but already mentioned earlier\", and keep the first]
Image: Second	1. Yes [2. Yes, but child's name, gender
Image: Second	[3. No, child of partner from whom R separated.]
Image: Strain	[5. No, child unknown/ 5. No] [6. Yes, but already mentioned
ENDIF         CHECK: (NOT((CH001a_ChildCheck = a97 AND ((p)PreloadChildIndex = 0 OR (p)PreloadChild = Empty))         Endition         FI (CH001a_ChildCheck = a1)         Endition         Endition         CHUD N)         PL_CH004_FirstNameOfChild (FIRST N. CHILD N)         Please enter/confirm first name.         STRING         ELSE         Endition         CHILD N)         Please enter/confirm first name.         STRING         ENDIF         IF (NOT(CH004_FirstNameOfChild (FIRST N. CHDIA_S;         What is the [correct] first name of your next] child?         Please enter/confirm first name.         STRING         ENDIF         IF (NOT(CH004_FirstNameOfChild = Empty) <t< td=""><td>[97. No, other reason]</td></t<>	[97. No, other reason]
CHECK: (NOT(CH001a_ChildCheck = a92 AND (piPreloadChildIndex = 0 OR (piPreloadChildIndex Empty)))) [Child was mentioned in the social netw and might therefore appear twice. Please check an same child is listed twice choose option 6 instead ( IF (CH001a_ChildCheck = a1)         IF (CH004_FirstNameOfChild = Empty)         CHUDA_FirstNameOfChild (FIRST N. CHUDA_S;         What is the [correct] first name of your next] child?         Please enter/confirm first name. STRING         ELSE         CHUDA_S;         What is the [correct] first name of your next] child?         Please enter/confirm first name. STRING         ELSE         CHUDA_S;         What is the [correct] first name of your next] child?         Please enter/confirm first name. STRING         ENDIF IF (NOT(CH004_FirstNameOfChild = Empty)	ENDIF
and might therefore appear twice. Please check an same child is listed twice choose option 6 instead of IF (CH001_ChildCheck = a1) IF (CH004_FirstNameOfChild = Empty) CHILD N) ^FL_CH004_5; What is the [correct] first name of your next] child? Please enter/confirm first name. STRING ELSE CH004_FirstNameOfChild (FIRST N. CHILD N) ^FL_CH004_5; What is the [correct] first name of your next] child? Please enter/confirm first name. STRING ELSE CH004_FirstNameOfChild (FIRST N. CHILD N) ^FL_CH004_5; What is the [correct] first name of your next] child? Please enter/confirm first name. STRING ENDIF IF (NOT(CH004_FirstNameOfChild = Empty)	CHECK: (NOT((CH001a_ChildCheck = a97 AND ((piPreloadChildIndex = 0 OR (piPreloadChildIndex =
Image: Second	and might therefore appear twice. Please check and if same child is listed twice choose option 6 instead of 97;] IF (CH001a_ChildCheck = a1)
CHILD N) ^FL_CH004_5; What is the [correct] first name of your next] child? Please enter/confirm first name. STRING ELSE CH004_FirstNameOfChild (FIRST N. CHILD N) ^FL_CH004_5; What is the [correct] first name of your next] child? Please enter/confirm first name. STRING ENDIF IF (NOT(CH004_FirstNameOfChild = Emp	IF (CH004_FirstNameOfChild = Empty)
What is the [correct] first name of your next] child?         Please enter/confirm first name.         STRING         ELSE         CH004_FirstNameOfChild (FIRST N.         CHILD N)         ^FL_CH004_5;         What is the [correct] first name of your next] child?         Please enter/confirm first name.         STRING         ENDIF         IF (NOT(CH004_FirstNameOfChild = Emple         Image: Strest Stres	
Image: String in the string	What is the <i>[correct]</i> first name of <i>[this/</i>
Image: Constraint of the second se	STRING
CHILD N) ^FL_CH004_5; What is the [correct] first name of your next] child? Please enter/confirm first name. STRING ENDIF IF (NOT(CH004_FirstNameOfChild = Emp	
your next] child?         Please enter/confirm first name.         STRING         ENDIF         IF (NOT(CH004_FirstNameOfChild = Emp)	CHILD N)
ENDIF IF (NOT(CH004_FirstNameOfChild = Emp	Please enter/confirm first name.
	IF (CH005_SexOfChildN = Empty)
CH005_SexOfChildN (SEX OF	CH005_SexOfChildN (SEX OF CHILD
	Is ^CH004_FirstNameOfChild; male or female? Ask only if unclear.

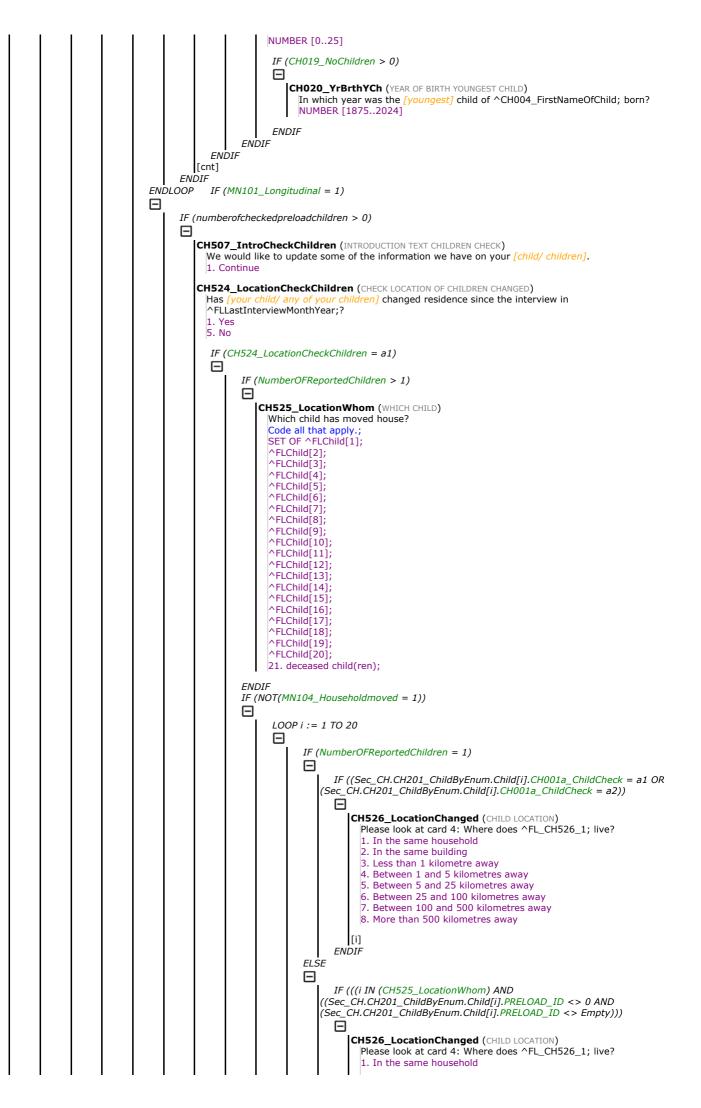
					Í					2. Female
										ELSE
										CH005_SexOfChildN (SEX OF CHILD
										N)
										Is ^CH004_FirstNameOfChild; male or female?
										Ask only if unclear. 1. Male
										2. Female
										ENDIF IF (NOT(CH005_SexOfChildN = Empty))
										IF (CH006_YearOfBirthChildN = Empty)
										CH006_YearOfBirthChildN (YEAR OF BIRTH CHILD N)
										In which year was ^CH004_FirstNameOfChild;
										born? Please enter/confirm year of
										birth. NUMBER [18752024]
										• • • • •
										CH006_YearOfBirthChildN (YEAR OF BIRTH CHILD N)
										In which year was
										^CH004_FirstNameOfChild; born?
										Please enter/confirm year of birth.
										NUMBER [18752024]
										ENDIF ENDIF
								EL:		IDIF
								Ξ		
									IF E	(CH001a_ChildCheck = a2)
										CH004_FirstNameOfChild (FIRST NAME OF
										CHILD N)  ^FL_CH004_5;
										What is the [correct] first name of [this/
										your next] child? Please enter/confirm first name.
										STRING
										CH005_SexOfChildN (SEX OF CHILD N) Is ^CH004_FirstNameOfChild; male or
										female? Ask only if unclear.
										1. Male 2. Female
										CH006_YearOfBirthChildN (YEAR OF BIRTH
										CHILD N) In which year was
										^CH004_FirstNameOfChild; born? Please enter/confirm year of birth.
										NUMBER [18752024]
										SE
									E	IF (((piPreloadChildIndex > 0 OR
										(((piPreloadChildIndex = 0 OR (piPreloadChildIndex = Empty) AND
										(piRosterChildIndex > 0)) AND (CH001a_ChildCheck = a6))
										CH505_WhichChildMentionedEarlier (EQUAL TO WHICH CHILD)
										To which child that was already
										mentioned earlier is ^FL_CHILD_NAME; equal?
										^FLChild[1]; ^FLChild[2];
										^FLChild[3];
										<pre>^FLChild[4]; ^FLChild[5];</pre>
										<pre>^FLChild[6]; ^FLChild[7];</pre>
	1									^FLChild[8];



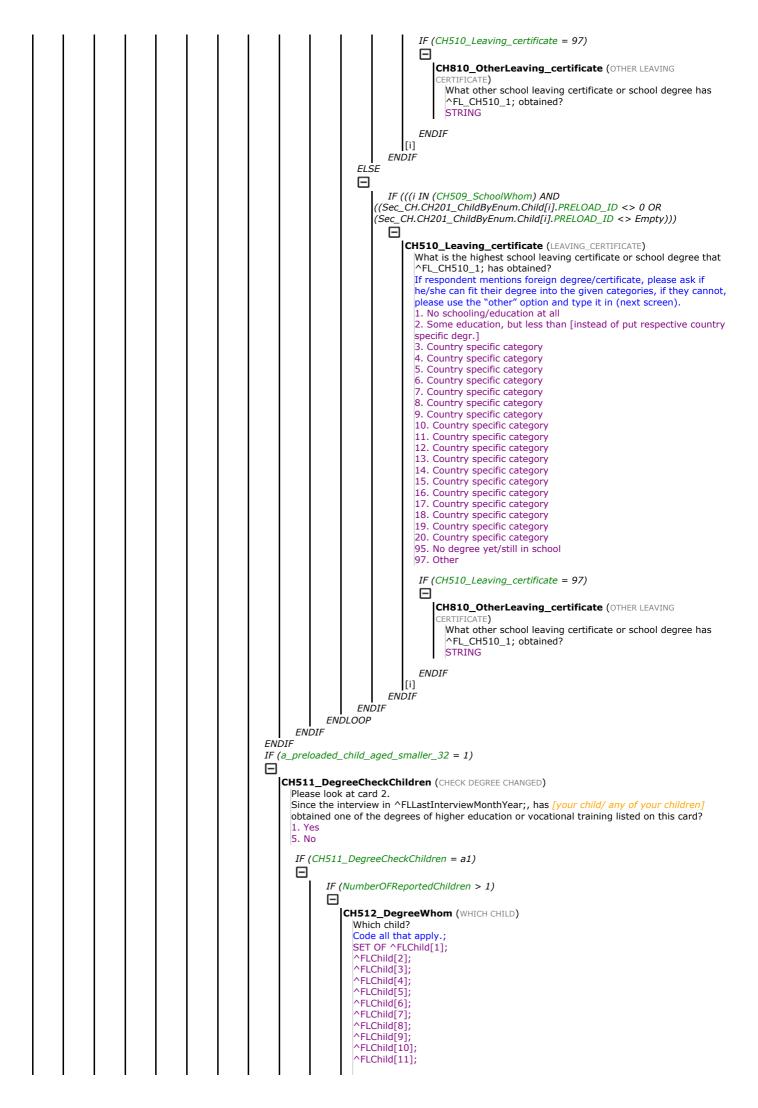


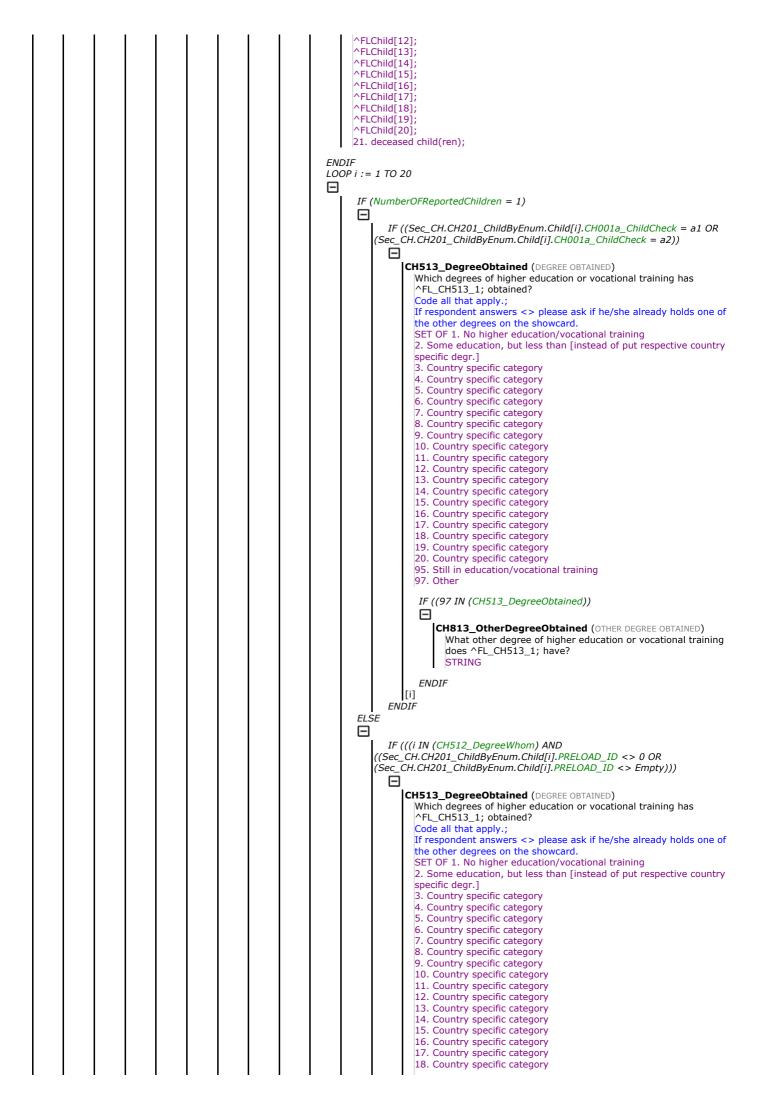


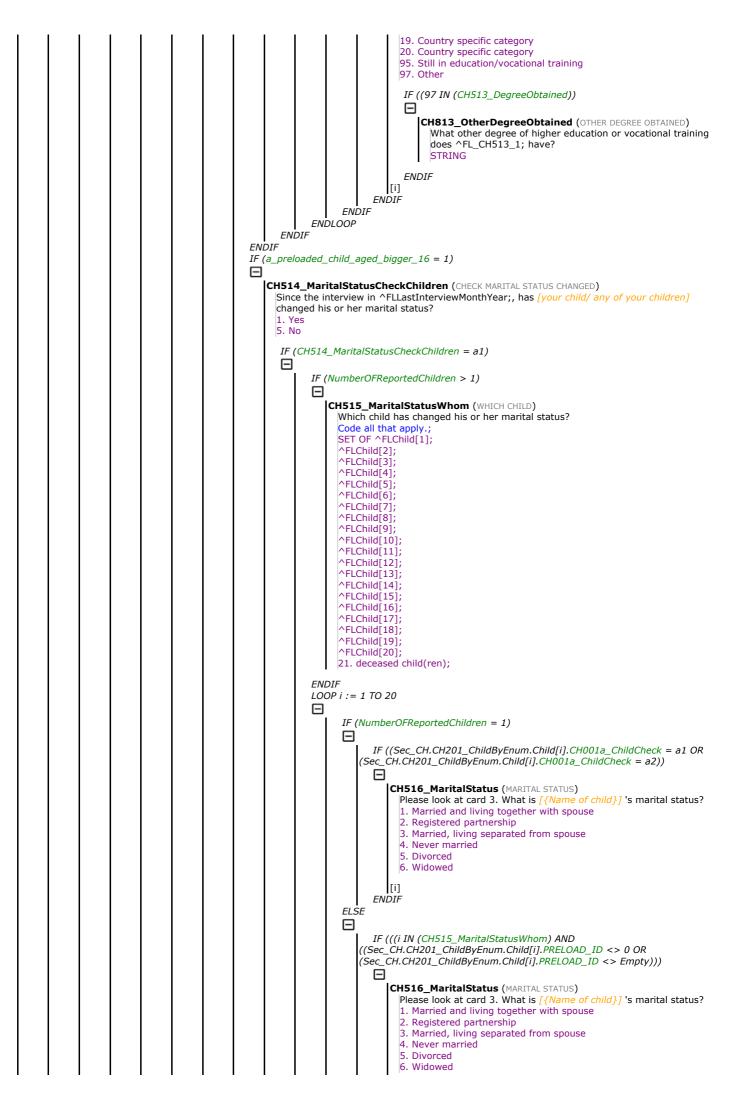
2. Part-time employed
3. Self-employed or working for own family business
<ol> <li>Unemployed</li> <li>In vocational training/retraining/education</li> </ol>
5. Parental leave
7. In retirement or early retirement 3. Permanently sick or disabled
9. Looking after home or family
97. Other
IF ((piPreloadChildIndex = 0 OR (piPreloadChildIndex = Empty))
CH017_EducChild (CHILD EDUCATION)
Please look at card 1. What is the highest school leaving certificate or school degree
^CH004_FirstNameOfChild; has obtained?
If respondent mentions foreign degree/certificate, please ask if he/she can fit their degree into the given categories, if they cannot, please use the "other" option and type
it in (next screen).
1. No schooling/education at all
<ol> <li>Some education, but less than [instead of put respective country specific degr.]</li> <li>Country specific category</li> </ol>
4. Country specific category
<ol> <li>Country specific category</li> <li>Country specific category</li> </ol>
7. Country specific category
<ol> <li>8. Country specific category</li> <li>9. Country specific category</li> </ol>
10. Country specific category
11. Country specific category
12. Country specific category 13. Country specific category
14. Country specific category
<ol> <li>Country specific category</li> <li>Country specific category</li> </ol>
17. Country specific category
18. Country specific category
19. Country specific category 20. Country specific category
95. No degree yet/still in school
97. Other
$IF (CH017\_EducChild = 97)$
CH817_OtherEducChild (CHILD OTHER EDUCATION) What other school leaving certificate or school degree has
^CH004_FirstNameOfChild; obtained?
STRING
CH018_EdInstChild (FURTHER EDUCATION OR VOCATIONAL TRAINING) Please look at card 2.
Which degrees of higher education or vocational training does
^CH004_FirstNameOfChild; have? Code all that apply.;
If respondent answers 'still in education/vocational training' please ask if he/she already
holds one of the other degrees on the showcard. SET OF 1. No higher education/vocational training
2. Some education, but less than [instead of put respective country specific degr.]
3. Country specific category
<ol> <li>Country specific category</li> <li>Country specific category</li> </ol>
6. Country specific category
<ol> <li>Country specific category</li> <li>Country specific category</li> </ol>
9. Country specific category
10. Country specific category 11. Country specific category
12. Country specific category
13. Country specific category
14. Country specific category 15. Country specific category
16. Country specific category
17. Country specific category 18. Country specific category
19. Country specific category
20. Country specific category 95. Still in education/vocational training
95. Still in education/vocational training 97. Other
IF ((97 IN (CH018 _EdInstChild))
CH818_OtherEdInstChild (OTHER FURTHER EDUCATION OR VOCATIONAL TRAINING)
What other degree of higher education or vocational training does
CH004_FirstNameOfChild; have? STRING
ENDIF CH019_NoChildren (NUMBER OF CHILDREN OF CHILD)
How many children - if any - does ^CH004_FirstNameOfChild; have?
Please count all natural children, fostered, adopted and stepchildren, including those of a spouse or partner.
a spoose of partner.

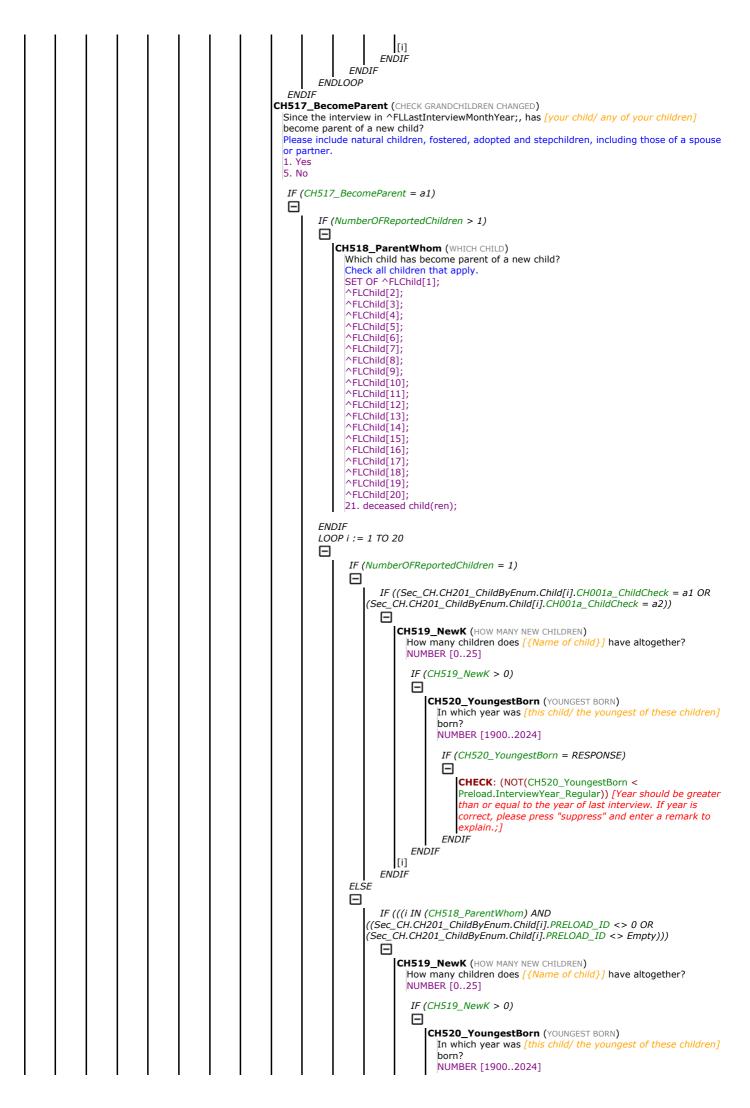


2. In the same building 3. Less than 1 kilometre away 4. Between 1 and 5 kilometres away 5. Between 5 and 25 kilometres away 6. Between 25 and 100 kilometres away 7. Between 100 and 500 kilometres away 8. More than 500 kilometres away ۲i٦ ENDIF ENDIF ENDLOOP ENDIF ENDIF IF (a\_preloaded\_child\_aged\_smaller\_22 = 1) Ξ CH508\_SchoolCheckChildren (CHECK SCHOOL CHANGED) Please look at card 1. Since the interview in ^FLLastInterviewMonthYear;, has [your child/ any of your children] obtained one of the school leaving certificates listed on this card? 1. Yes 5. No IF (CH508\_SchoolCheckChildren = a1) Ξ IF (NumberOFReportedChildren > 1) Ξ CH509\_SchoolWhom (WHICH CHILD) Which child? Code all that apply.; SET OF ^FLChild[1]; ^FLChild[2]; ^FLChild[3]; ^FLChild[4]: ^FLChild[5]: ^FLChild[6]; ^FLChild[7]: ^FLChild[8]: ^FLChild[9] ^FLChild[10]: ^FLChild[11]; ^FLChild[12]; ^FLChild[13]; ^FLChild[14]; ^FLChild[15]; ^FLChild[16]; ^FLChild[17]; ^FLChild[18]; ^FLChild[19]; FLChild[20]; 21. deceased child(ren); ENDIF LOOP i := 1 TO 20 Ξ IF (NumberOFReportedChildren = 1) Ξ IF ((Sec\_CH.CH201\_ChildByEnum.Child[i].CH001a\_ChildCheck = a1 OR (Sec\_CH.CH201\_ChildByEnum.Child[i].CH001a\_ChildCheck = a2)) CH510\_Leaving\_certificate (LEAVING\_CERTIFICATE) What is the highest school leaving certificate or school degree that ^FL\_CH510\_1; has obtained? If respondent mentions foreign degree/certificate, please ask if he/she can fit their degree into the given categories, if they cannot, please use the "other" option and type it in (next screen). 1. No schooling/education at all 2. Some education, but less than [instead of put respective country specific degr.] 3. Country specific category 4. Country specific category 5. Country specific category 6. Country specific category 7. Country specific category 8. Country specific category 9. Country specific category 10. Country specific category 11. Country specific category 12. Country specific category 13. Country specific category 14. Country specific category 15. Country specific category 16. Country specific category 17. Country specific category 18. Country specific category 19. Country specific category 20. Country specific category 95. No degree yet/still in school 97. Other



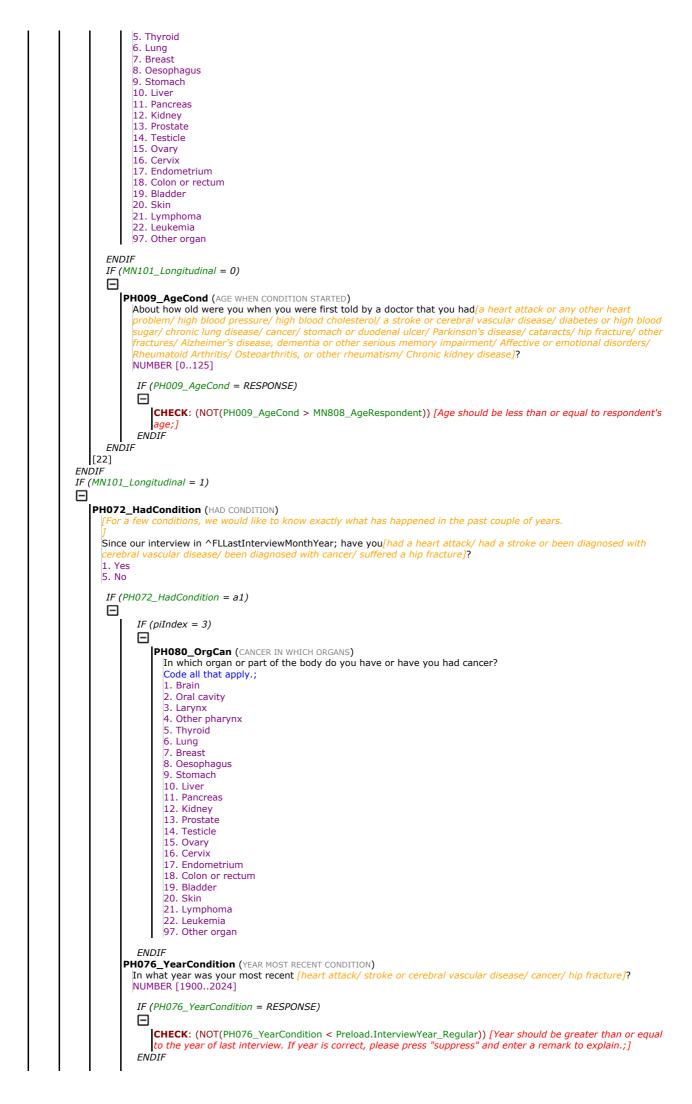




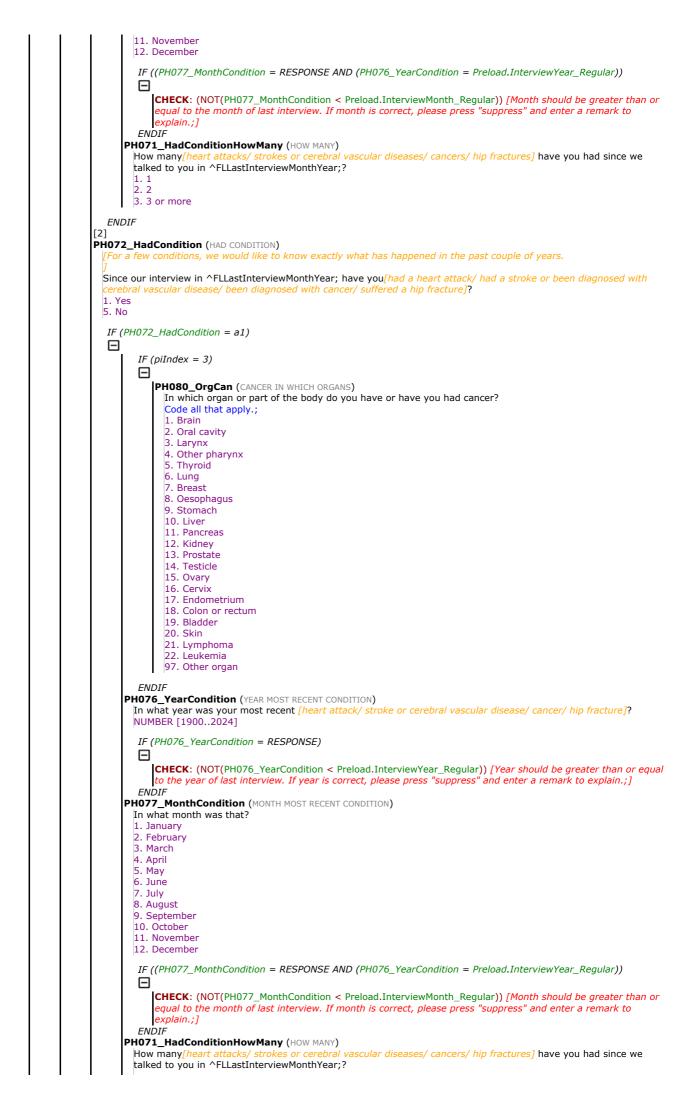




5. Diabetes or high blood sugar Chronic lung disease such as chronic bronchitis or emphysema 6. 10. Cancer or malignant tumour, including leukaemia or lymphoma, but excluding minor skin cancers 11. Stomach or duodenal ulcer, peptic ulcer 12. Parkinson's disease 13. Cataracts 14. Hip fracture 15. Other fractures 16. Alzheimer's disease, dementia, organic brain syndrome, senility or any other serious memory impairment 18. Other affective or emotional disorders, including anxiety, nervous or psychiatric problems 19. Rheumatoid Arthritis 20. Osteoarthritis, or other rheumatism 21. Chronic kidney disease 96. None 97. Other conditions, not yet mentioned CHECK: (NOT((count(PH006\_DocCond) > 1 AND ((96 IN (PH006\_DocCond)))) [You cannot select '96' together with any other answer. Please change your answer.;] IF ((a97 IN (PH006\_DocCond)) Ξ PH007\_OthCond (OTHER CONDITIONS) What other conditions have you had? Prohe STRING ENDIF LOOP cnt := 1 TO 21 Ξ IF ((cnt IN (PH006\_DocCond)) Ξ IF (piIndexSub = 10)Ξ PH008\_OrgCan (CANCER IN WHICH ORGANS) In which organ or part of the body do you have or have you had cancer? 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. Lymphoma 22. Leukemia 97. Other organ FNDIF IF (MN101\_Longitudinal = 0) Ξ PH009\_AgeCond (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 oblem/ high blood pressure/ high blood cholesterol/ a stroke or cerebral vascular disease/ diabetes or high lood sugar/ chronic lung disease/ cancer/ stomach or duodenal ulcer/ Parkinson's disease/ cataracts/ hip fracture/ other fractures/ Alzheimer's disease, dementia or other serious memory impairment/ Affective or onal disorders/ Rheumatoid Arthritis/ Osteoarthritis, or other rheumatism/ Chronic kidney disease]? NUMBER [0..125] IF (PH009\_AgeCond = RESPONSE) F CHECK: (NOT(PH009\_AgeCond > MN808\_AgeRespondent)) [Age should be less than or equal to respondent's age;] ENDIF ENDIF [cnt] ENDIF ENDLOOP IF ((97 IN (PH006\_DocCond)) Ξ IF (piIndexSub = 10) Ξ PH008\_OrgCan (CANCER IN WHICH ORGANS) In which organ or part of the body do you have or have you had cancer? Code all that apply.; 1. Brain 2. Oral cavity 3. Larynx 4. Other pharynx









SET OF 1. Falling down 2. Fear of falling down 3. Dizziness, faints or blackouts 4. Fatique 96. None CHECK: (NOT((count(PH089\_Frailty\_Symptoms) > 1 AND ((96 IN (PH089\_Frailty\_Symptoms)))) [You cannot select '96' together with any other answer. Please change your answer.;] PH084\_TroubledPain (TROUBLED BY PAIN) Are you troubled with pain? 1. Yes 5. No IF (PH084\_TroubledPain = a1) Ξ PH085\_PainLevel (HOW BAD PAIN) How bad is the pain most of the time? Is it .. Read out.; 1. Mild 3. Moderate 5. Severe PH087\_PainJointLoc (SIX MONTHS BOTHERED BY PAIN) Look at card 9 In which parts of the body do you feel pain? Code all that apply.; SET OF 1. Back 2. Hips 3. Knees 4. Other joints 5. Mouth/Teeth 6. Other parts of the body, but not joints 7. All over CHECK: (NOT((count(PH087\_PainJointLoc) > 1 AND ((7 IN (PH087\_PainJointLoc)))) [You cannot select 'All over' together with any other answer. Please change your answer.;] ENDIF PH011\_CurrentDrugs (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? Code all that apply.; SET OF 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 6. Drugs for diabetes Drugs for joint pain or for joint inflammation 8. Drugs for other pain (e.g. headache, back pain, etc.) 9. Drugs for sleep problems 10. Drugs for anxiety or depression 11. Drugs for osteoporosis 13. Drugs for stomach burns 14. Drugs for chronic bronchitis 15. Drugs for suppressing inflammation (only glucocorticoids or steroids) 96. None 97. Other drugs, not yet mentioned CHECK: (NOT((count(PH011\_CurrentDrugs) > 1 AND ((96 IN (PH011\_CurrentDrugs)))) [You cannot select '96' together with any other answer. Please change your answer IF (NOT((96 IN (PH011\_CurrentDrugs))) Ξ PH082\_PolyPharmacy (AT LEAST FIVE PER DAY) Do you take at least five different drugs on a typical day? Please include drugs prescribed by your doctor, drugs you buy without prescription, and dietary supplements such as vitamins and minerals. 1. Yes 5. No ENDIF PH012\_Weight (WEIGHT OF RESPONDENT) Approximately how much do you weigh? Weight in kilos (in UK stone-dot-pounds) NUMBER [0..250] CHECK: (NOT(((PH012\_Weight >= 125 OR (PH012\_Weight <= 40) AND (PH012\_Weight = RESPONSE))) [Please confirm: Respondent weights; TOSTRING(PH012\_Weight) kilos, is that correct? If not, please correct the answer. If the answer is correct, please press Suppress and continue.;] PH065\_CheckLossWeight (CHECK LOSS WEIGHT) Have you lost any weight during the last 12 months? 1. Yes 5. No IF (PH065\_CheckLossWeight = a1) Ξ PH095\_HowMuchLostWeight (HOW MUCH LOSS WEIGHT) How much weight did you lose? Only lost weight in whole KG e.g. 1 kg 2 kg 3 kg and so forth NUMBER [1..50] PH066\_ReasonLostWeight (REASON LOST WEIGHT) Why did you lose weight? Read out. 1. Due to illness

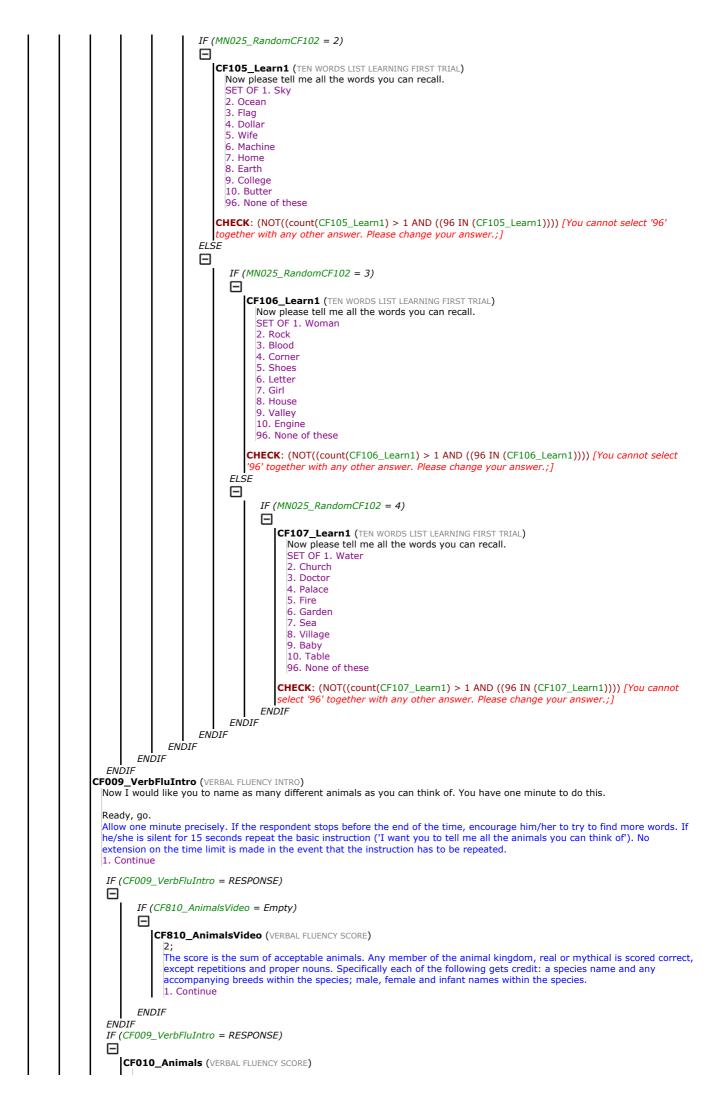
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2. You followed a special diet
        3. Due to both illness and followed a special diet
        97. Other reasons for weight loss
  ENDIF
  IF (MN101_Longitudinal = 0)
  Ξ
      PH013_HowTall (HOW TALL ARE YOU?)
        How tall are you?
        Length in centimetres (in UK: feet-dot-inches)
        NUMBER [60..230]
      CHECK: (NOT(((PH013_HowTall >= 200 OR (PH013_HowTall <= 130) AND (PH013_HowTall = RESPONSE))) [Please
      confirm: Respondent measures; TOSTRING(PH013_HowTall) centimeters, is that correct? If not, please correct the answer.
      If the answer is correct, please press Suppress and continue.;]
  ENDIF
PH041_UseGlasses (USE GLASSES)
 Do you usually wear glasses or contact lenses?
 All types of glasses, also glasses used only for reading.
 1. Yes
 5. No
  IF (PH041_UseGlasses = a1)
  Ξ
      PH690_BifocGlasLenses (USE BIFOCAL GLASSES/LENSES)
        What type of glasses or contact lenses do you wear?
         Code all that apply.; Read out.;
        SET OF 1. Bifocals or progressive glasses or contact lenses
        2. Reading glasses or contact lenses (single vision glasses)
        3. Distance glasses or contact lenses (single vision glasses)
        4. Other glasses or contact lenses
  ENDIF
  IF ((PH041_UseGlasses = a5 OR (((a2 IN (PH690_BifocGlasLenses) AND (count(PH690_BifocGlasLenses) = 1)))
  Ξ
      PH043_EyeSightDist (EYESIGHT DISTANCE)
        How good is your eyesight for seeing things at a distance, like recognising a friend across the street [using glasses or
                     es as usual]? Would you say it is...
        Read out.;
        1. Excellent
        2. Very good
        3. Good
        4. Fair
        5. Poor
  ELSE
  Ξ
      PH043_EyeSightDist (EYESIGHT DISTANCE)
        How good is your eyesight for seeing things at a distance, like recognising a friend across the street[using glasses or
                lenses as usual]? Would you say it is...
        Read out.:
        1. Excellent
        2. Very good
        3. Good
        4. Fair
        5. Poor
  ENDIF
  IF ((PH041_UseGlasses = a5 OR (((a3 IN (PH690_BifocGlasLenses) AND (count(PH690_BifocGlasLenses) = 1)))
  Ξ
      PH044_EyeSightPap (EYESIGHT READING)
        How good is your eyesight for seeing things up close, like reading ordinary newspaper print[using glasses or contact
               as usuall?
        Would you say it is...
        Read out.:
        1. Excellent
        2. Very good
        3. Good
        Fair
        5. Poor
  ELSE
  Ξ
      PH044_EyeSightPap (EYESIGHT READING)
        How good is your eyesight for seeing things up close, like reading ordinary newspaper print[using glasses or contact
               as usual17
        Would you say it is...
        Read out.:
        1. Excellent
        2. Very good
        3. Good
        4. Fair
        5. Poor
  ENDIF
PH745_HaveHearingAid (HAVE HEARING AID)
 Do you have a hearing aid?
  1. Yes
 5. No
  IF (PH745_HaveHearingAid = a1)
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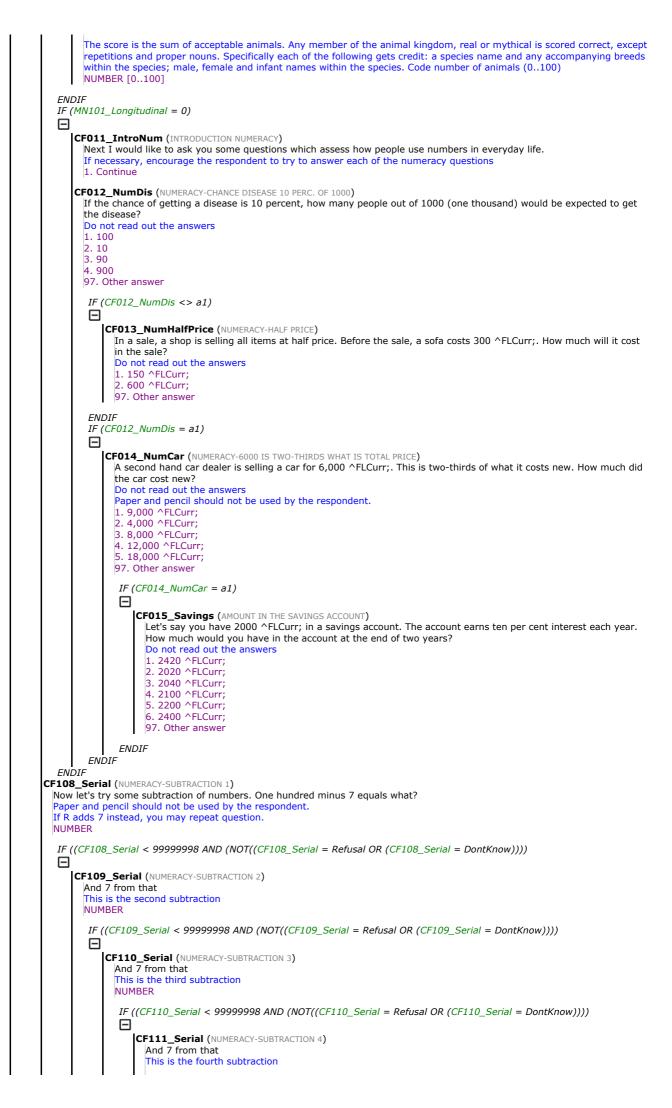
PH045\_UseHearingAid (USE HEARING AID) Are you usually wearing a hearing aid? 1. Yes 5. No ENDIF PH046\_Hearing (HEARING) Is your hearing[using a hearing aid as usual]... Read out. 1. Excellent 2. Very good 3. Good 4. Fair 5. Poor PH048\_HeADLa (HEALTH AND ACTIVITIES) Please look at card 11. Please tell me whether you have any difficulty doing each of the everyday activities on this card. Exclude any difficulties that you expect to last less than three months. Probe respondent if any other difficulty applies. Code all that apply. SET OF 1. Walking 100 metres 2. Sitting for about two hours 3. Getting up from a chair after sitting for long periods Climbing several flights of stairs without resting 5. Climbing one flight of stairs without resting 6. Stooping, kneeling, or crouching 7. Reaching or extending your arms above shoulder level 8. Pulling or pushing large objects like a living room chair 9. Lifting or carrying weights over 10 pounds/5 kilos, like a heavy bag of groceries 10. Picking up a small coin from a table 96. None of these CHECK: (NOT((count(PH048\_HeADLa) > 1 AND ((96 IN (PH048\_HeADLa)))) [You cannot select '96' together with any other answer. Please change your answer.;] PH049\_HeADLb (MORE HEALTH AND ACTIVITIES) Please look at card 12. Please tell me if you have any difficulty with these activities because of a physical, mental, emotional or memory problem. Again exclude any difficulties you expect to last less than three months. Probe respondent if any other difficulty applies. Code all that apply.; SET OF 1. Dressing, including putting on shoes and socks 2. Walking across a room 3. Bathing or showering 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 14. Leaving the house independently and accessing transportation services 15. Doing personal laundry 96. None of these CHECK: (NOT((count(PH049\_HeADLb) > 1 AND ((96 IN (PH049\_HeADLb)))) [You cannot select '96' together with any other answer. Please change vour answer.: IF (NOT(((((96 IN (PH048\_HeADLa) OR (PH048\_HeADLa = DontKnow) OR (PH048\_HeADLa = Refusal) AND ((((96 IN (PH049\_HeADLb) OR (PH049\_HeADLb = DontKnow) OR (PH049\_HeADLb = Refusal)))) Ξ PH050\_HelpAct (HELP ACTIVITIES) Thinking about the activities that you have problems with, does anyone ever help you with these activities? Including your partner or other people in your household 1. Yes 5. No IF (PH050\_HelpAct = a1) Ξ PH051 HelpMeetsN (HELP MEETS NEEDS) Would you say that the help you receive meets your needs? Read out. 1. All the time 2. Usually Sometimes 4. Hardly ever ENDIF ENDIF PH059\_UseAids (USE OF AIDS) Please look at card 13. Do you use any of the items listed on this card? No. 7. Only include personal alarms used to call for assistance after falls etc. SET OF 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

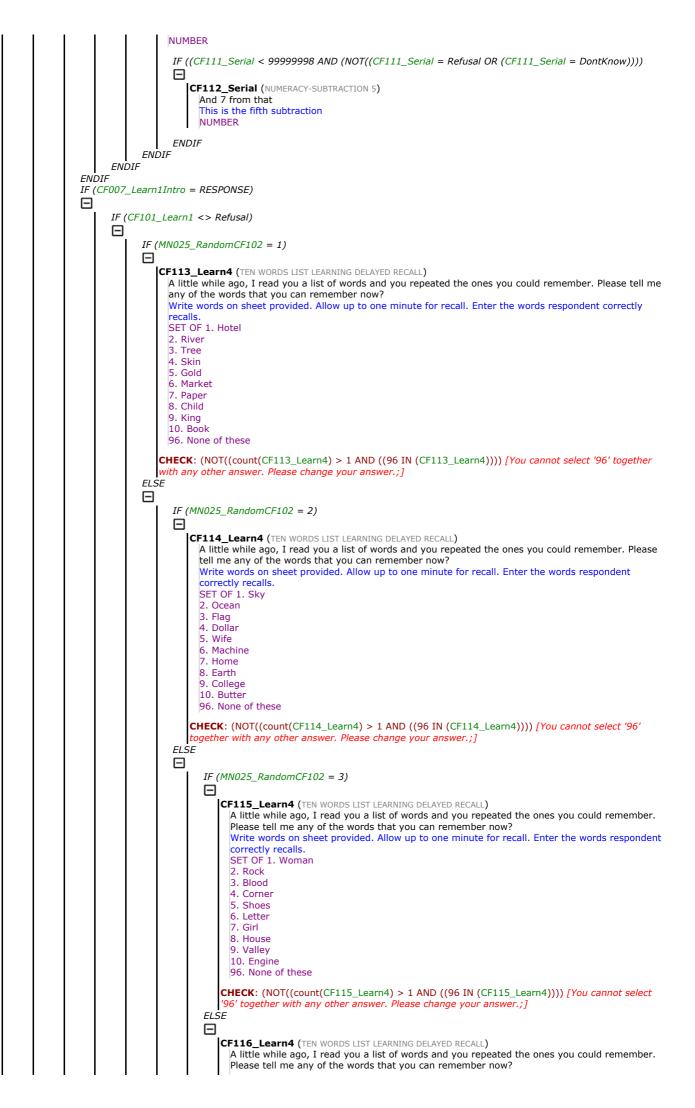
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8. Bars, grabs, rails (to facilitate movements and to keep ones balance)
     9. Raised toilet seat with/without arms
     10. Incontinence pads
     96. None of these
     97. other items (specify)
   CHECK: (NOT((count(PH059_UseAids) > 1 AND ((96 IN (PH059_UseAids)))) [You cannot select '96' together with any other
    answer. Please change your answer.;;
      IF ((a97 IN (PH059_UseAids))
      Ξ
         PH659_UseAidsOther (USE OF AIDS)
            What other items?
           STRING
      ENDIF
   PH054_IntCheck (WHO ANSWERED THE QUESTIONS IN PH)
     CHECK:
     Who answered the questions in this section?
     1. Respondent only
     2. Respondent and proxy
     3. Proxy only
ENDIF
IF (((BR IN (Test) OR ((ALL IN (Test)))
Ξ
   BR001_EverSmokedDaily (EVER SMOKED DAILY)
     The following questions are about smoking and drinking alcoholic beverages. Have you ever smoked cigarettes, cigars, cigarillos
     or a pipe daily for a period of at least one year?
     1. Yes
     5. No
      IF (BR001_EverSmokedDaily = a1)
      Ξ
          BR002_StillSmoking (SMOKE AT THE PRESENT TIME)
            Do you smoke at the present time?
            1. Yes
            5. No
          BR003_HowManyYearsSmoked (HOW MANY YEARS SMOKED)
            For how many years [have you smoked/ did you smoke] all together?
            Don't include periods without smoking.
            Code 1 if respondent smoked for less than one year.
            NUMBER [1..99]
          BR005_WhatSmoke (WHAT DO OR DID YOU SMOKE)
                                smoke/ smoke before vou stopped]?
            What d
            Cigarettes include 'roll-your-own'. Read out.; Code all that apply.;
           1. Cigarettes
            2. Pipe
           3. Cigars or cigarillos
            E-cigarettes with nicotine solution.
            IF ((1 IN (BR005_WhatSmoke))
            Ξ
                BR006_AmManCig (AVERAGE AMOUNT OF CIGARETTES PER DAY)
                  How many cigarettes[do/ did][you][smoke] on average per day?
                  NUMBER [0..120]
            ENDIF
      ENDIF
   BR039_Drinklastsevendays (ANY DRINK LAST SEVEN DAYS)
     During the last 7 days, have you had at least one alcoholic beverage?
     1. Yes
     5. No
      IF (BR039_Drinklastsevendays = a1)
      Ξ
          BR040_Drinklastsevendays (HOW OFTEN DRINKS LAST SEVEN DAYS)
            Please look at card 14, which shows standard units of alcoholic beverages. During the last 7 days, overall how many units
            of alcoholic beverages did you have?
            Please open the booklet and calculate the No. of units/week together with the respondent. If none, please enter '0'.
            Please round to the nearest whole number.
            NUMBER [0..200]
      ENDIF
   BR623_SixOrMoreDrinks (HOW OFTEN SIX OR MORE DRINKS LAST 3 MONTHS)
     Please look at card 15.
     In the last three months, how often did you have six or more units of alcoholic beverages on one occasion?
     Standard units of alcoholic beverages are shown at the previous card.
     1. Daily or almost daily
     2. Five or six days a week
     3. Three or four days a week
     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
   BR015_PartInVigSprtsAct (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?
     Read out.;
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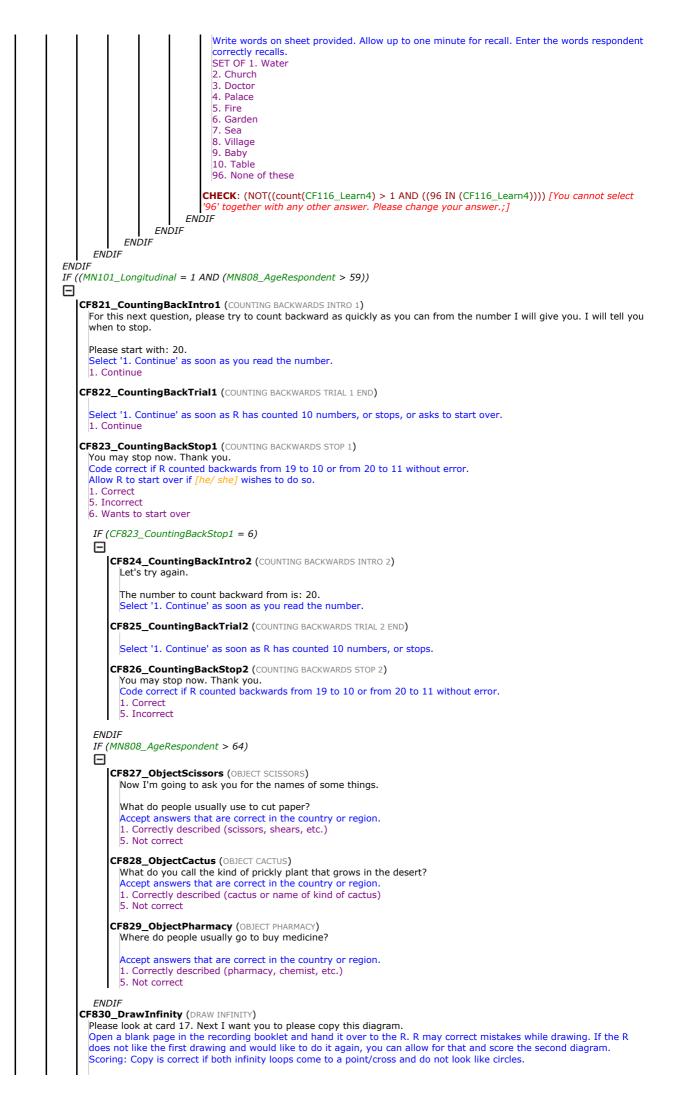
1. More than once a week 2. Once a week 3. One to three times a month Hardly ever, or never BR016\_ModSprtsAct (ACTIVITIES REQUIRING A MODERATE LEVEL OF ENERGY) How often do you engage in activities that require a moderate level of energy such as gardening, cleaning the car, or doing a walk? Read out.: 1. More than once a week 2. Once a week 3. One to three times a month 4. Hardly ever, or never BR026\_DairyProd (HOW OFTEN SERVING OF DAIRY PRODUCTS) Please look at card 16. In a regular week, how often do you have a serving of dairy products such as a glass of milk, cheese in a sandwich, a cup of yogurt or a can of high protein supplement? 1. Every day 2. 3-6 times a week 3. Twice a week 4. Once a week 5. Less than once a week BR027\_LegumesEggs (HOW OFTEN A WEEK SERVING OF LEGUMES OR EGGS) (Please look at card 16.) In a regular week, how often do you have a serving of legumes, beans or eggs? 1. Every day 2. 3-6 times a week 3. Twice a week 4. Once a week 5. Less than once a week BR028\_MeatWeek (HOW OFTEN A DAY DO YOU EAT MEAT, FISH OR POULTRY) (Please look at card 16.) In a regular week, how often do you eat meat, fish or poultry? 1. Every day 2. 3-6 times a week 3. Twice a week 4. Once a week 5. Less than once a week IF ((BR028\_MeatWeek > a2 AND (MN032\_socex = 1)) Ξ BR033\_MeatAfford (MEAT AFFORD) Would you say that you do not eat meat, fish or poultry more often because ... Read out.;; If the respondent follows a vegan, fruitarian or other kind of diet without meat, fish and poultry please code 1. you cannot afford to eat it more often 3. you follow a vegetarian diet 97. for other reasons **FNDIF** BR029\_FruitsVegWeek (HOW OFTEN A WEEK DO YOU CONSUME A SERVING OF FRUITS OR VEGETABLES) (Please look at card 16.) In a regular week, how often do you consume a serving of fruits or vegetables? 1. Every day 2. 3-6 times a week 3. Twice a week 4. Once a week 5. Less than once a week BR017\_IntCheck (INTERVIEWER CHECK BR) CHECK: Who answered the questions in this section? 1. Respondent only 2. Respondent and proxy 3. Proxy only FNDIF IF (((CF IN (Test) OR ((ALL IN (Test))) Ξ CF019\_CFInstruct (INSTRUCTION FOR CF) 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 questions on her/his own, press CTRL-K at each question. 1. Continue IF (MN101\_Longitudinal = 0) Ξ CF001\_SRRead (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... Read out.; 1. Excellent 2. Very good 3. Good 4. Fair 5. Poor CF002\_SRWrite (SELF-RATED WRITING SKILLS) How would you rate your writing skills needed in your daily life? Would you say they are... Read out.; 1. Excellent 2. Very good

3. Good 4. Fair 5. Poor ENDIF CF003\_DateDay (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? Code whether day of month (^FLDay;;) is given correctly 1. Day of month given correctly 2. Day of month given incorrectly/doesn't know day CF004\_DateMonth (DATE-MONTH) Which month is it? Code whether month (;) is given correctly 1. Month given correctly 2. Month given incorrectly/doesn't know month CF005\_DateYear (DATE-YEAR) Which year is it? Code whether year (^FLYear;) is given correctly 1. Year given correctly 2. Year given incorrectly/doesn't know year CF006\_DayWeek (DAY OF THE WEEK) Can you tell me what day of the week it is? Correct answer: (^FLToday;) 1. Day of week given correctly 2. Day of week given incorrectly/doesn't know day CF103\_Memory (SELF-RATED WRITING SKILLS) How would you rate your memory at the present time? Would you say it is excellent, very good, good, fair or poor? 1. Excellent 2. Very good 3. Good 4. Fair 5. Poor IF ((MN101\_Longitudinal = 1 AND (MN808\_AgeRespondent > 59)) Ξ CF820\_MemoryChange (SELF-RATED MEMORY CHANGE) Compared to ^FLLastInterviewMonthYear;, would you say your memory is better now, about the same, or worse now than it was then? 1. Better 2. Same 3. Worse ENDIF CF007\_Learn1Intro (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? Have booklet ready 1. Continue IF (CF007\_Learn1Intro = RESPONSE) Ξ IF (CF009\_VerbFluIntro = Empty) F CF101\_Learn1 (TEN WORDS LIST LEARNING FIRST TRIAL) Ready? 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 IF (CF102\_Learn1 = Empty) Ξ CF102\_Learn1 (TEN WORDS LIST LEARNING SHOW MOVIE) 1. Continue ENDIF IF (MN025\_RandomCF102 = 1) F CF104\_Learn1 (TEN WORDS LIST LEARNING FIRST TRIAL) Now please tell me all the words you can recall. SET OF 1. Hotel 2. River 3. Tree 4. Skin 5. Gold 6. Market 7. Paper 8. Child 9. King 10. Book 96. None of these CHECK: (NOT((count(CF104\_Learn1) > 1 AND ((96 IN (CF104\_Learn1)))) [You cannot select '96' together with any other answer. Please change your answer.;] FLSE 











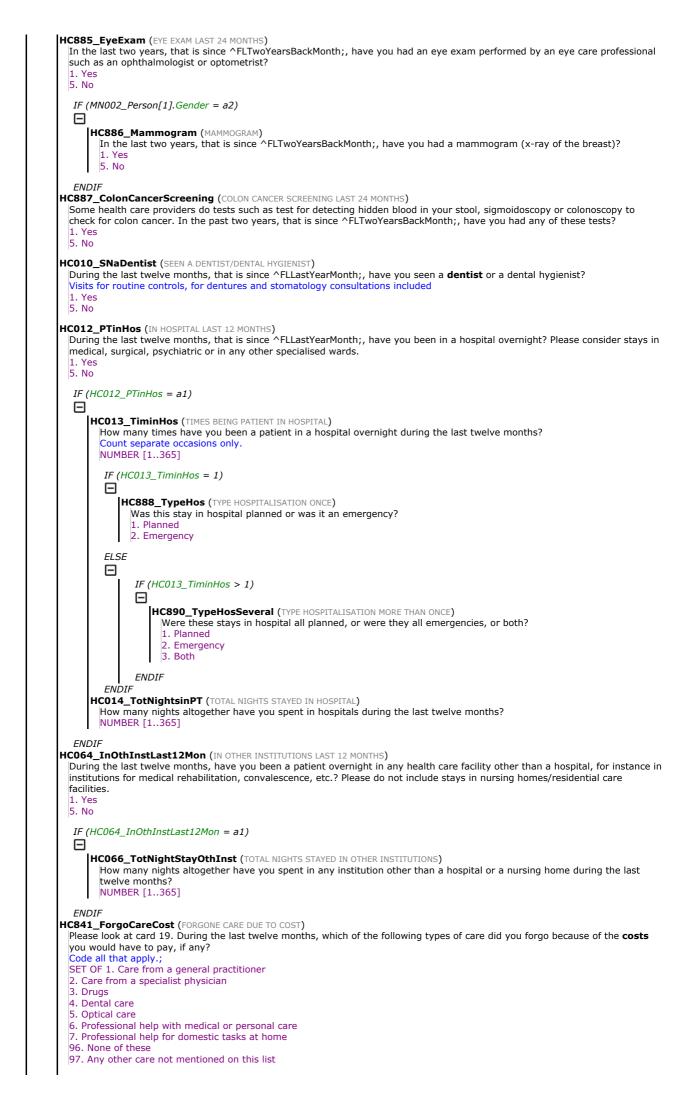
ENDIF ENDIF CF017\_Factors (CONTEXTUAL FACTORS DURING THE COGNITIVE FUNCTION TEST) Were there any factors that may have impaired the respondent's performance on the tests? If you want to comment, use CTRL+M 1. Yes 5. No CF018\_IntCheck (WHO WAS PRESENT DURING CF) INTERVIEWER CHECK: WHO WAS PRESENT DURING THIS SECTION? Code all that apply.; 1. Respondent alone 2. Partner present 3. Child(ren) present 4. Other(s) CHECK: (NOT((count(CF018\_IntCheck) > 1 AND ((a1 IN (CF018\_IntCheck)))) [Cannot select -respondent alone- with any other CHECK: (NOT((Sec\_CH.NumberOFReportedChildren = 0 AND ((a3 IN (CF018\_IntCheck)))) [You answered earlier you had no children CF719\_EndNonProxy (NON PROXY) CHECK: Who answered the questions in this section? 1. Respondent 2. Section not answered (proxy interview) IF (CF719 EndNonProxy = 2) Ξ CF840\_ProxyIntro (PROXY INTRO) Please turn to the PROXY respondent and ask him/her directly about the cognitive abilities of the R. The following questions should be answered by the proxy respondent in private, without the presence of the R or any other people This part will take about 2 minutes. 1. Continue CF841\_ProxyMemory (PROXY MEMORY) Now I would like to ask some questions to you (as the one who answers on behalf of the Respondent). Part of this study is concerned with people's memory, and ability to think about things. First, how would you rate ^FLRespondentName;'s memory at the present time? Would you say it is excellent, very good, good, fair or poor? 1. Excellent 2. Very good 3. Good 4. Fair 5. Poor CF842\_ProxyMemoryChange (proxy MEMORY CHANGE) Compared to two years ago, would you say ^FLRespondentName;'s memory is better now, about the same, or worse now than it was then? 1. Better 2. Same 3. Worse CF843\_ProxyMemoryFamily (PROXY MEMORY FAMILY) Compared with two years ago, how is ^FLRespondentName; at: Remembering things about family and friends, such as occupations, birthdays, and addresses. Has this improved, not much changed, or gotten worse? 1. Improved 2. Not much changed 3. Gotten worse Does not apply; R doesn't do activity CF844\_ProxyMemoryEvents (PROXY MEMORY EVENTS) Compared with two years ago, how is ^FLRespondentName; at: Remembering things that have happened recently? (Has this improved, not much changed, or gotten worse?) 1. Improved 2. Not much changed 3. Gotten worse 4. Does not apply; R doesn't do activity CF845\_ProxyMemoryConversations (PROXY MEMORY CONVERSATIONS) Compared with two years ago, how is ^FLRespondentName; at: Recalling conversations a few days later? (Has this improved, not much changed, or gotten worse?) 1. Improved 2. Not much changed Gotten worse 4. Does not apply; R doesn't do activity CF846\_ProxyMemoryDate (PROXY MEMORY DATE) Compared with two years ago, how is ^FLRespondentName; at: Remembering what day and month it is? (Has this improved, not much changed, or gotten worse?) 1. Improved 2. Not much changed 3. Gotten worse 4. Does not apply; R doesn't do activity

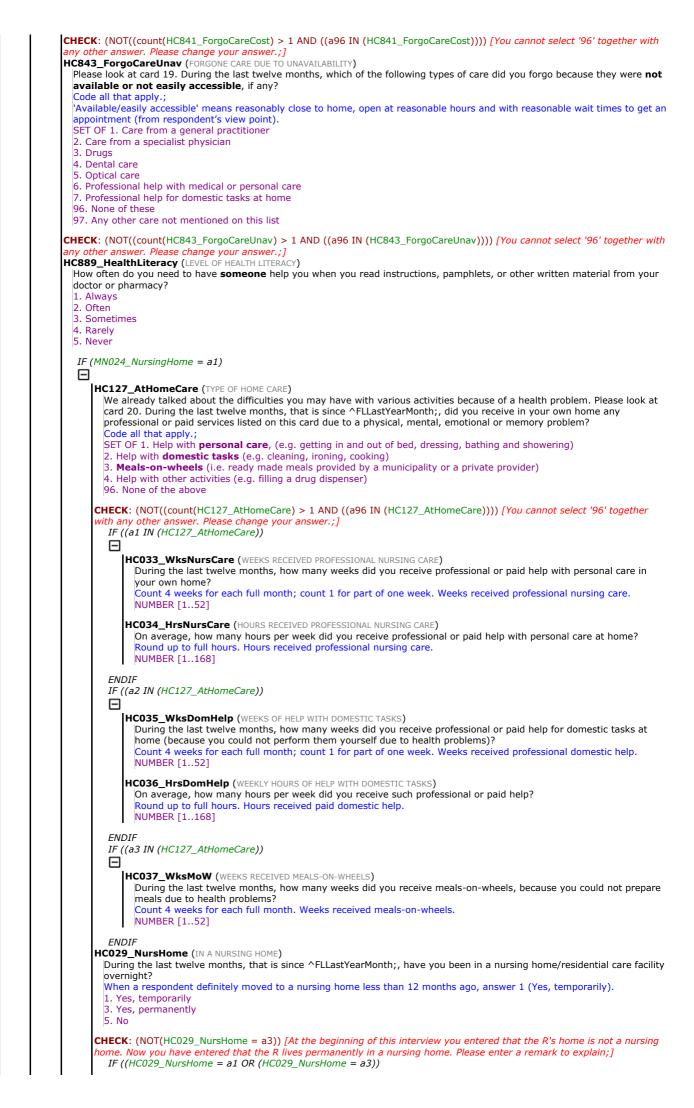
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CF847_ProxyMemoryLearning (PROXY MEMORY LEARNING)
            Compared with two years ago, how is ^FLRespondentName; at:
            Learning new things in general?
            (Has this improved, not much changed, or gotten worse?)
            1. Improved
            2. Not much changed
            3. Gotten worse
            Does not apply; R doesn't do activity
          CF848_ProxyMemoryDecisions (PROXY MEMORY DECISIONS)
            Compared with two years ago, how is ^FLRespondentName; at:
Handling money for shopping?
            (Has this improved, not much changed, or gotten worse?)
            1. Improved
            2. Not much changed
            3. Gotten worse
            4. Does not apply; R doesn't do activity
          CF849_ProxyMemoryFinances (PROXY MEMORY FINANCES)
            Compared with two years ago, how is ^FLRespondentName; at:
Handling financial matters, that is, [his/ her] pension or dealing with the bank?
            (Has this improved, not much changed, or gotten worse?)
            1. Improved
            2. Not much changed
            3. Gotten worse
            4. Does not apply; R doesn't do activity
          CF850_ProxyGettingLost (PROXY GETTING LOST)
            Now, (thinking about some current behaviors,) does [he/ she] ever get lost in a familiar environment?
            1. Yes
            5. No
          CF851_ProxyWanderOff (PROXY WANDER OFF)
            Does [he/ she] ever wander off and not return by [himself/ herself]?
            1. Yes
            5. No
          CF852_ProxyLeftAlone (PROXY LEFT ALONE)
            Can [he/ she] be left alone for an hour or so?
            1. Yes
            5. No
          CF853_ProxyNonExisting (PROXY NON EXISTING)
            Does [he/ she] ever see or hear things that are not really there?
            1. Yes
            5. No
          CF854_End_proxy (END PROXY)
            This is the end of the questions asked in private to the proxy respondent.
            1. Continue
          CF855_Who_present (WHO PRESENT)
            Check who was present during this section in addition to the proxy.
            Code all that apply.
            1. PROXY respondent alone
            2. Respondent present
            3. Partner present
            4. Child(ren) present
            5. Other(s)
          CHECK: (NOT((count(CF855_Who_present) > 1 AND ((a1 IN (CF855_Who_present)))) [Cannot select -respondent alone-
          with any other categoryProxy;]
      ENDIF
ENDIF
IF (((MH IN (Test) OR ((ALL IN (Test)))
F
   MH001_Intro (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.
     Start of a Non-proxy section. No proxy allowed. If the respondent is not present or not capable to give consent to participation
     on her/his own, press CTRL-K at each question.
     1. Continue
   MH002_Depression (DEPRESSION)
     In the last month, have you been sad or depressed?
     If participant asks for clarification, say 'by sad or depressed, we mean miserable, in low spirits, or blue'
     1. Yes
     5. No
    MH003_Hopes (HOPES FOR THE FUTURE)
     What are your hopes for the future?
     Note only whether hopes are mentioned or not
      1. Any hopes mentioned
     2. No hopes mentioned
    MH004_WishDeath (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_Guilt (FEELS GUILTY)
     Do you tend to blame yourself or feel guilty about anything?
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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 Guilt = a3)
  Ξ
      MH006_BlameForWhat (BLAME FOR WHAT)
        So, for what do you blame yourself?
        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_Sleep (TROUBLE SLEEPING)
 Have you had trouble sleeping recently?
 1. Trouble with sleep or recent change in pattern
 2. No trouble sleeping
MH008_Interest (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_Interest = a3)
  Ξ
      MH009_KeepUpInt (KEEPS UP INTEREST)
        So, do you keep up your interests?
        1. Yes
        5. No
  ENDIF
MH010_Irritability (IRRITABILITY)
 Have you been irritable recently?
  1. Yes
 5. No
MH011_Appetite (APPETITE)
 What has your appetite been like in the last month?
 1. Diminution in desire for food
  No diminution in desire for food
 3. Non-specific or uncodeable response
  IF (MH011_Appetite = a3)
  Ξ
      MH012_EatMoreLess (EATING MORE OR LESS)
        So, have you been eating more or less than usual?
        1. Less
        2. More
        3. Neither more nor less
  FNDIF
MH013_Fatigue (FATIGUE)
 In the last month, have you had too little energy to do the things you wanted to do?
 1. Yes
 5. No
MH014_ConcEnter (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_ConcRead (CONCENTRATION ON READING)
 Can you concentrate on something you read?
  1. Difficulty in concentrating on reading
 2. No such difficulty mentioned
MH016_Enjoyment (ENJOYMENT)
 What have you enjoyed doing recently?
  1. Fails to mention any enjoyable activity
 2. Mentions ANY enjoyment from activity
MH017_Tear (TEARFULNESS)
 In the last month, have you cried at all?
 1. Yes
 5. No
MH033_Intro (INTRODUCTION HOW MUCH YOU FEEL)
 I will now read some statements and would like to ask you to answer how much of the time you feel certain ways: often, some
 of the time, hardly ever or never.
  1. Continue
MH034_companionship (HOW OFTEN LACK COMPANIONSHIP)
 How much of the time do you feel you lack companionship?
  Read out.:
 1. Often
 2. Some of the time
 3. Hardly ever or never
MH035_LeftOut (HOW OFTEN LEFT OUT)
 How much of the time do you feel left out?
 Repeat if necessary
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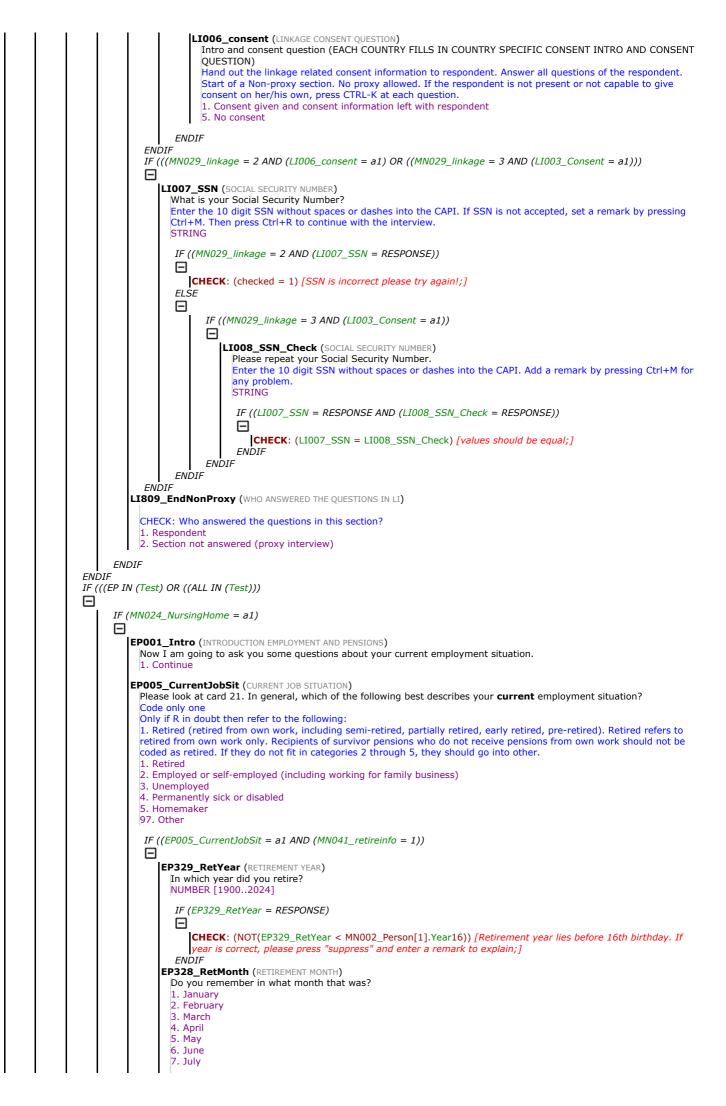
H R 1. 2	D36_Isolated (HOW OFTEN ISOLATED) ow much of the time do you feel isolated from others? epeat if necessary Often Some of the time Hardly ever or never
MH H R 1	D37_lonely (HOW OFTEN LONELY) by much of the time do you feel lonely? epeat if necessary Often Some of the time Hardly ever or never
мн	D32_EndNonProxy (NON PROXY)
1.	HECK: Who answered the questions in this section? Respondent Section not answered (proxy interview)
ENDIF IF (((Ho	C IN (Test) OR ((ALL IN (Test)))
N	<b>801_Intro</b> (INTRO HEALTH CARE) ow we have some questions about your doctor visits and your health insurance coverage. Continue
Le in R 1 2 3	25_Satisfaction_with_Insurance (SATISFACTION WITH INSURANCE) at us begin with your health insurance. Overall, how satisfied are you with your own coverage in your basic health surance/national health system? Are you ead out.; Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied
HC: D in	<b>13_SuppHealthInsurance</b> (ANY SUPPLEMENTARY HEALTH INSURANCE) o you have any supplementary health insurance that pays for health services not covered by your basic health surance/national health system/ third party payer? These services may include in-patient services, health examinations sits, dental care, other treatments or drugs.
1	
5	Yes No
5. HC: D R If Iiv ca 1. 2. 3.	Yes
5. HC: D R Ifi iii ca 1. 2 3 99 90 <b>CHI</b> '96'	Yes No <b>16_LongTermCareInsurance</b> (HAS LONGTERM CARE INSURANCE) to you have any of the following public or private long-term care insurances? ead out.; Code all that apply.; unclear, explain: Long-term care insurance helps cover the cost of long-term care. It generally covers home care, assis ring, adult daycare, respite care, hospice care, and stays in nursing homes or residential care facilities. Some of the lon are services might be covered by your health insurance. Public Private mandatory Private voluntary/supplementary S. None <b>CK:</b> (NOT((count(HC116_LongTermCareInsurance) > 1 AND ((a96 IN (HC116_LongTermCareInsurance)))) [You cannel together with any other answer. Please change your answer.;]
5 HC: D R Iff Iii 2 3 3 9 9 CHI '96' HCC D m r e e P	Yes No <b>16_LongTermCareInsurance</b> (HAS LONGTERM CARE INSURANCE) by you have any of the following public or private long-term care insurances? ead out.; Code all that apply.; unclear, explain: Long-term care insurance helps cover the cost of long-term care. It generally covers home care, assis ring, adult daycare, respite care, hospice care, and stays in nursing homes or residential care facilities. Some of the lon re services might be covered by your health insurance. Public Private mandatory Private voluntary/supplementary 5. None <b>CK</b> : (NOT((count(HC116_LongTermCareInsurance) > 1 AND ((a96 IN (HC116_LongTermCareInsurance)))) [ <i>You cannet</i> <i>together with any other answer. Please change your answer.;</i> ] <b>102_STtoMDoctor</b> (SEEN OR TALKED TO MEDICAL DOCTOR) uring the last 12 months, that is since ^FLLastYearMonth;, about how many times in total have you seen or talked to a edical doctor or qualified/registered nurse about your health? Please exclude dentist visits and hospital stays, but include nergency room or outpatient clinic visits. ease also count contacts by telephone or other means, including those made on your behalf by a member of your famil
5 HC: D R If In (% 6 HC D MC D MC N N N	Yes No <b>16_LongTermCareInsurance</b> (HAS LONGTERM CARE INSURANCE) to you have any of the following public or private long-term care insurances? and out.; Code all that apply.; unclear, explain: Long-term care insurance helps cover the cost of long-term care. It generally covers home care, assis ing, adult daycare, respite care, hospice care, and stays in nursing homes or residential care facilities. Some of the lon re services might be covered by your health insurance. Public Private mandatory Private voluntary/supplementary S. None <b>CK</b> : (NOT((count(HC116_LongTermCareInsurance) > 1 AND ((a96 IN (HC116_LongTermCareInsurance)))) [You canned together with any other answer. Please change your answer.;] <b>iO2_STtoMDoctor</b> (SEEN OR TALKED TO MEDICAL DOCTOR) uring the last 12 months, that is since ^FLLastYearMonth;, about how many times in total have you seen or talked to a edical doctor or qualified/registered nurse about your health? Please exclude dentist visits and hospital stays, but incluse nergency room or outpatient clinic visits. ease also count contacts by telephone or other means, including those made on your behalf by a member of your famil JMBER [0366] <b>F</b> (HC602_STtoMDoctor > 0)
5 HC: D R If In (% 6 HC D MC D MC N N N	Yes No 16_LongTermCareInsurance (HAS LONGTERM CARE INSURANCE) by you have any of the following public or private long-term care insurances? add out; Code all that apply.; unclear, explain: Long-term care insurance helps cover the cost of long-term care. It generally covers home care, assis ing, adult daycare, respite care, hospice care, and stays in nursing homes or residential care facilities. Some of the lon res services might be covered by your health insurance. Public Private mandatory Private woluntary/supplementary 5. None CK: (NOT((count(HC116_LongTermCareInsurance) > 1 AND ((a96 IN (HC116_LongTermCareInsurance)))) [You canned together with any other answer. Please change your answer.;] io2_STtoMDoctor (SEEN OR TALKED TO MEDICAL DOCTOR) uring the last 12 months, that is since ^FLLastYearMonth;, about how many times in total have you seen or talked to a edical doctor or qualified/registered nurse about your health? Please exclude dentist visits and hospital stays, but include nergency room or outpatient clinic visits. ease also count contacts by telephone or other means, including those made on your behalf by a member of your famil JMBER [0366] F (HC602_STtoMDoctor > 0) F (HC602_STtoMDoctor > 0) How many of these contacts were with a general practitioner or with a doctor at your health care center? General practitioners are primary care physicians, who treat all acute and chronic diseases, and who people gener in the first instance. Please also count contacts by telephone or other means, including those made on your behalf by a member of your family.
5 HC: D R If In (% 6 HC D MC D MC N N N	Yes No 1.16_LongTermCareInsurance (HAS LONGTERM CARE INSURANCE) by ou have any of the following public or private long-term care insurances? ad out.; Code all that apply.; unclear, explain: Long-term care insurance helps cover the cost of long-term care. It generally covers home care, assi- ing, adult daycare, respite care, hospice care, and stays in nursing homes or residential care facilities. Some of the lon res services might be covered by your health insurance. Public Private mandatory Private voluntary/supplementary 5. None ECK: (NOT((count(HC116_LongTermCareInsurance) > 1 AND ((a96 IN (HC116_LongTermCareInsurance)))) [You cannot together with any other answer. Please change your answer.;] 102_STtOMDoctor (SEEN OR TALKED TO MEDICAL DOCTOR) uring the last 12 months, that is since ~FLLastYearMonth;, about how many times in total have you seen or talked to a edical doctor or qualified/registered nurse about your health? Please exclude dentist visits and hospital stays, but inclu- mergency room or outpatient clinic visits. ease also count contacts by telephone or other means, including those made on your behalf by a member of your famil JMBER [0366] F (HC602_STtoMDoctor > 0) HC876_ContactsGP (HOW MANY TIMES SEEN GP) How many of these contacts were with a general practitioner or with a doctor at your health care center? (General practitioners are primary care physicians, who treat all acute and chronic diseases, and who people gener in the first instance. Please also count contacts by telephone or other means, including those made on your behalf by a member of your family. NUMBER [0366]
5 HC: D R If In (% 6 HC D MC D MC N N N	Yes No 16_LongTermCareInsurance (HAS LONGTERM CARE INSURANCE) by you have any of the following public or private long-term care insurances? add out; Code all that apply.; unclear, explain: Long-term care insurance helps cover the cost of long-term care. It generally covers home care, assis ing, adult daycare, respite care, hospice care, and stays in nursing homes or residential care facilities. Some of the lon res services might be covered by your health insurance. Public Private mandatory Private woluntary/supplementary 5. None CK: (NOT((count(HC116_LongTermCareInsurance) > 1 AND ((a96 IN (HC116_LongTermCareInsurance)))) [You canned together with any other answer. Please change your answer.;] io2_STtoMDoctor (SEEN OR TALKED TO MEDICAL DOCTOR) uring the last 12 months, that is since ^FLLastYearMonth;, about how many times in total have you seen or talked to a edical doctor or qualified/registered nurse about your health? Please exclude dentist visits and hospital stays, but include nergency room or outpatient clinic visits. ease also count contacts by telephone or other means, including those made on your behalf by a member of your famil JMBER [0366] F (HC602_STtoMDoctor > 0) F (HC602_STtoMDoctor > 0) How many of these contacts were with a general practitioner or with a doctor at your health care center? General practitioners are primary care physicians, who treat all acute and chronic diseases, and who people gener in the first instance. Please also count contacts by telephone or other means, including those made on your behalf by a member of your family.
5 HC: D R Iff liv ca 1. 2 3. 9 9 CHI '96' HCC D m en P N N I	Yes No <b>1.16_LongTermCareInsurance</b> (HAS LONGTERM CARE INSURANCE) to you have any of the following public or private long-term care insurances? and out.; Code all that apply.; unclear, explain: Long-term care insurance helps cover the cost of long-term care. It generally covers home care, assi- ting, adult daycare, respite care, hospice care, and stays in nursing homes or residential care facilities. Some of the lon re services might be covered by your health insurance. Public Private mandatory Private voluntary/supplementary 5. None <b>ECK</b> : (NOT((count(HC116_LongTermCareInsurance) > 1 AND ((a96 IN (HC116_LongTermCareInsurance)))) [ <i>You cannot</i> together with any other answer. Please change your answer.;] <b>102_STFOMDoctor</b> (SEEN OR TALKED TO MEDICAL DOCTOR) uring the last 12 months, that is since ^FLLastVearMonth;, about how many times in total have you seen or talked to a edical doctor or qualified/registered nurse about your health? Please exclude dentist visits and hospital stays, but inclu- nergency room or outpatient clinic visits. ease also count contacts by telephone or other means, including those made on your behalf by a member of your famil JMBER [0366] <b>F</b> ( <i>HC602_STtoMDoctor &gt; 0</i> ) <b>How</b> many of these contacts were with a general practitioner or with a doctor at your health care center? General practitioners are primary care physicians, who treat all acute and chronic diseases, and who people gener in the first instance. Please also count contacts by telephone or other means, including those made on your behalf by a member of you family. NUMBER [0366] <b>CHECK:</b> (NOT(HC876_ContactsGP > HC602_STtoMDoctor)) [ <i>The number cannot be higher than the overall number</i> <b>contacts</b> .;] <b>HC877_ContactSSPCialist</b> (HOW MANY TIMES SEEN SPECIALIST) How many of these contacts were with a specialist, excluding dentist and emergency visits? Specialist doctors could be for instance ophthalmologist, gastroenterologist, radiologist., please also count contacts by telephone or other means, i

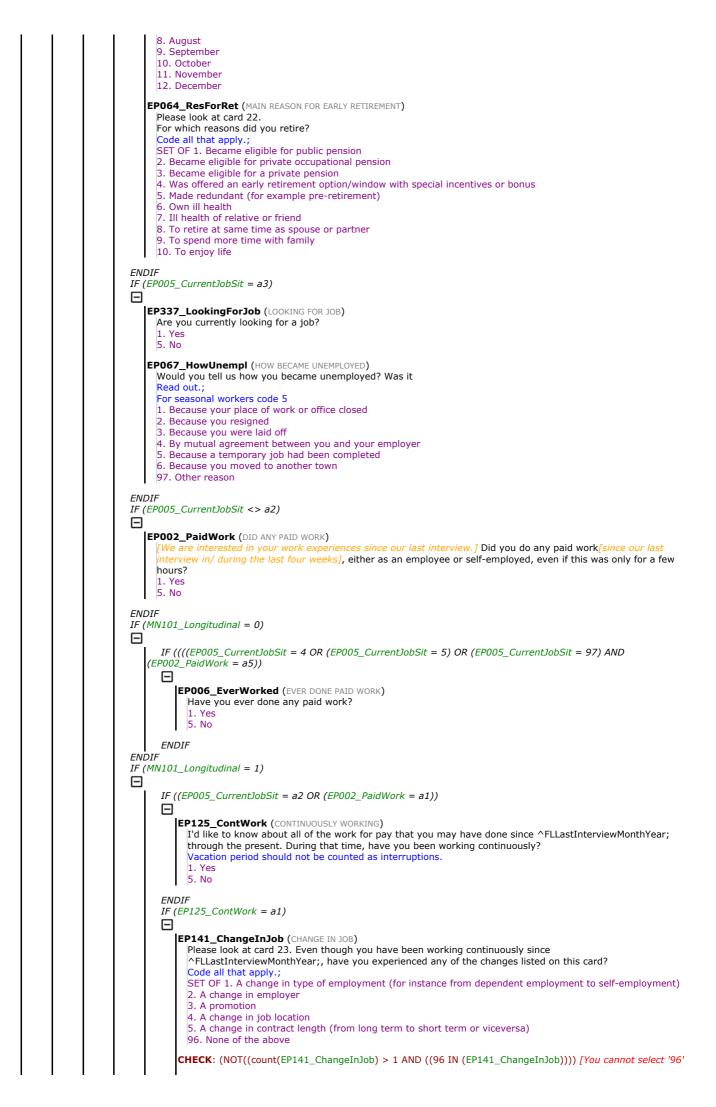
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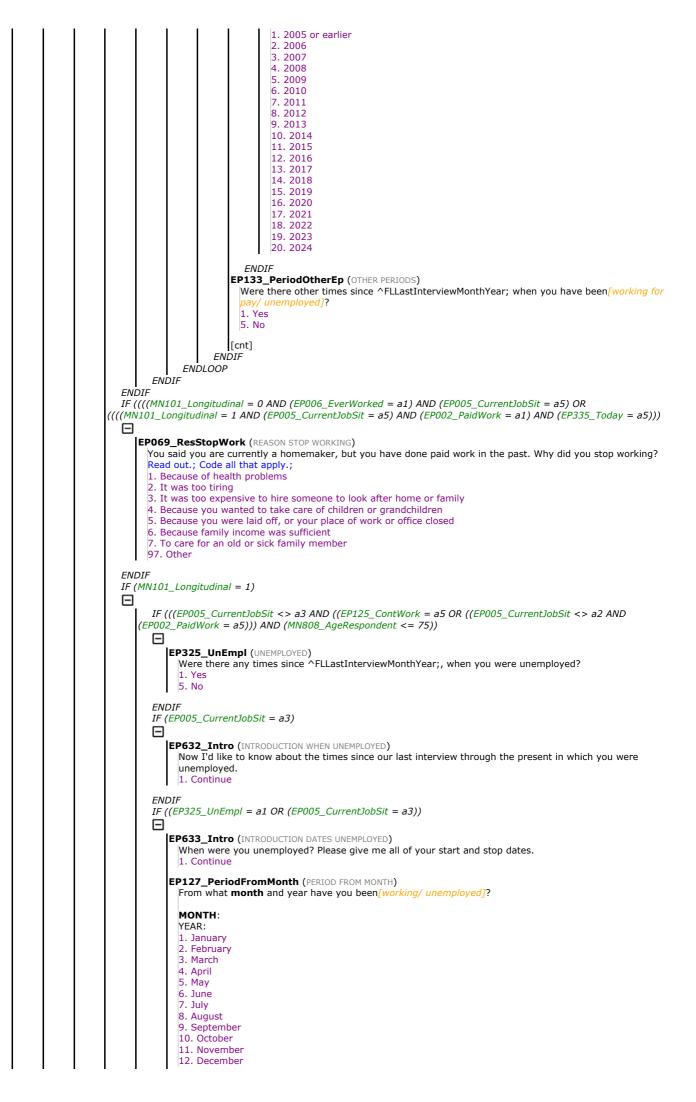






together with any other answer. Please change your answer.;] ENDIF IF (EP125\_ContWork = a5) Ξ EP127\_PeriodFromMonth (PERIOD FROM MONTH) From what month and year have you been[working/ unemployed]? MONTH: YEAR: 1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December EP128\_PeriodFromYear (PERIOD FROM YEAR) From what month and year have you been[working/ unemployed]? MONTH ^EP127\_PeriodFromMonth; YEAR 1. 2005 or earlier 2.2006 3. 2007 4. 2008 5.2009 6.2010 7. 2011 8.2012 9.2013 10.2014 11. 2015 12.2016 13. 2017 14. 2018 15. 2019 16. 2020 17. 2021 18, 2022 19. 2023 20. 2024 EP129\_PeriodToMonth (PERIOD TO MONTH) To what month and year have you been [working/ unemployed]? MONTH: YEAR: 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\_PeriodToMonth <> a13) Ξ EP130\_PeriodToYear (PERIOD TO YEAR) To what month and year have you been[working/ unemployed]? MONTH: ^EP129\_PeriodToMonth; YEAR: To year 1. 2005 or earlier 2.2006 3. 2007 4. 2008 5. 2009 6.2010 7.2011 8. 2012 9.2013 10. 2014 11. 2015 12.2016 13.2017 14. 2018

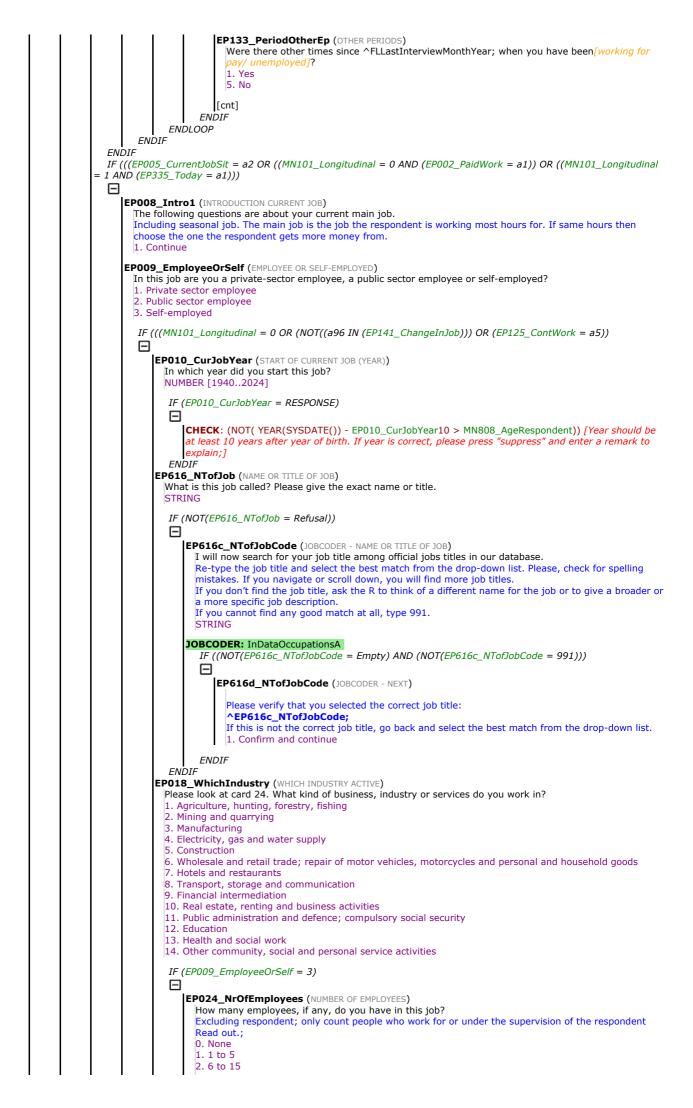
15. 2019 16. 2020 17. 2021 18. 2022 19. 2023 20. 2024
ENDIF EP133_PeriodOtherEp (OTHER PERIODS) Were there other times since ^FLLastInterviewMonthYear; when you have been[working for pay/ unemployed]? 1. Yes 5. No
[1] LOOP cnt := 2 TO 20
<i>IF</i> ( <i>PeriodOtherEpisodes</i> [ <i>cnt</i> - 1]. <i>EP133_PeriodOtherEp</i> = a1)
EP127_PeriodFromMonth (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_PeriodFromYear (PERIOD FROM YEAR)         From what month and year have you been[working/ unemployed]?
MONTH ^EP127_PeriodFromMonth; YEAR 1. 2005 or earlier 2. 2006 3. 2007 4. 2008 5. 2009 6. 2010 7. 2011 8. 2012 9. 2013 10. 2014 11. 2015 12. 2016 13. 2017 14. 2018 15. 2019 16. 2020 17. 2021 18. 2022 19. 2023 20. 2024
EP129_PeriodToMonth (PERIOD TO MONTH)         To what month and year have you been[working/ unemployed]?         MONTH:         YEAR:         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_PeriodToMonth <> a13)         E         EP130_PeriodToYear (PERIOD TO YEAR)         To what month and year have you been[working/ unemployed]?         MONTH: ^EP129_PeriodToMonth;         YEAP:
YEAR: To year

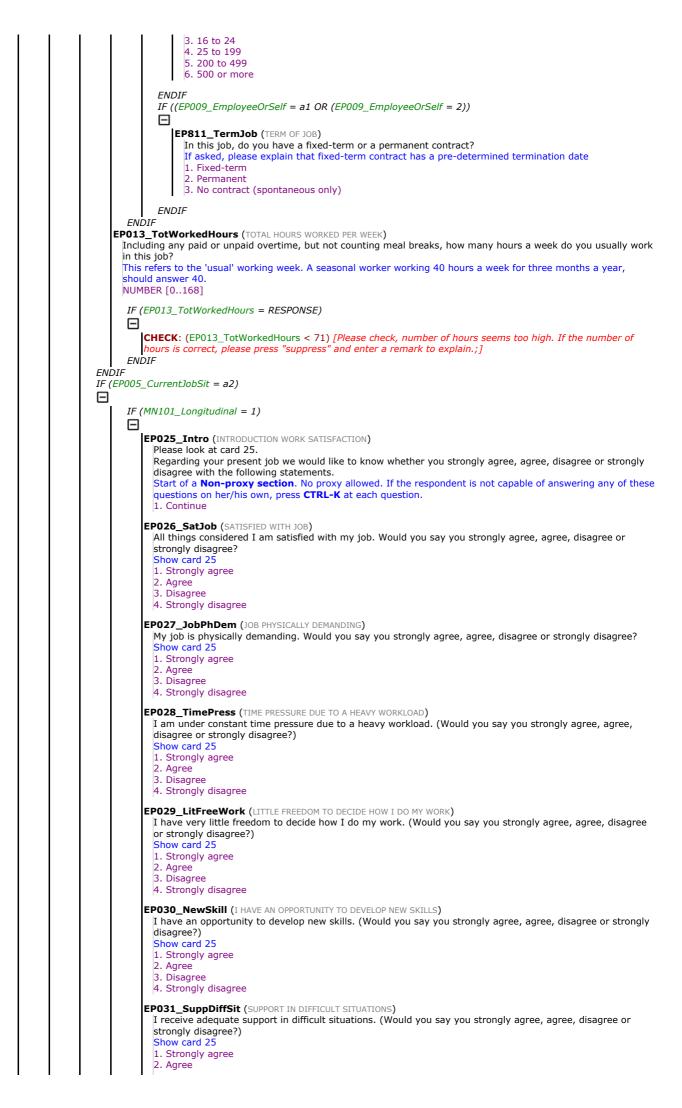


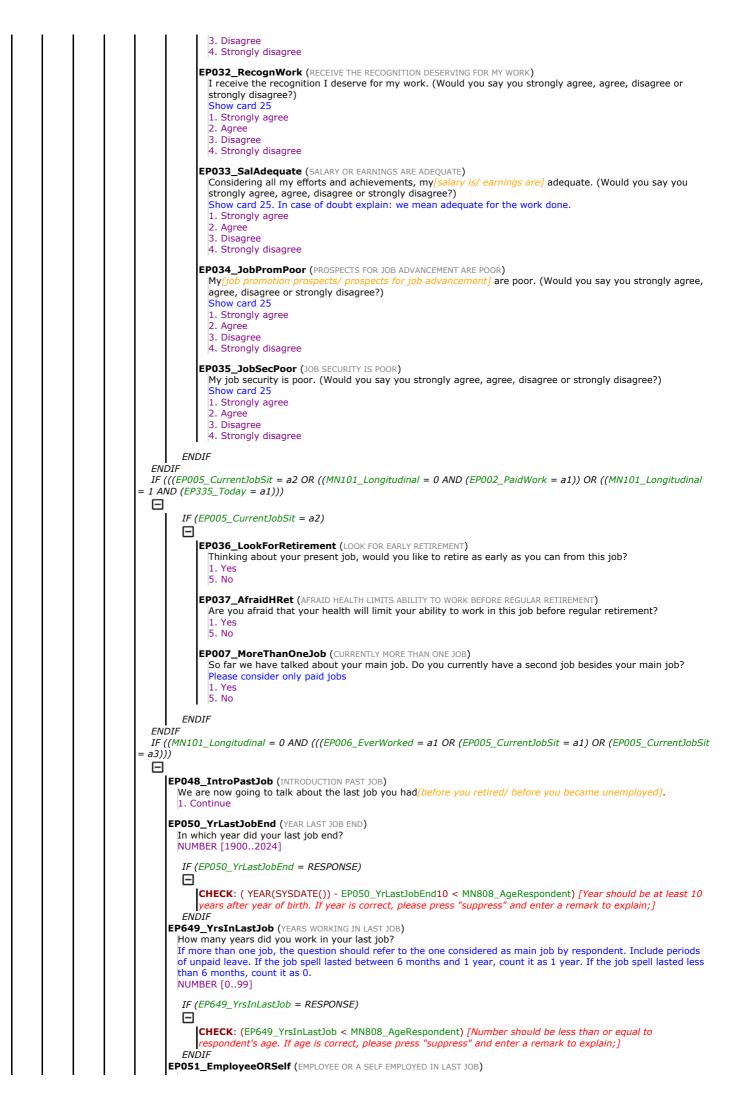
<b>EP128_PeriodFromYear</b> (PERIOD FROM YEAR) From what month and <b>year</b> have you been[working/ unemployed]?
MONTH ^EP127_PeriodFromMonth;
<b>YEAR</b> 1. 2005 or earlier 2. 2006
3. 2007 4. 2008
5. 2009 6. 2010
7. 2011 8. 2012
9. 2013 10. 2014 11. 2015
12. 2016 13. 2017
14. 2018 15. 2019
16. 2020 17. 2021
18. 2022 19. 2023
20. 2024 EP129_PeriodToMonth (PERIOD TO MONTH)
To what <b>month</b> and year have you been[working/ unemployed]? MONTH:
YEAR: 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_PeriodToMonth <> a13)
EP130_PeriodToYear (PERIOD TO YEAR) To what month and year have you been[working/ unemployed]?
MONTH: ^EP129_PeriodToMonth;
YEAR: To year
1. 2005 or earlier 2. 2006
3. 2007 4. 2008
5. 2009 6. 2010
7. 2011 8. 2012 9. 2013
10. 2014 11. 2015
12. 2016 13. 2017
14. 2018 15. 2019
16. 2020 17. 2021 18. 2022
19. 2023 20. 2024
ENDIF EP133_PeriodOtherEp (OTHER PERIODS)
Were there other times since <i>^FLLastInterviewMonthYear</i> ; when you have been[ <i>working for pay/unemployed</i> ]? 1. Yes
5. No [21] LOOP cnt := 22 TO 40
IF (PeriodOtherEpisodes[cnt - 1].EP133_PeriodOtherEp = a1)
EP127_PeriodFromMonth (PERIOD FROM MONTH)
From what <b>month</b> and year have you been[working/ unemployed]?

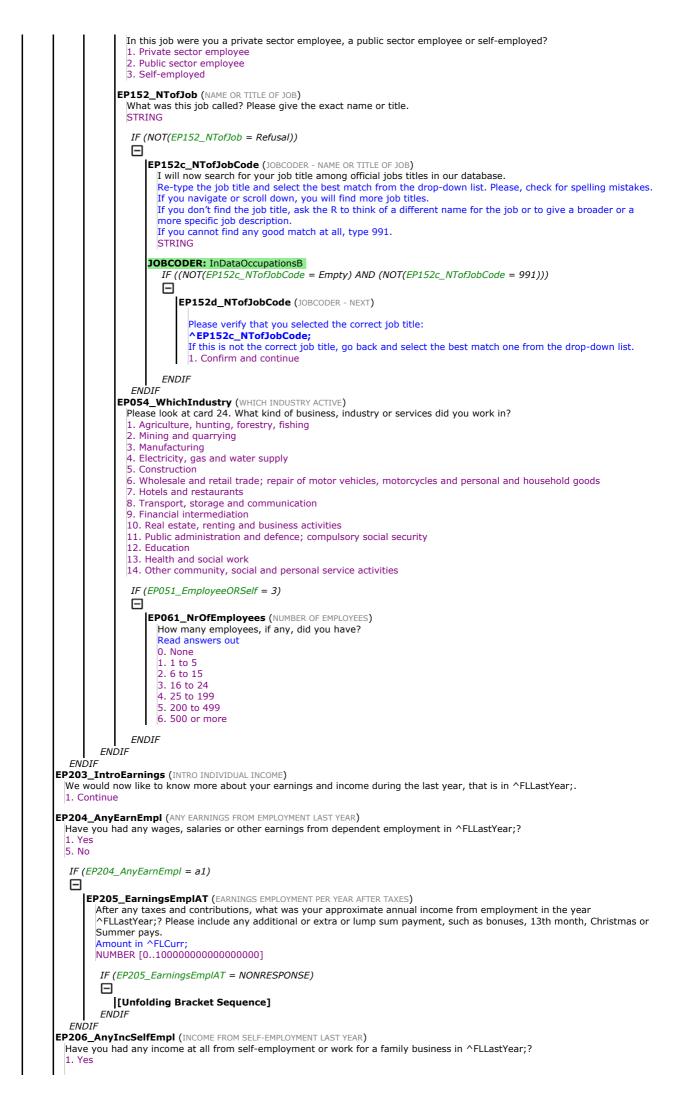
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 MONTH
MONTH: YEAR:
1. January
2. February
3. March 4. April
5. May
6. June
7. July
8. August
9. September 10. October
11. November
12. December
EP128_PeriodFromYear (PERIOD FROM YEAR)
From what month and <b>year</b> have you been[working/ unemployed]?
MONTH ^EP127_PeriodFromMonth;
YEAR 1. 2005 or earlier
2. 2006
3. 2007
4. 2008
5. 2009 6. 2010
7. 2011
8. 2012
9. 2013
10. 2014 11. 2015
12. 2016
13. 2017
14. 2018 15. 2019
16. 2020
17. 2021
18. 2022
19. 2023 20. 2024
20. 2024
EP129_PeriodToMonth (PERIOD TO MONTH)
To what <b>month</b> and year have you been[working/ unemployed]?
MONTH:
YEAR:
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_PeriodToMonth <> a13)
EP130_PeriodToYear (PERIOD TO YEAR)
To what month and <b>year</b> have you been[working/ unemployed]?
MONTH: ^EP129_PeriodToMonth;
YEAR:
To year
1. 2005 or earlier 2. 2006
3. 2007
4. 2008
5. 2009
6. 2010 7. 2011
8. 2012
9. 2013
10. 2014
11. 2015 12. 2016
13. 2017
14. 2018
15. 2019
16. 2020 17. 2021
18. 2022
19. 2023
20. 2024
ENDIF

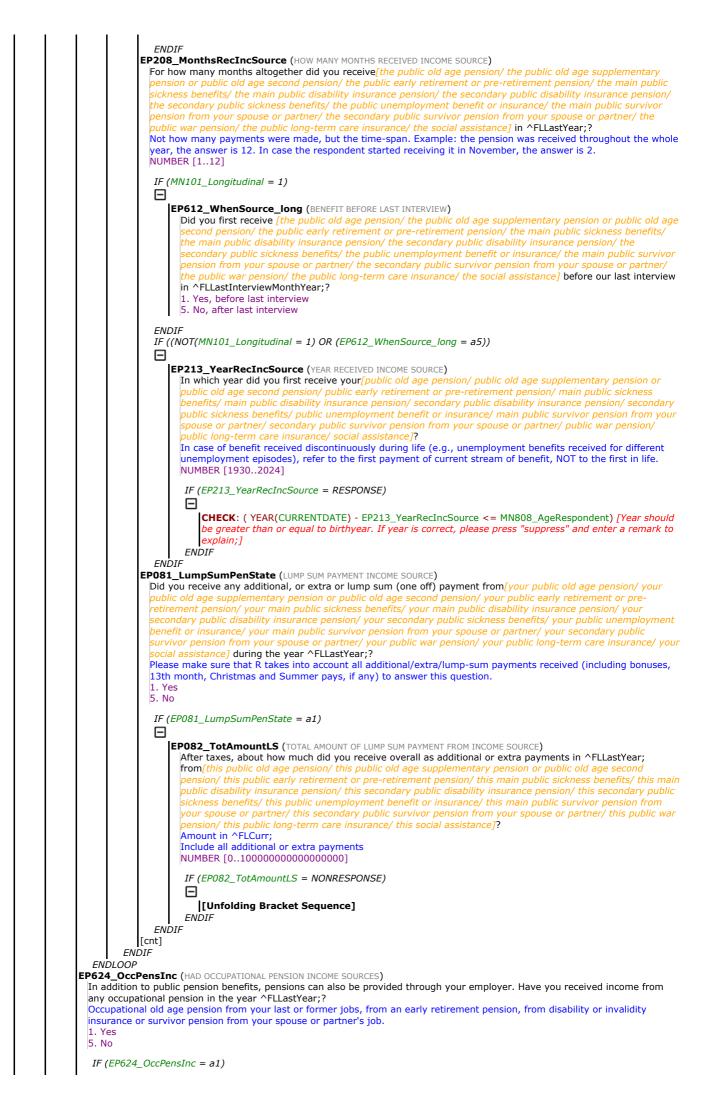


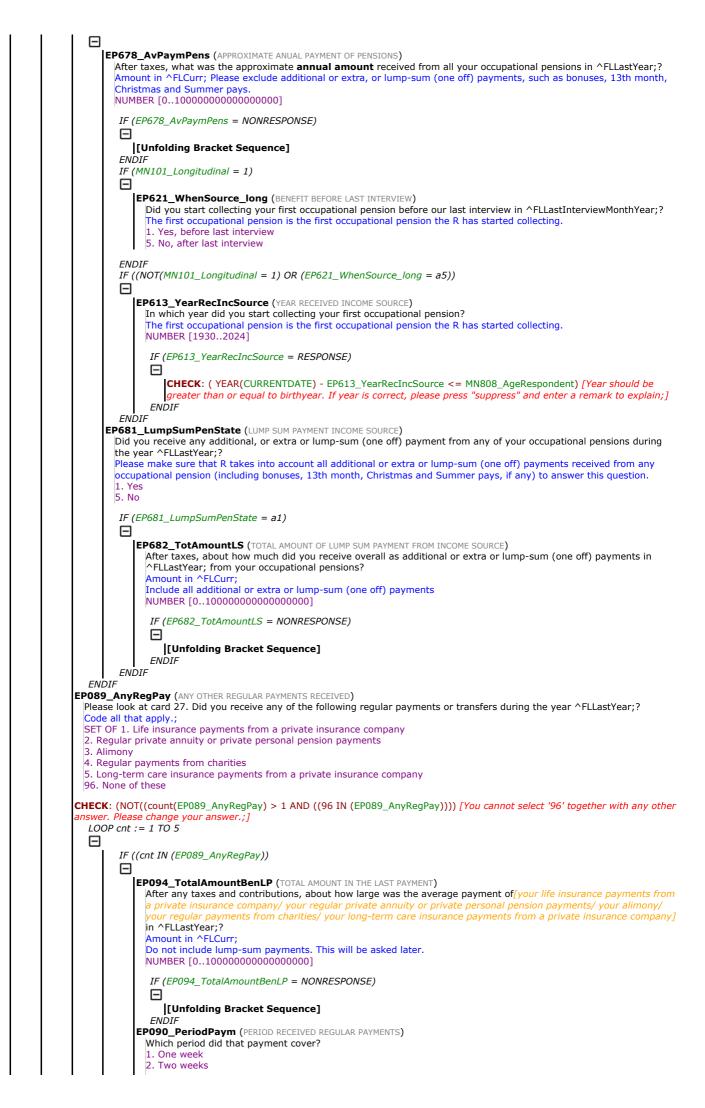


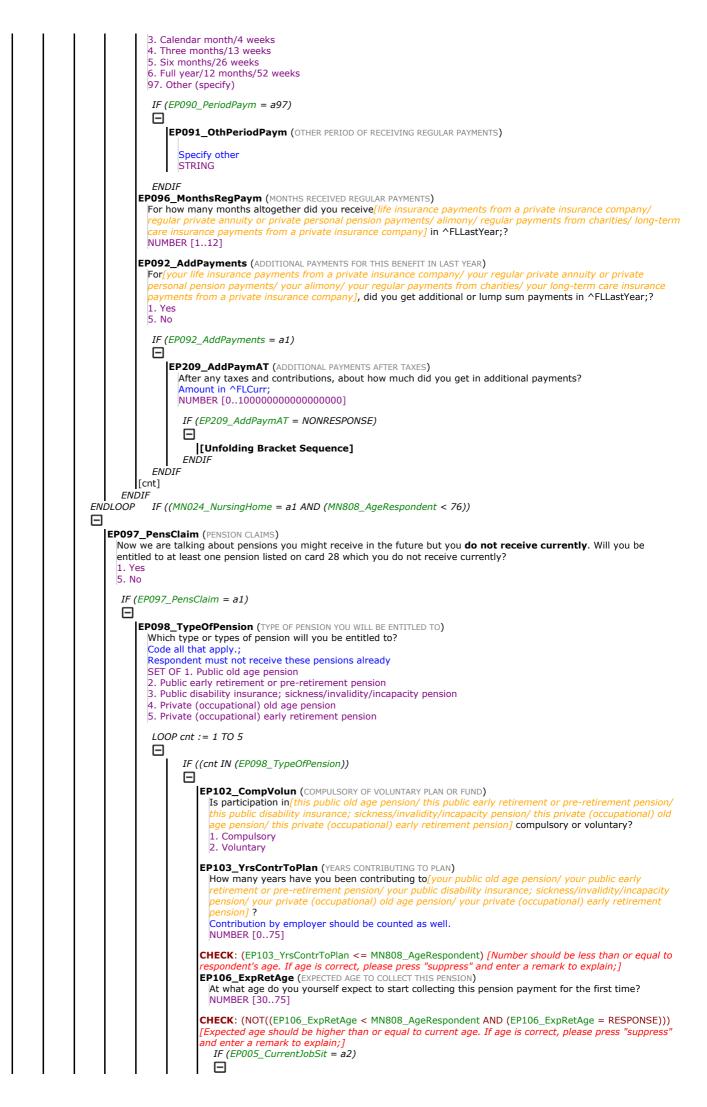




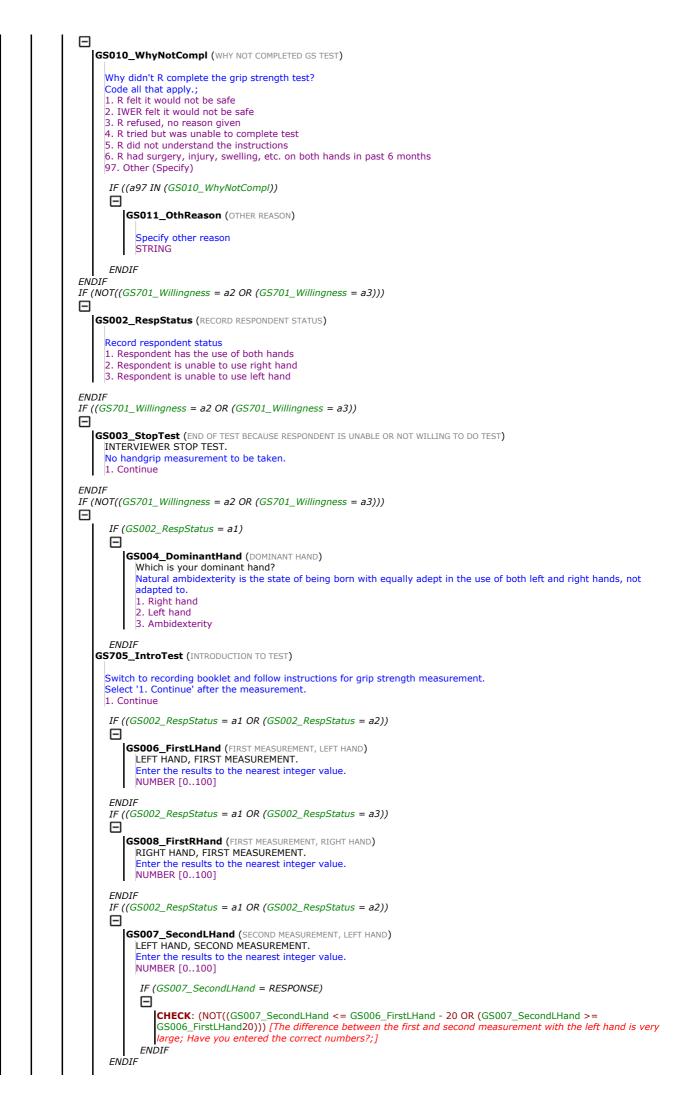
5. No
$IF (EP206\_AnyIncSelfEmpl = a1)$
EP207_EarningsSelfAT (EARNINGS PER YEAR AFTER TAXES FROM SELF-EMPLOYMENT) After any taxes and contributions and after paying for any materials, equipment or goods that you use in your work, what was your approximate annual income from self-employment in the year ^FLLastYear;? Amount in ^FLCurr; NUMBER
IF (EP207_EarningsSelfAT = NONRESPONSE)
[Unfolding Bracket Sequence] ENDIF
ENDIF EP303_Intro (INTRODUCTION INCOME FROM PUBLIC PENSIONS)
Now we are going to ask you a set of questions regarding income from different public pensions and benefits. We are interested in the amounts, timing of these payments, and finally for how long you have received them. 1. Continue
EP671_IncomeSources (INCOME FROM PUBLIC PENSIONS IN LAST YEAR) Please look at card 26.
Have you received income from any of these sources in the year ^FLLastYear;? Code all that apply.; Main public sickness benefits: they are contribution-based payments received as an earnings replacement
<ul> <li>when an employee is off sick.</li> <li>Main public disability insurance pension: if the sickness turns out to be long-standing, and a return to work is not to be expected, then the claimant will typically be transferred to a disability insurance pension (e.g. invalidity or incapacity benefit).</li> <li>The term 'pension' in the heading of this category is to be meant as 'regular payment', rather than relating to old age.</li> <li>Public unemployment benefit or insurance: they are received, for a limited time period, by previous employees, later finding themselves unemployed. Eligibility is based on a history of insurance contribution.</li> <li>Public long-term care insurance: it includes cash payments meant to provide for long term care needs; receipt does not necessarily depend on having previously paid contributions.</li> </ul>
Social assistance: it includes cash or voucher programmes meant to provide a general 'safety net', guaranteeing minimum resources to those otherwise lacking resources from either employment or contributory based social security benefits/pensions. SET OF 1. Public old age pension
<ol> <li>Public old age supplementary pension or public old age second pension</li> <li>Public early retirement or pre-retirement pension</li> <li>Main public sickness benefits</li> </ol>
5. Main public disability insurance pension 6. Secondary public disability insurance pension
7. Secondary public sickness benefits
<ol> <li>8. Public unemployment benefit or insurance</li> <li>9. Main public survivor pension from your spouse or partner</li> <li>10. A straight of the straight</li></ol>
10. Secondary public survivor pension from your spouse or partner 11. Public war pension
12. Public long-term care insurance 13. Social assistance
96. None of these
<b>CHECK</b> : (NOT((count(EP671_IncomeSources) > 1 AND ((96 IN (EP671_IncomeSources)))) [You cannot select '96' together with any other answer. Please change your answer.;] LOOP cnt := 1 TO 13
IF ((cnt IN (EP671_IncomeSources))
<b>EP078_AvPaymPens</b> (TYPICAL PAYMENT OF PENSIONS) 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 sickness benefits/ your main public disability insurance pension/ your secondary public disability insurance pension/ your Secondary public 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 social assistance] in ^FLLastYear;?
Amount in ^FLCurr; It is an ordinary typical-regular payment, excluding any extras, such as bonuses, 13th month, lump-sum payments etc.
The time period will be asked in the next question: it could be monthly, quarterly or weekly, for example. The R should tell what the typical payment was for such a period during the year indicated in the question. NUMBER [01000000000000000]
IF (EP078_AvPaymPens = NONRESPONSE)
[Unfolding Bracket Sequence] ENDIF
EP074_PeriodBenefit (PERIOD OF INCOME SOURCE) What period did that payment cover? Do not include lump-sum payments. This will be asked later. 1. One week 2. Two weeks
<ul> <li>3. Calendar month/4 weeks</li> <li>4. Three months/13 weeks</li> <li>5. Six months/26 weeks</li> <li>6. Full year/12 months/52 weeks</li> <li>97. Other (specify)</li> </ul>
IF (EP074_PeriodBenefit = a97)
EP075_OthPeriodBenefits (OTHER PERIOD OF RECEIVING BENEFITS)
Note other period STRING



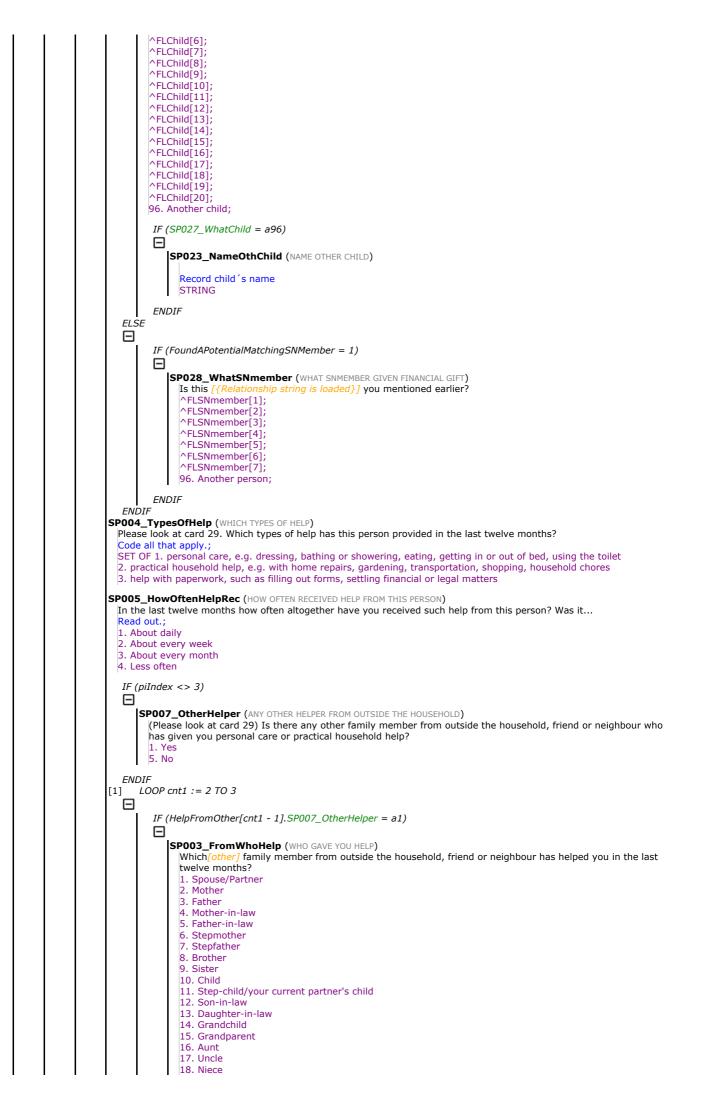




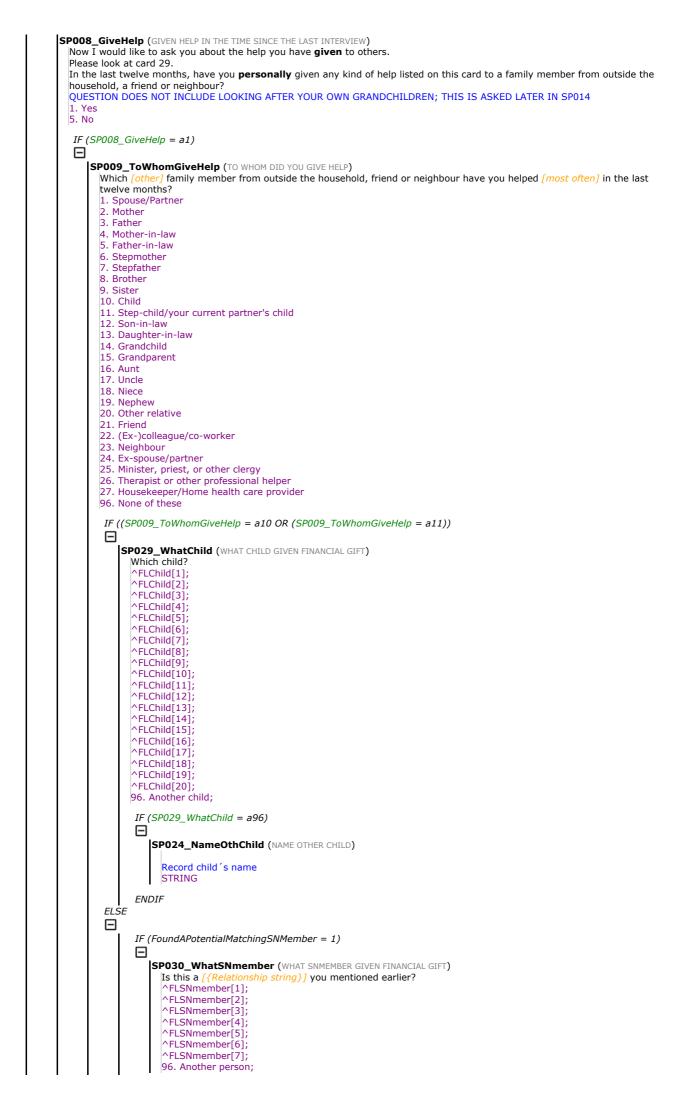


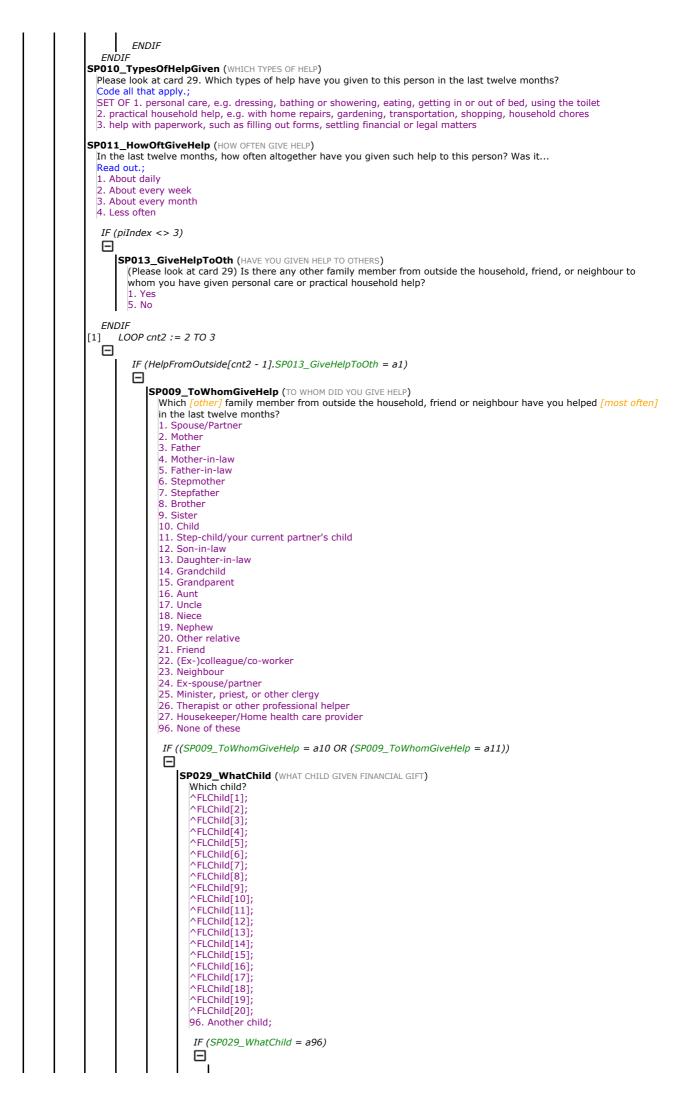


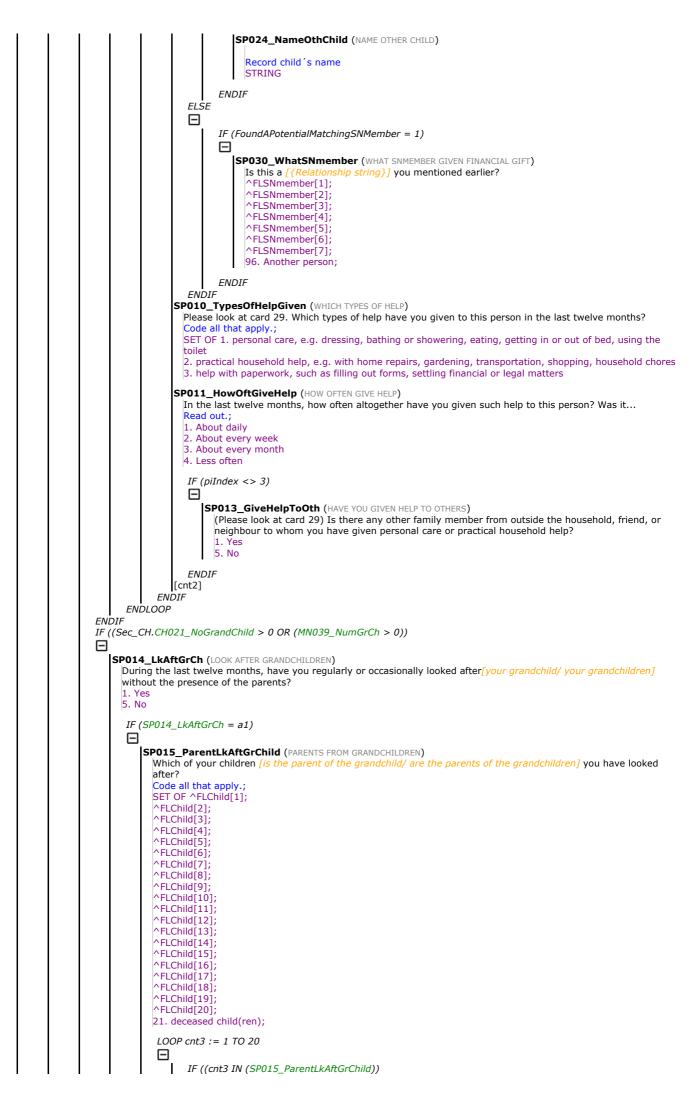
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IF ((GS002_RespStatus = a1 OR (GS002_RespStatus = a3))
            Ξ
                GS009 SecondRHand (SECOND MEASUREMENT, RIGHT HAND)
                  RIGHT HAND, SECOND MEASUREMENT.
                  Enter the results to the nearest integer value.
                  NUMBER [0..100]
                   IF (GS009_SecondRHand = RESPONSE)
                   Ξ
                      CHECK: (NOT((GS009_SecondRHand <= GS008_FirstRHand - 20 OR (GS009_SecondRHand >=
                      GS008_FirstRHand20))) [The difference between the first and second measurement with the left hand is very
                      large; Have you entered the correct numbers?R;]
                   ENDIF
            ENDIF
          GS012_Effort (HOW MUCH EFFORT R GAVE)
            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_Position (THE POSITION OF R FOR THIS TEST)
            What was the R's position for this test?
           1. Standing
           2. Sitting
           3. Lying down
          GS014_RestArm (R RESTED HIS/HER ARMS ON A SUPPORT)
            Did R rest his/her arms on a support while performing this test?
            1. Yes
           5. No
      ENDIF
ENDIF
IF (((SP IN (Test) OR ((ALL IN (Test)))
Ξ
   SP001_Intro (INTRODUCTION SP)
     The next 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_HelpFrom (RECEIVED HELP FROM OTHERS)
     Please look at card 29. Thinking about the last twelve months, has any family member from outside the household, any friend or
     neighbour given you any kind of help listed on this card?
     1. Yes
     5. No
      IF (SP002_HelpFrom = a1)
      Ξ
          SP003_FromWhoHelp (WHO GAVE YOU HELP)
            Which[other] family member from outside the household, friend or neighbour has helped you in the last twelve months?
            1. Spouse/Partner
            2. Mother
            3. Father
            4. Mother-in-law
            5. Father-in-law
            6. Stepmother
            7. Stepfather
            8. Brother
            9. Sister
           10. Child
            11. Step-child/your current partner's child
           12. Son-in-law
            13. Daughter-in-law
            14. Grandchild
            15. Grandparent
           16. Aunt
            17. Uncle
           18. Niece
            19. Nephew
            20. Other relative
            21. Friend
            22. (Ex-)colleague/co-worker
            23. Neighbour
            24. Ex-spouse/partner
            25. Minister, priest, or other clergy
            26. Therapist or other professional helper
            27. Housekeeper/Home health care provider
           96. None of these
            IF ((SP003_FromWhoHelp = a10 OR (SP003_FromWhoHelp = a11))
            Ξ
                SP027_WhatChild (WHAT CHILD GIVEN FINANCIAL GIFT)
                  Which child?
                   ^FLChild[1];
                  ^FLChild[2];
                  ^FLChild[3];
                  ^FLChild[4];
                  ^FLChild[5];
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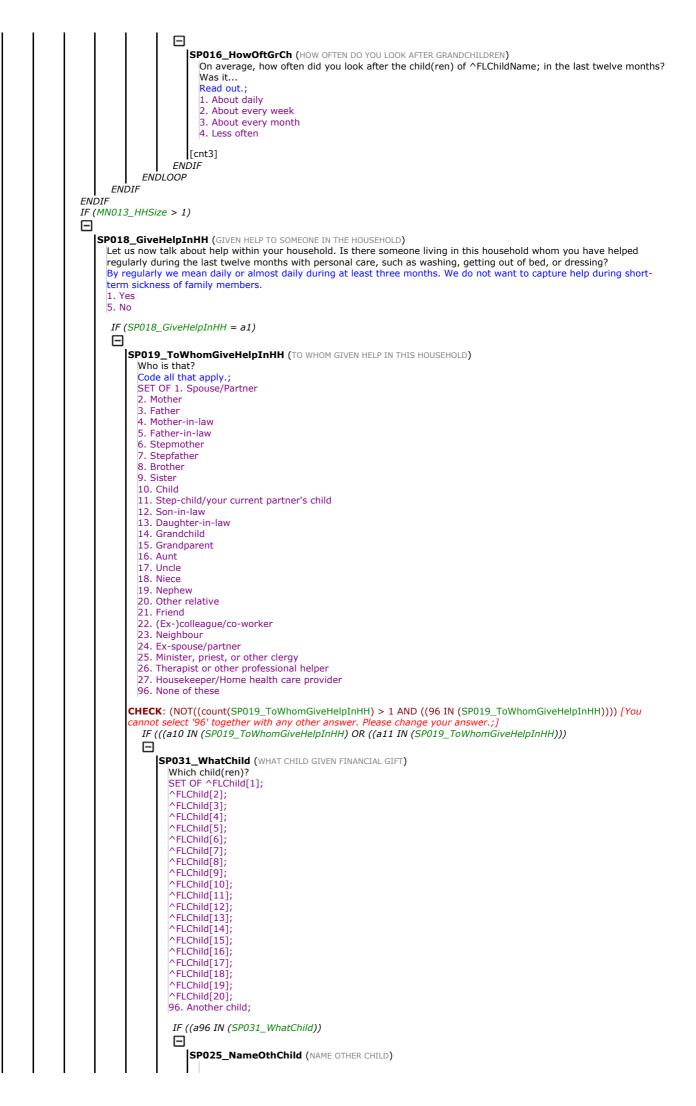


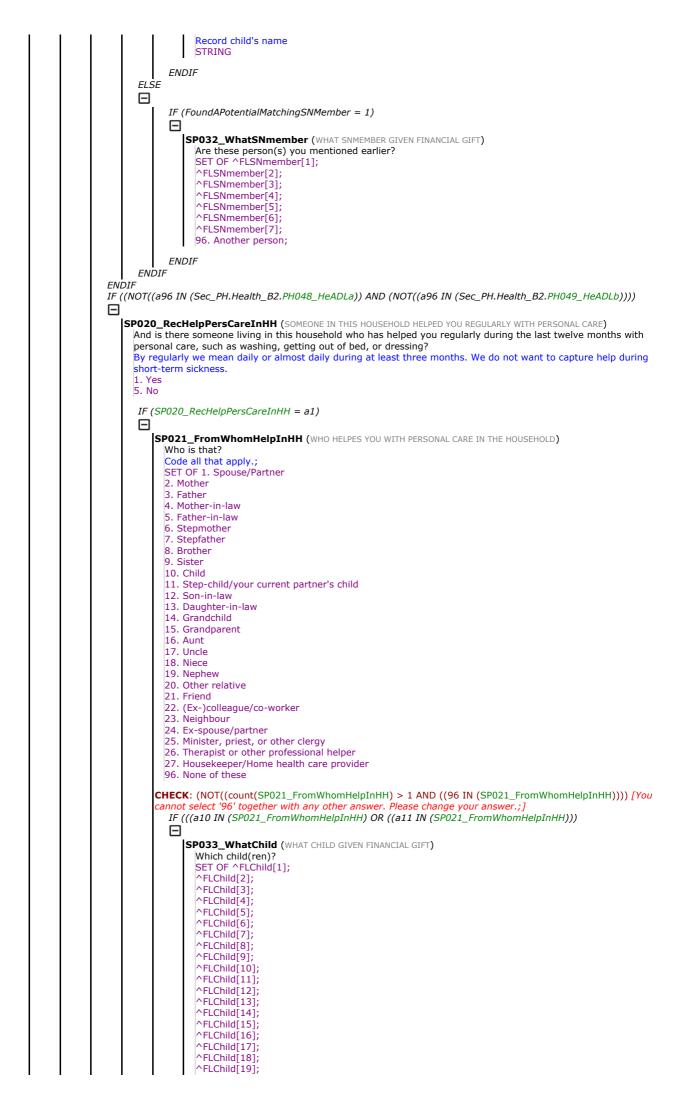


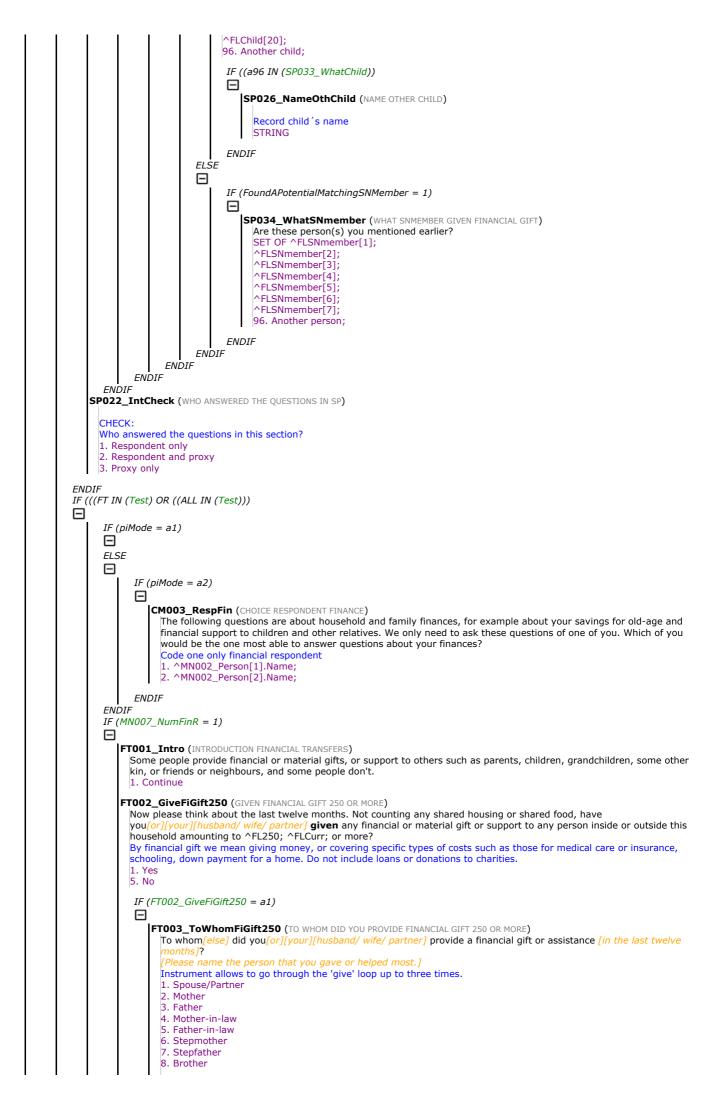


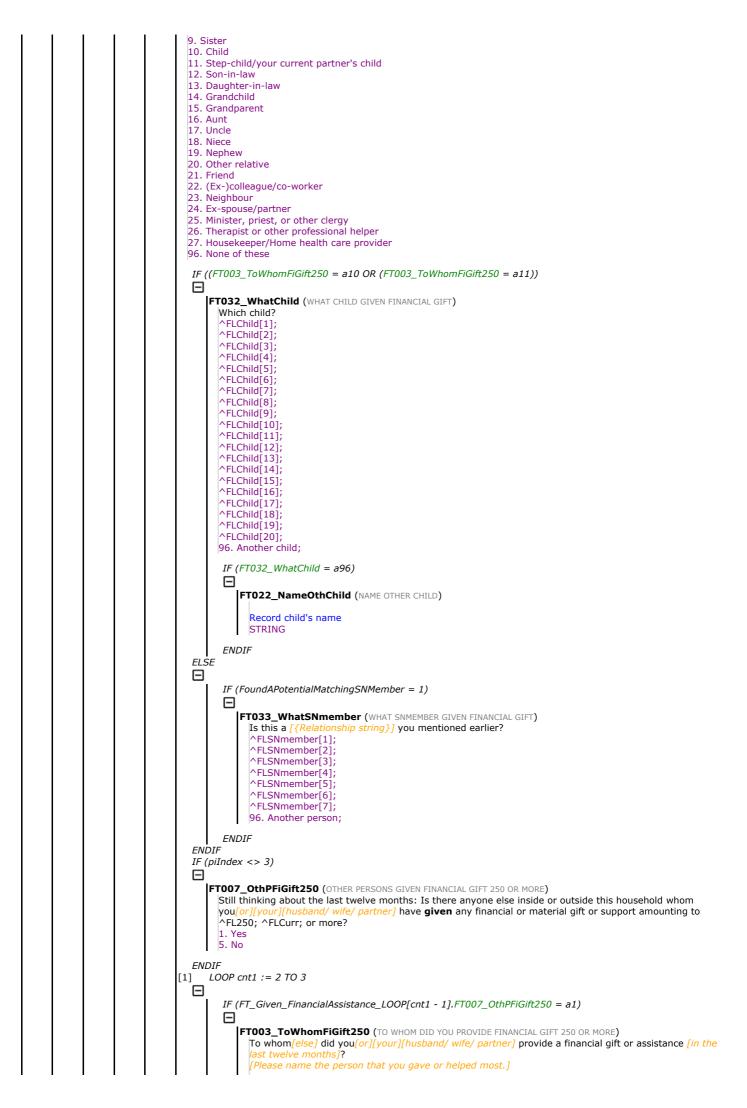


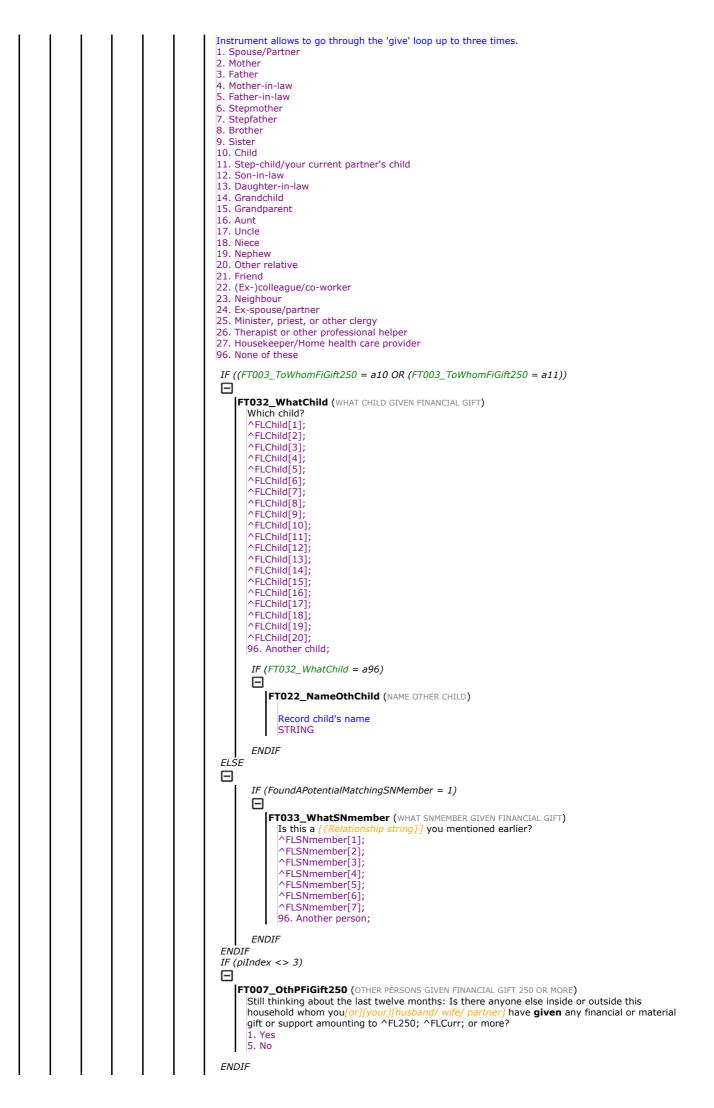


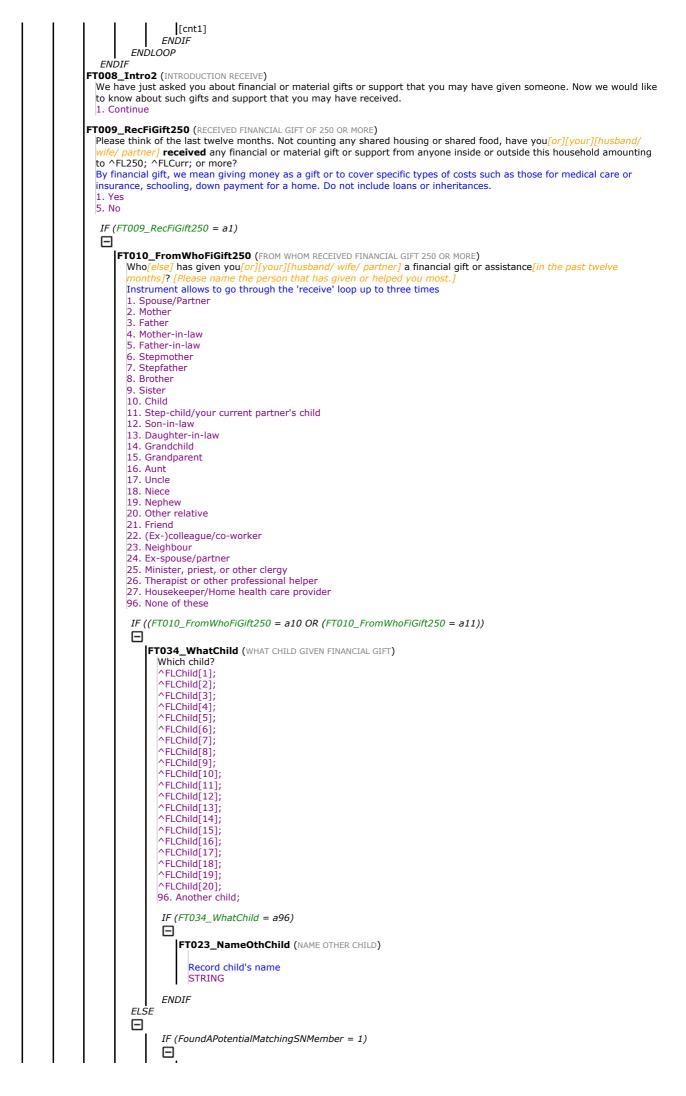


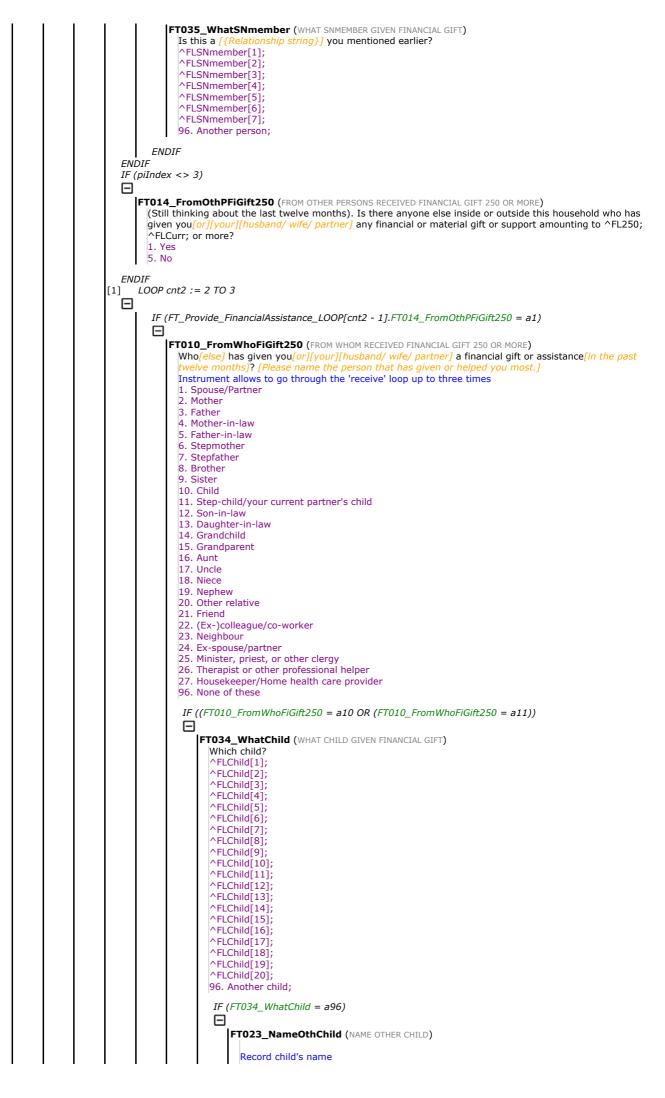


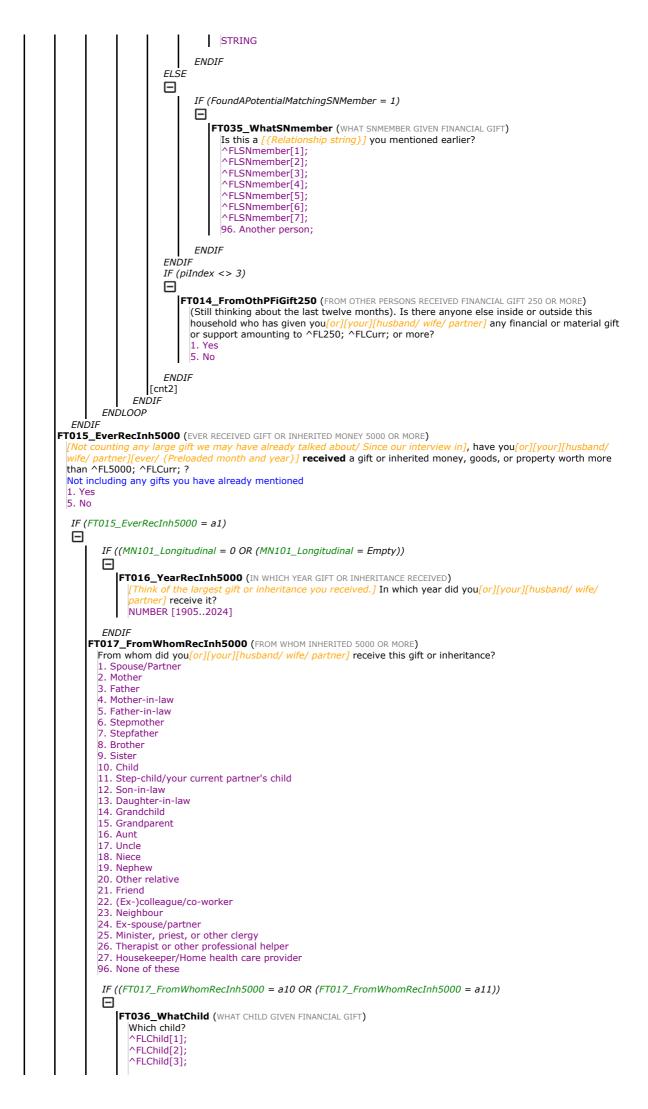


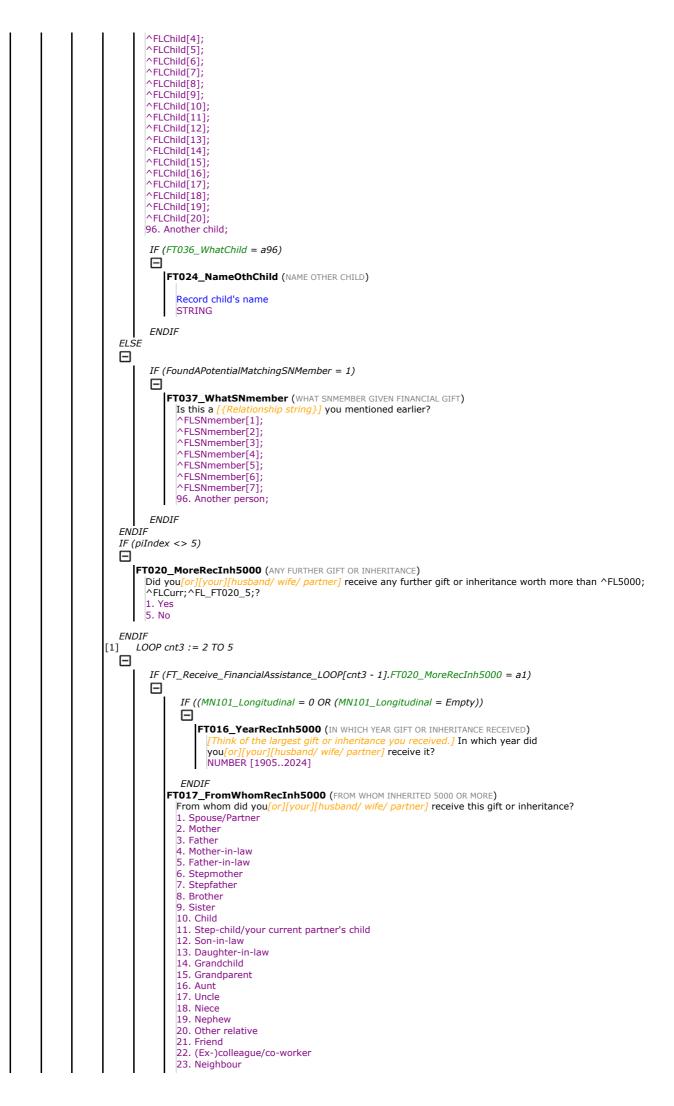


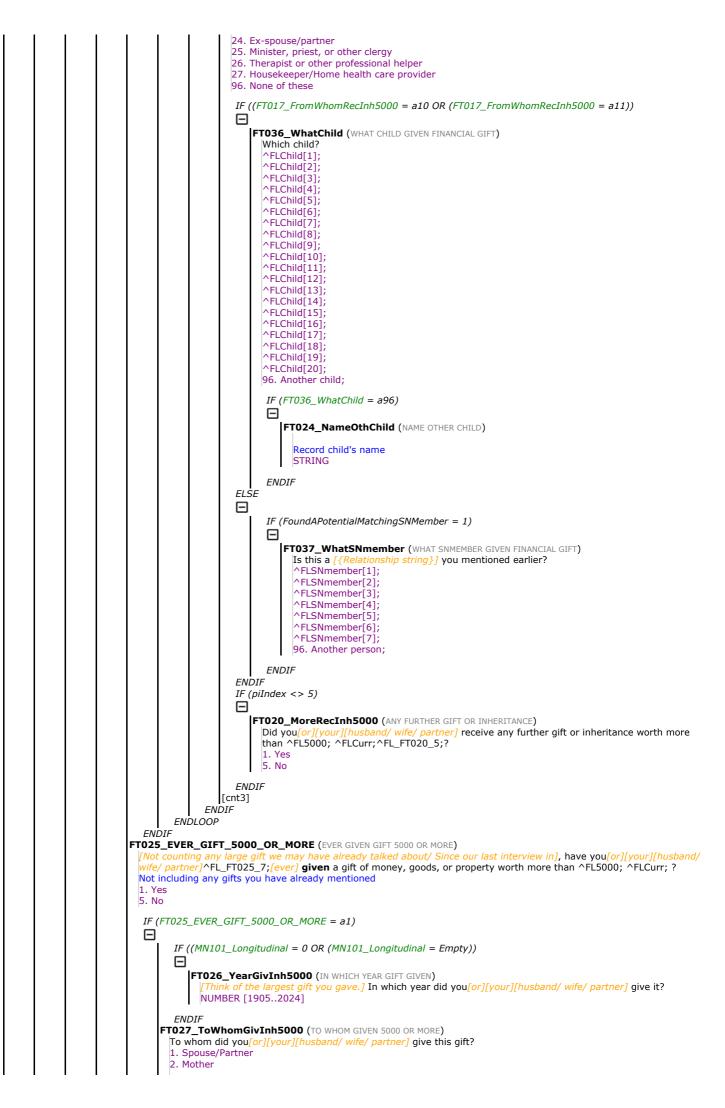










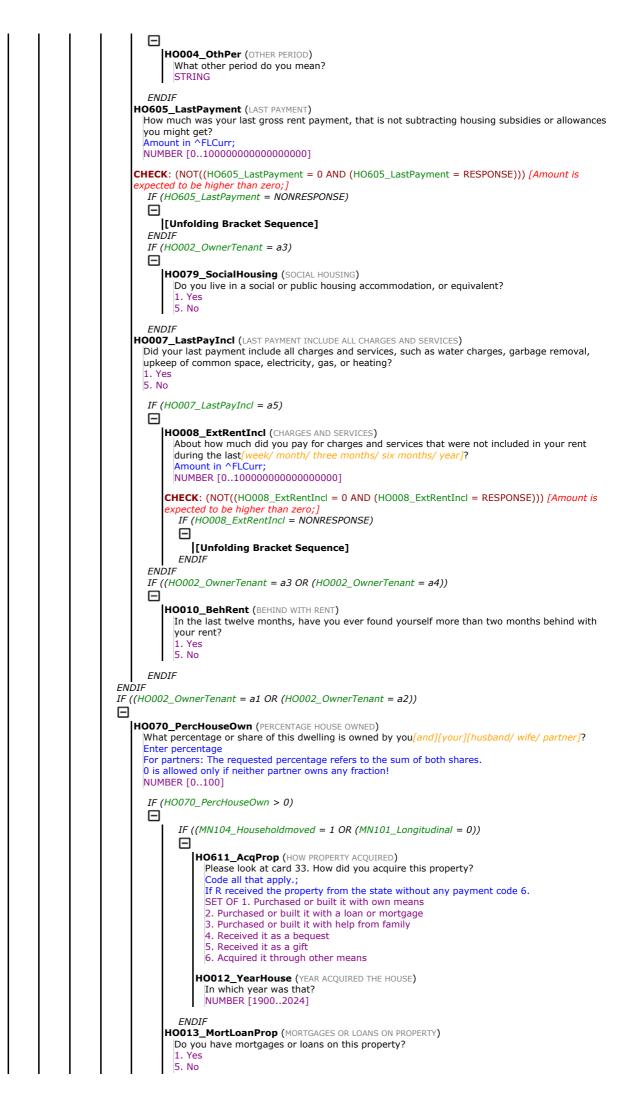




IF ((MN101_Longitudinal = 0 OR (MN101_Longitudinal = Empty))
FT026_YearGivInh5000 (IN WHICH YEAR GIFT GIVEN)
[Think of the largest gift you gave.] In which year did you[or][your][husband/ wife/ partner]
give it? NUMBER [19052024]
ENDIF
FT027_ToWhomGivInh5000 (TO WHOM GIVEN 5000 OR MORE) To whom did you[or][your][husband/ wife/ partner] give this gift?
1. Spouse/Partner
2. Mother 3. Father
4. Mother-in-law
5. Father-in-law 6. Stepmother
7. Stepfather 8. Brother
9. Sister
10. Child 11. Step-child/your current partner's child
12. Son-in-law 13. Daughter-in-law
14. Grandchild
15. Grandparent 16. Aunt
17. Uncle 18. Niece
19. Nephew
20. Other relative 21. Friend
22. (Ex-)colleague/co-worker 23. Neighbour
24. Ex-spouse/partner
<ul><li>25. Minister, priest, or other clergy</li><li>26. Therapist or other professional helper</li></ul>
27. Housekeeper/Home health care provider 96. None of these
<i>IF ((FT027_ToWhomGivInh5000 = a10 OR (FT027_ToWhomGivInh5000 = a11))</i>
FT038_WhatChild (WHAT CHILD GIVEN FINANCIAL GIFT) Which child?
<pre>^FLChild[1]; ^FLChild[2];</pre>
^FLChild[3];
<pre>^FLChild[4]; ^FLChild[5];</pre>
<pre>^FLChild[6]; ^FLChild[7];</pre>
^FLChild[8];
<pre>^FLChild[9]; ^FLChild[10];</pre>
<pre>^FLChild[11]; ^FLChild[12];</pre>
^FLChild[13];
^FLChild[14]; ^FLChild[15];
^FLChild[16]; ^FLChild[17];
^FLChild[18];
^FLChild[19]; ^FLChild[20];
96. Another child;
IF (FT038_WhatChild = a96)
FT028_NameOthChild (NAME OTHER CHILD)
Record child's name
STRING
ELSE ENDIF
IF (FoundAPotentialMatchingSNMember = 1)
FT039_WhatSNmember (WHAT SNMEMBER GIVEN FINANCIAL GIFT)
Is this a [{Relationship string}] you mentioned earlier? ^FLSNmember[1];
<pre>^FLSNmember[2]; ^FLSNmember[3];</pre>
^FLSNmember[4];
^FLSNmember[5]; ^FLSNmember[6];
^FLSNmember[7]; 96. Another person;
ENDIF

ENDIF IF (piIndex <> 5) FT031\_MoreGivInh5000 (ANY FURTHER GIFT) husband/ wife/ partner] give any further gift worth more than ^FL5000; Did you/o ^FLCurr; ^FL\_FT031\_4;? 1. Yes 5. No ENDIF [cnt4] ENDIF ENDLOOP ENDIF FT021\_IntCheck (WHO ANSWERED THE QUESTIONS IN FT) CHECK: Who answered the questions in this section? 1. Respondent only 2. Respondent and proxy 3. Proxy only ENDIF ENDIF IF (((HO IN (Test) OR ((ALL IN (Test))) Ξ IF ((MN008\_NumHHR = 1 AND (MN024\_NursingHome = a1)) Ξ HO001\_Place (INTERVIEW IN HOUSE R) Does the interview take place in the respondent's house or flat? 1. Yes 5. No ENDIF IF  $(MN008_NumHHR = 1)$ Ξ IF (MN024\_NursingHome = a2) Ξ HO061\_YrsAcc (YEARS IN ACCOMMODATION) Now I have a few questions about your residence. How many years have you lived in your present accommodation? Round up to full years NUMBER [1..120] HO662 PavNursHome (out of pocket for nursing home) Do you have to pay "out of pocket" for your nursing home accommodation? "Out of pocket" are expenses that are not reimbursed by private or public insurance or covered by benefits. Expenses can be room, meals, care, laundry or charges and services, such as water, electricity, gas, or heating etc. 1. Yes 5. No IF (HO662\_PayNursHome = a1) Ξ HO665\_LastPayment (LAST PAYMENT) Can you please estimate how much do you pay out of pocket for a typical month? Amount in ^FLCurr; NUMBER [0..10000000000000000] IF (HO665\_LastPayment = NONRESPONSE) -[Unfolding Bracket Sequence] ENDIF HO666\_PayCoverNursHome (PAYMENT COVERING NURSING HOME) Please look at card 30. What did this payment cover? Code all that apply.;. Read out if necessary. SET OF 1. Lodging (room) 2. Meals 3. Nursing and care services 4. Rehabilitation and other health services 5. Laundry 6. Charges and services, such as water, electricity, gas, or heating 7. Other expenses 96. None of the above CHECK: (NOT((count(HO666\_PayCoverNursHome) > 1 AND ((96 IN (HO666\_PayCoverNursHome)))) [You '96' together with any other answer. Please change your answer.;] HO080\_NHCosts (INCOME SOURCES USED TO COVER NURSING HOME EXPENSES) It is important to understand how people cope with nursing home expenses. We have one more question to assess how you manage. Please look at card 31. Which of these income sources are used in order to cover your expenses? Code all that apply. SET OF 1. Pensions (yours or your spouse) 2. Other sources of income, such as rents from real estate, annuities etc. 3. Assets or savings (yours or your spouse), including life insurance policies 4. Contributions from children or grandchildren 5. Housing allowances or other public benefits 6. Payments from a public long-term care insurance 7. Payments from a private long-term care insurance 97. Other income sources (specify)





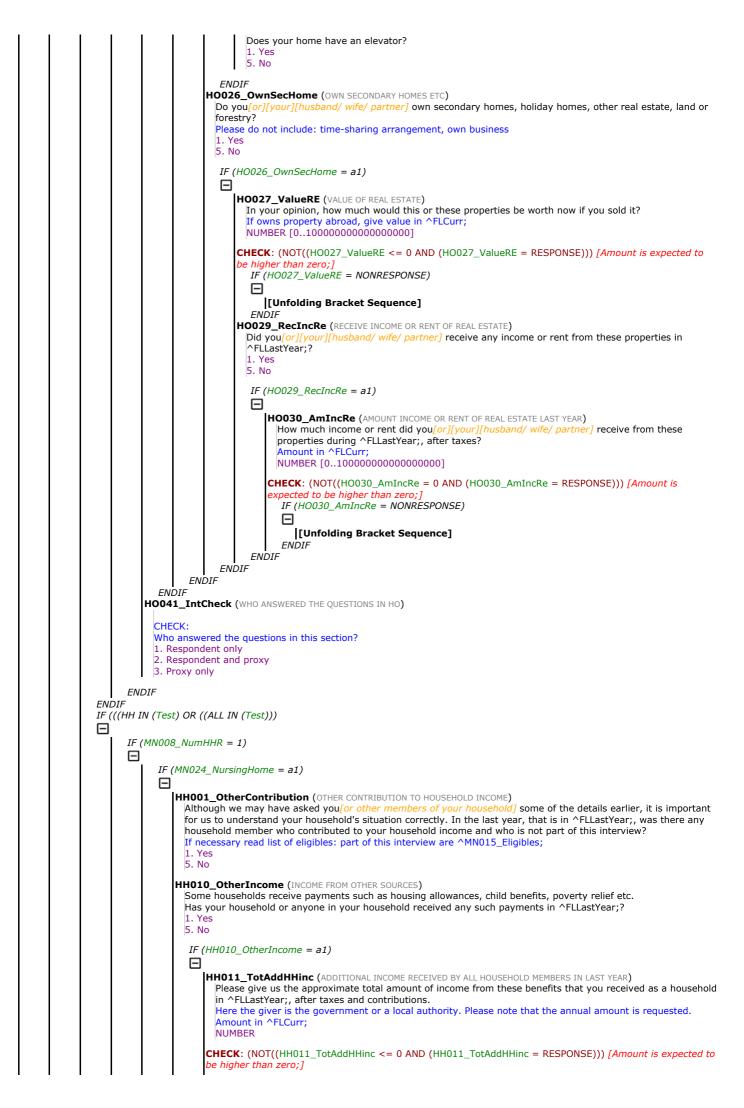


## Do not count boxroom, cellar, attic etc. NUMBER [1..25]

FNDIF HO633\_SpecFeat (SPECIAL FEATURES IN THE HOUSE) Please look at card 34. Which of the following special features that assist people who have physical impairments or health problems does your home have, if any? Code all that apply. SET OF 1. Widened doors or corridors Ramps or street level entrances 3. Hand rails Automatic or easy open doors or gates Bathroom or toilet modifications Kitchen modifications 7. Chair lifts or stair glides 8. Alerting devices (button alarms, detectors...) 96. None of these 97. Other (specify) CHECK: (NOT((count(HO633\_SpecFeat) > 1 AND ((96 IN (HO633\_SpecFeat)))) [You cannot select '96' ogether with any other answer. Please change your answer.;] IF ((a97 IN (HO633\_SpecFeat)) Ξ HO631\_SpecFeat (OTHER SPECIAL FEATURES) Note other feature STRING ENDIF IF ((MN104\_Householdmoved = 1 OR (MN101\_Longitudinal = 0)) Ξ HO034\_YrsAcc (YEARS IN ACCOMMODATION) How many years have you been living in your present accommodation? Round up to full years NUMBER [0..120] IF (NOT(MN002\_Person[2].RespId = Empty)) Ξ HO060\_PartnerYrsAcc (PARTNER YEARS IN ACCOMMODATION) How many years has[your][husband/ wife/ partner] been living in your present accommodation? Round up to full years NUMBER [0..120] ENDIF IF (HO001\_Place = a5) Ξ HO636\_TypeAcc (TYPE OF BUILDING) Please look at card 35. What type of building does your household live in? Read out. 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 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 older people (residential home or sheltered housing, but not a nursing home) 8. A nursing home IF ((HO636\_TypeAcc =  $a7 OR (HO636_TypeAcc = a8))$ Ξ H0782 Certifiednurse (At LEAST A NURSE) Is there at least one (certified) nurse in the assistance or supervision staff? 1. Yes 5. No ENDIF HO043\_StepstoEntrance (NUMBER OF STEPS TO ENTRANCE) How many steps have to be climbed (up or down) to get to the main entrance of your flat? 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 HO037\_CityTown (AREA WHERE YOU LIVE) Please look at card 36. How would you describe the area where you live? Read out.; 1. A big city 2. The suburbs or outskirts of a big city 3. A large town 4. A small town 5. A rural area or village

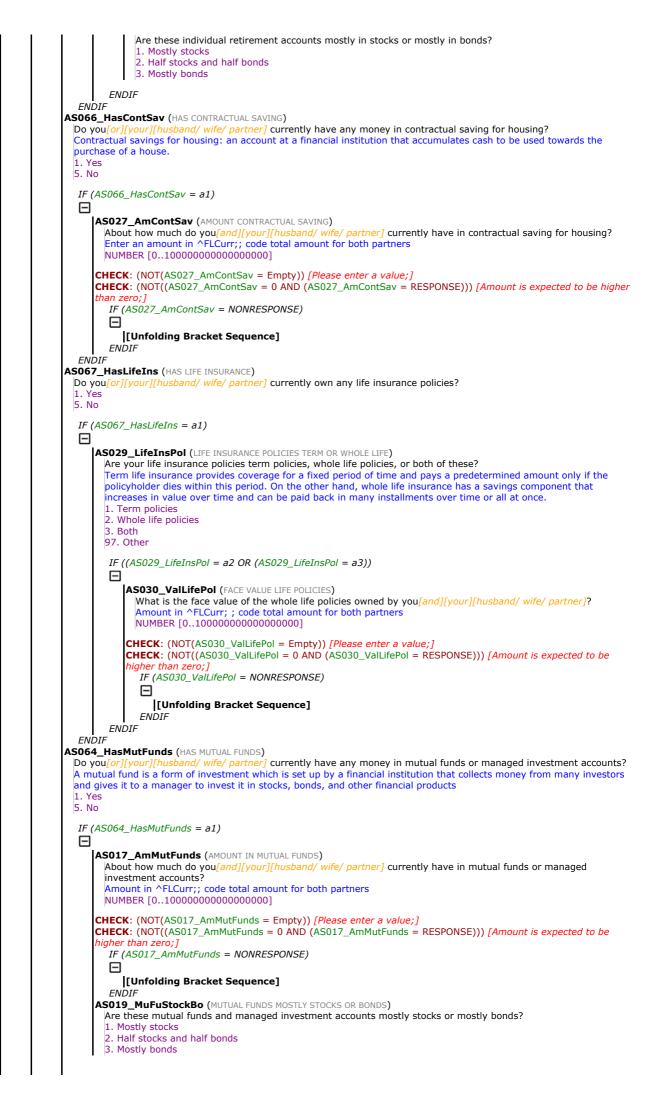
ENDIF

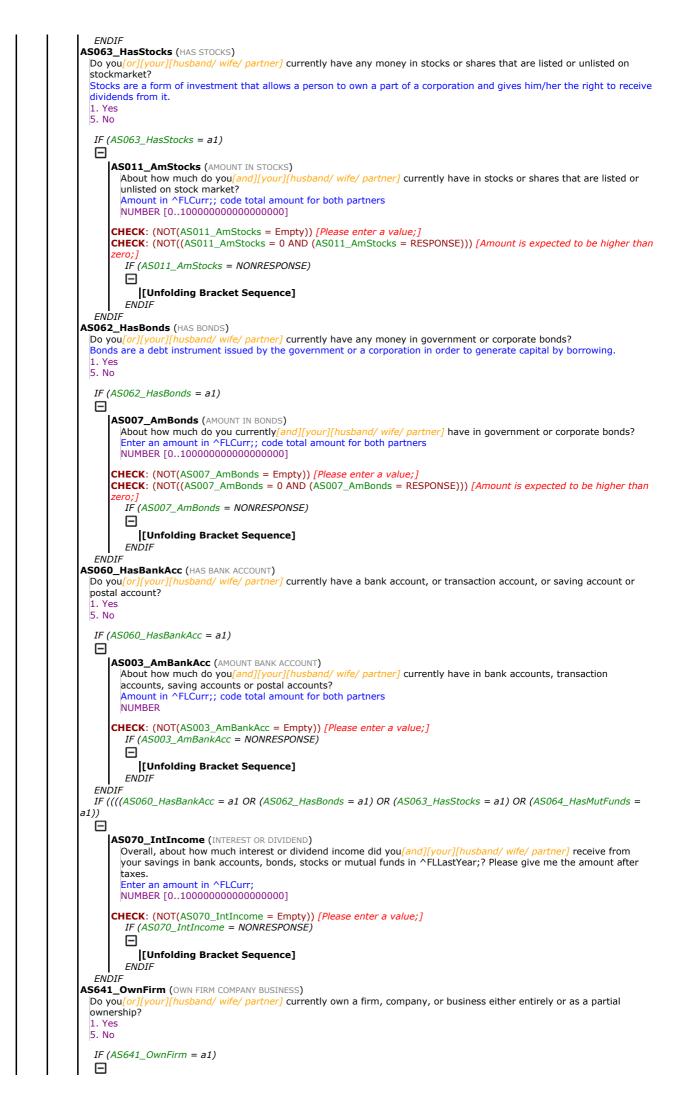
HO054\_Elevator (ELEVATOR)



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IF (HH011_TotAddHHinc = NONRESPONSE)
                        F
                           [Unfolding Bracket Sequence]
                        ENDIF
                  FNDTF
               HH014_IntCheck (WHO ANSWERED THE QUESTIONS IN HH)
                 CHECK:
                 Who answered the questions in this section?
                 1. Respondent only
                 2. Respondent and proxy
                 3. Proxy only
            ENDIF
     ENDIF
ENDIF
IF (((CO IN (Test) OR ((ALL IN (Test)))
Ξ
      IF (MN008_NumHHR = 1)
      Ξ
            IF (MN024_NursingHome = a1)
            Ξ
               CO001_Intro1 (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_ExpFoodAtHome (AMOUNT SPENT ON FOOD AT HOME)
                 Thinking about the last 12 months: about how much did your household spend in a typical month on food to be
                 consumed at home?
                  Amount in ^FLCurr;
                 NUMBER
                CHECK: (NOT((CO002_ExpFoodAtHome <= 0 AND (CO002_ExpFoodAtHome = RESPONSE))) [Amount is expected to
                be hiaher than zero; i
                  IF (CO002_ExpFoodAtHome = NONRESPONSE)
                  Ξ
                    [Unfolding Bracket Sequence]
                  ENDIF
               CO003_ExpFoodOutsHme (AMOUNT SPENT ON FOOD OUTSIDE THE HOME)
                 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?
                 Amount in ^FLCurr;
                 NUMBER
                  IF (CO003_ExpFoodOutsHme = NONRESPONSE)
                  Ξ
                     [Unfolding Bracket Sequence]
                  FNDIF
               CO010_HomeProducedFood (CONSUME HOME PRODUCED FOOD)
                                             your household] consume vegetables, fruit or meat that you have grown, produced,
                 Do vou
                 caught or gathered yourselves?
                 1. Yes
                 5. No
                  IF (CO010_HomeProducedFood = a1)
                  Ξ
                     CO011_ValHomeProducedFood (VALUE OF HOME PRODUCED FOOD)
                       Thinking about the last 12 months, what is the value of the home produced food that you consumed in a
                       typical month? In other words, how much would you have paid for this food if you had to buy it?
                        Enter an amount in ^FLCurr;
                       NUMBER
                        IF (CO011_ValHomeProducedFood = NONRESPONSE)
                        Ξ
                           [Unfolding Bracket Sequence]
                        ENDIF
                  ENDIF
               HH017_TotAvHHincMonth (TOTAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST MONTH)
                 How much was the overall income, after taxes and contributions, that your entire household had in an average
                 month in ^FLLastYear;?
                 Enter an amount in ^FLCurr;
                 NUMBER
               CHECK: (NOT((HH017_TotAvHHincMonth <= 0 AND (HH017_TotAvHHincMonth = RESPONSE))) [Amount is expected
                to be higher than zero;
                  IF (HH017_TotAvHHincMonth = NONRESPONSE)
                  Ξ
                     [Unfolding Bracket Sequence]
                  ENDIF
               CO007_AbleMakeEndsMeet (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...
                 Read out.;
                 1. With great difficulty
                 2. With some difficulty
                 3. Fairly easily
                 4. Easily
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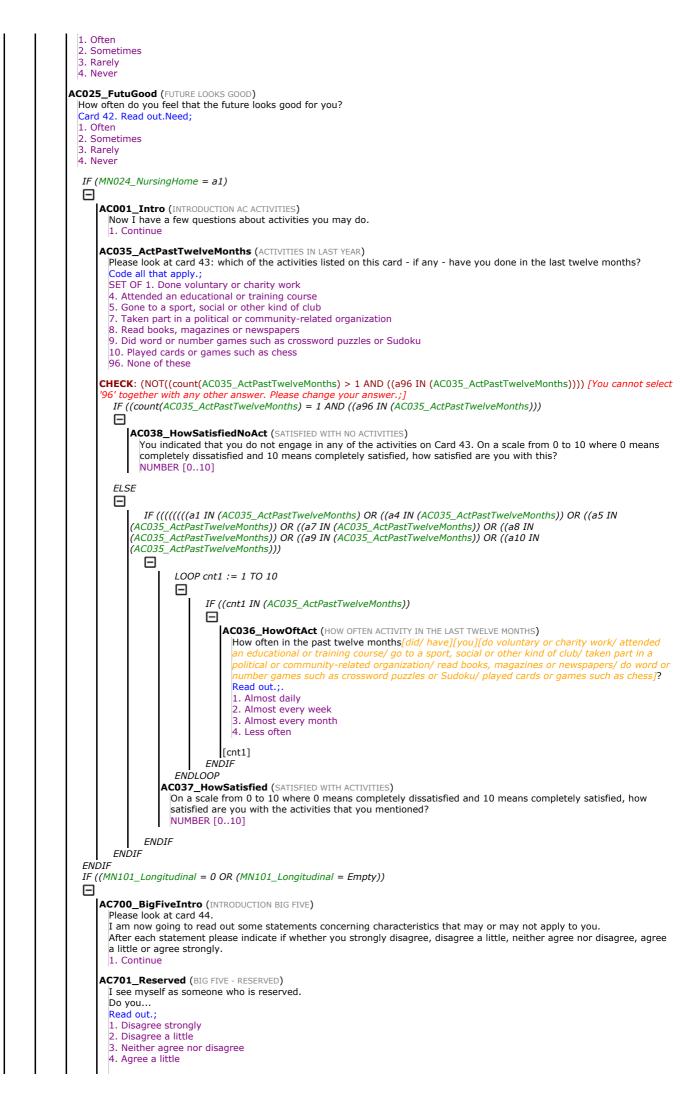








1. Continue	
AC012_HowSat	(HOW SATISFIED WITH LIFE)
	0 to 10 where 0 means completely dissatisfied and 10 means completely satisfied, how satisfied are you
your life?	
NUMBER [010]	
	TRODUCTION CASP ITEMS)
	ard 42. I will now read a list of statements that people have used to describe their lives or how they feel. ow how often, if at all, you experienced the following feelings and thoughts: often, sometimes, rarely, or
1. Continue	ow now orten, if at any you experienced the following realings and thoughts. Orten, sometimes, rarely, or
AC014 AcoDres	(ACC DEVENTS FROM DOING TURNES)
	(AGE PREVENTS FROM DOING THINGS) ou think your age prevents you from doing the things you would like to do?
Card 42. Read of	
1. Often	
<ol> <li>Sometimes</li> <li>Rarely</li> </ol>	
4. Never	
AC015 OutofCo	ntr (out of control)
	bu feel that what happens to you is out of your control?
Card 42. Read of	ut.Need;
<ol> <li>Often</li> <li>Sometimes</li> </ol>	
3. Rarely	
4. Never	
AC016 LeftOut	(FEEL LEFT OUT OF THINGS)
	bu feel left out of things?
Card 42. Read of	out.Need;
<ol> <li>Often</li> <li>Sometimes</li> </ol>	
3. Rarely	
4. Never	
AC017 DoWant	(DO THE THINGS YOU WANT TO DO)
How often do yo	ou think that you can do the things that you want to do?
Card 42. Read of	ut.Need;
<ol> <li>Often</li> <li>Sometimes</li> </ol>	
3. Rarely	
4. Never	
1. Often 2. Sometimes 3. Rarely 4. Never	
How often do yo Card 42. Read o	<b>n</b> (SHORTAGE OF MONEY STOPS) ou think that shortage of money stops you from doing the things you want to do? out.Need;
1. Often 2. Sometimes	
3. Rarely	
4. Never	
	(LOOK FORWARD TO EACH DAY) ou look forward to each day? out.Need:
1. Often	
<ol> <li>Sometimes</li> <li>Rarely</li> </ol>	
4. Never	
AC021_LifeMear	(LIFE HAS MEANING)
How often do yo Card 42. Read o	bu feel that your life has meaning?
1. Often	
2. Sometimes	
3. Rarely	
4. Never	
How often, on b Card 42. Read o 1. Often	pp (LOOK BACK ON LIFE WITH HAPPINESS) balance, do you look back on your life with a sense of happiness? but.Need;
<ol> <li>Sometimes</li> <li>Rarely</li> </ol>	
4. Never	
	g (FEEL FULL OF ENERGY)
	bu feel full of energy these days?
1. Often	,
2. Sometimes	
3. Rarely 4. Never	
1	
	ort (FULL OF OPPORTUNITIES) ou feel that life is full of opportunities? out.Need;



	5. Agree strongly
A	C702_Trust (BIG FIVE - TRUST)
	I see myself as someone who is generally trusting.
	Do you
	Read out if necessary
	1. Disagree strongly
	2. Disagree a little
	3. Neither agree nor disagree
	4. Agree a little 5. Agree strongly
	p. Agree strongly
A	C703_Lazy (BIG FIVE - LAZY)
	I see myself as someone who tends to be lazy.
	Do you
	Read out if necessary
	1. Disagree strongly
	2. Disagree a little
	3. Neither agree nor disagree
	4. Agree a little 5. Agree strongly
	5. Agree scrongly
A	C704_Relaxed (BIG FIVE - RELAXED)
	I see myself as someone who is relaxed, handles stress well.
	Do you
	Read out if necessary
	1. Disagree strongly
	2. Disagree a little
	3. Neither agree nor disagree
	4. Agree a little 5. Agree strongly
	pringree sciongry
A	C705_FewInterests (BIG FIVE - FEW INTERESTS)
	I see myself as someone who has few artistic interests.
	Do you
	Read out if necessary
	1. Disagree strongly
	2. Disagree a little
	<ol> <li>Neither agree nor disagree</li> <li>Agree a little</li> </ol>
	5. Agree strongly
	privigree scrongly
A	C706_Outgoing (BIG FIVE - OUTGOING)
	I see myself as someone who is outgoing, sociable.
	Do you
	Read out if necessary
	1. Disagree strongly
	2. Disagree a little 3. Neither agree nor disagree
	<ol> <li>Neither agree nor disagree</li> <li>Agree a little</li> </ol>
	5. Agree strongly
A	C707_FindFault (BIG FIVE - FINDFAULT)
	I see myself as someone who tends to find fault with others.
	Do you
	Read out if necessary
	<ol> <li>Disagree strongly</li> <li>Disagree a little</li> </ol>
	3. Neither agree nor disagree
	4. Agree a little
	5. Agree strongly
A	C708_Thorough (BIG FIVE - THOROUGH JOB)
	I see myself as someone who does a thorough job.
	Do you
	Read out if necessary
	<ol> <li>Disagree strongly</li> <li>Disagree a little</li> </ol>
	3. Neither agree nor disagree
	4. Agree a little
	5. Agree strongly
A	C709_Nervous (BIG FIVE - NERVOUS)
	I see myself as someone who gets nervous easily.
	Do you Bood out if pococcopy
	Read out if necessary 1. Disagree strongly
	<ol> <li>Disagree strongly</li> <li>Disagree a little</li> </ol>
	3. Neither agree nor disagree
	4. Agree a little
	5. Agree strongly
A	C710_Imagination (BIG FIVE - IMAGINATION)
	I see myself as someone who has an active imagination.
	Do you
	Read out if necessary
	1. Disagree strongly
	2. Disagree a little
	3. Neither agree nor disagree
	3. Neither agree nor disagree 4. Agree a little
	3. Neither agree nor disagree

Do you... Read out.Need; 1. Disagree strongly 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly **FNDIF** AC740\_Outro (NON PROXY) CHECK: Who answered the questions in this section? 1. Respondent 2. Section not answered (proxy interview) ENDIF IF (((TE IN (Test) OR ((ALL IN (Test))) F IF (MN101\_Longitudinal = 1) Ξ IF (MN024\_NursingHome = a1) Ξ TE001\_intro (INTRO TIME EXPENDITURE) The following questions are about how you spent your time yesterday. 1. Continue TE002\_Weekday (WHAT DAY YESTERDAY) Do not read out. Please note what day YESTERDAY was. 1. Monday 2. Tuesday 3. Wednesday 4. Thursday 5. Fridav 6. Saturday 7. Sunday TE003\_YesterdaySpecial (NORMAL DAY YESTERDAY) Please think about YESTERDAY which was [monday/ tuesday/ wednesday/ thursday/ friday/ saturday/ sunday] from the morning until the end of the day. Think about where you were, what you were doing, who you were with, and how you felt. Was yesterday a normal day for you or did something unusual, bad or good happen? Read out.; 1. Yes - just a normal day 2. No - my day included unusual bad or stressful things 3. No - my day included unusual good things TE004\_Chores\_INTRO (TIME SPENT ON CHORES) Continue to think about yesterday, from the morning until the end of the day, and the amount of time you spent on diverse activities over the course of the day. How much time did you spend yesterday on household chores like cleaning, laundry, shopping, cooking, gardening, etc. Please do NOT include personal care or care for children, parents or other family members. If respondent is not sure, then ask [him/ her] to estimate the amount of time as best as [he/ she] can. If respondent did not spend any time on a certain activity, enter 0 in both fields. If respondent spent for example an hour and a half on a certain activity, then enter 1 hour and 30 minutes. If respondent spent 40 minutes on a certain activity, enter 0 hours and 40 minutes. 1. Continue TE005\_Chores\_Hrs (HOURS SPENT ON CHORES) Hours: NUMBER [0..24] TE006\_Chores\_Mts (MINUTES SPENT ON CHORES) Minutes NUMBER [0..59] CHECK: (NOT((TE005\_Chores\_Hrs = 24 AND (TE006\_Chores\_Mts > 0))) [Are you sure? Value seems unlikely.;] TE010 PersonalCare Intro (TIME SPENT ON PERSONAL CARE) How much time did you spend yesterday on personal care, such as washing, dressing, visiting the hairdresser, seeing the doctor, etc.? 1. Continue TE011\_PersonalCare\_Hrs (HOURS SPENT ON PERSONAL CARE) Hours NUMBER [0..24] TE012\_PersonalCare\_Mts (MINUTES SPENT ON PERSONAL CARE) Minutes: NUMBER [0..59] CHECK: (NOT((TE011\_PersonalCare\_Hrs = 24 AND (TE012\_PersonalCare\_Mts > 0))) [Are you sure? Value seems TE013 Children Intro (TIME SPENT ON PERSONAL CHILDREN) How much time did you spend yesterday on activities with your children, grandchildren, children you baby-sit or any other children you look after? This can include washing, dressing, playing, taking to school/other activities, helping with homework etc. Please exclude adult children. 1. Continue

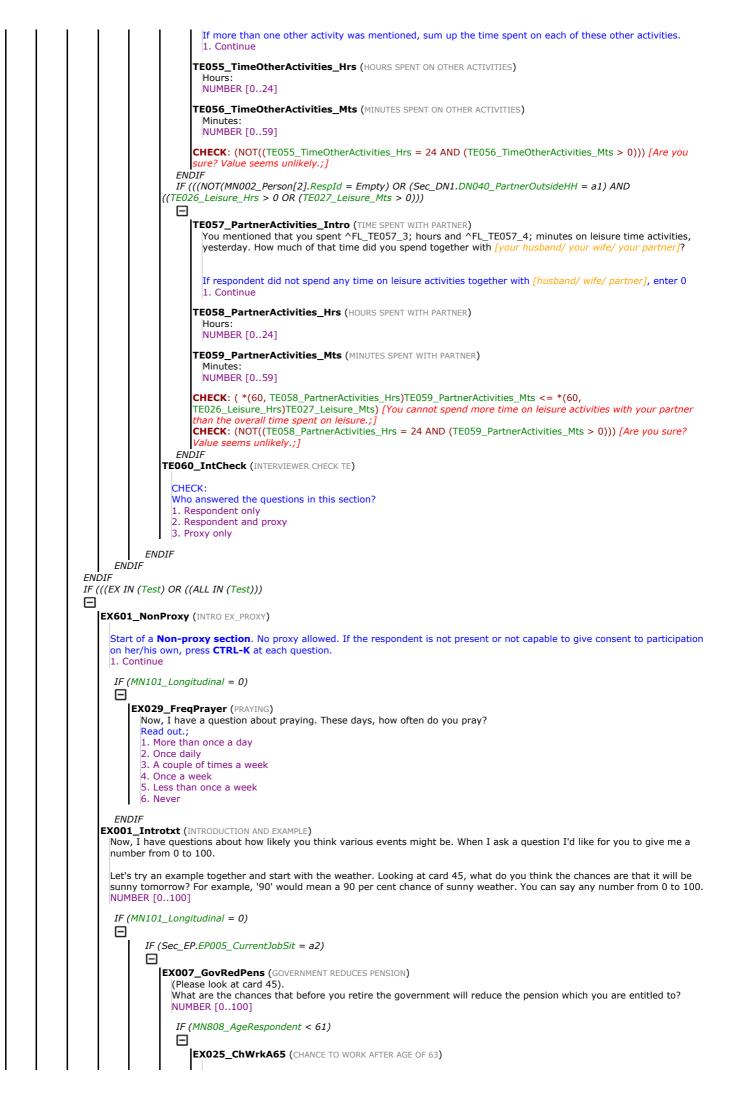
TE014\_Children\_Hrs (HOURS SPENT ON CHILDREN) Hours NUMBER [0..24] TE015\_Children\_Mts (MINUTES SPENT ON CHILDREN) Minutes: NUMBER [0..59] CHECK: (NOT((TE014\_Children\_Hrs = 24 AND (TE015\_Children\_Mts > 0))) [Are you sure? Value seems unlikely.;] TE016\_HelpParents\_Intro (TIME SPENT ON HELPING PARENTS) How much time did you spend yesterday on helping your parents or parents-in-law? This can include assistance with administrative chores, washing, dressing, taking them to see the doctor etc. Please include time spent with step parents and adoptive parents too. 1. Continue TE017\_HelpParents\_Hrs (HOURS SPENT ON HELPING PARENTS) Hours NUMBER [0..24] TE018\_HelpParents\_Mts (MINUTES SPENT ON HELPING PARENTS) Minutes: NUMBER [0..59] CHECK: (NOT((TE017\_HelpParents\_Hrs = 24 AND (TE018\_HelpParents\_Mts > 0))) [Are you sure? Value seems IF (NOT(MN002\_Person[2].RespId = Empty) OR (Sec\_DN1.DN040\_PartnerOutsideHH = a1)) Ξ **TE019\_HelpPartner\_Intro** (TIME SPENT ON HELPING PARTNER) How much time did you spend yesterday on helping [your husband/ your wife/ your partner]? This can include assistance with administrative chores, washing, dressing, taking [him/ her/ him/her] to see the doctor etc. 1. Continue TE020\_HelpPartner\_Hrs (HOURS SPENT ON HELPING PARTNER) Hours: NUMBER [0..24] TE021\_HelpPartner\_Mts (MINUTES SPENT ON HELPING PARTNER) Minutes NUMBER [0..59] CHECK: (NOT((TE020\_HelpPartner\_Hrs = 24 AND (TE021\_HelpPartner\_Mts > 0))) [Are you sure? Value seems unlikely.;] **FNDIF** TE022\_HelpOther\_Intro (TIME SPENT ON HELPING OTHER FAMILY) How much time did you spend yesterday on helping other family members or other people you know? DO NOT include helping [your husband or/ your wife or/ your partner or] parents and kids that you have already mentioned here. If necessary repeat: for instance assistance with administrative chores, washing, dressing, taking someone to see the doctor, etc. 1. Continue TE023\_HelpOther\_Hrs (HOURS SPENT ON HELPING OTHER FAMILY) Hours: NUMBER [0..24] TE024\_HelpOther\_Mts (MINUTES SPENT ON HELPING OTHER FAMILY) Minutes NUMBER [0..59] CHECK: (NOT((TE023\_HelpOther\_Hrs = 24 AND (TE024\_HelpOther\_Mts > 0))) [Are you sure? Value seems TE025\_Leisure\_Intro (TIME SPENT ON LEISURE) How much time did you spend yesterday on leisure time activities? This can include watching TV, social media, sports, hobbies, talking with friends or family, going out etc. 1. Continue TE026\_Leisure\_Hrs (TIME SPENT ON LEISURE) Hours NUMBER [0..24] TE027\_Leisure\_Mts (MINUTES SPENT ON LEISURE) Minutes NUMBER [0..59] CHECK: (NOT((TE026\_Leisure\_Hrs = 24 AND (TE027\_Leisure\_Mts > 0))) [Are you sure? Value seems unlikely.;] TE031\_Admin\_Intro (TIME SPENT ON ADMINISTRATION) How much time did you spend yesterday on administrative chores and own family finances? 1. Continue **TE032\_Admin\_Hrs** (HOURS SPENT ON ADMINISTRATION) Hours NUMBER [0..24] TE033\_Admin\_Mts (MINUTES SPENT ON ADMINISTRATION)

Minutes: NUMBER [0..59]

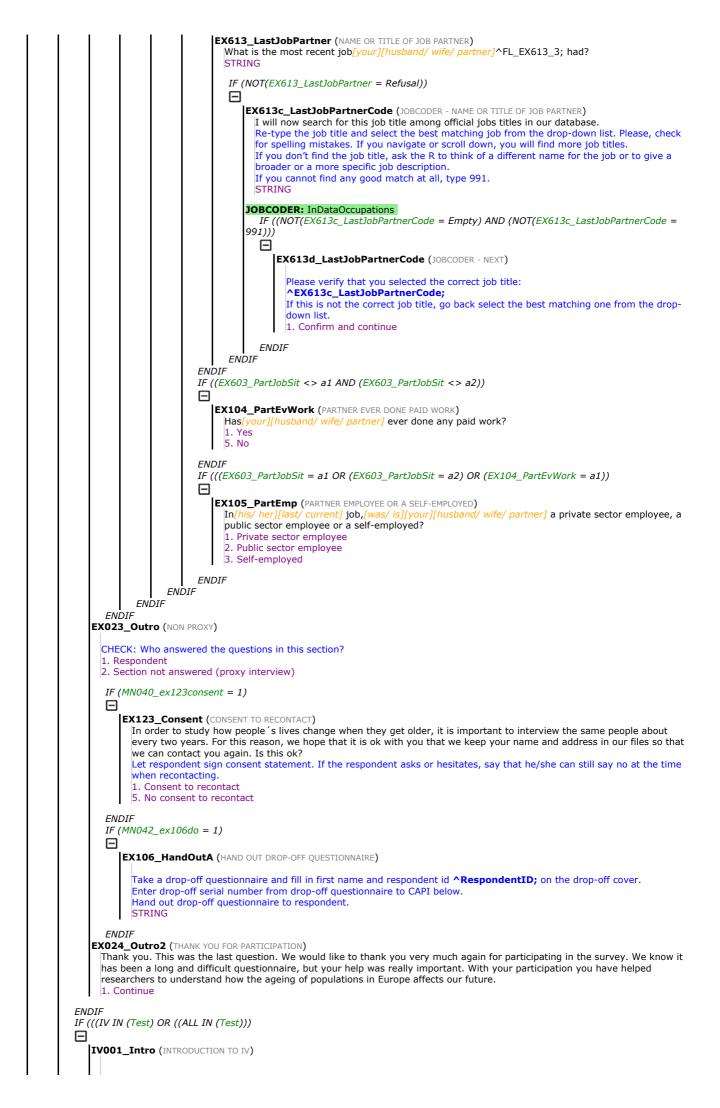
CHECK: (NOT((TE032\_Admin\_Hrs = 24 AND (TE033\_Admin\_Mts > 0))) [Are you sure? Value seems unlikely.;]
TE034\_PaidWork\_Intro (TIME SPENT ON PAID WORK)
How much time did you spend yesterday on paid work? Paid work can be in employment or as self-employed.

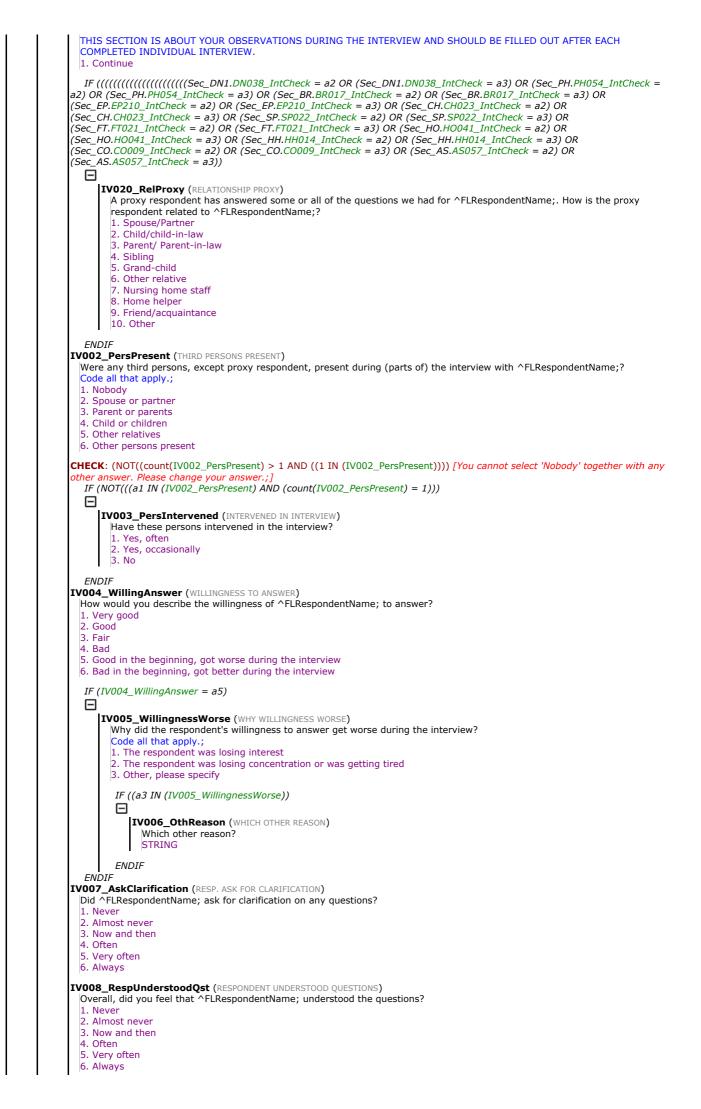
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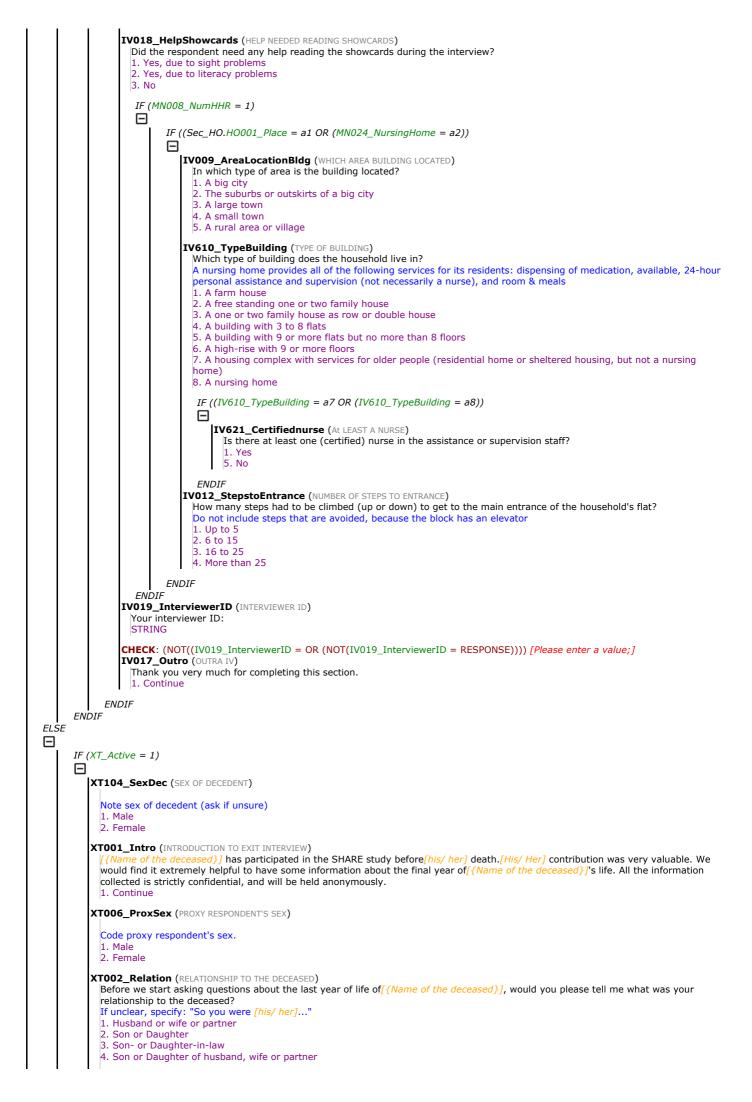
Please, do NOT include the time spent traveling to and from work, but do count overtime hours. 1. Continue TE035\_PaidWork\_Hrs (HOURS SPENT ON PAID WORK) Hours NUMBER [0..24] TE036\_PaidWork\_Mts (MINUTES SPENT ON PAID WORK) Minutes NUMBER [0..59] CHECK: (NOT((TE035\_PaidWork\_Hrs = 24 AND (TE036\_PaidWork\_Mts > 0))) [Are you sure? Value seems unlikely.;] TE037\_VoluntaryWork\_Intro (TIME SPENT ON VOLUNTARY WORK) How much time did you spend yesterday on voluntary work? Please, do NOT include household chores, helping family members, care for children, and other activities you have already just mentioned. Examples are voluntary work for religious, educational, political, health-related or other charitable organizations 1. Continue TE038\_VoluntaryWork\_Hrs (HOURS SPENT ON VOLUNTARY WORK) Hours: NUMBER [0..24] TE039\_VoluntaryWork\_Mts (MINUTES SPENT ON VOLUNTARY WORK) Minutes NUMBER [0..59] CHECK: (NOT((TE038\_VoluntaryWork\_Hrs = 24 AND (TE039\_VoluntaryWork\_Mts > 0))) [Are you sure? Value seems IF ((((TE035\_PaidWork\_Hrs > 0 OR (TE036\_PaidWork\_Mts > 0) OR (TE038\_VoluntaryWork\_Hrs > 0) OR (TE039\_VoluntaryWork\_Mts > 0)) Ξ TE040\_Travel\_Intro (TIME SPENT ON TRAVEL) Continue to think about yesterday, from the morning until the end of the day. How much time did you spend yesterday on traveling to and from work or voluntary work? Enter zero if the respondent did not work on the previous day 1. Continue TE041\_Travel\_Hrs (HOURS SPENT ON TRAVEL) Hours: NUMBER [0..24] TE042\_Travel\_Mts (MINUTES SPENT ON TRAVEL) Minutes: NUMBER [0..59] CHECK: (NOT((TE041\_Travel\_Hrs = 24 AND (TE042\_Travel\_Mts > 0))) [Are you sure? Value seems unlikely.; ENDIF TE046\_Napping\_Intro (TIME SPENT ON NAPPING) How much time did you spend yesterday on napping and resting during daytime? Do not include sleeping at night time. 1. Continue TE047\_Napping\_Hrs (HOURS SPENT ON NAPPING) Hours: NUMBER [0..24] TE048\_Napping\_Mts (MINUTES SPENT ON NAPPING) Minutes: NUMBER [0..59] CHECK: (NOT((TE047\_Napping\_Hrs = 24 AND (TE048\_Napping\_Mts > 0))) [Are you sure? Value seems unlikely.;] TE049\_Sleeping\_Intro (TIME SPENT ON SLEEPING) How much time did you spend yesterday on sleeping at night time? 1. Continue TE050\_Sleeping\_Hrs (HOURS SPENT ON SLEEPING) Hours: NUMBER [0..24] TE051\_Sleeping\_Mts (MINUTES SPENT ON SLEEPING) Minutes: NUMBER [0..59] CHECK: (NOT((TE050\_Sleeping\_Hrs = 24 AND (TE051\_Sleeping\_Mts > 0))) [Are you sure? Value seems unlikely.;] TE052\_OtherActivities (DID SPEND TIME ON OTHER ACTIVITIES) Did you spend time yesterday on other activities which we have not asked about yet? 1. Yes 5. No IF (TE052\_OtherActivities = 1) Ξ TE053\_WhatActivities (OTHER ACTIVITIES SPEND TIME ON) What other activity was that or what other activities were those? STRING TE054\_TimeOtherActivities\_Intro (TIME SPENT ON OTHER ACTIVITIES) How much time did you spend yesterday on this activity or these activities?



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(Please look at card 45).
                     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?
                     NUMBER [0..100]
              ENDIF
           EX008_GovRaisAge (GOVERNMENT RAISES RETIREMENT AGE)
              (Please look at card 45).
             What are the chances that before you retire the government will raise your retirement age?
             NUMBER [0..100]
       ENDIF
ENDIF
IF (MN808_AgeRespondent < 101)
Ξ
    EX009_LivTenYrs (LIVING IN TEN YEARS)
      (Please look at card 45).
      What are the chances that you will live to be age [75/80/85/90/95/100/105/110/120] or more?
      NUMBER [0..100]
ENDIF
IF (MN101_Longitudinal = 0)
EX026_Trust (TRUST IN OTHER PEOPLE)
      Now I would 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 45 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.
      NUMBER [0..10]
    EX110_RiskAv (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
      money, 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?
      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
      Not willing to take any financial risks
    EX111 XYZ Planning Horizon (PLANNING HORIZON)
      In planning your saving and spending, which of the following time periods is most important to you?
      Read out.
      The option 'next few months' includes also 'next few days' and 'next few weeks'
      1. Next few months
      2. Next year
      3. Next few years
      Next 5-10 vears
      5. Longer than 10 years
ENDIF
IF (MN101_Longitudinal = 0)
Ξ
       IF (MN005_ModeQues = a2)
       Ξ
           EX800_PartInterv (PARTNER PARTICIPATES AFTERWARDS)
              Will the partner be (proxy) interviewed right afterwards?
              Please note: Proxy interviews are only allowed in case of hearing loss, speaking problems, or difficulties in
              concentrating.
             1. Yes
             5. No
              IF (EX800_PartInterv = a5)
              Ξ
                   EX101_IntroPartInfo (INTRODUCTION PARTNER INFORMATION)
                     Before we finish, could you please also give me some information on[your][husband/ wife/ partner], who is
                     not doing the interview today?
                     1. Continue
                   EX602 PartYrsEduc (PARTNER YEARS OF EDUCATION)
                     How many years has your [[husband/ wife/ partner] been in school all together?
"in school" means in "full-time education", that;
                     * includes: receiving tuition, engaging in practical work or supervised study or taking examinations
* excludes: full-time working, home schooling, distance learning, special on-the-job training, evening
classes, part-time private vocational training, flexible or part-time higher education studies, etc
                     NUMBER [0..999]
                   EX603_PartJobSit (PARTNER CURRENT JOB SITUATION)
                     Please look at card 47
                     In general, how would you describe the current employment situation of [your][husband/ wife/ partner]?
                     Read out.
                     1. Retired
                     2. Employed or self-employed (including working for family business)
                     3. Unemployed
                     4. Permanently sick or disabled
                     5. Homemaker
                     97. Other
                      IF (EX603_PartJobSit = a2)
                      Ξ
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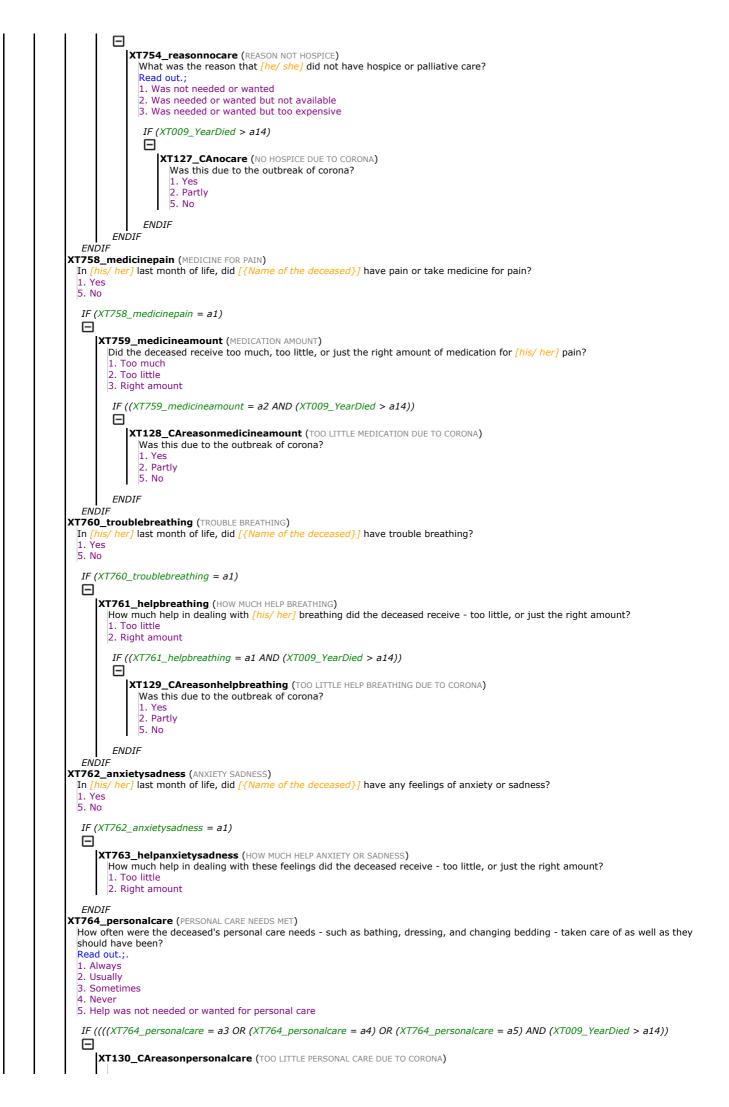




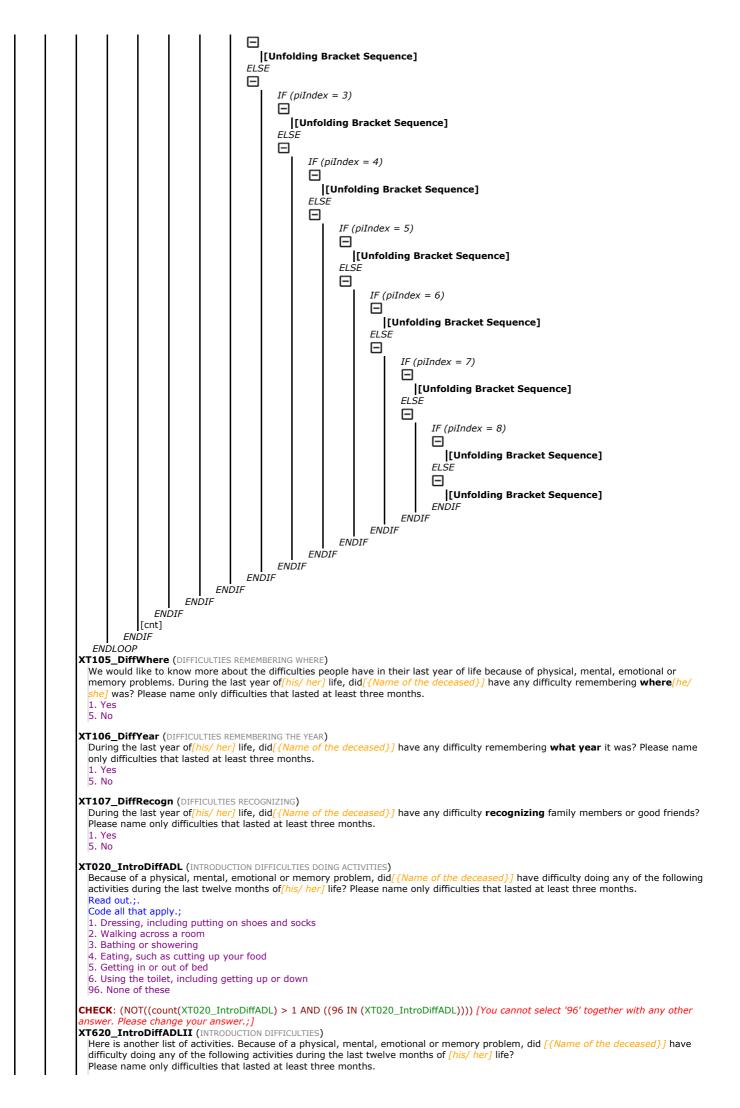
5. Grandchild 6. Sibling 7. Other relative (specify) 8. Other non-relative (specify) IF (XT002\_Relation = a7) Ξ XT003\_OthRel (OTHER RELATIVE) Specify other relative STRING ENDIF IF (XT002\_Relation = a8) Ξ XT004\_OthNonRel (OTHER NO-RELATIVE) Specify other non-relative STRING ENDIF **XT005\_HowOftCont** (HOW OFTEN CONTACT LAST TWELVE MONTHS)
During the last twelve months of[*his/ her*] life, how often did you have contact with[{Name of the deceased}], either in person, by phone, mail, email, or any other electronic means? 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 IF (XT002\_Relation <> a1) Ξ XT007\_YearBirth (YEAR OF BIRTH PROXY) Can you tell me your year of birth? NUMBER [1900..2012] ENDIF XT101\_ConfDecYrBirth (CONFIRMATION DECEASED YEAR OF BIRTH) Let us now talk about the deceased. Just to make sure that we have the correct information about[{Name of the deceased}], can I just confirm that[he/ she] was born in[{Month and Year birth of deceased}]? 1. Yes 5. No *IF* (*XT101\_ConfDecYrBirth* = *a5*) Ξ XT802\_IntroDecBirth (DECEASED INTRO BIRTH) In which month and year was[{Name of the deceased}] born? 1. Continue XT102\_DecMonthBirth (DECEASED MONTH OF BIRTH) Month: 1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December XT103\_DecYearBirth (DECEASED YEAR OF BIRTH) Year: NUMBER [1900..2010] FNDIF XT008\_MonthDied (MONTH OF DECEASE) We would like to know more about the circumstances of [{Name of the deceased}] 's death. In what month and year did[he/ she] pass away? MONTH: YEAR: Month 1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December XT009\_YearDied (YEAR OF DECEASE)

In what month ar	nd <b>YEAR</b> did[ <i>he/ she</i> ] pass away?
MONTH: ^XT008	_MonthDied;
YEAR: Year	
1. 2006	
2. 2007	
3. 2008	
4. 2009 5. 2010	
6. 2011	
7. 2012	
8. 2013	
9. 2014	
10. 2015	
11. 2016 12. 2017	
13. 2018	
14. 2019	
15. 2020	
16. 2021	
17. 2022	
18. 2023 19. 2024	
1	AGE AT THE MOMENT OF DECEASE)
How old was[{Na	me of the deceased}] when[he/ she] passed away?
Age in years NUMBER [20120	11
	d (DECEASED MARRIED AT TIME OF DEATH)
1. Yes	e deceased}] married at the time of[his/ her] death?
5. No	
VT020 NumChild	(NUMBER OF CUTURDEN THE RECEASED HAD AT THE END)
	(NUMBER OF CHILDREN THE DECEASED HAD AT THE END) en did[{Name of the deceased}] have that were still alive at the time of[his/ her] death? Please count all natu
	, adopted and stepchildren
NUMBER [0999]	
XT011 CauseDea	th (THE MAIN CAUSE OF DEATH)
	in cause of[ <i>h</i> is/ <i>her</i> ] death?
Read out if neces	sary
	r related complications have their own response option (9).
1. Cancer	
<ol> <li>A heart attack</li> <li>A stroke</li> </ol>	
	scular related illness such as heart failure, arrhythmia
5. Respiratory dis	
	digestive system such as gastrointestinal ulcer, inflammatory bowel disease
	us disease such as pneumonia, septicemia or flu
8. Accident or sui	cide lated complications
97. Other (Please	
IF (XT011_Cause	aDeath = a97)
_	CauseDeath (OTHER CAUSE OF DEATH)
Specify oth	ner cause of death
STRING	
ENDIF	
	(II (HOW LONG BEEN ILL BEFORE DECEASE)
	ame of the deceased}] been ill before[he/ she] died?
Read out.;	
1. Less than one	
	more but less than 6 months
4. One year or m	ore but less than a year
	Was not ill before[ <i>he/ she</i> ] died
XT014_WhereDie Did[he/ she] die .	
Read out.;	
By 'hospice' we m	nean a specific palliative care facility for terminally ill or seriously ill patients.
1. At[his/ her] ow	vn home
2. At another per	son's home
<ol> <li>In a hospital</li> <li>In a nursing home</li> </ol>	IMP
	l home, sheltered housing, or old people's home
6. In a hospice	
7. In transit to a	
97. At some othe	
IF (XT014_Wher	eDied = a97)
XT060 Oth	WhereDied (OTHER PLACE OF DEATH)
	her place of death.
STRING	
ENDIF	
	reDied = a1 AND (XT009_YearDied > a14))
IF ((XIU14 WHE	

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XT123_CADieAlone (ANYONE ELSE PRESENT)
        Was there anyone else present when [{Name of the deceased}] passed away?
        1. Yes
        5. No
         IF (XT123_CADieAlone = a5)
         Ξ
            XT124_CAWhyAlone (DIED ALONE DUE TO CORONA)
              Was this due to the outbreak of corona?
              1. Yes
              2. Partly
              5. No
        ENDIF
  ENDIF
  IF (XT014_WhereDied = a3)
  Ξ
      XT750_ICU (IN INTENSIVE CARE UNIT)
        Was that in the Intensive Care Unit?
        1. Yes
       5. No
  ENDIF
  IF (((XT750_ICU = a5 OR (XT014_WhereDied = a4) OR (XT014_WhereDied = a5))
  Ξ
     XT751 palcareinpoatienthospice (PALLIATIVE CARE OR INPATIENT HOSPICE)
        Was that in a palliative care or inpatient hospice unit?
       By "hospice" we mean a specific palliative care facility for terminally ill or seriously ill patients.
1. Yes
       5. No
  ENDIF
  IF ((XT014_WhereDied = a4 OR (XT014_WhereDied = a5))
  Ξ
      XT767_Certifiednurse (At LEAST A NURSE)
       Was there at least one (certified) nurse in the assistance or supervision staff?
        1. Yes
       5. No
  ENDIF
XT615_TimesInHosp (TIMES IN HOSPITAL LAST YEAR BEFORE DYING)
 In the last year before [he/ she] died, on how many different occasions did [{Name of the deceased}] stay in a hospital, hospice or
 nursing home?
  Please count here only the separate occasions where [he/ she] has been in such facilities, and not the total number of days spent in
 hospital, hospice, or nursing home.
 NUMBER [0..999]
  IF (XT615_TimesInHosp > 0)
  Ξ
      XT016_TotalTimeHosp (TOTAL TIME IN HOSPITAL LAST YEAR BEFORE DYING)
        During the last year of [his/ her] life, for how long altogether did[{Name of the deceased}] stay at hospitals, hospices or nursing
        homes?
        Do not read out
        1. Less than one week
        2. One week or more but less than one month
        3. One month or more but less than 3 months
        4. 3 months or more but less than 6 months
        5. 6 months or more but less than a year
       6. A full year
  ENDIF
  IF (XT009_YearDied > a14)
  Ξ
     XT125_CANotInHosp (COULD NOT STAY IN HOSPITAL DUE TO CORONA)
       In the last year before[he/ she] died, did[{Name of the deceased}] ever need to stay in a hospital, hospice or nursing home and
        could not because of the outbreak of corona?
        1. Yes
        5. No
      XT126_CAFearInf (FORGO TREATMENT DUE TO FEAR INFECTION)
       In the last year before[he/ she] died, did[{Name of the deceased}] forgo any medical treatment or operation, because[he/ she]
        was afraid to become infected by the coronavirus?
        1. Yes
       5. No
  ENDIF
XT756_IntroCare (CARE INTRO)
 The next couple of questions are about the care [{Name of the deceased}] received in the last month of [his/ her] life. Please answer
 these questions based on your experience and the deceased's experience while [he/ she] was receiving care.
 1. Continue
  IF (NOT((XT014_WhereDied = a6 OR (XT751_palcareinpoatienthospice = a1)))
  Ξ
     XT757_hospiceorpalliativecare (HOSPICE OR PALLIATIVE CARE)
       In the last four weeks of [his/ her] life, did [{Name of the deceased}] have any hospice or palliative care?
       By "hospice" we mean a specific palliative care facility for terminally ill or seriously ill patients.
1. Yes
        5. No
        IF (XT757_hospiceorpalliativecare = a5)
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Read out.;.
  Code all that apply.;
 1. Preparing a hot meal
 2. Shopping for groceries
 3. Making telephone calls
 4. Taking medication
 5. Using a map to figure out how to get around in a strange place
 6. Doing work around the house or garden
    Managing money, such as paying bills and keeping track of expenses
 8. Leaving the house independently and accessing transportation services
 9. Doing personal laundry
 10. Continence over urination or defecation
 96. None of these
CHECK: (NOT((count(XT620_IntroDiffADLII) > 1 AND ((96 IN (XT620_IntroDiffADLII)))) [You cannot select '96' together with any other
 n<mark>swer. Please change your answer.;]</mark>
IF (((count(XT020_IntroDiffADL) > 0 AND (NOT((a96 IN (XT020_IntroDiffADL))) OR ((count(XT620_IntroDiffADLII) > 0 AND
(NOT((a96 IN (XT620_IntroDiffADLII)))))
  Ξ
     XT022_HelpADL (ANYONE HELPED WITH ADL)
        Thinking about the activities that [{Name of the deceased}] had problems with during the last twelve months of [his/ her] life,
        has anyone helped regularly with these activities?
        1. Yes
        5. No
         IF ((XT022_HelpADL = a5 AND (XT009_YearDied > a14))
         Ξ
            XT133_CAHelpADL (NO HELP WITH ADL DUE TO CORONA)
               Was this due to the outbreak of corona?
               1. Yes
               2. Partly
              5. No
         ENDIF
         IF(XT022\_HelpADL = a1)
         Ξ
            XT023_WhoHelpedADL (WHO HAS HELPED WITH ADL)
               Who, including yourself, has mainly helped with these activities? Please name up to three persons.
               do not read out
               at most three answers!
               code relationship to deceased!
               1. Yourself (proxy respondent)
               2. Husband or wife or partner of the deceased
               3. Mother or father of the deceased
               4. Son of the deceased
               5. Son-in-law of the deceased
               6. Daughter of the deceased
               7. Daughter-in-law of the deceased
               8. Grandson of the deceased
               9. Granddaughter of the deceased
               10. Sister of the deceased
               11. Brother of the deceased
               12. Other relative
               13. Unpaid volunteer
               14. Professional helper (e.g. nurse)
               15. Friend or neighbor of the deceased
               16. Other person
            CHECK: (NOT(count(XT023_WhoHelpedADL) > 3)) [At most three answers;]
XT024_TimeRecHelp (TIME THE DECEASED RECEIVED HELP)
               Overall, during the last twelve months of [his/ her] life, for how long did [{Name of the deceased}] receive help?
               Read out.:
               1. Less than one month
               2. One month or more but less than 3 months
               3. 3 months or more but less than 6 months
               4. 6 months or more but less than a year
               5. A full year
                IF (XT009_YearDied > a14)
                Ξ
                   XT134_CATimeHelp (DID NOT RECEIVE HELP DUE TO CORONA)
At any other point in the last twelve months of[his/ her] life, did[{Name of the deceased}] need help and was
                      unable to receive it, because of the outbreak of corona?
                      1. Yes
                      5. No
                      IF (XT134_CATimeHelp = a1)
                      XT135_CADurationNoHelp (HOW LONG NO HELP)
                            For how many weeks was[{Name of the deceased}] unable to receive help?
                             Count 1 for part of one week.
                            NUMBER [1..53]
                      ENDIF
                FNDIF
             XT025_HrsNecDay (HOURS OF HELP NECESSARY DURING TYPICAL DAY)
               And about how many hours of help did[{Name of the deceased}] receive during a typical day?
               NUMBER [0..24]
         ENDIF
  ENDIF
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XT026a Intro (INTRODUCTION TO ASSETS)
  The next questions are about the assets and life insurance policies [{Name of the deceased}] may have owned and what happened to
 those assets after[he/ she] died. We would find it very helpful to have some information about the financial issues surrounding the
  time when people die. Before I continue, though, I'd like to assure you again that everything you have already told me and anything
 else you tell me will be kept completely confidential.
  1. Continue
XT026b HadWill (THE DECEASED HAD A WILL)
 Some people make a will to determine who receives what parts of the estate.
 Did[{Name of the deceased}] have a will?
 1. Yes
 5. No
XT027_Benefic (THE BENEFICIARIES OF THE ESTATE)
 Who were the beneficiaries of the estate, including yourself?
 Read out
 Code all that apply.;
 1. Yourself (proxy)
 2. Husband or wife or partner of the deceased
 3. Children of the deceased
  4. Grandchildren of the deceased
 5. Siblings of the deceased
 6. Other relatives of the deceased
 7. Other non-relatives
 8. Church, foundation or charitable organization
 9. Deceased did not leave anything at all (SPONTANEOUS)
 10. Not decided yet (SPONTANEOUS)
CHECK: (NOT((count(XT027_Benefic) > 1 AND ((9 IN (XT027_Benefic)))) [You cannot select 'Did not leave anything' together with any
other answer. Please change your answer.;]
XT030_OwnHome (THE DECEASED OWNED HOME)
 Did[{Name of the deceased}] own[his/ her] home or apartment - either in total or a share of it?
 1. Yes
 5. No
  IF (XT030_OwnHome = a1)
  Ξ
     XT031_ValHome (VALUE HOME AFTER MORTGAGES)
        After any outstanding mortgages, what was the value of the home or apartment or the share of it owned by [{Name of the
        Enter an amount in ^FLCurr;
        If deceased left debt, code negative amount.
        NUMBER [-50000000..5000000]
         IF (XT031_ValHome = NONRESPONSE)
         Ξ
            [Unfolding Bracket Sequence]
         ENDIF
      XT032_InhHome (WHO INHERITED THE HOME OF THE DECEASED)
        Who inherited the home or apartment of [{Name of the deceased}], including yourself?
        Code relationship to deceased.
        Code all that apply.
        If the home or apartment is already sold, code all persons who got a share of the money.
        1. Yourself (proxy respondent)
        2. Husband or wife or partner
        3. Sons or daughters (ASK FOR FIRST NAMES)
        4. Grandchildren
        5. Siblings
        6. Other relatives
        Other non-relatives
         IF ((a3 IN (XT032_InhHome))
         Ξ
            XT053_FrstNme (FIRST NAMES CHILDREN)
              First names of children who inherited home
              STRING
         ENDIF
  ENDIF
XT033_OwnLifeInsPol (THE DECEASED OWNED ANY LIFE INSURANCE POLICIES)
 Did[{Name of the deceased}] own any life insurance policies?
 1. Yes
 5. No
  IF (XT033_OwnLifeInsPol = a1)
  Ξ
     XT034_ValLifeInsPol (VALUE OF ALL LIFE INSURANCE POLICIES)
        Approximately what was the total value of all life insurance policies owned by [{Name of the deceased}]?
        Enter an amount in ^FLCurr;
        NUMBER [0..10000000000000000]
         IF (XT034_ValLifeInsPol = NONRESPONSE)
         Ξ
           [Unfolding Bracket Sequence]
         FNDIF
      XT035_BenLifeInsPol (BENEFICIARIES OF THE LIFE INSURANCE POLICIES)
        Who were the beneficiaries of the life insurance policies, including yourself?
        Code relationship to deceased
        Code all that apply.;
        1. Yourself (proxy respondent)
        2. Husband or wife or partner
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3. Sons or daughters (ASK FOR FIRST NAMES) 4. Grandchildren 5. Siblings 6. Other relatives (specify) 7. Other non-relatives (specify) IF ((a6 IN (XT035\_BenLifeInsPol)) Ξ XT054\_OthRel (OTHER RELATIVE) Specify other relative STRING ENDIF IF ((a7 IN (XT035\_BenLifeInsPol)) Ξ XT055\_OthNonRel (OTHER NO-RELATIVE) Specify other non-relative STRING ENDIF IF ((a3 IN (XT035\_BenLifeInsPol)) Ξ XT056\_FrstNme (FIRST NAMES CHILDREN) First names of children who were beneficiaries STRING ENDIF ENDIF XT036\_IntroAssets (INTRODUCTION TYPES OF ASSETS) I will now read out a few types of assets people may have. For each item, please tell me whether[{Name of the deceased}] owned them at the time of [his/ her] death and, if so, please give your best estimate of their value after any outstanding debts. 1. Continue LOOP cnt := 1 TO 5 Ξ XT637\_OwnAss (THE DECEASED OWNED TYPE OF ASSETS) Did[he/ she] own any [businesses, including land or premises/ other real estate/ cars, except leased cars/ financial assets, e.g. ash, bonds or stocks/ jewelry or antiquities]? 1. Yes 5. No IF (XT637\_OwnAss = a1) Ξ XT638 ValAss (VALUE TYPE OF ASSETS) About what was the value of the [businesses, including land or premises/ other real estate/ cars, except leased cars/ nancial assets, e.g. cash, bonds or stocks/ jewelry or antiquities] owned by [{Name of the deceased}] at the time of [his/ herl death? Enter an amount in ^FLCurr; If deceased left debt, code negative amount. NUMBER [-50000000..50000000] IF (XT638\_ValAss = NONRESPONSE) Ξ IF(piIndex = 1)Ξ [Unfolding Bracket Sequence] ELSE Ξ IF (piIndex = 2)Ξ [Unfolding Bracket Sequence] ELSE Ξ IF (piIndex = 3)Ξ [Unfolding Bracket Sequence] ELSE Ξ IF (piIndex = 4)Ξ [Unfolding Bracket Sequence] ELSE Ξ IF (piIndex = 5)-[Unfolding Bracket Sequence] ENDIF ENDIF ENDIF ENDIF ENDIF ENDIF ENDIF



