

**European Foundation
'European Quality of Life Survey 2007'**

QUESTIONNAIRE

QUALITY OF LIFE – MAIN INTERVIEW

HH0. (INT.: ENTER THE INTERVIEW NUMBER ON THE CONTACT SHEET)

CONTACT SHEET NUMBER: _____

HH1. **I'd like to start by asking you a few questions about your household.**

Including yourself, can you please tell me how many people live in this household?

(INT.: WRITE DOWN THE EXACT NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD)

HH2. (INT.: NOW OBTAIN INFORMATION THAT YOU NEED TO ENTER ON HOUSEHOLD GRID ON NEXT PAGE, STARTING WITH THE RESPONDENT)

- a. (INT.: CODE THE GENDER OF THE RESPONDENT IN GRID BELOW)
- b. **Starting with yourself, what was your age last birthday?**
- c. (INT.: SKIP FOR RESPONDENT)
- d. (INT.: SHOW CARD D) **Which of these best describes your situation?**

HH3. (INT.: FOR SECOND HOUSEHOLD MEMBER, START WITH THE OLDEST MEMBER OF THE HOUSEHOLD. REPEAT GRID QUESTIONS A-D FOR ALL OTHER HOUSEHOLD MEMBERS.)

Now thinking about the other members of your household, starting with the oldest ...

- a. **Could you tell me whether this is a male or a female?**
- b. **What was this person's age last birthday?**
- c. (INT.: SHOW CARD C) **What is this person's relationship to you? Is he/she your ...?**
- d. (INT.: SHOW CARD D) **Which of these best describes your situation?**

HOUSEHOLD GRID

		A		B	C	D
		INT: Code for respondent		Age	Relationship to respondent	Principal economic status?
		Male	Female		Code from list below	Code from list below
1	Respondent	1	2			
2	Person 2	1	2			
3	Person 3	1	2			
4	Person 4	1	2			
5	Person 5	1	2			
6	Person 6	1	2			
7	Person 7	1	2			
8	Person 8	1	2			
9	Person 9	1	2			
10	Person 10	1	2			

RELATIONSHIP CODES [CARD C]	
1	spouse/partner
2	son/daughter
3	parent, step-parent or parent in law
4	daughter or son in law
5	grandchild
6	brother/sister (incl. half and step siblings)
7	other relative
8	other non relative

ECONOMIC STATUS CODES [CARD D]:	
1	at work as employee or employer/self-employed
2	employed, on child-care leave or other leave
3	at work as relative assisting on family farm or business *
4	unemployed less than 12 months
5	unemployed 12 months or more
6	unable to work due to long-term illness or disability
7	retired
8	full time homemaker/ responsible for ordinary shopping and looking after the home
9	in education (at school, university, etc.) / student
10	other**
* If paid a formal wage or salary for work in family farm or business, code as 1 ('at work as employee')	
** If child is of pre-school age, code as 10	
AFTER FILLING IN ALL MEMBERS OF THE HOUSEHOLD IN THE GRID, THEN IF:	
-----> CODES 1-2 FOR RESPONDENT GO TO Q2	
-----> CODES 3-10 FOR RESPONDENT GO TO Q1	

Q1. (INT.: ASK IF RESPONDENT IS NOT IN PAID WORK (CODES 3-10 AT D IN HOUSEHOLD GRID))

Have you ever had a paid job?

- 1 Yes → Ask Q3
- 2 No → Go to Q12
- 3 Don't Know → Go to Q12

Q2. (INT.: ASK IF RESPONDENT HAS PAID WORK (CODES 1-2 AT D IN HOUSEHOLD GRID))

What is your current occupation?

(INT.: SHOW CARD Q2 AND CODE IN THE GRID BELOW UNDER Q2)

Q3. ASK IF RESPONDENT HAD PAID WORK (CODE 1 AT Q1)

What was your last occupation?

(INT.: SHOW CARD Q2 AND CODE IN THE GRID BELOW UNDER Q3)

	Q2	Q3
	current occupation	last occupation
SELF EMPLOYED		
Farmer	1	1
Fisherman	2	2
Professional (lawyer, medical practitioner, accountant, architect etc.)	3	3
Owner of a shop, craftsmen, other self-employed person	4	4
Business proprietors, owner (full or partner) of a company	5	5
EMPLOYED		
Employed professional (employed doctor, lawyer, accountant, architect)	6	6
General management, director or top management (managing directors, director general, other director)	7	7
Middle management, other management (department head, junior manager, teacher, technician)	8	8
Employed position, working mainly at a desk	9	9
Employed position, not at a desk but travelling (salesman, driver, etc.)	10	10
Employed position, not at a desk, but in a service job (hospital, restaurant, police, fireman, etc.)	11	11
Supervisor	12	12
Skilled manual worker	13	13
Other (unskilled) manual worker, servant	14	14

Q4. ASK IF RESPONDENT HAS PAID WORK (CODES 1-2 AT D IN HOUSEHOLD GRID) OR IF EVER HAD PAID JOB (CODE 1 AT Q1)

In your job, are/were you ...

(INT.: READ OUT)

- 1 On an unlimited permanent contract
- 2 On a fixed term contract of less than 12 months
- 3 On a fixed term contract of 12 months or more
- 4 On a temporary employment agency contract
- 5 On apprenticeship or other training scheme
- 6 Without a written contract
- 7 Other
- 8 (Don't know)

Q5. ASK IF RESPONDENT HAS PAID WORK (CODES 1-2 AT D IN HOUSEHOLD GRID) OR IF EVER HAD PAID JOB (CODE 1 AT Q1)

Do/did you work in the...?

(INT.: READ OUT)

- 1 Private sector
- 2 Public sector
- 3 Joint private-public organisation or company
- 4 Non-for-profit sector, NGO
- 5 Other
- 6 Don't know
- 7 Refusal

Q6. ASK IF RESPONDENT HAS PAID WORK (CODES 1-2 AT D IN HOUSEHOLD GRID) OR IF EVER HAD PAID JOB (CODE 1 AT Q1)

How many hours do/did you normally work per week (in your main job), including any paid or unpaid overtime?

(INT.: ENTER NUMBER OR 999 FOR DON'T KNOW) _____

Q7. ASK IF RESPONDENT HAS PAID WORK (CODES 1-2 AT D IN HOUSEHOLD GRID)

Apart from your main work, have you also worked at an additional paid job or business or in agriculture at any time during the past four (working) weeks?

- 1 Yes → Go to Q8
- 2 No → Go to Q9
- 3 Don't know → Go to Q9

Q8. ASK IF 'ADDITIONAL PAYED JOB' CODE (1) IN Q7

About how many hours per week did you work in this additional job or business or in agriculture? Please give an average figure for the last 4 working weeks.

(INT.: ENTER HOURS PER WEEK OR 999 FOR DON'T KNOW) _____

Q9. ASK IF RESPONDENT HAS PAID WORK (CODES 1-2 AT D IN HOUSEHOLD GRID)

(INT.: SHOW CARD Q9)

Using this card, how likely do you think it is that you might lose your job in the next 6 months?

- 1 Very likely
- 2 Quite likely
- 3 Neither likely, nor unlikely
- 4 Quite unlikely
- 5 Very unlikely
- 6 (Don't know)

Q10. ASK IF RESPONDENT HAS PAID WORK (CODES 1-2 AT D IN HOUSEHOLD GRID)

(INT.: SHOW CARD Q10)

How much do you agree or disagree with the following statements?

(INT.: READ OUT THE STATEMENTS)

	(1)	(2)	(3)	(4)	(5)	(6)
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	(Don't know)
a. My work is too demanding and stressful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am well paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have a great deal of influence in deciding how to do my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My work is dull and boring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My job offers good prospects for career advancement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I constantly work to tight deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I work in dangerous or unhealthy conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 ASK IF RESPONDENT HAS PAID WORK (CODES 1-2 AT D IN HOUSEHOLD GRID)

(INT.: SHOW CARD Q11)

How often has each of the following happened to you during the last year?

(INT.: READ OUT THE STATEMENTS)

	(1) Several times a week	(2) Several times a month	(3) Several times a year	(4) Less often/ rarely	(5) Never	(6) (Don't know)
a. I have come home from work too tired to do some of the household jobs which need to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It has been difficult for me to fulfil my family responsibilities because of the amount of time I spend on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have found it difficult to concentrate at work because of my family responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12. ASK IF HOUSEHOLD HAS 2 PEOPLE OR MORE (HH1)

In your household, do you contribute the most to the household income?

- | | | | |
|---|--------------------------|---|-------------|
| 1 | <input type="checkbox"/> | Yes | → Go to Q15 |
| 2 | <input type="checkbox"/> | No | → Go to Q13 |
| 3 | <input type="checkbox"/> | I contribute about the same as others in my household | → Go to Q15 |
| 4 | <input type="checkbox"/> | Don't know | → Go to Q15 |

Q13. ASK IF CODE 2 AT Q12

What is the current occupation of the person who contributes most to the household income?

(INT.: SHOW CARD Q13 AND CODE IN THE GRID BELOW Q13 'currant occupation')

Q14. ASK IF CODE 2 AT Q12 AND CODE 11 – 14 AT Q13 (not working)

Did he/she do any paid work in the past? What was his/her last occupation?

(INT.: SHOW CARD Q13 AND CODE IN THE GRID BELOW Q14 'last occupation')

	Q13 current occupation	Q14 last occupation
NOT WORKING		
Responsible for ordinary shopping and looking after the home, or without any current occupation, not working	11	
Student	12	
Unemployed or temporarily not working	13	
Retired or unable to work through illness	14	
SELF EMPLOYED		
Farmer	1	1
Fisherman	2	2
Professional (lawyer, medical practitioner, accountant, architect etc.)	3	3
Owner of a shop, craftsmen, other self-employed person	4	4
Business proprietors, owner (full or partner) of a company	5	5
EMPLOYED		
Employed professional (employed doctor, lawyer, accountant, architect)	6	6
General management, director or top management (managing directors, director general, other director)	7	7
Middle management, other management (department head, junior manager, teacher, technician)	8	8
Employed position, working mainly at a desk	9	9
Employed position, not at a desk but travelling (salesman, driver, etc.)	10	10
Employed position, not at a desk, but in a service job (hospital, restaurant, police, fireman, etc.)	11	11
Supervisor	12	12
Skilled manual worker	13	13
Other (unskilled) manual worker, servant	14	14
NEVER DID ANY PAID WORK		19

(INT.: ASK ALL)

Q15. **How many rooms does the accommodation in which you live have, excluding the kitchen, bathrooms, hallways, storerooms and rooms used solely for business?**

(INT.: ENTER NUMBER OF ROOMS OR 99 FOR DON'T KNOW) _____

Q16. Which of the following best describes your accommodation?

(INT.: SHOW CARD Q16 AND READ OUT)

- 1 Own without mortgage (i.e. without any loans)
- 2 Own with mortgage
- 3 Tenant, paying rent to private landlord
- 4 Tenant, paying rent in social/voluntary/municipal housing
- 5 Accommodation is provided rent free
- 6 Other
- 7 (Don't know)

Q17. Do you have any of the following problems with your accommodation?

(INT.: READ OUT)

	(1)	(2)	(3)
	Yes	No	Don't know
a. Shortage of space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rot in windows, doors or floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Damp or leaks in walls or roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lack of indoor flushing toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Lack of place to sit outside (e.g. garden, balcony, terrace)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18. How likely do you think it is that you will need to leave your accommodation within the next six months because you can no longer afford it? Is it... [INT: READ OUT]

- 1 Very likely
- 2 Quite likely
- 3 Quite unlikely
- 4 Very unlikely
- 5 Don't know

Q19. There are some things that many people cannot afford, even if they would like them. For each of the following things on this card, can I just check whether your household can afford it if you want it?

(INT.: READ OUT)

	(1)	(2)	(3)
	Yes, can afford if want	No, cannot afford it	Don't know
1. Keeping your home adequately warm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Paying for a week's annual holiday away from home (not staying with relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Replacing any worn-out furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A meal with meat, chicken or fish every second day if you wanted it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Buying new, rather than second-hand, clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Having friends or family for a drink or meal at least once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20. Over the past year, have you ... ?

(INT.: READ OUT)

	Yes (1)	No (2)	Don't know (3)
1. Attended a meeting of a trade union, a political party or political action group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attended a protest or demonstration, or signed a petition, including an e-mail petition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Contacted a politician or public official (other than routine contact arising from use of public services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21. Some people don't vote nowadays for one reason or another. Did you vote in the last (country) national election held in (month/year)?

- 1 Yes
- 2 Yes, but I spoiled my ballot/left my ballot blank
- 3 No
- 4 Not eligible to vote
- 5 (Refusal)
- 6 Don't know

Q22. Apart from weddings, funerals and other important religious events (e.g. baptisms, Christmas/Easter, or other specific holy days), about how often do you attend religious services?

(INT.: SHOW CARD Q22 AND READ OUT)

- 1 Every day
- 2 More than once a week
- 3 Once a week
- 4 Once or twice a month
- 5 A few times a year
- 6 Once a year
- 7 Less than once a year
- 8 Never
- 9 (Don't know/refusal)

Q23. Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? Please tell me on a scale of 1 to 10, where 1 means that you can't be too careful and 10 means that most people can be trusted.

(INT.: ENTER SCORE OR 11 FOR 'DON'T KNOW') _____

Q24. To what extent do you think that most people in [OUR COUNTRY] obey the rules when it comes to...? [INT: READ OUT:]

	1. Do not obey the rules at all	2	3	4	5	6	7	8	9	10. Obey the rules completely
a. Paying taxes	1	2	3	4	5	6	7	8	9	10
b. Traffic laws	1	2	3	4	5	6	7	8	9	10
c. Showing consideration for others in public places	1	2	3	4	5	6	7	8	9	10

Q25. In all countries there sometimes exists tension between social groups. In your opinion, how much tension is there between each of the following groups in this country?

(INT.: SHOW CARD Q25 AND READ OUT)

	(1) A lot of tension	(2) Some tension	(3) No tension	(4) (Don't know)
a. Poor and rich people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Management and workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Men and women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Old people and young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Different racial and ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Different religious groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26. How about people from other countries coming here to live? Which one of the following do you think the government should do?

(INT.: SHOW CARD Q26 AND READ OUT)

1. Let anyone come who wants to
2. Let people come as long as there are jobs available
3. Put strict limits on the number of foreigners who can come here to work
4. Prohibit people coming here to work
5. Don't Know

Q27 Please tell me how much you personally trust each of the following institutions [INT: READ OUT:]

	Do not trust at all									Trust completely	
	1	2	3	4	5	6	7	8	9	10	
a.[NATIONALITY] parliament	1	2	3	4	5	6	7	8	9	10	
b.The legal system	1	2	3	4	5	6	7	8	9	10	
c.The press	1	2	3	4	5	6	7	8	9	10	
d.The police	1	2	3	4	5	6	7	8	9	10	
e.The government	1	2	3	4	5	6	7	8	9	10	
f.The political parties	1	2	3	4	5	6	7	8	9	10	

Q28. Please tell me whether you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with each statement.

(INT.: SHOW CARD Q28 AND READ OUT)

	(1) Strongly agree	(2) Agree	(3) Neither agree nor disagree	(4) Disagree	(5) Strongly disagree	(6) (Don't know)
a. I am optimistic about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. On the whole my life is close to how I would like it to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In order to get ahead nowadays you are forced to do things that are not correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel left out of society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Life has become so complicated today that I almost can't find my way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I don't feel the value of what I do is recognised by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Some people look down on me because of my job situation or income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q29. All things considered, how satisfied would you say you are with your life these days? Please tell me on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied.

(INT.: ENTER SCORE OR 11 FOR DON'T KNOW) _____

Q30. **Could I ask you about your current marital status? Which of the following descriptions best applies to you? Are you ...?**

(INT.: READ OUT)

- 1 Married or living with partner
- 2 Separated or divorced and not living with partner
- 3 Widowed and not living with partner
- 4 Never married and not living with partner
- 5 (Don't know / No answer)

Q31. **How many children of your own do you have?**

(INT.: ENTER NUMBER OF OWN CHILDREN, IF NONE ENTER '00') _____

Q32. **On average, thinking of people living outside your household how often do you have direct (face-to-face) contact with...**

(INT.: SHOW CARD Q32 AND READ OUT)

(INT.: IF E.G. SEVERAL CHILDREN THEN ANSWER FOR THE ONE WITH WHICH THE RESPONDENT HAS THE MOST CONTACT)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	More than once a day	Every day of almost every day	At least once a week	Once or twice a month	Several time a year	Less often	(Don't have such relatives)	(Don't know)
a. Any of your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Any brother, sister or other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any of your friends or neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Q33. **And on average, how often do you have contact with friends or family living outside your household by phone, e-mail or by post?**

(INT.: SHOW CARD Q33 AND READ OUT)

(INT.: IF E.G. SEVERAL CHILDREN THEN ANSWER FOR THE ONE WITH WHICH THE RESPONDENT HAS THE MOST CONTACT)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	More than once a day	Every day of almost every day	At least once a week	Once or twice a month	Several time a year	Less often	(Don't have such relatives)	(Don't know)
a. Any of your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Any brother, sister or other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any of your friends or neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Q34. Do you have any friends who have come to live in [country of interview] from another country?
(INT.: READ OUT)

- 1 Yes, a lot
- 2 Yes, a few
- 3 No, none at all
- 4 (Don't know)

Q35. From whom would you get support in each of the following situations? For each situation, choose the most important person.

(INT.: SHOW CARD Q35 AND READ OUT)

	(1) Partner/ spouse	(2) Other family member	(3) Work colleague	(4) Friend	(5) Neighbour	(6) Someone else	(7) Nobody	(8) (Don't know)
a. If you needed help around the house when ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you needed advice about a serious personal or family matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If you needed help when looking for a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If you were feeling a bit depressed and wanting someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If you needed to urgently raise €1000* to face an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* In 12 New Member States (joined EU in 2004 and in 2007) & 2 candidate countries, €500 equivalent in national currencies

Q36. How often are you involved in any of the following activities outside of paid work?

(INT.: SHOW CARD Q36 AND READ OUT)

	(1) Every day	(2) Several times a week	(3) Once or twice a week	(4) Less often than once a week	(5) Never	(6) (Don't know)
a. Caring for and educating children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cooking and housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Caring for elderly/ disabled relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Voluntary and charitable activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q37. ASK IF CODE 1,2,3 or 4 AT Q36

On average, how many hours in a week do you spend on these activities?

(INT.: ENTER NUMBER OF HOURS, IF DON'T KNOW ENTER '99') _____

- a) Caring for and educating children _____ hours
- b) Cooking and housework _____ hours
- c) Caring for elderly/ disabled relatives _____ hours
- d) Voluntary and charitable activities _____ hours

Q38 ASK IF HOUSEHOLD CONSISTS OF AT LEAST 2 PEOPLE AGED 18 OR OVER
(SEE HOUSEHOLD GRID)

Do you think that the share of housework you do is...

(INT.: READ OUT)

- 1 More than your fair share
- 2 Just about your fair share
- 3 Less than your fair share
- 4 (Don't know)

(INT.: ASK Q39 ITEM 1 IF RESPONDENT HAS PAID WORK CODE 1 OR 2 IN HH2D)

Q39. **I am going to read out some areas of daily life in which you can spend your time.
Could you tell me if you think you spend too much, too little or just about the right amount
of time in each area.**

(INT.: SHOW CARD Q39 AND READ OUT)

	(1) Too much	(2) Just right	(3) Too little	(4) (Not applicable)	(5) (Don't know)
a. My job/paid work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Contact with family members living in this household or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other social contact (not family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Own hobbies/ interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Taking part in voluntary work or political activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(INT.: ASK Q40 ITEM 2 IF RESPONDENT HAS PAID WORK CODE 1 OR 2 IN HH2D)

Q40. Could you please tell me on a scale of 1 to 10 how satisfied you are with each of the following items, where 1 means you are very dissatisfied and 10 means you are very satisfied?

(INT.: READ OUT; FOR EACH ITEM ENTER SCORE GIVEN OR 11 FOR DON'T KNOW)

- 1. Your education _____
- 2. Your present job _____
- 3. Your present standard of living _____
- 4. Your accommodation _____
- 5. Your family life _____
- 6. Your health _____
- 7. Your social life _____

(INT.: ASK Q 41 IF RESPONDENT HAS PAID WORK CODE 1 OR 2 IN HH2D)

Q41. I am going to read out a list of things that some people say are important in their quality of life. Please tell me how important each of these is in your quality of life?

	(1)	(2)	(3)	(4)	(5)	(6)
	Very important	Important	Neither important nor unimportant	Not important	Not at all important	(Don't know)
1. a good education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a good standard of living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. good accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. a good family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. good health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. a good social life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q42. Taking all things together on a scale of 1 to 10, how happy would you say you are? Here 1 means you are very unhappy and 10 means you are very happy.

(INT.: ENTER SCORE GIVEN OR 11 FOR DON'T KNOW) _____

Q43. In general, would you say your health is ...

(INT.: SHOW CARD Q43 AND READ OUT)

- 1 Very good
- 2 Good
- 3 Fair
- 4 Bad
- 5 Very bad
- 6 (Don't know)

Q44. Do you have any chronic (long-standing) physical or mental health problem, illness or disability?

- 1 Yes → Go to Q45
- 2 No → Go to Q46
- 3 (Refusal) → Go to Q46
- 4 Don't know → Go to Q46

Q45. (INT.: ASK Q45 IF 'HAS CHRONIC HEALTH PROBLEM' CODE 1 AT Q44)

Are you hampered in your daily activities by this physical or mental health problem, illness or disability?

- 1 Yes, severely
- 2 Yes, to some extent
- 3 No
- 4 (Refusal) → Go to Q46
- 5 Don't know → Go to Q46

(INT.: ASK ALL)

Q46. Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

(INT.: SHOW CARD Q46 AND READ OUT)

	<i>Over the last two weeks</i>	All of the time (1)	Most of the time (2)	More than half of the time (3)	Less than half of the time (4)	Some of the time (5)	At no time (6)
1	I have felt cheerful and in good spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I have felt calm and relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I have felt active and vigorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I woke up feeling fresh and rested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My daily life has been filled with things that interest me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q47. On the last occasion you needed to see a doctor or medical specialist, to what extent did each of the following factors make it difficult for you to do so?

(INT.: SHOW CARD Q47 AND READ OUT)

	(1) Very difficult	(2) A little difficult	(3) Not difficult at all	(4) (Not applicable/ never needed to see doctor)	(5) (Don't know)
a. Distance to doctor's office/ hospital/ medical center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Delay in getting appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Waiting time to see doctor on day of appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cost of seeing the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q48. How old were you when you completed your full-time education?

(INT.: IF STILL IN FULL-TIME EDUCATION ENTER 99) _____ years old
(INT.: IF NEVER IN FULL-TIME EDUCATION ENTER 98)

Q49. What is the highest level of education you completed? Is this ...?

(INT.: SHOW CARD 49 AND READ OUT, FILL THE CORRESPONDING CODE)

- 1 None education completed (ISCED 0)
- 2 Primary education (ISCED 1)
- 3 Lower secondary education (ISCED 2)
- 4 Upper secondary education (ISCED 3)
- 5 Post-secondary including pre-vocational or vocational education but not tertiary (ISCED 4)
- 6 Tertiary education – first level (ISCED 5)
- 7 Tertiary education – advanced level (ISCED 6)
- 8 (Don't know/no answer)

ASK Q49o IF 'OTHER', CODE 98 IN Q49

Q49o. Which other?

(WRITE DOWN THE ANSWER- CODE AT THE OFFICE- ONE ANSWER ONLY)

Q50. How well do you read English?

(INT.: SHOW CARD Q50 AND READ OUT)

- 1 Very well
- 2 Quite well
- 3 Not very well
- 4 Not at all
- 5 (Don't know)

Q51. Which of the following best describes your use of the internet over the past month?

(INT.: SHOW CARD Q51 AND READ OUT)

- 1 Used the internet every day or almost every day
- 2 Used the internet a couple of times a week
- 3 Used the internet occasionally (once a month or less)
- 4 Did not use the internet at all
- 5 (Don't know)

Q52. Would you consider the area in which you live to be...?

(INT.: READ OUT)

- 1 The open countryside
- 2 A village/small town
- 3 A medium to large town
- 4 A city or city suburb
- 5 (Don't know)

Q53. Is your local neighbourhood an area where...?

(INT.: SHOW CARD Q53 AND READ OUT)

- 1 Almost nobody is of a different race or ethnic group from most people in [OUR COUNTRY]
- 2 Some people are of a different race or ethnic group from most people IN [OUR COUNTRY]
- 3 Many people are of a different race or ethnic group
- 4 (Don't know)

Q54. Please think about the area where you live now – I mean the immediate neighbourhood of your home. Do you have very many reasons, many reasons, a few reasons, or no reason at all to complain about each of the following problems?

(INT.: SHOW CARD Q54 AND READ OUT)

	(1)	(2)	(3)	(4)	(5)
	Very many reasons	Many reasons	A few reasons	No reason at all	(Don't know)
a. Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of access to recreational or green areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crime, violence or vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Litter or rubbish in the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q55. Still thinking about your immediate neighbourhood, are there any of the following facilities available within walking distance?

	Yes (1)	No (2)	Don't know (3)
a. A food store or supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Banking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cinema, theatre or cultural centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Public transport facilities (bus, metro, tram, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Recycling facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q56. In general, how would you rate the quality of each of the following PUBLIC services in [OUR COUNTRY]?

(INT.: READ OUT; FOR EACH ITEM ENTER SCORE GIVEN OR 11 FOR DON'T KNOW)

- a. Health services _____
- b. Education system _____
- c. Public transport _____
- d. Child care services _____
- e. Care services for elderly _____
- f. State pension system _____

Q57. A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total monthly income: is your household able to make ends meet....?

(INT.: SHOW CARD Q57 AND READ OUT)

- 1 Very easily
- 2 Easily
- 3 Fairly easily
- 4 With some difficulty
- 5 With difficulty
- 6 With great difficulty
- 7 (Don't know)

Q58. Has your household been in arrears at any time during the past 12 months, that is, unable to pay as scheduled any of the following?

(INT.: READ OUT)

	(1)	(2)	(3)
	Yes	No	Don't know
a. Rent or mortgage payments for accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Utility bills, such as electricity, water, gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q59. Is total housing cost a financial burden to the household?

- 1 Yes, a heavy burden
- 2 Yes, somewhat a burden
- 3 Not burden at all
- 4 (Don't know)

Q60. Has your household at any time during the past 12 months run out of money to pay for food?

- 5 Yes
- 6 No
- 7 Don't know

Q61. In the past year, has your household helped meet its need for food by growing vegetables or fruits or keeping poultry or livestock?

(INT.: SHOW CARD Q61 AND READ OUT)

- 1 No, not at all
- 2 Yes, for up to one-tenth of the household's food needs
- 3 Yes, for between one-tenth and a half of household's food need
- 4 Yes, for half or more of the household's needs
- 5 (Don't know)

Q62. In the past year, did your household give regular help in the form of either money or food to a person you know not living in your household (e.g. parents, grown-up children, other relatives, or someone not related)?

- 1 Yes
- 2 No
- 3 Don't know

Q63. In the past year, did your household receive regular help in the form of either money or food from a person not living in your household (e.g. parents, grown-up children, other relatives, or someone not related)?

- 1 Yes
- 2 No
- 3 Don't know

Q64. Have you or someone else in your household received any of the following types of income over the past 12 months? Please tick 'yes' or 'no' for each source of income.

(INT.: READ OUT)

	(1)	(2)	(3)
	Yes	No	Don't Know
a. Wages or salaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Income from self-employment or farming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child benefit (inc. alimony)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Unemployment benefit, disability benefit or any other social benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other income (e.g. from savings, property or stocks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(INT.: ASK Q65 IF 'YES' CODE (1) HAS BEEN TICKED AT LEAST TWICE IN Q64)

Q65. Which of your sources of income is the largest?

(INT.: SHOW CARD Q65 AND READ OUT)

- 1 Wages or salaries
- 2 Income from self-employment or farming
- 3 Pension
- 4 Child benefit (incl. alimony)
- 5 Unemployment benefit, disability benefit or any other social benefits
- 6 Other income (e.g. from savings, property or stocks, etc.)
- 7 Refusal
- 8 Don't know

Q66. If you add up the income from all sources for all the members of the household, do you know what your household's total net monthly income is, that is the amount that is left over after taxes have been deducted?

- 1 Yes → Ask Q67
- 2 No → Go to Q68
- 3 (Refusal) → Go to Q68

(INT.: ASK Q67 IF 'RESPONDENT KNOWS THE TOTAL NET MONTHLY INCOME OF THE HOUSEHOLD.

Q67. Please can you tell me how much your household's NET income per month is? If you don't know the exact figure, please give an estimate.

Net monthly income amount in national currency: _____

(INT.: ASK Q68 IF 'RESPONDENT DOES NOT KNOW THE TOTAL NET MONTHLY INCOME OF THE HOUSEHOLD.

Q.68. Perhaps **you can provide the approximate range instead. What letter best matches your household's total net income** (Let respondent have a look into SHOW CARD 68)? **Use the part of the show card that you know best: weekly, monthly or annual income**

(INT.: SHOW CARD Q68)

(INT.: PLEASE CIRCLE THE CODE THAT MATCHES THE RESPONDENTS ANSWER / letter)

SHOW CARD Q. 68	Please tell me the letter that corresponds with your net household <u>income</u> ? Use the part of the card that you know best: weekly, monthly or annual net income.
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Code	WEEKLY	MONTHLY	YEARLY
D	Less than €12	Less than €50	Less than €600
B	€ 12 to €24	€50 to €99	€ 600 to €1.199
I	€ 25 to €35	€100 to €149	€ 1.200 to €1.799
O	€ 36 to €49	€ 150 to €199	€ 1.800 to €2.399
T	€ 50 to €74	€200 to €299	€ 2.400 to €3.599
G	€ 75 to €99	€ 300 to €449	€ 3.600 to €5.399
P	€ 100 to €124	€ 450 to €549	€ 5.400 to €6.599
A	€ 125 to €149	€550 to €674	€ 6.600 to €8.099
F	€ 150 to €199	€675 to €899	€ 8.100 to € 10.799
E	€ 200 to €249	€900 to €1.124	€ 10.800 to € 13.499
Q	€ 250 to €299	€1.125 to €1.349	€ 13.500 to € 16.199
H	€ 300 to €349	€1.350 to €1.574	€ 16.200 to € 18.899
C	€ 350 to €399	€1.575 to €1.799	€ 18.900 to €21.599
L	€ 400 to €449	€1.800 to €2.024	€ 21.600 to € 24.299
N	€ 450 to €499	€2.025 to €2.249	€ 24.300 to € 26.999
R	€ 500 to €599	€2.250 to €2.699	€ 27.000 to € 32.399
M	€ 600 to €699	€2.700 to €3.149	€ 32.400 to € 37.799
S	€ 700 to €799	€3.150 to €3.599	€ 37.800 to € 43.199
K	€ 800 to €899	€3.600 to €4.049	€ 41.200 to € 48.599

U	€ 900 to €999	€4.050 to €4.499	€ 48.600 to € 53.999
V	€ 1.000 or more	€4.500 or more	€ 54.000 or more
22	(Refusal)		
23	(Don't know)		

Q69. Are you a citizen of this country [OUR COUNTRY]?

- 1 Yes
- 2 No
- 3 (Refusal)

Q70. You personally, were you born...?

(INT.: SHOW CARD Q68)

- 1 In this country (OUR COUNTRY)
- 2 In another country that is today member State of the European Union
- 3 In Europe, but not in a country that is today member State of the European Union
- 4 In Asia, in Africa or in Latin America
- 5 In Northern America or in Oceania
- 6 (Refusal)
- 7 (Don't know)

Q71. Please describe where your parents were born?

(INT.: SHOW CARD Q69)

- 1 Your mother and your father were born in this country (OUR COUNTRY)
- 2 One of your parents was born in this country (OUR COUNTRY) and the other was born in another country that is today member State of the European Union
- 3 Your mother and your father were born in another country that is today member State of the European Union
- 4 At least one of your parents was born outside of the European Union
- 5 Refusal
- 6 Don't know

YOU HAVE REACHED THE END OF THE INTERVIEW - THANK RESPONDENT FOR HIS/HER TIME.

Interview protocol

(to be completed by the interviewer during the visit to the household, but after having interview with the household)

P1 INTERVIEWER CODE

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P2 HOUSEHOLD NUMBER

--	--	--	--	--	--	--	--

P3. CLUSTER CODE

--	--	--	--	--	--	--	--

P4 HOUSEHOLD POSTAL CODE

(household to be asked)

--	--	--	--	--	--	--	--

P5 HOUSEHOLD TELEPHONE NUMBER

(household to be asked)

--	--	--	--	--	--	--	--	--	--

P6 HOUSEHOLD LOCALITY (place and municipality)

_____ / _____

P7 REGION (NUTS 2 code or corresponding national code)

P8 Date of the interview:

Day:

--	--

Month:

--	--

P9 Time of the beginning of the interview:

Hour:

--	--

Minutes:

--	--

USE 24 HOUR CLOCK

P10 Number of minutes the interview lasted:

Minutes:

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P11 Number of persons present during the interview, including interviewer.

- 1 - Two (Interviewer and respondent)
- 2 - Three
- 3 - Four
- 4 - Five or more

P12 Did anybody/anything disturb your talk with the respondent during the interview (more answers are possible)?

1. Children were around (playing)
2. Radio/TV was on
3. Pets were around
4. Telephone calls during the talk
5. The respondent was busy with an other activity during the talks
6. Other (_____)
7. There were no disturbances

P13 What was the language of the interview (to be asked only in countries where the questionnaire is implemented in different languages)?

P14 Please assess the respondent's cooperation during the interview

- 1 - Excellent
- 2 - Fair
- 3 - Average
- 4 - Bad

P15 How many contacts (call-backs, visits) were made with the household before having the interview?

1. One
2. Two
3. Three
4. More