

**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> | |
|--|---|--|

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 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 before 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 1 Hormonal contraceptives (pills, B 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 One | 23 Two or three | 4 Four | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="0"> <thead> <tr> <th></th> <th>Impor- tant</th> <th>Somewhat important</th> <th>Not important</th> </tr> </thead> <tbody> <tr> <td>A Children provide a feeling of security for old age</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>B Children need siblings</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>C I wish to have a child of another sex</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>D Partner wants a child</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>E Children help to strengthen relation between spouses</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>F Children give meaning to my life</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>G Children guarantee the nation's continuity</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>H Children help the family by their work</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>I I wish to content parents and relatives</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>J I wish to have offspring</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>K I do not imagine full life without children</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>L I want to be alike my friends</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table> | | Impor- tant | Somewhat important | Not important | A Children provide a feeling of security for old age | 1 | 2 | 3 | B Children need siblings | 1 | 2 | 3 | C I wish to have a child of another sex | 1 | 2 | 3 | D Partner wants a child | 1 | 2 | 3 | E Children help to strengthen relation between spouses | 1 | 2 | 3 | F Children give meaning to my life | 1 | 2 | 3 | G Children guarantee the nation's continuity | 1 | 2 | 3 | H Children help the family by their work | 1 | 2 | 3 | I I wish to content parents and relatives | 1 | 2 | 3 | J I wish to have offspring | 1 | 2 | 3 | K I do not imagine full life without children | 1 | 2 | 3 | L I want to be alike my friends | 1 | 2 | 3 | |
| | Impor- tant | Somewhat important | Not important | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Children provide a feeling of security for old age | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Children need siblings | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C I wish to have a child of another sex | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Partner wants a child | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E Children help to strengthen relation between spouses | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F Children give meaning to my life | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G Children guarantee the nation's continuity | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H Children help the family by their work | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I I wish to content parents and relatives | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J I wish to have offspring | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K I do not imagine full life without children | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L I want to be alike my friends | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 2 Two 3 Three 4 Four 5 Five or more 23 Two or three 34 Three or four 45 Four or five | | | |

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 02 Own-account worker 03 Intellectual 04 Higher official | 05 Clerk 06 Military 07 Skilled worker 08 Unskilled worker | 09 Agricultural worker 10 Farmer 11 OTHER |
| 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> | | |
| | <p>1 Yes, in respondent's household 2 Yes, separately 3 No</p> | | 1,3 ↓ G55 |
| 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 | | |

GRANDPARENTS

| | | | | | |
|------------|---|---------------------------------|--|---------------------------------|---------------------------------|
| G64 | Next some questions concerning your grandparents. Please tell me about every grandparent his/her year and place of birth, and ethnicity. If grandparent has died, please tell also the year of death. | | | | |
| | | Respondent's mother's mother | Respondent's mother's father | Respondent's father's mother | Respondent's father's father |
| Y | Date of birth Year | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| G65 | Place of birth | | | | |
| A | Village | | | | |
| B | Town/community | | | | |
| | County/oblast | | | | |
| | Country | | | | |
| | | _ _ _ _ _ _ | _ _ _ _ _ _ | _ _ _ _ _ _ | _ _ _ _ _ _ |
| G66 | Ethnicity | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| G67 | Alive? 1 Yes 2 No | _ | _ | _ | _ |
| | | | | | 1 ↓ G69 |
| G68 | Date of death | | | | |
| Y | Year | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ |
| G69 | During your childhood did you live a longer period in the same household with your grandparents? | | | | |
| A | 1 Yes | _ _ _ | Number of years lived together with grandparents | | 1 ↓ |
| B | 2 No | | | | H01 |
| G70 | How often did you meet your grandparents in your childhood? | | | | |
| | 1 Grandparents babysitted me almost every day 2 I visited my grandparents almost every day 3 I spent bigger part of my summer holidays with grandparents 4 Time after time we did something together 5 I met grandparents in family gatherings 6 I had no contacts with my grandparents 7 Grandparents had died 8 OTHER..... | | | | |

Part H. ECONOMIC INDEPENDENCE

| | | | |
|------------|--|--|---|
| H01 | Becoming adult, a person becomes independent and usually leaves parental home. [ASK IF LIVING IN HOUSEHOLD TOGETHER WITH PARENTS] Have you ever become economically independent from your parental household? | | |
| | 1 Yes 2 No | | 2 ↓ I01 |
| H02 | In what year and month did you become independent from your parental household? <i>NB! Please consider economic independence a situation, when you and/or your partner covered most of your daily expenses.</i> | | |
| Y | _ _ | Year |  |
| M | _ _ | Month | |
| H03 | Under what circumstances did you become independent? | | |
| | 1 Established own family 2 Started to receive independent income | 3 Parental household ceased to exist 4 OTHER | |
| H04 | Did you move apart from your parental household at the same time when you became economically independent or were you living separately already earlier? | | |
| | 1 Lived separately already earlier 2 Yes, moved apart simultaneously | 3 Yes, moved apart later 4 No | 2 ↓ H06 4 ↓ H07 |


| | | |
|------------|--|-------------------|
| 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| A | | | | | | | | |
| B | | | | | | | | |
| I15 | Settlement type 1 Rural 2 Urban | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| I16 | Date of move | | | | | | | |
| | Year | Y <input type="text"/> | Y <input type="text"/> | Y <input type="text"/> | Y <input type="text"/> | Y <input type="text"/> | Y <input type="text"/> |  |
| Y | Month | M <input type="text"/> | M <input type="text"/> | M <input type="text"/> | M <input type="text"/> | M <input type="text"/> | M <input type="text"/> | |
| M | | | | | | | | |
| I17 | Type of move 1 Voluntary 2 Forced | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1 ↓ I19 |
| I18 | Reason of forced Move | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ↓ I21 |
| I19 | Whose need 1 Respondent 2 Others 3 Household | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2,3 ↓ I21 |
| I20 | Reason of move | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| I21 | Type of dwelling | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5-7 ↓ I23 |
| I22 | Number of rooms | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| I23 | Household size 1 Increased 2 Decreased 3 No change | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| I24 | Facilities 1 Piped water 2 Water, heat. 3 None | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| I25 | Moves in the same settlement 1 Yes 2 No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 ↓ I28 |
| I26 | Number of moves | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 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 | 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/environment of the household | 2,3 ↓ I32 |
| I31 | 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/ 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 | |
| I32 | 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 Parlor kitchen 8 Temporary dwelling 3 Apartment 6 Room in apartment/hostel room 9 OTHER | 5-7 ↓ I34 |
| I33 | How many rooms did your household have in this dwelling? Number of rooms | |
| I34 | Did your household size change with this move? 1 Yes, increased 2 Yes, decreased 3 Did not change | |
| I35 | Was your dwelling equipped with piped water and central heating? 1 Only piped water 2 Both piped water and central heating 3 None | |
| | [IF YOU HAVE FILLED IN ALL RESIDENTIAL MOVES WITHIN THIS SETTLEMENT, RETURN TO THE TABLE INTER-SETTLEMENT MOVES I27] | ↑ 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 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 | |

Part P. HEALTH

| | | |
|------------|---|---------------------|
| P01 | Next some questions about your health. How do you rate your health in general? | |
| | 1 Very good 2 Good 3 Satisfactory | 4 Bad 5 Very bad |
| P02 | Injuries can be a reason that force people to give up their usual activity for longer periods. Have you ever had any injuries that seriously limited your work, studies or daily activities for more than three months? 1 Yes 2 No | 2 ↓ P09 |

TABLE OF INJURIES

| P03 | Please tell about all such events. What caused the injury and in what year and month did it occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|---------|---------|---------|-------------------|---|-------|-----|-----|-----|-----|---------------------|--|--|--|--|-------------------------|--|--|--|--|------------------|--|--|--|--|--------------------|--|--|--|--|--------|--|--|--|--|-------------------------------|--|--|--|--|----------------------|--|--|--|--|--------------------|--|--|--|--|----------------------|--|--|--|--|----------------|-------|-------|-------|-------|--|
| | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Injury</th> <th style="width: 12.5%; text-align: center;">1</th> <th style="width: 12.5%; text-align: center;">2</th> <th style="width: 12.5%; text-align: center;">3</th> <th style="width: 12.5%; text-align: center;">4</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Cause</td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> <tr> <td style="background-color: #e0e0e0;">01 Traffic accident</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">02 Job-related accident</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">03 Home accident</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">04 Sports accident</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">05 War</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">06 Repressions by authorities</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">07 Criminal activity</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">08 Suicide attempt</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">09 Inborn disability</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">10 OTHER</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> </tbody> </table> | Injury | 1 | 2 | 3 | 4 | Cause | _ _ | _ _ | _ _ | _ _ | 01 Traffic accident | | | | | 02 Job-related accident | | | | | 03 Home accident | | | | | 04 Sports accident | | | | | 05 War | | | | | 06 Repressions by authorities | | | | | 07 Criminal activity | | | | | 08 Suicide attempt | | | | | 09 Inborn disability | | | | | 10 OTHER | | | | | |
| Injury | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cause | _ _ | _ _ | _ _ | _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 Traffic accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 Job-related accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 Home accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 Sports accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 War | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 Repressions by authorities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 Criminal activity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 Suicide attempt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 Inborn disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P04 | Date of injury | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Year | Y _ _ | Y _ _ | Y _ _ | Y _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Month | M _ _ | M _ _ | M _ _ | M _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P05 | Now let us talk about every injury separately. What was the nature of this injury? [SEVERAL ANSWERS ALLOWED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | 01 Loss of arm or leg | 1.V _ _ | 1.V _ _ | 1.V _ _ | 1.V _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 02 Loss of ability to move | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 03 Loss of ability to see | 2.V _ _ | 2.V _ _ | 2.V _ _ | 2.V _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 04 Loss of ability to hear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 05 Loss of ability to speak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | 06 Loss of mental ability to work | 3.V _ _ | 3.V _ _ | 3.V _ _ | 3.V _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 07 Loss of an organ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 08 Serious trauma/contusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 09 Freezing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 Burning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P06 | Is this injury restricting your work, studies or daily activities until today? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 Yes | _ | _ | _ | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 1 ↓ P08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P07 | For how long have the activity limitations caused by this injury lasted? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Years | DY _ _ | DY _ _ | DY _ _ | DY _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Months | DM _ _ | DM _ _ | DM _ _ | DM _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P08 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|------------|---|--------------------------|
| 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 |
|------------|---|--------------------------|

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) | | | | |
| | 4 Metabolistic diseases (diabetes, thyroid illnesses 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) |
| | 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"> <thead> <tr> <th></th> <th>Does not limit at all</th> <th>Somewhat limits</th> <th>Strongly limits</th> <th>Prevents</th> </tr> </thead> <tbody> <tr> <td>A Studies, work</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>B Communication with institutions</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>C Socialising with friends</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>D Moving around outside home</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>E Performing housework</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>F Walking up and down stairs</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>G Dressing</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>H Eating</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>I Sitting and standing up</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>J Using toilet</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>K Reading/watching TV</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>L Listening radio/doorbell</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>M 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 | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P17 | Do you use some aids in order to manage your daily activities? [SEVERAL ANSWERS ALLOWED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 Spouse/partner 2 Parents 3 Children 4 Siblings 5 Other relatives 6 Neighbours 7 Social worker 8 Someone else (who) 9 Nobody | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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;"> <div style="width: 48%;"> <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: 48%;"> <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;"> <div style="width: 48%;"> <p>1 Daily</p> <p>2 Evening</p> </div> <div style="width: 48%;"> <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 | Y _ _ | Y _ _ | Y _ _ | Y _ _ | Y _ _ | Y _ _ |  |
| | Month | M _ _ | M _ _ | M _ _ | M _ _ | M _ _ | M _ _ | |
| J04 | Type of studies | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | |
| J05 | Speciality | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | |
| J06 | Form of enrolment | _ | _ | _ | _ | _ | _ | |
| J07 | Interruption 1 Yes 2 No | _ | _ | _ | _ | _ | _ | 2 ↓ J10 |
| J08 Y M | Startdate Year | Y _ _ | Y _ _ | Y _ _ | Y _ _ | Y _ _ | Y _ _ | |
| | Month | M _ _ | M _ _ | M _ _ | M _ _ | M _ _ | M _ _ | |
| J09 Y M | Enddate Year | Y _ _ | Y _ _ | Y _ _ | Y _ _ | Y _ _ | Y _ _ | |
| | Month | M _ _ | M _ _ | M _ _ | M _ _ | M _ _ | M _ _ | |
| J10 | Study 1 Completed 2 Continue 3 No completed | _ | _ | _ | _ | _ | _ | 2 ↓ J12 |
| J11 Y M | Enddate of studies Year | Y _ _ | Y _ _ | Y _ _ | Y _ _ | Y _ _ | Y _ _ |  |
| | Month | M _ _ | M _ _ | M _ _ | M _ _ | M _ _ | 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 | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| 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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| 3 Command sufficient for everyday communication | | | | | | | | | | | | | | | | | | | | | | |
| 4 Understanding sufficient for everyday communication | | | | | | | | | | | | | | | | | | | | | | |
| 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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| 2 Following religious customs | | | | | | | | | | | | | | | | | | | | | | |
| 3 Indifferent towards religion | | | | | | | | | | | | | | | | | | | | | | |
| 4 Atheistic | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| 1 Lutheran | | | | | | | | | | | | | | | | | | | | | | |
| 2 Catholic | | | | | | | | | | | | | | | | | | | | | | |
| 3 Orthodox | | | | | | | | | | | | | | | | | | | | | | |
| 4 Russian Oldbeliever | | | | | | | | | | | | | | | | | | | | | | |
| 5 Baptist | | | | | | | | | | | | | | | | | | | | | | |
| 6 OTHER | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|-------------------|---|---------------------------|
| <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> |
|-------------------|---|---------------------------|

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 | |
| 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 | | | | | | | | | | | | |
| 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 | | | | |
| 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 | | | | | | | | | | | | | | |
| 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 | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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> <ul 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> <ul style="list-style-type: none"> 1 In the centre of a settlement 2 Outside the centre of a settlement <p>IN URBAN AREA</p> <ul 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> <ul 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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