

**UN Economic Commission for Europe
Estonian Demographic Association
Estonian FFS Working Group**

**ESTONIAN FAMILY AND
FERTILITY SURVEY**

Female questionnaire

Tallinn 2004

INTERVIEWER'S PART I

T01	PLACE OF INTERVIEW		
	1 AT THE RESPONDENT'S HOME 2 AT THE RESPONDENT'S WORKPLACE/SCHOOL 3 AT THE INTERVIEWERS' WORKPLACE 4 ELSEWHERE (WHERE)		
T02	DATE OF INTERVIEW	IN CASE OF INTERRUPTION DATE OF CONTINUATION	
D	PÄEV |_|_|	DAY |_|_|	
M	KUU |_|_|	MONTH |_|_|	
T03	STARTTIME OF INTERVIEW	IN CASE OF INTERRUPTION STARTTIME OF CONTINUATION	
H	HOUR |_|_|	HOUR |_|_|	
M	MINUTE |_|_|	MINUTE |_|_|	
T04	INTERVIEWERS FIRST AND FAMILY NAME .....|_|_|_|		

Part A. HOUSEHOLD

	<p>Let us start with questions about your household.</p> <p><i>NB! Persons who usually live together and share common meals constitute a household. Those who because of studies, work, military service, or other reasons live temporarily away from the household, are considered to belong to the members of the household.</i></p>	
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HOUSEHOLD TABLE

A01	<p>First I would like to mention all the members of your household. To keep track of your answers, I will record their first names and relationship to you. [FILL IN THE NAMES]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">31 Spouse/Partner</td> <td style="width: 33%;">22 Partner's parent</td> <td style="width: 33%;">51 Grandchild</td> </tr> <tr> <td>41 Respondent's son/daughter</td> <td>33 Respondent's sibling</td> <td>42 Son's/daughter's partner</td> </tr> <tr> <td>44 Partner's son/daughter</td> <td>32 Partner's sibling</td> <td>61 Other relative</td> </tr> <tr> <td>21 Respondent's parent</td> <td>11 Grandparent</td> <td>71 Non-relative</td> </tr> </table>	31 Spouse/Partner	22 Partner's parent	51 Grandchild	41 Respondent's son/daughter	33 Respondent's sibling	42 Son's/daughter's partner	44 Partner's son/daughter	32 Partner's sibling	61 Other relative	21 Respondent's parent	11 Grandparent	71 Non-relative	
31 Spouse/Partner	22 Partner's parent	51 Grandchild												
41 Respondent's son/daughter	33 Respondent's sibling	42 Son's/daughter's partner												
44 Partner's son/daughter	32 Partner's sibling	61 Other relative												
21 Respondent's parent	11 Grandparent	71 Non-relative												
	<p>[READ IF THERE ARE TWO OR MORE PERSONS IN THE HOUSEHOLD] Now let us talk about each member of your household. Let us start from you.</p>													
A02	<p>(Now let us proceed with the next household member) Is [NAME...] a man or a woman? [FILL IN WITHOUT ASKING, IF OBVIOUS]</p> <p>1 Man 2 Woman</p>													
A03	<p>In what year and month were you / was [NAME...] born?</p> <p>Y Year M Month D Day</p>													
A04	<p>[ASK IF THE PERSON IS BORN BEFORE 1990] What is your/[NAME...] marital?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 Single</td> <td style="width: 33%;">3 Cohabiting</td> <td style="width: 33%;">5 Divorced</td> </tr> <tr> <td>2 Married</td> <td>4 Widowed</td> <td>6 Separated</td> </tr> </table>	1 Single	3 Cohabiting	5 Divorced	2 Married	4 Widowed	6 Separated							
1 Single	3 Cohabiting	5 Divorced												
2 Married	4 Widowed	6 Separated												
A05	<p>Which of the following categories mainly describes you/[NAME...]?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">01 Employed</td> <td style="width: 33%;">04 Preschool child</td> <td style="width: 33%;">07 Old-age pensioner (non-employed)</td> </tr> <tr> <td>02 Unemployed (looking for a job)</td> <td>05 Student/pupil</td> <td>08 Homemaker</td> </tr> <tr> <td>03 Military conscript</td> <td>06 Disability pensioner (non-employed)</td> <td>09 Prisoner</td> </tr> <tr> <td></td> <td></td> <td>10 OTHER.....</td> </tr> </table>	01 Employed	04 Preschool child	07 Old-age pensioner (non-employed)	02 Unemployed (looking for a job)	05 Student/pupil	08 Homemaker	03 Military conscript	06 Disability pensioner (non-employed)	09 Prisoner			10 OTHER.....	
01 Employed	04 Preschool child	07 Old-age pensioner (non-employed)												
02 Unemployed (looking for a job)	05 Student/pupil	08 Homemaker												
03 Military conscript	06 Disability pensioner (non-employed)	09 Prisoner												
		10 OTHER.....												
A06	<p>Do you/ does [NAME...] live together with the household or temporarily separately?</p> <p>1 Together with the household 2 Temporarily separately 3 Respondent lives alone</p>	<p>1 ↑ A02 3 ↓ A08</p>												
A07	<p>Why do you/does [NAME...] live temporarily separately from the household?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 Studies</td> <td style="width: 33%;">3 Military service</td> <td style="width: 33%;">5 Imprisonment</td> </tr> <tr> <td>2 Work</td> <td>4 Hospital/sanatorium</td> <td>6 OTHER</td> </tr> </table>	1 Studies	3 Military service	5 Imprisonment	2 Work	4 Hospital/sanatorium	6 OTHER							
1 Studies	3 Military service	5 Imprisonment												
2 Work	4 Hospital/sanatorium	6 OTHER												
	<p>[UNTIL THE ANSWERS ON ALL HOUSEHOLD MEMBERS ARE FILLED IN THE TABLE]</p>	<p>↑ A02</p>												






AX	Household member	1	2	3	4	5	6	
A01	Name Relationship to respondent	Respondent <u>|1|0|</u>	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|
A02	Sex 1 Man 2 Woman	<u>|2|</u>	|_|	|_|	|_|	|_|	|_|	
A03	Birthdate	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
Y	Year							
M	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	
D	Day	D|_|_|						
A04	Marital status	|_|	|_|	|_|	|_|	|_|	|_|	
A05	Activity status	|_|_| .....	|_|_| .....	|_|_| .....	|_|_| .....	|_|_| .....	|_|_| .....	
A06	Living 1 Together with household 2 Separately 3 Alone	|_|	|_|	|_|	|_|	|_|	|_|	1 ↑ A02 3 ↓ A08
A07	Reason	|_| .....	|_| .....	|_| .....	|_| .....	|_| .....	|_| .....	
	[UNTIL THE ANSWERS ON ALL HOUSEHOLD MEMBERS ARE FILLED IN THE TABLE]							↑ A02

A08	Is there any other person living in the household you have not mentioned so far? 1 Yes 2 No	1 ↑ A01																
A09	[ASK IF THERE ARE TWO OR MORE PERSONS IN THE HOUSEHOLD] Is any member of the household in need of permanent care because of health? If yes, please indicate who is in need. A B C 1 Yes __ __ __ INDICATE COLUMN NUMBER D 2 No																	
A10	Are there any persons living in the same dwelling-unit whom you consider not as members of your household? 1 Yes 2 No	2 ↓ A12																
A11	Who are these people, living in the same dwelling-unit but not belonging to the household? <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">Number</td> </tr> <tr> <td>A Subtenant or his/her family member, relative</td> <td style="text-align: right;"> __ </td> </tr> <tr> <td>B Subtenant or his/her family member, non-relative</td> <td style="text-align: right;"> __ </td> </tr> <tr> <td>C Renter or his/her family member, relative</td> <td style="text-align: right;"> __ </td> </tr> <tr> <td>D Renter or his/her family member, non-relative</td> <td style="text-align: right;"> __ </td> </tr> <tr> <td>E Other relative</td> <td style="text-align: right;"> __ </td> </tr> <tr> <td>F Non-relative</td> <td style="text-align: right;"> __ </td> </tr> <tr> <td>G TOTAL</td> <td style="text-align: right;"> __ </td> </tr> </table>		Number	A Subtenant or his/her family member, relative	__	B Subtenant or his/her family member, non-relative	__	C Renter or his/her family member, relative	__	D Renter or his/her family member, non-relative	__	E Other relative	__	F Non-relative	__	G TOTAL	__	
	Number																	
A Subtenant or his/her family member, relative	__																	
B Subtenant or his/her family member, non-relative	__																	
C Renter or his/her family member, relative	__																	
D Renter or his/her family member, non-relative	__																	
E Other relative	__																	
F Non-relative	__																	
G TOTAL	__																	
A12	What is the usual language in your household? If you use several languages in the household, indicate all of them, starting from the most frequently used. A First language in the household __ __ __ B Second language in the household __ __ __ C Third language in the household __ __ __																	
A13	Please tell what is your ethnicity? Ethnicity __ __ __																	

Part B. PARTNERSHIPS

	<p>We continue with questions concerning your closest persons. Let us start with questions about your partners to whom you have been married or with whom you have been living in a consensual union during your lifetime.</p> <p><i>NB! Consider consensual union as common family life in every sense, except it is not formally registered as marriage.</i></p>	
B01	<p>[IF THE RESPONDENT HAS LIVED IN PARTNERSHIP, FILL IN WITHOUT ASKING] To avoid unnecessary questions, please tell whether you have been living in partnership, either in legal marriage or in a consensual union?</p> <p>1 Yes 2 No</p>	<p>2 ↓ C17</p>
	<p>Now let us talk about each partnership, starting from the first one.</p>	

PARTNERSHIP TABLE


B02	How did your first/next partnership begin? [FILL IN THE TABLE] 1 Partnership started before marriage 2 Partnership started when we married 3 We had a partnership and did not marry 4 We got married, actual partnership started notably later 5 Fictitious marriage	2,5↓ B04
B03 Y M	In what year and month did this partnership begin? Year Month	
B04 Y M	[ASK ONLY IN CASE OF MARRIAGE] In what year and month did you marry? Year Month	
B05	Did you start living in the same dwelling? 1 Yes 2 No	2 ↓ B07
B06 Y M	In what year and month did you start to share the same dwelling? Year Month	
B07 Y M	In what year and month was your partner born? Year Month	
B08	What is/was the ethnicity of your partner? Ethnicity	
B09	Where was your partner born? 1 In Estonia 2 Elsewhere (mark the country)	1 ↓ B11
B10 Y	In what year did your partner move to Estonia? Year	
B11 A B	What was the usual language in your partner's parental home? If he/she used several languages in the household, indicate all of them, starting from the most frequently used. A First language in the household B Second language in the household	
B12 A B	What is the highest level of education your partner has attained? 1 Primary or lower 2 Basic 3 Secondary 4 Specialised secondary 5 Higher 6 Academic degree Number of years in education	
B13	What was the marital status of your partner just before the partnership with you? 1 Single 2 Married (to someone else) 3 Widow(er) 4 Divorced 5 Separated	
B14	Did your partner have any children from previous partnership(s), and if yes, how many?	
B15	Do you still live with this partner? 1 Yes 2 No	1 ↓ C01
B16	How did this partnership end? 1 The partnership ended, I obtained a divorce later 2 The partnership ended and I obtained divorce at the same time 3 I obtained a divorce first, in reality the partnership ended later 4 The partnership ended, we have not yet obtained the divorce 5 We were not married, we just split up 6 Partner died 7 End of fictitious marriage	6 ↓ B21 2,7↓ B18
B17 Y M	In what year and month did this partnership end? Year Month	
B18 Y M	[ASK ONLY IN CASE OF DIVORCE] In what year and month did you divorce? Year Month	
B19	Did you stop living in the same dwelling? 1 Yes 2 No	2 ↓ B22
B20 Y M	In what year and month did you stop living in the same dwelling? Year Month	↓ B22
B21 Y M	In what year and month did your partner die? Year Month	
B22	Have you had any partnerships later? 1 Yes 2 No	1 ↑ B02


BX	Partnership	1	2	3	4	5	6	
B02	Mode of starting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,7↓ B04
B03 Y M	Startdate Year Month	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B04 Y M	Registration date Year Month	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B05	Moving together 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 ↓ B07
B06 Y M	Moving date Year Month	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B07 Y M	Date of birth Year Month	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B08	Ethnicity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B09	Place of birth 1 Estonia 2 Elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓ B11
B10 Y	Date of arrival Year	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B11 A B	Usual language First Second	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B12 A B	Education Level Years	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B13	Marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B14	No of children 0 – none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B15	Continuing 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓ C01
B16	Mode of ending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 ↓ B21 2,7↓ B18
B17 Y M	Separation date Year Month	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B18 Y M	Divorce date Year Month	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B19	Moving apart 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 ↓ B22
B20 Y M	Moving date Year Month	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↓ B22
B21 Y M	Death date Year Month	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B22	More partnerships 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 ↑ B02

Part C. PRESENT PARTNERSHIP AND PARTNER

C01	INTERVIEWER CHECKPOINT: IS THE RESPONDENT CURRENTLY LIVING IN A PARTNERSHIP? SEE B15 1 Yes 2 No	2 ↓ C17									
C02	[IF THE PARTNER IS INCLUDED IN HOUSEHOLD TABLE, FILL IN WITHOUT ASKING] Which of the following statuses best describes the activity status your partner? <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">01 Employed</td> <td style="width: 33%;">05 Student/pupil</td> <td style="width: 33%;">08 Homemaker</td> </tr> <tr> <td>02 Unemployed (looking for a job)</td> <td>06 Disability pensioner (non-employed)</td> <td>09 Prisoner</td> </tr> <tr> <td>03 Military conscript</td> <td>07 Old-age pensioner (non-employed)</td> <td>10 OTHER</td> </tr> </table>	01 Employed	05 Student/pupil	08 Homemaker	02 Unemployed (looking for a job)	06 Disability pensioner (non-employed)	09 Prisoner	03 Military conscript	07 Old-age pensioner (non-employed)	10 OTHER	2-10↓ C08
01 Employed	05 Student/pupil	08 Homemaker									
02 Unemployed (looking for a job)	06 Disability pensioner (non-employed)	09 Prisoner									
03 Military conscript	07 Old-age pensioner (non-employed)	10 OTHER									
C03	What is your partner's occupation, what kind of work your partner does at main job? [FILL IN THE OCCUPATION TITLE AND MAKE SURE THAT THE KIND OF WORK IS DESCRIBED] Occupation _ _ Kind of work										
C04	What is the employment status of your partner at main job? <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 Paid worker</td> <td style="width: 33%;">3 Own-account worker, farmer without employees</td> <td style="width: 33%;">5 Unpaid worker in family business</td> </tr> <tr> <td>2 Employer, farmer with employees</td> <td>4 Freelancer</td> <td>6 OTHER</td> </tr> </table>	1 Paid worker	3 Own-account worker, farmer without employees	5 Unpaid worker in family business	2 Employer, farmer with employees	4 Freelancer	6 OTHER				
1 Paid worker	3 Own-account worker, farmer without employees	5 Unpaid worker in family business									
2 Employer, farmer with employees	4 Freelancer	6 OTHER									
C05	Does your partner have another job in addition to the main job? 1 Yes 2 No	2 ↓ C07									
C06	Is your partner's second job regular, seasonal or occasional? 1 Regular 2 Seasonal 3 Occasional										
C07	How many hours per week has your partner usually worked during the last year (consider working hours in main as well as additional jobs)? _ _ Working hours per week										
C08	Compare your and your partner's income during the last year. How big is your income compared to your partner's income? <i>NB! Consider income from all sources, including salary, pension, income from business, Allowances, income in kind and other incomes.</i> <table style="width: 100%; border: none;"> <tr> <td>1 Respondent has no income</td> </tr> <tr> <td>2 Respondent's income is considerably smaller than partner's</td> </tr> <tr> <td>3 Respondent's income is about the same as partner's</td> </tr> <tr> <td>4 Respondent's income is considerably bigger than partner's</td> </tr> <tr> <td>5 Partner has no income</td> </tr> </table>	1 Respondent has no income	2 Respondent's income is considerably smaller than partner's	3 Respondent's income is about the same as partner's	4 Respondent's income is considerably bigger than partner's	5 Partner has no income					
1 Respondent has no income											
2 Respondent's income is considerably smaller than partner's											
3 Respondent's income is about the same as partner's											
4 Respondent's income is considerably bigger than partner's											
5 Partner has no income											
C09	Do you share a common family budget with your partner? 1 Yes, completely 2 Yes, partially 3 No										
C10	Compare your and your partner's involvement in housework. Do you do more housework than your partner, do you share it equally with your partner, or do you do less than your partner? 1 Respondent does more 2 Respondent and partner share equally 3 Respondent does less										

CHILDREN'S TABLE

D03	(Next I would like you to mention all the children you have born starting from the very first.) Please tell me their names and birthdates. [FILL IN THE TABLE]	
Y	Year	
M	Month	
D04	(Now let us talk about each child separately.) Was [NAME] a boy or a girl? [IF OBVIOUS, FILL IN WITHOUT ASKING] 1 Boy 2 Girl	
D05	Which of the following statements describes best the pregnancy that lead to the birth of [NAME]? 1 I wanted a child, but it was born too early 3 I wanted a child but was born later than than planned 2 I wanted a child and it was born at a planned time 4 The child was not wanted	
D06	Which of the following statements describes best the health of [NAME]? 1 The child was born full-term and healthy 4 The child was born was pre-term and needed treatment 2 The child was born pre-term and healthy 5 The child had serious health problem 3 The child was born full-term and needed treatment 6 The child was handicapped 7 OTHER	
D07	Did this pregnancy and delivery influence your plans concerning the number and timing of births? 1 Yes, wanted more children than before 5 Yes, wanted the next child later 2 Yes, wanted less children than before 6 No, my plans changed only temporarily 3 Yes, gave up my plans too have any more children 7 No, my plans did not change at all 4 Yes, wanted the next child sooner 8 Did not have plans neither befor nor after this child	
D08	Did you have any pregnancies before the birth of [NAME] / between this and previous birth, that ended in abortion, miniabortion, miscarriage or stillbirth? 1 Yes 2 No	2 ↓ D10
D09	Please try to remember how many such pregnancies did you have during that period? Number of pregnancies	
D10	How long did you breastfeed [NAME]? Number of months	
D11	Did [NAME] attend pre-school day care centre? 1 Yes 2 No	2 ↓ D13
D12	At what age did [NAME] start attending the day care centre? Y Years of age M Months	
D13	[ASK IS CHILD IS OLD ENOUGH] What was the language of studies [NAME] attended? A Language in day care centre B Language in primary school C Language in basic/secondary school	
D14	Does [NAME] live currently together with you or apart from you? 1 Together 2 Apart 3 Child died	1 ↑ D04 3 ↓ D19
D15	Since what year and month [NAME] does not live with you? Y Year M Month	
D16	Where does [NAME] live now? [IN CASE OF RUSSIA AND UKRAINE, PLEASE INDICATE OBLAST] A Village B City/borough/community C County/oblast D Country	
D17	How often do you usually meet with [NAME]? [PLEASE INDICATE THE NUMBER OF CONTACTS PER WEEK, MONTHS OR YEAR] N Per week K Per months A Per year H Less frequently	
D18	What is the usual language in [NAME] household? If there are several languages spoken, please indicate them all, starting from the most frequently used. A First language B Second language	↑ D04 ↓ D20
D19	In what year and month did [NAME] die? Y Year M Month	
	[UNTIL THE ANSWERS ON ALL CHILDREN ARE FILLED IN THE TABLE]	↑D04

DX	Child	1	2	3	4	5	6	
D03	First name							
Y	Birthdate	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
M	Year							
	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	
D04	Sex 1 Boy 2 Girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D05	Planning status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D06	Health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D07	Future plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D08	Pregnancies 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 ↓ D10
D09	Number of pregnancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D10	Breastfeeding Months	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	
D11	Day care centre 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 ↓ D13
D12	Age of entry Years of age	YA|_|_|	YA|_|_|	YA|_|_|	YA|_|_|	YA|_|_|	YA|_|_|	
Y	Month of age	MA|_|_|	MA|_|_|	MA|_|_|	MA|_|_|	MA|_|_|	MA|_|_|	
M								
D13	Language Day care	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|	
A								
B	Primary	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|	
C	Basic/secondary	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|	
D14	Lives 1 Together 2 Apart 3 Died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 ↑ D04 3 ↓ D19
D15	Apart since Year	A|_|_|	A|_|_|	A|_|_|	A|_|_|	A|_|_|	A|_|_|	
Y	Month	K|_|_|	K|_|_|	K|_|_|	K|_|_|	K|_|_|	K|_|_|	
M								
D16	Place of residence Village							
A	Town/community							
B	County/oblast							
	Country	|_|_|_| |_|_|	|_|_|_| |_|_|	|_|_|_| |_|_|	|_|_|_| |_|_|	|_|_|_| |_|_|	|_|_|_| |_|_|	
D17	Contacts Per week	W|_|_|	W|_|_|	W|_|_|	W|_|_|	W|_|_|	W|_|_|	
N	Per month	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	
K	Per year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
A	Less frequent							
H								
D18	Usual language First	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	↑ D04
A								↓ D20
B	Second	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	
D19	Deathdate Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
Y	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	
M								
	[UNTIL THE ANSWERS ON ALL CHILDREN ARE FILLED IN THE TABLE]							↑ D04

D20	Have you had any pregnancy after your last birth/ever that ended in abortion, miniabortion, miscarriage or stillbirth? 1 Yes 2 No	2 ↓ D22
D21	Please try to recall how many such pregnancies did you have in that period? |_|_| Number of pregnancies	
D22	Children may come to a family by adoption. Have you ever adopted a child since you or your partner was not able to have (more) children? 1 Yes 2 No	2 ↓ D31
D23	How many children have you adopted for such reason? |_| Number of children	


TABLE OF ADOPTED CHILDREN

D24	Please tell me about all children whom you have adopted to your family. Please tell me their names and the time of adoption.				
	1	2	3	4	
	Name	.....	.....	.....	.....
Y	Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|
M	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|
D25	(Now let us talk about each child separately.) Does [NAME] live currently together with you or apart? 1 Together 2 Apart 3 Child died				3 ↓ D30
		_	_	_	_
D26	Since what year and month [NAME] does not live with you?				
Y	Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|
M	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|
D27	Where does [NAME] live now? [IN CASE OF RUSSIA AND UKRAINE, INDICATE OBLAST]				
	Village	.....	.....	.....	.....
A	City/borough/community	.....	.....	.....	.....
B	County/oblast	.....	.....	.....	.....
	Country	.....	.....	.....	.....
		_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
D28	How often do you usually meet with [NAME]?				
N	Per week	W|_|_|	W|_|_|	W|_|_|	W|_|_|
K	Per month	M|_|_|	M|_|_|	M|_|_|	M|_|_|
A	Per year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|
H	Less frequently	.....	.....	.....	.....
D29	What is the usual language in [NAME] household? If there are several languages spoken in the household, please indicate them all starting from the most frequently used.				
A	First language	.....	.....	.....	.....
B	Second language	.....	.....	.....	.....
		_ _ _	_ _ _	_ _ _	_ _ _
D30	In what year and month did [NAME] die?				
Y	Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|
M	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|
	[UNTIL THE ANSWERS ON ALL ADOPTED CHILDREN ARE FILLED IN THE TABLE]				↑ D25

D31	Have you had foster- or stepchildren in your family, for example partner's children? 1 Yes 2 No	2 ↓ N01
D32	How many foster- or stepchildren have you had in your family? |_| Number of children	

TABLE OF FOSTER- AND STEPCHILDREN

D33	Please indicate all your foster- and stepchildren. Please tell me their names and whose children they were.				
	1	2	3	4	
	Name	.....	.....	.....	.....
	1 Partner's child 4 Sister's child	|_|	|_|	|_|	|_|
	2 Daughter's child 5 Brother's child	.....	.....	.....	.....
	3 Son's child 6 Other [whose child]	.....	.....	.....	.....
D34	Now let us talk about each child separately, starting from the first one. When did [NAME] start living in your family?				
Y	Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|
M	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|
D35	Does [NAME] live currently together with you or currently apart?				
	1 Together	|_|	|_|	|_|	|_|
	2 Apart	.....	.....	.....	.....
	3 Child died	.....	.....	.....	.....
D36	Since what year and month [NAME] does not live with you?				
Y	Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|
M	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|
D37	Where does [NAME] live now? [IN CASE OF RUSSIA AND UKRAINE, INDICATE OBLAST]				
	Village	.....	.....	.....	.....
A	City/borough/community	.....	.....	.....	.....
B	County/oblast	.....	.....	.....	.....
	Country	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|
		_ _	_ _	_ _	_ _
D38	How often do you usually meet with [NAME]?				
N	Per week	W|_|_|	W|_|_|	W|_|_|	W|_|_|
K	Per month	M|_|_|	M|_|_|	M|_|_|	M|_|_|
A	Per year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|
H	Less frequently	.....	.....	.....	.....
D39	What is the usual language in [NAME] household? If there are several languages spoken in the household, please indicate them all starting from the most frequently used.				
A	First	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|
B	Second	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|
D40	In what year did [NAME] die?				
Y	Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|
M	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|
	[UNTIL THE ANSWERS ON ALL FOSTER/STEP CHILDREN ARE FILLED IN THE TABLE]				↑ D34

NY	Pregnancy	1	2	3	4	5	6	
N04	Enddate							
Y	Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
M	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	
N05	Duration Weeks	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	
N06	Pregnancy outcome	|_|	|_|	|_|	|_|	|_|	|_|	3,4↓ N08
N07	Reason of abortion	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	↑ N04 ↓ N09
N08	Planning status	|_|	|_|	|_|	|_|	|_|	|_|	
	[UNTIL THE ANSWERS ON ALL PREGNANCIES ARE FILLED IN THE TABLE]							↑ N04

E18	INTERVIEWER CHECKPOINT: HAS THE RESPONDENT OR HIS/HER PARTNER EVER USED ANY CONTRACEPTIVE METHOD? SEE E09-E17	
	1 Yes 2 No	1 ↓ E20
E19	What is the main reason why you or your have never used any contraceptive method?	
	01 Lack of knowledge 02 Poor availability of contraceptives 03 Concern for my health 04 Partner's opposition 05 Religious beliefs 06 Own infertility 07 Partner's infertility 08 Infrequent sexual relations 09 Does not get pregnant easily 10 Easy access to abortion 11 Did not care 12 OTHER	
E20	Next let us focus on the last four weeks. Have you had any sexual intercourse in that period?	
	1 Yes 2 No	1 ↓ E24
E21	Why have you had no sexual intercourse, if I may ask?	
	1 No partner 2 Partner's temporary absence 3 Partner's/own illness, bad health 4 Lack of time 5 Conflict with partner 6 I did not want to 7 Partner did not want to 8 OTHER	
E22	Has it been common for you not to have sexual relations during the last 12 months?	
	1 Yes 2 No	2 ↓ E29
E23	When did you have sexual intercourse last time?	
	Y |__|__| Year	↓ E31
E24	How many times have you had sexual intercourse during the last four weeks?	
	|__|__| Number of sexual intercourse	
E25	Does this number reflect your usual behaviour during the last 12 months?	
	1 Yes, it does 2 No, during the last four weeks there has been more intercourses than usual 3 No, during the last four weeks there has been less intercourses than usual	
E26	Have you or your partner used any contraceptive methods during the last four weeks?	
	1 Yes 2 No	1 ↓ E28
E27	What is the main reason why you or your partner have not used any contraceptive method during the last four weeks?	
	01 Pregnancy/breastfeeding 02 Desire to have a child 03 Poor availability of contraceptives 04 Religious beliefs 05 Own infertility 06 Partner's infertility 07 Menopause 08 Does not get pregnant easily 09 Easy access to abortion 10 Partner's opposition 11 Did not care 12 OTHER	↓ E29
E28	Which contraceptive methods did you or your partner use during the last four weeks? If you used several methods, please mention two main methods.	
A B	1 Hormonal contraceptives (pills, hormonal IUD, implant etc) 2 Hormonal emergency contraceptives 3 Intra-uterine device 4 Condom 5 Foam 6 Withdrawal 7 Rhythm 8 Resection of ovular/seminal tubes 9 OTHER	

E29	There may be more or less occasional sexual relations when there is no permanent partner as well in addition to permanent partner. Have you had different sexpartners during the last year? 1 Yes 2 No	2 ↓ E31
E30	How many sexpartners have you had during the last year? |_|_| Number of partners	
E31	Next some questions concerning reproductive health. Do you have menstruation now regularly, irregularly or has it ceased? 1 Regularly 2 Irregularly 3 Has ceased 4 Respondent is pregnant	1,4 ↓ E33
E32	In what year and month did you have your last menstruation? Y |_|_| Year M |_|_| Month	
E33	At what age did you have your first menstruation? Y |_|_| Age	
E34	Sometimes it may be difficult or impossible to have children for health reasons. Have you encountered such problem? 1 No, surely not 2 No, probably not 3 Yes, probably 4 Yes, surely	1,2 ↓ F01
E35	Which of the following descriptions characterises your situation best? 1 Infertility since birth 2 Infertility caused by health problem/operation 3 Infertility caused by abortion 4 Voluntary sterilisation 5 It has taken very long time to get pregnant 6 OTHER	
E36	In what year did you become aware of this problem? Y |_|_| Year M |_|_| Month	

Part F. ATTITUDES TOWARDS CHILDBEARING

F01	INTERVIEWER CHECKPOINT: HAS THE RESPONDENT CEASED TO MENSTRUATE? SEE E31 ? 1 Yes 2 No	1 ↓ F17
F02	INTERVIEWER CHECKPOINT: HAS THE RESPONDENT HAD ANY LIFE BIRTHS, IS SHE CURRENTLY PREGNANT? SEE D01 AND N09 1 Had no live births, non-pregnant 2 Had live births, non-pregnant 3 Pregnant	2 ↓ F06 3 ↓ F09
F03	Next let us talk about your plans concerning the number and timing of births. Do you intend to have children of your own some time? 1 Yes, surely 2 Yes, maybe 3 No, probably not 4 No, surely not	4 ↓ F14

F04	(But if still) How many children would you like to have?																																																																		
	<table border="0"> <tr> <td>1 One</td> <td>23 Two or three</td> <td>4 Four</td> </tr> <tr> <td>12 One or two</td> <td>3 Three</td> <td>45 Four or five</td> </tr> <tr> <td>2 Two</td> <td>34 Three or four</td> <td>5 Five or more</td> </tr> </table>	1 One	23 Two or three	4 Four	12 One or two	3 Three	45 Four or five	2 Two	34 Three or four	5 Five or more																																																									
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F05	At what age do you intend to have your first child at the latest? _ _ Age	↓ F12																																																																	
F06	Next let us talk about your plans concerning the number and timing of births. Do you intend to have any more children some time? 1 Yes, surely 2 Yes, maybe 3 No, probably not 4 No, surely not	4 ↓ F14																																																																	
F07	(But if still) How many more children would you like to have? 1 One 23 Two or three 4 Four 12 One or two 3 Three 45 Four or five 2 Two 34 Three or four 5 Five or more																																																																		
F08	At what age do you intend to have your next child at the latest? _ _ Age	↓ F12																																																																	
F09	In addition to the child you are currently expecting, do you intend to have another one some time? 1 Yes, surely 2 Yes, maybe 3 No, probably not 4 No, surely not	4 ↓ F14																																																																	
F10	(But if still) How many children would you like to have, in addition to the expected child? 1 One 23 Two or three 4 Four 12 One or two 3 Three 45 Four or five 2 Two 34 Three or four 5 Five or more																																																																		
F11	At what age do you intend to have your next child at the latest? _ _ Age																																																																		
F12	There are various reasons why people want to have children. Please tell, how important is each of the following reasons for you to have children? [READ EACH REASON]																																																																		
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F13	[ASK IF THE RESPONDENT INDICATED SEVERAL REASONS AS IMPORTANT IN THE PREVIOUS QUESTION] Which of the reasons is the most important for you? _ Letter of the most important reason	↓ F16																																																																	

F14	There are various reasons why people do not want to have children. Please tell, how important is each of the following reasons for you not to have (more) children? [READ EACH REASON]			
		Impor- tant	Somewhat important	Not im- portant
A	I already have the desired number of children	1	2	3
B	Lack of partner who could be the father of the child	1	2	3
C	Partner does not want	1	2	3
D	Bad relations with the partner	1	2	3
E	Bad health	1	2	3
F	I am too old	1	2	3
G	It is economically not affordable to have a child	1	2	3
H	Child would interfere with my studies/self-development	1	2	3
I	Child would interfere with my career	1	2	3
J	Child would leave not enough time for myself	1	2	3
K	(Next) child would leave not enough time for previous children	1	2	3
L	Unpleasant experience with previous pregnancy/delivery	1	2	3
M	I want to be alike my friends	1	2	3
F15	[ASK IF THE RESPONDENT INDICATED SEVERAL REASONS AS IMPORTANT IN THE PREVIOUS QUESTION] Which of the reasons is the most important for you? |_| Letter of the most important reason			
F16	Children can also come to family by adoption. Do you intend to adopt a child in the future? 1 Yes, surely 2 Yes, maybe 3 No, probably not 4 No, surely not			
F17	(To conclude the topic, one question on the attitude towards children in general). How many children should be there in an average Estonian family in your opinion? 0 None 1 One 12 One or two 2 Two 23 Two or three 3 Three 34 Three or four 4 Four 45 Four or five 5 Five or more			

PART G. PARENTAL HOME

G01	The following questions concern your parental home and parents. Let us start from your mother. In what year and month was your mother born?	
Y	|_|_|_|_| Year	9998 ↓ G14
M	|_|_| Month 9998 DO NOT KNOW ANYTHING ABOUT MOTHER	
G02	Where was your mother born? [IN CASE OF RUSSIA AND UKRAINE, PLEASE INDICATE OBLAST] Village	
A	City/borough/community ..... |_|_|_|	
B	County/oblast ..... |_|_|	
	Country	
G03	Did your mother live her childhood in her birthplace? 1 Yes 2 No	1 ↓ G05

G04	Where did she live most of her childhood? [VÄLISRIIGI PUHUL PIISAB RIIGIST, VENEMAA JA UKRAINA KORRAL MÄRKIGE KA OBLAST] Village							
A	City/borough/community							
B	County/oblast							
	Country							
G05	Is your mother alive? 1 Yes 2 No							1 ↓ G07
G06	In what year and month did your mother die? Y |_|_|_|_| Year M |_|_| Month							
G07	What is/was the ethnicity of your mother? Ethnicity							
G08	What was the usual language in the parental home of your mother? If there were several languages spoken, please indicate them all, starting from the most frequently used. A First language							
B	Second language							
G09	How many children, including yourself, has your mother had? <i>NB! Please consider all children born alive, including those, who might have died very young.</i> |_|_| Number of children 97 DO NOT KNOW							1,97↓ G17
G10	Now let us talk about your siblings. Please try to recall the dates of birth of your siblings. If any of them has died, please tell the date of death.							
	Sibling	1	2	3	4	5	6	
	Sex							
	1 Man	|_|	|_|	|_|	|_|	|_|	|_|	
	2 Woman	|_|	|_|	|_|	|_|	|_|	|_|	
G11	Y Date of birth Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
G12	Alive? 1 Yes 2 No, dead 3 Probably dead 4 No contact, does not know anything	|_|	|_|	|_|	|_|	|_|	|_|	1 ↓ G14
G13	Y Date of death Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
G14	Place of residence Village							
A	Town/community							
B	County/oblast							
	Country .....	|_|_|_| |_|_|	|_|_|_| |_|_|	|_|_|_| |_|_|	|_|_|_| |_|_|	|_|_|_| |_|_|	|_|_|_| |_|_|	
G15	N Contacts Per week	w|_|_|	w|_|_|	w|_|_|	w|_|_|	w|_|_|	w|_|_|	
K	Per month	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	
A	Per year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
H	Less frequent							

G16	Of what order as a child did you grow up in your parental home? <i>NB! Please do not consider older children who died very young.</i> |_|_| Number of order	
G17	(Now let us talk about your mother again.) Was your mother ever repressed by the authorities? 1 Yes, in her childhood 2 Yes, in her adulthood, before I was born 3 Yes, in her adulthood, after I was born 4 No	4 ↓ G19
G18	In what way was she repressed? 1 Murdered/died in prison or in deportation 5 Short-term imprisonment 2 Long-term imprisonment 6 Could not attain education 3 Deported/sent to exile 7 Could not work on her profession 4 Forced evacuation 8 OTHER	
G19	Have you ever had a foster/step mother? 1 Yes 2 No	2 ↓ G23
G20	Is your foster/step mother alive? 1 Yes 2 No	1 ↓ G22
G21	In what year and month did your foster/step mother die? Y |_|_|_|_| Year M |_|_| Month	
G22	[ASK IF THE RESPONDENT HAD BOTH BIOLOGICAL AND FOSTER/STEP MOTHER] You have had a biological as well as foster/step mother. Which one you consider your real mother with respect to your parental home? 1 Biological mother 2 Foster/step mother	
	[IF THE RESPONDENT HAD A FOSTER/STEP MOTHER WHOM HE/SHE CONSIDERS HIS/HER REAL MOTHER, PLEASE READ THE FOLLOWING TEXT:] The following questions refer to your foster/step mother.	
G23	What is the level of education attained by your mother? A 1 Not attended school/ 4 Secondary education |_|_| Years of education no primary education 5 Specialised secondary B 2 Primary education 6 Higher education 3 Basic education 7 Academic degree	
G24	What was the language of studies your mother attended? A Language in day care centre..... |_|_|_| B Language in primary school ..... |_|_|_| C Language in basic/secondary education ..... |_|_|_|	
G25	Thinking back to the pre-war period, what was the social status of your mother, her parents or grandparents? [CONSIDER THE LATEST GENERATION WHO HAD REACHED ADULTHOOD BEFORE THE WAR] 01 Employer 05 Clerk 09 Agricultural worker 02 Own-account worker 06 Military 10 Farmer 03 Intellectual 07 Skilled worker 11 OTHER 04 Higher official 08 Unskilled worker	

<p>G26</p> <p>A</p> <p>B</p>	<p>What has been the main occupation of your mother? If she entered employment before the war and social rearrangements, please tell her main occupation before as well as after that period. [FILL IN OCCUPATION AND MAKE SURE THAT THE KIND OF WORK IS DESCRIBED]</p> <p>BEFORE THE WAR AND SOCIETAL REARRANGEMENTS</p> <p>Occupation ..... |__|_|</p> <p>Kind of work</p> <p>95 DID NOT WORK</p> <p>AFTER THE WAR AND SOCIETAL REARRANGEMENTS</p> <p>Occupation ..... |__|_|</p> <p>Kind of work</p> <p>95 DID NOT WORK</p>	
<p>G27</p>	<p>INTERVIEWER CHECKPOINT: IS THE RESPONDENTS MOTHER (OR FOSTER/STEP MOTHER WHOM THE RESPONDENT CONSIDERS HIS/HER REAL MOTHER) ALIVE? SEE G05, G20 AND A01</p> <p>1 Yes, in respondent's household 2 Yes, separately 3 No</p>	<p>1,3 ↓ G30</p>
<p>G28</p> <p>A</p> <p>B</p>	<p>Where does your mother live? [IN CASE OF RUSSIA AND UKRAINE, PLEASE INDICATE OBLAST]</p> <p>Village</p> <p>Town/borough/community ..... |__|_|_|</p> <p>County/oblast ..... |__|_|</p> <p>Country</p>	
<p>G29</p> <p>N</p> <p>K</p> <p>A</p> <p>H</p>	<p>How often do you usually meet her?</p> <p>|__|_| Per week</p> <p>|__|_| Per month</p> <p>|__|_| Per year</p> <p>Less frequently</p>	
<p>G30</p> <p>Y</p> <p>M</p>	<p>Next let us talk about your father. In what year and month was he born?</p> <p>|__|_|_|_| Year</p> <p>|__|_| Month</p> <p>9998 DO NOT KNOW ANYTHING ABOUT FATHER</p>	<p>9998 ↓ G44</p>
<p>G31</p> <p>A</p> <p>B</p>	<p>Where was your father born? [IN CASE OF RUSSIA AND UKRAINE, PLEASE INDICATE OBLAST]</p> <p>Village</p> <p>Town/borough/community ..... |__|_|_|</p> <p>County/oblast ..... |__|_|</p> <p>Country</p>	
<p>G32</p>	<p>Did your father live his childhood in his birthplace?</p> <p>1 Yes 2 No</p>	<p>1 ↓ G34</p>
<p>G33</p> <p>A</p> <p>B</p>	<p>Where did he live most of his childhood? [IN CASE OF RUSSIA AND UKRAINE, PLEASE INDICATE OBLAST]</p> <p>Village</p> <p>City/borough/community ..... |__|_|_|</p> <p>County/oblast ..... |__|_|</p> <p>Country</p>	

G34	Is your father alive? 1 Yes 2 No	1 ↓ G36
G35	In what year and month did your mother die? Y |_|_|_|_| Year M |_|_| Month	
G36	What is/was the ethnicity of your father? Ethnicity ..... |_|_|_|	
G37	What was the usual language in the parental home of your father? If there were several languages spoken, please indicate them all starting from the most frequently used. A First language ..... |_|_|_| B Second language ..... |_|_|_|	
G38	Were your father and mother married to each other? 1 Yes 2 No	2 ↓ G40
G39	In what year and month did they marry? Y |_|_|_|_| Month M |_|_| Year	
G40	Have your mother and father ever separated or divorced? 1 Yes 2 No 3 They never lived together	2,3 ↓ G42
G41	In what year and month did it occur? [INDICATE THE DATE OF FIRST SEPARATION] Y |_|_|_|_| Year M |_|_| Month	
G42	Was your father ever repressed by the authorities? 1 Yes, in his childhood 2 Yes, in his adulthood, before I was born 3 Yes, in his adulthood, after I was born 4 No	4 ↓ G44
G43	In what way he was repressed? 1 Murdered/died in prison or in deportation 5 Short-term imprisonment 2 Long-term imprisonment 6 Could not attain education 3 Deported/sent to exile 7 Could not work on his profession 4 Forced evacuation 8 OTHER	
G44	Have you ever had a foster/step father? 1 Yes 2 No	2 ↓ G48
G45	Is your foster/step father alive? 1 Yes 2 No	1 ↓ G47
G46	In what year and month did your foster/step father die? Y |_|_|_|_| Year M |_|_| Month	
G47	[ASK IF THE RESPONDENT HAD BOTH BIOLOGICAL AND FOSTER/STEP FATHER] You have had a biological as well as foster/step father. Which one you consider your real father with respect to your parental home? 1 Biological father 2 Foster/step father	

	<p>[IF THE RESPONDENT HAD A FOSTER/STEP FATHER WHOM HE/SHE CONSIDERS HIS/HER REAL FATHER, PLEASE READ THE FOLLOWING TEXT:] The following questions refer to your foster/step father.</p>		
G48	<p>What is the level of education attained by your father?</p>		
A	1 Not attended school/ no primary education	4 Secondary education	|_|_| Years of education
B	2 Primary education 3 Basic education	5 Specialised secondary 6 Higher education 7 Academic degree	
G49	<p>What was the language of studies your father attended?</p>		
A	Language in day care centre .....		|_|_|_|
B	Language in primary school .....		|_|_|_|
C	Language in basic/secondary education .....		|_|_|_|
G50	<p>Thinking back to the prewar period, what was the social status of your father, his parents or grandparents? [CONSIDER THE LATEST GENERATION WHO HAD REACHED ADULTHOOD BEFORE THE WAR]</p>		
	01 Employer	05 Clerk	09 Agricultural worker
	02 Own-account worker	06 Military	10 Farmer
	03 Intellectual	07 Skilled worker	11 OTHER
	04 Higher official	08 Unskilled worker	.....
G51	<p>What has been the main occupation of your father? If he entered employment before the war and social rearrangements, please tell his main occupation before as well as after that period. [FILL IN OCCUPATION AND MAKE SURE THAT THE KIND OF WORK IS DESCRIBED]</p>		
A	<p>BEFORE THE WAR AND SOCIETAL REARRANGEMENTS</p>		
	Occupation .....		|_|_|
	Kind of work		
	95 DID NOT WORK		
B	<p>AFTER THE WAR AND SOCIETAL REARRANGEMENTS</p>		
	Occupation .....		|_|_|
	Kind of work		
	95 DID NOT WORK		
G52	<p>INTERVIEWER CHECKPOINT: IS THE RESPONDENTS FATHER (OR FOSTER/STEP FATHER WHOM THE RESPONDENT CONSIDERS HIS/HER REAL FATHER) ALIVE? SEE G34, G45 AND A01</p>		
	1 Yes, in respondent's household		1,3 ↓ G55
	2 Yes, separately		
	3 No		
G53	<p>Where does your father live? [IN CASE OF RUSSIA AND UKRAINE, PLEASE INDICATE OBLAST]</p>		
	Village		
A	Town/borough/community .....		|_|_|_|
B	County/oblast .....		|_|_|
	Country		
G54	<p>How often do you usually meet him?</p>		
N	|_|_| Per week		
K	|_|_| Per month		
A	|_|_| Per year		
H	Less frequently		


H05	In what year and month did you move apart from your parental household? Y |__|__| Year M |__|__| Month	
H06	Under what circumstances did this occur? 1 Studies 2 Circumstances connected with work 3 Military service 4 Wanted to live separately 5 Other members of parental household moved apart 6 OTHER	
H07	Please recall the time when you become independent. Did you become independent from the household of your parents or another household? 1 Parental household 2 Other household (what?)	2 ↓ I01
H08	Which of the following statements describes best your economic ties with your parents during after you had become independent? 1 Parents(s) supported me essentially 2 Parents(s) supported me a little 3 I supported parents a little 4 I supported parents essentially 5 No economic ties with parents remained	
H09	INTERVIEWER CHECKPOINT: HAS THE RESPONDENT MOVED APART FROM HIS/HER PARENTS? SEE H04 AND H07 1 Yes 2 No	2 ↓ I01
H10	Have you lived together with your parents later again? 1 Yes, for a longer period 2 Yes, for a shorter period 3 No	3 ↓ I01
H11	In what year and month did you move together again? Y |__|__| Month M |__|__| Year	
H12	Under what circumstances did you move together with your parents? 1 I needed help from parents with childcare, household etc 2 My parents needed help 3 My family broke up 4 I completed studies 5 I completed military service 6 OTHER	


Part I. MIGRATION AND DWELLING HISTORY

I01	The following questions concern your place of birth and residential moves. Where were you born? [IN CASE OF RUSSIA AND UKRAINE, PLEASE INDICATE OBLAST] Village	
A	Town/borough/community ..... |__|__|__|	
B	County/oblast ..... |__|__|	
	Country	
I02	[FILL IN IF ABROAD] Was it rural settlement or an urban place? 1 Rural settlement 2 Urban place	
I03	Were you living at your place of birth until age 14? 1 Yes 2 No	1 ↓ I09

I04	Where did you live most of your childhood up to age 14? [IN CASE OF RUSSIA AND UKRAINE, PLEASE INDICATE OBLAST] Village	
A	Town/borough/community ..... |_|_|_|	
B	County/oblast ..... |_|_| County	
	998,98 DID NOT HAVE A STABLE PLACE OF RESIDENCE	
I05	[FILL IN IF ABROAD] Was it rural settlement or an urban place? 1 Rural settlement 2 Urban place	
I06	Did you live there also in the age of 14? 1 Yes 2 No	1 ↓ I09
I07	Where did you live when you became 14? IN CASE OF RUSSIA AND UKRAINE, PLEASE INDICATE OBLAST Village	
A	Town/borough/community ..... |_|_|_|	
B	County/oblast ..... |_|_| Country	
	998,98 DID NOT HAVE A STABLE PLACE OF RESIDENCE	
I08	[FILL IN IF ABROAD] Was it rural settlement or an urban place? 1 Rural settlement 2 Urban place	
I09	What kind of dwelling did you have at that time? 1 Family house 2 Part of family house 3 Apartment 4 Part of apartment 5 Parlour kitchen 6 Room in apartment/hostel room 7 Part of room in apartment/place in hostel 8 Temporary building 9 OTHER	5-7 ↓ I11
I10	How many rooms did your household have in this dwelling? <i>NB! Consider only the living rooms at the disposal of your household. Do not consider kitchen, entrance hall and other auxiliary rooms.</i> |_| Number of rooms	
I11	Was your dwelling equipped with piped water and central heating? 1 Only piped water 2 Both piped water and central heating 3 None	
I12	Have you changed residence after you became 14? 1 Yes 2 No	2 ↓ I36
I13	Did you first move within [NAME OF SETTLEMENT] or did you first move to another settlement? 1 Within the same settlement 2 To another settlement	1 ↓ I29

TABLE OF INTER-SETTLEMENT MOVES

I14	Next let us talk about every residential move since you were 14 years old. Let us start from the very first. Where did you move? [IN CASE OF RUSSIA AND UKRAINE, PLEASE INDICATE OBLAST]	
A B	Village Town/borough/community County/oblast Country	
I15	[FILL IN IF ABROAD] Was it rural settlement or an urban place? 1 Rural settlement 2 Urban place	
I16	In what year and month did this move occur?	
Y M	Year Month	
I17	Did you and your household move on your own will or were you forced to move? 1 Own will 2 Forced to move	1 ↓ I19
I18	What forced you to move? 1 Deportation 3 Forced evacuation 5 Destruction of dwelling 7 Military service 2 Long-term imprisonment 4 Danger of repression 6 Ouster 8 OTHER.....	↓ I21
I19	Was the decision to move based primarily on your needs or the needs of your household members? 1 Primarily my needs 2 Primarily the needs of my household members 3 Improving the housing conditions/living environment of the household	2,3 ↓ I21
I20	What reason caused your decision to move? 01 Circumstances related to studies 05 Returning to parental home 09 Change of living conditions 02 Starting military service/ 06 Moving together with/apart from 10 Difficulties living alone completing military service own or partner's relatives 11 OTHER..... 03 Circumstances related to work 07 Desire to live separately from parents 04 Moving together with /apart from 08 Desire to move to another partner settlement/to change living conditions	
I21	What kind of dwelling did you move into? 1 Family house 4 Part of apartment 7 Part of room /place in hostel 2 Part of family house 5 Parlour kitchen 8 Temporary dwelling 3 Apartment 6 Room in apartment/hostel room 9 OTHER	5-7 ↓ I23
I22	How many rooms did your household have in this dwelling? Number of rooms	
I23	Did your household size change with this move? 1 Yes, increased 2 Yes, decreased 3 Did not change	
I24	Was your dwelling equipped with piped water and central heating? 1 Only piped water 2 Both piped water and central heating 3 None	
I25	Did you change residence within this settlement? <i>NB! Consider all residential moves with duration more than three month. Do not consider residential moves in and between dormitories before establishing your own family.</i> 1 Yes 2 No	2 ↓ I28
I26	How many residential moves did you have within that settlement? Number of moves	
I27	WHEN ENTERING THE DWELLING TABLE: Next let us talk about residential moves you had within [SETTLEMENT], starting from the first. [FILL IN THE CURRENT COLUMN NUMBER INTO THE DWELLING TABLE]. WHEN RETURNING FROM THE DWELLING TABLE: Now let us return to inter-settlement residential moves	↓ I29
I28	Have you moved to another settlement later? <i>NB! Consider the changes of settlement lasting more than three months.</i> 1 Yes 2 No	1 ↑ I14 2 ↓ I36

IX	Residential move	1	2	3	4	5	6	
I14	Village							
	Town/community							
	County/oblast							
	Country							
A								
B								
I15	Settlement type 1 Rural 2 Urban							
I16	Date of move							
	Year	Y|_ _ _	Y|_ _ _	Y|_ _ _	Y|_ _ _	Y|_ _ _	Y|_ _ _	
Month	M|_ _ _	M|_ _ _	M|_ _ _	M|_ _ _	M|_ _ _	M|_ _ _		
I17	Type of move 1 Voluntary 2 Forced							1 ↓ I19
I18	Reason of forced Move							↓ I21
I19	Whose need 1 Respondent 2 Others 3 Household							2,3 ↓ I21
I20	Reason of move							
I21	Type of dwelling							5-7 ↓ I23
I22	Number of rooms							
I23	Household size 1 Increased 2 Decreased 3 No change							
I24	Facilities 1 Piped water 2 Water, heat. 3 None							
I25	Moves in the same settlement 1 Yes 2 No							2 ↓ I28
I26	Number of moves							
I27	<p align="center">WHEN ENTERING THE DWELLING TABLE: Next let us talk about residential moves you had within [SETTLEMENT], starting from the first. [FILL IN THE CURRENT COLUMN NUMBER INTO THE DWELLING TABLE].</p> <p align="center">WHEN RETURNING FROM THE DWELLING TABLE: Now let us return to inter-settlement residential moves.</p>							↓ I29
I28	More moves 1 Yes 2 No							1 ↑ I14 2 ↓ I36

DWELLING TABLE

I29	<p>[FILL IN THE COLUMN NUMBER FROM THE TABLE OF INTER-SETTLEMENT MOVES] In what year and month did you start living in that address? [FILL IN THE TABLE]</p> <p>Y Year M Month</p>													
I30	<p>Was the decision to move based primarily on your needs or the needs of your household members?</p> <p>1 Primarily my needs 2 Primarily the needs of my household members 3 Improving the housing conditions/environment of the household</p>	2,3 ↓ I32												
I31	<p>What reason caused your decision to move?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">01 Circumstances related to studies</td> <td style="width: 33%;">05 Returning to parental home</td> <td style="width: 33%;">09 Change of living conditions</td> </tr> <tr> <td>02 Starting military service/ completing military service</td> <td>06 Moving together with/apart from own or partner's relatives</td> <td>10 Difficulties living alone</td> </tr> <tr> <td>03 Circumstances related to work</td> <td>07 Desire to live separately from parents</td> <td>11 OTHER.....</td> </tr> <tr> <td>04 Moving together with/apart from partner</td> <td>08 Desire to move to another settlement/to change living conditions</td> <td></td> </tr> </table>	01 Circumstances related to studies	05 Returning to parental home	09 Change of living conditions	02 Starting military service/ completing military service	06 Moving together with/apart from own or partner's relatives	10 Difficulties living alone	03 Circumstances related to work	07 Desire to live separately from parents	11 OTHER.....	04 Moving together with/apart from partner	08 Desire to move to another settlement/to change living conditions		
01 Circumstances related to studies	05 Returning to parental home	09 Change of living conditions												
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I32	<p>What kind of dwelling did you move into?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 Family house</td> <td style="width: 33%;">4 Part of apartment</td> <td style="width: 33%;">7 Part of room /place in hostel</td> </tr> <tr> <td>2 Part of family house</td> <td>5 Parlor kitchen</td> <td>8 Temporary dwelling</td> </tr> <tr> <td>3 Apartment</td> <td>6 Room in apartment/hostel room</td> <td>9 OTHER.....</td> </tr> </table>	1 Family house	4 Part of apartment	7 Part of room /place in hostel	2 Part of family house	5 Parlor kitchen	8 Temporary dwelling	3 Apartment	6 Room in apartment/hostel room	9 OTHER.....	5-7 ↓ I34			
1 Family house	4 Part of apartment	7 Part of room /place in hostel												
2 Part of family house	5 Parlor kitchen	8 Temporary dwelling												
3 Apartment	6 Room in apartment/hostel room	9 OTHER.....												
I33	<p>How many rooms did your household have in this dwelling?</p> <p>Number of rooms</p>													
I34	<p>Did your household size change with this move?</p> <p>1 Yes, increased 2 Yes, decreased 3 Did not change</p>													
I35	<p>Was your dwelling equipped with piped water and central heating?</p> <p>1 Only piped water 2 Both piped water and central heating 3 None</p>													
	<p>[IF YOU HAVE FILLED IN ALL RESIDENTIAL MOVES WITHIN THIS SETTLEMENT, RETURN TO THE TABLE INTER-SETTLEMENT MOVES I27]</p>	↑ I27												

IXX	Dwelling	1	2	3	4	5	6	
I29 A	Column number	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	
	Date of move							
	Y Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
	M Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	
I30	Whose need							
	1 Respondent	|_|	|_|	|_|	|_|	|_|	|_|	2,3↓ I32
	2 Others							
	3 Household							
I31	Reason of move	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	
		
I32	Type of dwelling	|_|	|_|	|_|	|_|	|_|	|_|	5-7↓ I34
I33	Number of rooms	|_|	|_|	|_|	|_|	|_|	|_|	
I34	Household size							
	1 Increased	|_|	|_|	|_|	|_|	|_|	|_|	
	2 Decreased							
	3 No change							
I35	Facilities							
	1 Piped water	|_|	|_|	|_|	|_|	|_|	|_|	
	2 Water, heat							
	3 None							
	[IF YOU HAVE FILLED IN ALL RESIDENTIAL MOVES WITHIN THIS SETTLEMENT, RETURN TO THE TABLE INTER-SETTLEMENT MOVES I27]							↑ I27

I36	Please tell me whether you are officially registered at your present residence? 1 Yes 2 No	
I37	Do you intend to change your place of residence or dwelling within a couple of years? 1 Yes, surely 2 Yes, probably 3 No probably not 4 No, surely not	4 ↓ I40
I38	(But if still) Where do you intend to move? A 1 Another dwelling in the same city/borough/municipality 2 Elsewhere in Estonia [FILL IN TOWN/COMMUNITY] ..... |_|_|_|_| B 3 Abroad [FILL IN TOWN/COMMUNITY] ..... |_|_|_|_| 4 Abroad	
I39	For what reason do you intend to move? 01 Circumstances related to studies 02 Circumstances related to work 03 Moving together with/apart from partner 04 Studies, work or other needs of other household members 05 Return to parental home 06 Desire to live separately from the parents 07 Moving together with /apart from own or partners relatives 08 Demolition of dwelling 09 Desire to move to another settlement/change living conditions 10 Difficulties living alone 11 Return of property to the respondent or respondent's household 12 Return of my dwelling to the previous owner 13 Difficulties living alone 14 Desire to return to home country 15 Desire to live abroad 16 OTHER	
I40	Please tell me what is your citizenship? If you are a citizen of several countries, please mention them all. A 1 Estonian citizen by birth B 2 Estonian citizen by marriage C 3 Estonian citizen by birth who opted naturalisation for pragmatic reasons C 4 Estonian citizen by naturalisation D 5 Citizen of Russian Federation D 6 Citizen of other country ..... |_|_|_|_| 7 Ex-USSR citizenship/"grey" passport	1,7 ↓ I42
I41	In what year did you receive the present citizenship? Y |_|_|_| Year	
I42	Do you intend to apply for another citizenship in a couple of next years A 1 No B 2 Yes (what) ..... |_|_|_|_|	
I43	Did you attend at the last song festival? 1 Yes, attended as singer/dancer/organizer 2 Yes, attended as audience 3 I followed TV/radio broadcast 4 I had no opportunity to participate 5 I have other interests	
I44	[ASK IF ESTONIAN CITIZEN] Did you participate in 2003 national elections? 1 Yes 2 No	2 ↓ P01
I45	Please tell for whom did you vote? 1 Isamaaliit 2 Keskerakond 3 Rahvaliid 4 Reformierakond 5 Res Publica 6 Sotsiaaldemokraadid/Mõõdukad 7 Other Party	

P09	Have you ever had any long-term diseases or health disorders that seriously limited your work, studies or daily activities for more than three months? 1 Yes 2 No	2 ↓ P15
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TABLE OF LONG-TERM DISEASES

P10	Please tell about all such diseases /disorders. What disease did you have and in what year did it occur?				
	Disease / disorder	1	2	3	4
A	Type of disease/disorder	|_|	|_|	|_|	|_|
B	1 Cardiovascular diseases (incl heart attack, hypertonic disease, ischaemic heart disease etc)				
	2 Tumours (incl leukemia, lymphoma)				
	3 Osheoarthropatic diseases (incl reuma, radiculitis etc)	..... (specify the kind of disease/disorder)	..... (specify the kind of disease/disorder)	..... (specify the kind of disease/disorder)	..... (specify the kind of disease/disorder)
	4 Metabolistic diseases (diabetes, thyroid illnesses etc)				
	5 Diseases of respiratory organs (asthma, chronic bronchitis, tuberculosis etc)				
	6 Diseases of digestive organs (stomach ulcer, duodenal ulcer, liver problems, acholia etc)				
	7 OTHER				
P11	When did this disease first appear?				
Y	Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|
P12	Now let us talk about each such disease separately. Did you fully recover from this disease/disorder, have you suffered from it repeatedly, or does this condition continue until today?				
	1 Recovered fully	|_|	|_|	|_|	|_|
	2 Suffered repeatedly				
	3 Disease/disorder continues				
3 ↓ P14					
P13	For how long have the activity limitations caused by this disease/disorder lasted?				
Y	Years	DY|_|_|	DY|_|_|	DY|_|_|	DY|_|_|
M	Months	DM|_|_|	DM|_|_|	DM|_|_|	DM|_|_|
P14	Did you obtain an official disability status?				
	1 Yes, medium disability/III gr				
	2 Yes, heavy disability/II gr	|_|	|_|	|_|	|_|
	3 Yes, deep disability/I gr				
	4 No				

P15	INTERVIEWER CHECKPOINT: DOES ANY INJURY OR DISEASE LIMIT WORK, STUDIES OR DAILY ACTIVITIES UNTIL TODAY? SEE P06 AND P12 1 Yes 2 No	2 ↓ P21																																																																																				
P16	Please tell to what extent your health limits you in the following activities? [READ EACH ITEM] <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 35%;"></th> <th style="width: 15%;">Does not limit at all</th> <th style="width: 15%;">Somewhat limits</th> <th style="width: 15%;">Strongly limits</th> <th style="width: 10%;">Prevents</th> </tr> </thead> <tbody> <tr><td>A</td><td>Studies, work</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>B</td><td>Communication with institutions</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>C</td><td>Socialising with friends</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>D</td><td>Moving around outside home</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>E</td><td>Performing housework</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>F</td><td>Walking up and down stairs</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>G</td><td>Dressing</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>H</td><td>Eating</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>I</td><td>Sitting and standing up</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>J</td><td>Using toilet</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>K</td><td>Reading/watching TV</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>L</td><td>Listening radio/doorbell</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>M</td><td>SPEAKING [FILL IN YOURSELF]</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table>			Does not limit at all	Somewhat limits	Strongly limits	Prevents	A	Studies, work	1	2	3	4	B	Communication with institutions	1	2	3	4	C	Socialising with friends	1	2	3	4	D	Moving around outside home	1	2	3	4	E	Performing housework	1	2	3	4	F	Walking up and down stairs	1	2	3	4	G	Dressing	1	2	3	4	H	Eating	1	2	3	4	I	Sitting and standing up	1	2	3	4	J	Using toilet	1	2	3	4	K	Reading/watching TV	1	2	3	4	L	Listening radio/doorbell	1	2	3	4	M	SPEAKING [FILL IN YOURSELF]	1	2	3	4	
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F	Walking up and down stairs	1	2	3	4																																																																																	
G	Dressing	1	2	3	4																																																																																	
H	Eating	1	2	3	4																																																																																	
I	Sitting and standing up	1	2	3	4																																																																																	
J	Using toilet	1	2	3	4																																																																																	
K	Reading/watching TV	1	2	3	4																																																																																	
L	Listening radio/doorbell	1	2	3	4																																																																																	
M	SPEAKING [FILL IN YOURSELF]	1	2	3	4																																																																																	
P17	Do you use some aids in order to manage your daily activities? [SEVERAL ANSWERS ALLOWED] <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr><td>A</td><td>1 Glasses</td></tr> <tr><td>B</td><td>2 Contact lenses</td></tr> <tr><td>C</td><td>3 Hearing aid</td></tr> <tr><td>D</td><td>4 Walker</td></tr> <tr><td>E</td><td>5 Crutches</td></tr> <tr><td>F</td><td>6 Wheelchair</td></tr> <tr><td>G</td><td>7 Prosthesis</td></tr> <tr><td>H</td><td>8 OTHER</td></tr> </tbody> </table>	A	1 Glasses	B	2 Contact lenses	C	3 Hearing aid	D	4 Walker	E	5 Crutches	F	6 Wheelchair	G	7 Prosthesis	H	8 OTHER																																																																					
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P18	INTERVIEWER CHECKPOINT: DID THE RESPONDENT CONSIDER HIS/HER ACTIVITIES STRONGLY LIMITED OR PREVENTED BY HEALTH REASONS? SEE P16 1 Yes 2 No	2 ↓ P21																																																																																				
P19	Who is mainly helping/nursing you? <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 50%;">1 Spouse/partner</td> <td style="width: 50%;">6 Neighbours</td> </tr> <tr> <td>2 Parents</td> <td>7 Social worker</td> </tr> <tr> <td>3 Children</td> <td>8 Someone else (who)</td> </tr> <tr> <td>4 Siblings</td> <td>9 Nobody</td> </tr> <tr> <td>5 Other relatives</td> <td></td> </tr> </tbody> </table>	1 Spouse/partner	6 Neighbours	2 Parents	7 Social worker	3 Children	8 Someone else (who)	4 Siblings	9 Nobody	5 Other relatives																																																																												
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P20	How often you get help/nursing? 1 Every day 2 Two or three times a week 3 Once a week 4 Less frequently																																																																																					



P21	Next I will present you three pairs of statements. Please say at each pair which statement is closer to your opinion? [READ STATEMENTS IN PAIRS]						
A	FIRST PAIR 1 Everything that happens to me is up to me 2 I do not have control over the direction of my life						
B	SECOND PAIR 1 I am almost always sure that I can realize my plans 2 There is no need to make long-term plans, because life goes on its course						
C	THIRD PAIR 1 When solving problems, I usually take the initiative 2 Usually I let the others to take initiative						
P22	Please tell me to what extent the following statements describe your situation? [READ EACH STATEMENT]						
		Yes	More or less	No			
A	There is always someone I can talk to about my day-to-day problems	1	2	3			
B	I miss having a really close friend	1	2	3			
C	Life seems empty for me	1	2	3			
D	There are plenty of people I can lean on when I have problems	1	2	3			
E	I miss the company of the other people	1	2	3			
F	I find my circle of friends and relatives too limited	1	2	3			
G	There are many people I can completely trust	1	2	3			
H	There are enough people I feel close to	1	2	3			
I	I miss having people around me	1	2	3			
J	I often feel rejected	1	2	3			
K	I can call on my friends whenever I need them	1	2	3			
P23	To conclude the theme, some questions concerning your feelings during the last four weeks. Please tell, how often during the last four weeks you...						
		All the time	Most of the time	Often	Some-times	Seldom	Never
A	...felt (very) joyful and enthusiastic	1	2	3	4	5	6
B	...felt (very) energetic	1	2	3	4	5	6
C	...felt mentally (very) exhausted	1	2	3	4	5	6
D	...felt (very) tired and low mood	1	2	3	4	5	6
E	...felt (very) nervous	1	2	3	4	5	6
F	...felt (very) depressed	1	2	3	4	5	6
G	...felt (completely) calm	1	2	3	4	5	6
H	...felt (very) melancholic and distressed	1	2	3	4	5	6
I	...felt (very) happy	1	2	3	4	5	6
P24	Have you taken any medicine in relation to stress, nervousness or insomnia?						
	1 Yes, regularly 2 Yes, sometimes 3 No						
P25	Were these medicines prescribed by the doctor?						
	1 Yes, all 2 Yes, part of them 3 No						



3 ↓
J01

Part J. EDUCATION AND WORK

J01	Next we will talk about your work and education. Let us start from studies. Were you enrolled at school at age 14? 1 Yes 2 No	1 ↓ J04
J02	Have you been studying somewhere later? <i>NB! Do not consider short-term courses with the duration less than three months, on the job training and interest education.</i> 1 Yes 2 No	2 ↓ J13

TABLE OF EDUCATION HISTORY



J03	In what year did these/your next studies began? [FILL IN THE TABLE]	
Y	Year	
M	Month	
J04	What type of studies these were? <div style="display: flex; justify-content: space-between; font-size: small;"> <div style="width: 45%;"> <p>GENERAL EDUCATION:</p> <p>01 Primary school, basic school</p> <p>02 Secondary school, gymnasium</p> <p>VOCATIONAL EDUCATION:</p> <p>03 Vocational studies with basic education</p> <p>04 Vocational studies with secondary education</p> <p>05 Vocational studies after secondary education</p> <p>06 Specialised secondary studies after basic education</p> <p>07 Specialised secondary studies after secondary education</p> </div> <div style="width: 45%;"> <p>HIGHER EDUCATION:</p> <p>08 Applied higher education</p> <p>09 University studies/BA studies.</p> <p>10 Master studies</p> <p>11 Doctoral studies</p> <p>OTHER:</p> <p>12 Short-term (less than one year) courses</p> <p>13 OTHER</p> </div> </div>	
J05	What was your speciality? [ASK IF NOT GENERAL EDUCATION]	
J06	What was the form of enrolment in these studies? <div style="display: flex; justify-content: space-between; font-size: small;"> <div style="width: 45%;"> <p>1 Daily</p> <p>2 Evening</p> </div> <div style="width: 45%;"> <p>3 Extra-mural</p> <p>4 External</p> </div> </div>	
J07	Did you interrupt these studies for more than three month? <i>NB! Consider academic leave and other related leaves, do not consider periods of school holidays and practical training.</i> 1 Yes 2 No	2 ↓ J10
J08	In what year and month did this interruption begin?	
Y	Year	
M	Month	
J09	In what year and month did this interruption end?	
Y	Year	
M	Month	
J10	Did you complete these studies, do you continue them or did you leave the studies incomplete? 1 Completed 2 Continue currently 3 Left uncompleted	2 ↓ J12
J11	Until what year and month did you pursue these studies?	
Y	Month	
M	Year	
J12	Have you studied somewhere later? 1 Yes 2 No	1 ↑ J03



JX	Studies	1	2	3	4	5	6	
J03 Y M	Startdate of study Year Month	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	
J04	Type of studies	|_|_| ..... .....	|_|_| ..... .....	|_|_| ..... .....	|_|_| ..... .....	|_|_| ..... .....	|_|_| ..... .....	
J05	Speciality	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|
J06	Form of enrolment	|_|	|_|	|_|	|_|	|_|	|_|	
J07	Interruption 1 Yes 2 No	|_|	|_|	|_|	|_|	|_|	|_|	2 ↓ J10
J08 Y M	Startdate Year Month	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	
J09 Y M	Enddate Year Month	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	
J10	Study 1 Completed 2 Continue 3 No completed	|_|	|_|	|_|	|_|	|_|	|_|	2 ↓ J12
J11 Y M	Enddate of studies Year Month	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	Y|_|_| M|_|_|	
J12	More studies 1 Yes 2 No	|_|	|_|	|_|	|_|	|_|	|_|	1 ↑ J03

J13	To sum up your education — what is the highest level of education you have attained?																					
	<table border="0"> <tr> <td>01 No primary education</td> <td>08 Specialised secondary education after basic education</td> </tr> <tr> <td>02 Primary education</td> <td>09 Specialised secondary education after secondary education</td> </tr> <tr> <td>03 Basic education</td> <td>10 Applied higher education</td> </tr> <tr> <td>04 Secondary education</td> <td>11 University education / B.A.</td> </tr> <tr> <td>05 Vocational education combined with basic education</td> <td>12 Master degree</td> </tr> <tr> <td>06 Vocational education combined with secondary education</td> <td>13 Doctoral degree</td> </tr> <tr> <td>07 Vocational education after secondary education</td> <td>14 OTHER</td> </tr> </table>	01 No primary education	08 Specialised secondary education after basic education	02 Primary education	09 Specialised secondary education after secondary education	03 Basic education	10 Applied higher education	04 Secondary education	11 University education / B.A.	05 Vocational education combined with basic education	12 Master degree	06 Vocational education combined with secondary education	13 Doctoral degree	07 Vocational education after secondary education	14 OTHER							
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J14	In what year and month did you attain this level of education?																					
Y	_ _ Year																					
M	_ _ Month																					
J15	What was the language of studies you have attended at different levels?																					
A	Primary education _ _ _																					
B	Secondary education _ _ _																					
C	Vocational education _ _ _																					
D	Higher education _ _ _																					
J16	Please tell me all the languages that you command. Also, please evaluate your proficiency with these languages.																					
	<table border="0"> <tr> <td>1 Fluent command orally and in writing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 Satisfactory command orally and in writing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 Command sufficient for everyday communication</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 Understanding sufficient for everyday communication</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	1 Fluent command orally and in writing					2 Satisfactory command orally and in writing					3 Command sufficient for everyday communication					4 Understanding sufficient for everyday communication					
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A	First language .. _ _ _	1 2 3 4																				
B	Second language _ _ _	1 2 3 4																				
C	Third language _ _ _	1 2 3 4																				
D	Fourth language _ _ _	1 2 3 4																				
E	Fifth language _ _ _	1 2 3 4																				
F	Sixth language _ _ _	1 2 3 4																				
J17	How would you describe your attitude towards religion?																					
	<table border="0"> <tr> <td>1 Religious</td> </tr> <tr> <td>2 Following religious customs</td> </tr> <tr> <td>3 Indifferent towards religion</td> </tr> <tr> <td>4 Atheistic</td> </tr> </table>	1 Religious	2 Following religious customs	3 Indifferent towards religion	4 Atheistic																	
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J18	Which religious tradition was closest to your parental home?																					
	<table border="0"> <tr> <td>1 Lutheran</td> </tr> <tr> <td>2 Catholic</td> </tr> <tr> <td>3 Orthodox</td> </tr> <tr> <td>4 Russian Oldbeliever</td> </tr> <tr> <td>5 Baptist</td> </tr> <tr> <td>6 OTHER</td> </tr> </table>	1 Lutheran	2 Catholic	3 Orthodox	4 Russian Oldbeliever	5 Baptist	6 OTHER															
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<p>J19</p>	<p>Next let us talk about your employment career, starting from the time you were at age 14. Did you work somewhere at that time?</p> <p><i>NB! Consider activities aimed at earning a living with the duration of at least three months, including self-employment in own farm.</i></p> <p>1 Yes 2 No</p>	<p>2 ↓ J30</p>
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TABLE OF WORK HISTORY

J20	What was your first/next place of work? [MAKE SURE THAT THE KIND OF ECONOMIC ACTIVITY IS DESCRIBED] Name of enterprise/institution Economic activity													
J21	In what year and month did you start working there?													
Y	Year													
M	Month													
J22	What was your occupation, what kind of work did you do there? If you performed different work in terms of tasks or level of responsibility, consider the work you performed for the longest period. [MAKE SURE THAT THE KIND OF WORK IS DESCRIBED] Main occupation Kind of work													
J23	How many hours per week did you usually work in that period, including additional jobs, if any? Hours per week													
J24	Was your workplace in the same settlement where you lived? 1 Yes 2 No	1 ↓ J26												
J25	How long was the distance between your workplace and your place of residence? Number of kilometres													
J26	Do you continue to work there until now, did you interrupt work temporarily, or left this work? 1 Yes, continues working 2 No, interrupted work 3 No, left	1 ↓ J34												
J27	Why did you leave this work? <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">01 Liquidation of enterprise/institution</td> <td style="width: 33%;">05 Wanted a different job</td> <td style="width: 33%;">09 Long-term illness or injury</td> </tr> <tr> <td>02 Reduction</td> <td>06 Birth of a child/parental leave</td> <td>10 Nursing a household member</td> </tr> <tr> <td>03 Dismissal</td> <td>07 Military service</td> <td>11 Residential move</td> </tr> <tr> <td>04 End of work contract</td> <td>08 Retirement</td> <td>12 OTHER</td> </tr> </table>	01 Liquidation of enterprise/institution	05 Wanted a different job	09 Long-term illness or injury	02 Reduction	06 Birth of a child/parental leave	10 Nursing a household member	03 Dismissal	07 Military service	11 Residential move	04 End of work contract	08 Retirement	12 OTHER	
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J28	In what year and month did you interrupt/leave this job?													
Y	Month													
M	Year													
J29	[IN CASE OF WORK INTERRUPTION FILL IN WITHOUT ASKING] Was leaving this job followed by a period of three months or more when you did not work anywhere? 1 Yes 2 No	2 ↑ J20												
J30	Which of the following categories described you at age 14/in the following non-working period? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">01 Student/pupil</td> <td style="width: 50%;">06 Parental leave</td> </tr> <tr> <td>02 Unemployed (looking for a job)</td> <td>07 Homemaker</td> </tr> <tr> <td>03 Military conscript</td> <td>08 Prisoner</td> </tr> <tr> <td>04 Disabled</td> <td>09 OTHER</td> </tr> <tr> <td>05 Old-age pensioner</td> <td></td> </tr> </table>	01 Student/pupil	06 Parental leave	02 Unemployed (looking for a job)	07 Homemaker	03 Military conscript	08 Prisoner	04 Disabled	09 OTHER	05 Old-age pensioner				
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J31	Does this non-working period still continue until now? 1 Yes 2 No	1 ↓ K01												
J32	Until what year and month did this non-working period continue? Y Year M Month													
J33	Did you start to work in the following or did your status change in some other some way? 1 Started to work 2 Did not start to work	1 ↑ J20 2 ↑ J30												

JY	Place of work	1	2	3	4	5	6	
J20	Name of enterprise/ institution	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
	Economic activity	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|
J21 Y M	Startdate or work Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	
J22	Main occupation	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
	Kind of work	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|	..... |_|_|
J23	Hours per week	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	
J24	Same settlement 1 Yes 2 No	|_|	|_|	|_|	|_|	|_|	|_|	1 ↓ J26
J25	Distance (km)	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	
J26	Continues to work	|_|	|_|	|_|	|_|	|_|	|_|	1 ↓ J34
	1 Yes, continues 2 No, interrupted 3 No, left							
J27	Reason of leaving	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	|_|_|	
	Reason of interrupting	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....
J28 Y M	Enddate of work Year	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	Y|_|_|	
	Month	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	M|_|_|	
J29	Non-working period 1 Yes 2 No	|_|	|_|	|_|	|_|	|_|	|_|	2 ↑ J20
	Main status	|_|	|_|	|_|	|_|	|_|	|_|	
J31	Period continues 1 Yes 2 No	|_|	|_|	|_|	|_|	|_|	|_|	1 ↓ K01
	Enddate Year	A|_|_|	A|_|_|	A|_|_|	A|_|_|	A|_|_|	A|_|_|	
J32 Y M	Month	K|_|_|	K|_|_|	K|_|_|	K|_|_|	K|_|_|	K|_|_|	
	Next period 1 Work 2 Non-working	|_|	|_|	|_|	|_|	|_|	|_|	1 ↑ J20 2 ↑ J30

J34	What your employment status in your main job? 1 Paid worker 2 Employer, farmer with employees 3 Own-account worker, farmer without employees 4 Freelancer 5 Unpaid worker in family business 6 OTHER.....	
J35	Do you have another job in addition to the main job? 1 Yes 2 No	2 ↓ J37
J36	Is your second job regular, seasonal or occasional? 1 Regular 2 Seasonal 3 Occasional	
J37	How many hours per week have you usually worked during the last year (consider working hours in main as well as additional jobs)? |_|_| Working hours per week	
J38	What are the languages you use at your workplace? If you use several languages at work, indicate all of them, starting from the most frequently used. A First language ..... |_|_|_| B Second language ..... |_|_|_| C Third language ..... |_|_|_|	

Part K. LIVING CONDITIONS

K01	Next there are some questions concerning your household and dwelling. The following list includes typical sources of income that people have. Please tell, from which sources do you and your household members get their income?																																																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Respondent</th> <th style="width: 10%;">LIVES ALONE</th> <th style="width: 10%;">Other members of the household</th> </tr> </thead> <tbody> <tr><td>A Wage, salary</td><td style="text-align: center;">01</td><td></td><td style="text-align: center;">01</td></tr> <tr><td>B Pension</td><td style="text-align: center;">02</td><td></td><td style="text-align: center;">02</td></tr> <tr><td>C Family allowance, child allowance</td><td style="text-align: center;">03</td><td></td><td style="text-align: center;">03</td></tr> <tr><td>D Study grant, stipend</td><td style="text-align: center;">04</td><td></td><td style="text-align: center;">04</td></tr> <tr><td>E Unemployment insurance</td><td style="text-align: center;">05</td><td></td><td style="text-align: center;">05</td></tr> <tr><td>F Social benefits, social allowances</td><td style="text-align: center;">06</td><td></td><td style="text-align: center;">06</td></tr> <tr><td>G Employer's income</td><td style="text-align: center;">07</td><td></td><td style="text-align: center;">07</td></tr> <tr><td>H Property income (e.g. income from rent, dividends etc)</td><td style="text-align: center;">08</td><td></td><td style="text-align: center;">08</td></tr> <tr><td>I Financial assistance from relatives</td><td style="text-align: center;">09</td><td></td><td style="text-align: center;">09</td></tr> <tr><td>J Other income (specify)</td><td style="text-align: center;">10</td><td></td><td style="text-align: center;">10</td></tr> <tr><td>K NO MONEY INCOME/ MAINTAINED BY OTHERS</td><td style="text-align: center;">11</td><td></td><td style="text-align: center;">11</td></tr> </tbody> </table>		Respondent	LIVES ALONE	Other members of the household	A Wage, salary	01		01	B Pension	02		02	C Family allowance, child allowance	03		03	D Study grant, stipend	04		04	E Unemployment insurance	05		05	F Social benefits, social allowances	06		06	G Employer's income	07		07	H Property income (e.g. income from rent, dividends etc)	08		08	I Financial assistance from relatives	09		09	J Other income (specify)	10		10	K NO MONEY INCOME/ MAINTAINED BY OTHERS	11		11	
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K02	Please try to recall what was your income and the total income of your household after taxes in the previous month, considering all sources mentioned above. [OFFER HELP TO THE RESPONDENT IN SUMMING THE AMOUNTS] A _ _ _ _ _ Income of the respondent in the previous month (kroons) B _ _ _ _ _ Income of the household in the previous month (kroons)																																																	
K03	Do these amounts represent your and your household's average monthly income during the last year? 1 Yes 2 No	1 ↓ K05																																																

K13	In what year was your house built?		
Y	|_|_|_|_| Year		
K14	Does your dwelling meet the needs of your household?		
	01 Yes, dwelling meets the needs 02 No, we need more floor space 03 No, we need more rooms, floor space can remain the same 04 No, we need a dwelling with better facilities 05 No, we need a house of our own 06 No, we need a garden/yard at the house 07 No, we need a dwelling closer to other people (in a larger settlement, in the centre) 08 No, we need a dwelling with more privacy, in a less densely populated area 09 No, we need a dwelling in another area of the city 10 OTHER		
K15	Does your household own or rent the dwelling or are you using it free?		
	1 Household owns 2 Household rents 3 Household uses free 4 OTHER		
K16	Which of the following items are at the disposal of your household?		
A	01 Car		
B	02 Lorry, minibus		
C	03 Work-room with tools		
D	04 Agricultural tools/farm equipment (tractor, refrigeration etc)		
E	05 Livestock/poultry		
F	06 Cats/dogs, other pets		
G	07 Apartment somewhere else		
H	08 House/plot of land somewhere else		
I	09 Farm somewhere else		
J	10 Summer cottage/house		
K	11 NONE OF THESE ITEMS		
K17	How many books do you have in your household?		
	1 None 2 Less than 50 3 50-149 4 150-499 5 500-999 6 1000 or more		
K18	Does anyone of your household members engage in the following interest activities/hobbies? [SEVERAL ANSWERS ALLOWED]		
		Respon- dent	
		Household members	
A	Music (singing, playing an instrument etc)	01	01
B	Art (drawing, painting, artistic photography etc)	02	02
C	Handicraft (embroidering, knitting, woodwork etc)	03	03
D	Literature (writing, reading, collecting books etc)	04	04
E	Engineering (building and repairing machinery etc)	05	05
F	Electronics (dealing with radio and TV sets, computers etc)	06	06
G	Construction (building a home, making furniture etc)	07	07
H	Sports (going in for sports, being a fan etc)	08	08
I	Gardening	09	09
J	Collecting (what)	10	10
K	Other hobby	11	11
L	NO HOBBIES	12	12

K19	<p>[IF THE INTERVIEW DOES NOT TAKE PLACE AT THE RESPONDENTS HOME, ASK THE NEXT THREE QUESTIONS, OTHERWISE FILL IN THEM YOURSELF] Our interview does not take place at your home. To get an idea about your daily living environment, please tell me to which of the following type does your dwelling belong to?</p> <ol style="list-style-type: none"> 1 Farm with related buildings 2 Family house (in urban as well as rural areas) 3 Terraced house/twin house 4 Small apartment house (up to 3 storeys, up to 3 staircases) 5 Medium-size apartment house (4-5 storeys or more than 3 staircases) 6 Large apartment house (6 or more storeys) 7 OTHER 	
K20	<p>Which of the following descriptions characterises best your place of residence?</p> <p>IN RURAL AREA</p> <ol style="list-style-type: none"> 1 In the centre of a settlement 2 Outside the centre of a settlement <p>IN URBAN AREA</p> <ol style="list-style-type: none"> 3 House as a part of the street front 4 House on a separated plot, not open to public access 5 House on a public right-a-way 6 House in a free planning area 	6 ↓ T05
K21	<p>Is there a garden or yard belonging to your house that the residents use?</p> <ol style="list-style-type: none"> 1 No garden nor yard 2 Yes, garden/yard on a public right-away 3 Yes, garden/yard used by the residents 4 Yes, garden/yard used by the household 	

Thank you very much for your kind cooperation! Together with the responses provided by other respondents to the survey, your answers are of great help in understanding the social policy needs in Estonia.

**CHECK AGE LIMITS, INTERVALS, CONNECTIONS BETWEEN DIFFERENT EVENTS,
CONSISTENCY BETWEEN LIFE HISTORY AND STATUS AT THE INTERVIEW**

PARTNERSHIP, CHILDREN, PREGNANCIES

- & Are the startdates and enddates of successive partnerships overlapping?
- & If there was a childbirth or pregnancy, was there any partnership in the same period?
- & Are there more than one pregnancy in the same year?
- & Are there deliveries in successive years?
- & Any other pregnancy in the same, preceding or successive year with a delivery?
- & Partnership, childbirth or pregnancy earlier than sexual initiation?
- & Interval between childbirth more than 8 years?
- & No pregnancies during the first two years of the partnership?
- & Is there a childbirth after age 40?
- & Is there a pregnancy after age 45?

ECONOMIC INDEPENDENCE AND RESIDENTIAL MOBILITY

- & Did economic independence coincide with residential move?
- & If studies started after age 18, was there any residential move?
- & Did the start or end of partnership coincide with residential move?

HEALTH, EDUCATION AND WORK

- & If injury or long-term illness, was there any interruption in educational enrolment or work?
- & If very long studies, was there any interruption?
- & Did entry into employment coincide with economic independence?
- & If childbirth, was there any interruption in educational enrolment or work?
- & If educational enrolment and work overlap, was there any interruption in any of them?
- & If entered employment at very late age, what did the respondent do until that?
- & Are there any longer periods not covered by information on respondents activity (e.g. between the completion of studies and entry into employment)?

Year	Partnership	Child-birth	Other pregnancies	Sexual Initiation	Economic independence	Residential move	Injuries	Studies	Work	Year
	A-start, L-end	I,II,III etc.	X-event	X-start	X-event	X-event	X-event	A-start, L-end	A-start, L-end	
	Pp 6-7	Pp 10-11	Pp 14-15	Pp 16	Pp 27	Pp 30-31	Pp 35-36	Pp 40-41	Pp 44-45	
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