

HOUSEHOLD BUDGET SURVEY 2010

Questionnaire

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Household number |_|_|_|_|_|_|_|_|

Tallinn 2010

SECTION A. INTERVIEWER'S PART

Kviis	MODE OF INTERVIEW 1 LAPTOP 2 PAPER QUESTIONNAIRE	
Rez	REGIME 1 INTERVIEWER 2 CODER	
Kys	CODE OF INTERVIEWER | | | |	
Kpk	SURVEY AREA | | | | | |	
Kjuht	INTERVIEWER MANAGER'S AREA | |	
A01	DATE OF INTERVIEW	DATE OF CONTINUATION
A	| | | | DATE	| | | | DATE
B	| | | | MONTH	| | | | MONTH
A02	STARTING TIME OF THE INTERVIEW	IN CASE OF INTERRUPTION, STARTING TIME OF CONTINUATION
A	| | | | HOUR	| | | | HOUR
B	| | | | MINUTES	| | | | MINUTES
A03	PLACE OF INTERVIEW 1 RESPONDENT'S PLACE OF RESIDENCE 2 RESPONDENT'S PLACE OF WORK 3 PLACE OF RESIDENCE OF RESPONDENT'S RELATIVES OR ACQUAINTANCES 4 INTERVIEWER'S PLACE OF WORK / PLACE OF RESIDENCE 6 ELSEWHERE (WRITE WHERE)	

QUESTIONNAIRE USER'S INSTRUCTIONS:

- THE FIRST COLUMN CONTAINS THE CHARACTERISTIC'S NAME
- THE ROUTINGS WITH DIRECTIONS FOR WHAT QUESTION TO CONTINUE WITH, WHEN THEY ARE NEEDED, CAN BE FOUND IN THE LAST COLUMN OR BEHIND AN ANSWER OPTION
- WHEN NECESSARY THE ROUTING CAN BE FOUND IN FRONT OF THE QUESTION
- THE TEXT IN *ITALICS* IS ADDITIONAL INFORMATION FOR THE INTERVIEWER
- THE INTERVIEWER MUST READ THE TEXT UP TO THE SENTENCE TERMINATOR: A DOT OR A QUESTION MARK. IF THE DOT OR QUESTION MARK IS AT THE END OF THE ANSWER OPTIONS, THEN THOSE MUST BE READ TO THE RESPONDENT AS WELL.
- WHEN AN ANSWER OPTION HAS THREE DOTS IN FRONT OF IT, THE INTERVIEWER MUST REREAD THE QUESTION BEFORE EVERY ANSWER OPTION.
- THE OPTION "OTHER" MUST BE READ TO THE RESPONDENT IF IT IS NOT CAPITALIZED, AND NOT BE READ WHEN IT IS CAPITALIZED.
- CAPITALIZED TEXT IS MEANT AS ADDITIONAL INFORMATION FOR THE INTERVIEWER AND IT IS NOT READ TO THE RESPONDENT

THE ☼ SIGN INDICATES THAT THE CARD BOOK SHOULD BE USED TO SHOW THE RESPONDENT RESPONSE OPTIONS TO THE QUESTION. THE DATA ENTRY PROGRAMME IN THE LAPTOP USES THE WORD "CARD" TO INDICATE THIS NEED.

SECTION YA. HOUSEHOLD CHARACTERISTICS

The first part of the survey concerns the structure of your household and general information about the members of your household. A household is a group of people who live in a common dwelling (at the same address) and share joint financial and/or food resources. Persons included in the household are members of the household. A household may also consist of one member only.

HOUSEHOLD MEMBERS ARE PEOPLE WHO SHARE IN THE HOUSEHOLD'S EXPENSES, LIVE IN THE COMMON DWELLING AND HOLD NO PERMANENT RESIDENCE ELSEWHERE. TEMPORARILY ABSENT HOUSEHOLD MEMBERS SHOULD BE CONSIDERED MEMBERS IF THEY:


- HAVE NO OTHER MAIN DWELLING, HAVE RETAINED ECONOMIC TIES WITH THE HOUSEHOLD AND THEIR ABSENCE IS NOT SHORTER THAN 1 YEAR.
- ARE CHILDREN ABSENT DUE TO STUDIES OR A PARTNER ABSENT DUE TO WORK.

Y	How many people belong to your household? <input type="text"/>
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Please state the names of your household members.


THE WRITING HAS TO BE STARTED FROM THE PERSON WHO MAINLY ANSWER TO THE QUESTIONS THEN HIS/HER SPOUSE OR PARTNER, CHILDREN AND OTHER MEMBERS!

→ BX	Column number	01	02	03	04	05	06	
Y0	→ First name							
↓ YA1	Please indicate /Y0/'s gender. 1 – male 2 – female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YA2	Indicate the date of birth of /Y0/ Day Month Year	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
YX2	ROUTE QUESTION: PERSON'S CURRENT AGE (A01-YA2)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<=13 → YX3 14 → YA5
YA3 ☀	What is the legal marital status of /Y0/ 1 Single, never been married 2 Married 3 Divorced 4 Widowed?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1,3,4 → YA5
YA4	Does /Y0/ live with his/her legal spouse? 1 Yes 2 No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 → YA6
YA5	Is /Y0/ married by common law? 1 Yes 2 No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YX3	ROUTE QUESTION: IF THE SURVEY IS LFS? YES CONTINUE WITH THE NEXT MEMBER, IF LAST MEMBER CONTINUE YX5 2 EI							
YX4	ROUTE QUESTION: Person's current age (A01-YA2)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<=14 → YA1, last member YX5

YA6 	Is /Y0/ currently... 1 at work 2 unemployed 3 in retirement or early retirement 4 other (homemaker, incapacitated for work, student etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YX6	ROUTE QUESTION: Person's current age (A01-YA2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<=15 >=25 → YX5
YA7	Is /Y0/ currently enrolled in a comprehensive school, vocational school or university? 1 Yes 2 No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ROUTE QUESTION: IS THERE ONLY 1 MEMBER IN HOUSEHOLD? (Y=1) 1 YES → YC1 2 NO → CONTINUE WITH THE NEXT MEMBER, IF LAST MEMBER CONTINUE YB1								

SECTION YB. HOUSEHOLD RELATIONS.

Next we will ask about relations of kinship in the household to determine your household type. THE RELATIONS HAVE TO BE ASKED BY ROWS. FIRST WRITE DOWN WHO THE SECOND PERSON IS TO THE FIRST, THEN THE THIRD PERSON TO THE FIRST, THE THIRD PERSON TO THE SECOND AND SO ON. THE DATA ENTRY PROGRAMME PROVIDES THE CORRECT NAMES FOR EACH QUESTION

YB1 	Who is /Y0 in column 2 to //Y0 in column 1?	→	1	2	3	4	5	6	7	8	9	10	11
01 Spouse or partner	1	■	■	■	■	■	■	■	■	■	■	■	■
02 Child (incl. adopted)	2		■	■	■	■	■	■	■	■	■	■	■
03 Foster child (incl. partner's or spouse's child who is not a biological child)	3			■	■	■	■	■	■	■	■	■	■
04 Parent	4				■	■	■	■	■	■	■	■	■
05 Foster parent (incl. for partner's/spouse's child who is not a biological child)	5					■	■	■	■	■	■	■	■
06 Grandparent (incl. their Partner who is not a biological grandparent)	6						■	■	■	■	■	■	■
07 Grandchild (incl. Adopted or a spouse's/partner's grandchild who is not a biological grandchild)	7							■	■	■	■	■	■
08 Daughter/son-in-law (incl. (foster) child's spouse or partner)	8								■	■	■	■	■
09 Mother/father-in-law (incl. spouse's/partner's (foster) parent)	9									■	■	■	■
10 Sister/brother (incl. step sister/brother)	10										■	■	■
11 Other relative or non-relative	11											■	■
	12												

SECTION YC. DEMOGRAPHIC DATA

Next we will ask about the demographic data of your household.

YX1	Column number	01	02	03	04	05	06	
YC1	What is the ethnic nationality of /Y0/? 1 Estonian 2 Russian 3 Other. SPECIFY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YC1n		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YC1k		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YC2	Indicate the citizenship of /Y0/. 1 Estonian 2 Russian 3 Other. SPECIFY 9 Unspecified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YC2n		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YC2k		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YC3	Indicate the country of birth of /Y0/. IF YA2 YEAR BETWEEN 1920-1945 AN ADDITIONAL TEXT APPEARS: SPECIFY IF PERSON WAS BORN IN PETSERI COUNTY OR THE AREA BEHIND RIVER NARVA IN THE FORMER TERRITORIES OF THE ESTONIAN REPUBLIC THAT NO LONGER BELONG TO ESTONIA. IF YES, WRITE THE FORMER ESTONIAN TERRITORY OF PETSERIMAA OR THE AREAS BEHIND RIVER NARVA.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YC3k		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION YE. EDUCATION


We will now inquire about the household member level of education. We will ask for their highest obtained vocational or specialized education or trade, the name of the school they have graduated and the year of graduation

YX1	Column number	01	02	03	04	05	06	
YX9	ROUTE QUESTION: THE AGE OF PERSON AT THE BEGINNING OF THE YEAR (A01c – YA2 YEAR) 1 < 15 2 >= 15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1→ NEXT MEMBER
YE1 ☀	What level of education did /Y0/ attain in comprehensive school (high school, gymnasium, basic school)? Was it ... 1 secondary education 2 basic education (inc. incomplete secondary education) 3 primary education 4 no primary education? 5 ILLITERATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4→ YE3
YE2	In what year did /Y0/ graduate with this level of education? Year <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

YE3 ☀	What is /Y0 /highest completed vocational, occupational or professional education? Is it ... 1 no vocational, occupational or professional education 2 vocational education 3 vocational secondary education (incl. vocational education based on secondary education) 4 professional secondary / technical education 5 higher education 6 doctor's degree (incl. residentsip, previous candidate of sciences)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1→ YE11 2, 3, 4, 6 → YE5
YE4 ☀	What kind of higher education does /Y0 /hold? Is it ... 1 professional higher education 2 applied higher education, diploma study 3 bachelor's degree 4 higher education obtained before 1992 5 master's degree (incl. integrated bachelor's and master's studies)?							
YE5	Please indicate the full name of the completed school	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....
YE6 YE6n YE6k	What was the field of specialization? CLASS DESCRIPTION. FILLED AUTOMATICALLY! .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
YE7	In what year did /Y0 /graduate from this school? Year .....	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....
YX6	ROUTE QUESTIONS: 1 YE3=2 2 YE3=3 VÔI YE3=4 3 YE3=5 VÔI YE3=6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1→YE8 2→ YE10 3→YE11
YE8	What was the level of /Y0 /education required to enrol?... 1 there was no requirement for a previous educational level or 2 basic education was required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

YE9	Did /Y0 /receive a comprehensive education with the vocation? Were you granted.. 1 just the vocation 2 a comprehensive education along with the vocation 3 a secondary education along with the vocation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ YE11
YE10	What was the level of education required to enrol?... 1 basic education was required or 2 secondary education was required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	


Now we are asking about current studies.

YX1	Column number	01	02	03	04	05	06	
YX9	ROUTE QUESTION: THE AGE OF PERSON AT THE BEGINNING OF THE YEAR (A01c – YA2 YEAR) 1 < 15 2 >= 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1→ NEXT MEMBER
YE11	Does /Y0 /currently enrolle in a comprehensive school, vocational school or university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2→ YF1
YE12 	What level of education does /Y0 /studying towards? 1 1–6th grade 2 7–9th grade 3 10–12th grade 4 vocational education or vocational secondary education 5 applied higher education 6 bachelor's degree 7 master's degree (incl. integrated bachelor's and master's studies) 8 PhD (incl. residency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1, 2, 3 → YF1
YE13	Please indicate the full name of the school	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....
YE14 YE14n YE14k	What is /Y0 /field of specialization? TÄIDETAKSE AUTOMAATSELT! <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"/>	
YX7	ROUTE QUESTION: YE12=4? 1 YES 2 NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1→ YE15 2→ YF1
YE15	What was the level of education required to enrol? 1 there was no requirement for a previous educational level 2 basic education was required 3 secondary education was required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1, 3 → YF1

YE16	Will /Y0/ receive a comprehensive education with the vocation? Will /Y0/ be granted.. 1 just the vocation 2 a secondary education along with the vocation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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SECTION YF. Employment.

We will now inquire about your every day working life.

YX1	Column number	01	02	03	04	05	06	
YX9	ROUTE QUESTION: THE AGE OF PERSON AT THE BEGINNING OF THE YEAR (A01c – YA2 YEAR) 1 < 15 2 >= 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1→ NEXT MEMBER
YF1 	Which of the following describes /Y0/ status best at this moment? <i>NB! Absence from work due to pregnancy or maternity leave, illness, injury, etc. should be regarded as working. Odd jobs are also considered work!</i> 1 Full-time at work 2 Part-time at work 3 Unemployed person 4 Pupil, student, further training, unpaid work experience 5 In retirement or early retirement or has given up business 6 Permanently disabled 7 In compulsory military or community service 8 Fulfilling domestic tasks 9 Other inactive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3, 4, 5, 6, 7, 8, 9 → YF17
YF2	Please indicate the full name of the enterprise /institution where /Y0/ IS currently employed	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
YF3 YF3n YF3k	What is the main economic activity of this enterprise/institution? CLASS DESCRIPTION. FILLED AUTOMATICALLY! <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"/>	
YF4	Does /Y0/ work in a local unit of this enterprise/institution that has a different address? 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
YF5	Does /Y0/ work in a local unit of this enterprise/institution that has a different field of activity? 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2→ YF8

YF6	Please indicate the full name of local unit where /Y0/ is currently employed	.....	.....	.....	.....	.....	.....
YF7 YF7n YF7k	What is the main economic activity of this branch CLASS DESCRIPTION. FILLED AUTOMATICALLY [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	
YF8	What is /Y0/ occupation? Please indicate /Y0/ occupational title	.....	.....	.....	.....	.....	.....
YF9 YF9n YF9k	Please describe the main tasks of /Y0/ job CLASS DESCRIPTION. FILLED AUTOMATICALLY! [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	
YF10 ☀ YF10m	Which of the following groups does /Y0/ belong to? Are you an ... 1 employee 2 employer with employee(s), farmer with paid employees 3 sole proprietor, farmer without salaried labour force, freelancer 4 unpaid family worker? 5 OTHER. SPECIFY	[]	[]	[]	[]	[]	[]	2→YF12 3, 4 →YF13
YF11	Is it a permanent or temporary job? 1 Permanent job 2 Temporary job	[]	[]	[]	[]	[]	[]	
YF12 ☀	How many employees are there in this enterprise/institution/local unit (incl. the respondent)? 1 1 to 10 2 11 to 19 3 20 to 49 4 50 or more 5 Does not know exactly but fewer than 11 6 Does not know exactly but more than 10	[]	[]	[]	[]	[]	[]	2, 3, 4, 5, 6 → YF13
YF12a	How many employees?	[] []	[] []	[] []	[] []	[] []	[] []	
YF13	How many hours per week does /Y0/ usually do this job?	[] []	[] []	[] []	[] []	[] []	[] []	
YX8	ROUTE QUESTION: IS YF10=2,3,4? 1 YES 2 NO	[]	[]	[]	[]	[]	[]	1 → YG1
YF14	Does /Y0/ have any supervisory responsibilities (supervise other employees, take responsibility for completion of some tasks etc)? 1 Yes 2 No	[]	[]	[]	[]	[]	[]	2 → YF16

YF16 ☀	What type of contract does have? 1 Employment contract 2 Contract for services 3 Public service law or contract of service 4 Authorisation agreement 5 Contract with a labour renting firm 6 Verbal employment contract or agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ YG1
YF17	Has /Y0/ ever worked? 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2→ YG1
YF18	What was /Y0/ occupation? Please indicate your occupational title	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....
YF19 YF19n YF19k	Please describe the main tasks of your job? CLASS DESCRIPTION. FILLED AUTOMATICALLY!	..... ..... ..... .....	..... ..... ..... .....	..... ..... ..... .....	..... ..... ..... .....	..... ..... ..... .....	..... ..... ..... .....
YF20 ☀ YF20m	Which of the following groups does /Y0/ belong to? Does /Y0/ an... 1 Employee 2 Employer with employee(s), farmer with paid employees 3 Sole proprietor, farmer without salaried labour force, freelancer 4 Unpaid family worker? 5 OTHER. SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2→ YF22 3, 4→ YG1
YF21	Does /Y0/ have any supervisory responsibilities (supervising other employees, taking responsibility for completion of some tasks etc)? 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2→ YG1
YF22	How many employees were there in this enterprise/institution/local unit (incl. the respondent)? 1 1 to 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION YG. HEALTH



We will now inquire few questions about Your health.

YX1	Veeru number	01	02	03	04	05	06	
YG1 ☀	What is /Y0/ general assessment of Your health? 1 Very good 2 Good 3 Neither good nor bad 4 Bad 5 Very bad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

YG2	Does /Y0/ have any long-term (chronic) illness or health problem? <i>NB! Seasonal (e.g. hay fever) or recurrent health problems should also be considered as long-term.</i> 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
YG3	Thinking of previous six months, to what extent have You been restricted due to a health problem in activities that people usually do? Would You say that You have been ... 1 substantially restricted 2 restricted, but not substantially 3 not restricted at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 → END
YG4	Does /Y0/ need outside help to manage? 1 no 2 sometimes 3 day-by-day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	


SECTION YD. LIVING CONDITIONS

The following questions concern the principal dwelling of your household.

YD1	Who is the owner of your dwelling? 1 Dwelling belongs to our household (member of the household) → YD4 2 Dwelling belongs to some other private owner (private person or a company) 3 Dwelling belongs to state/local authority
YD2	Under what conditions do you use this dwelling? 1 Rent at market price 2 Rent below market price 3 Use it free of charge?
YD3	Is your rent agreement with the owner in writing or oral? 1 In writing 2 Oral
YD4 	In what type of building is the dwelling of your household? <i>Your dwelling is the space where you spend most of your free time, incl. sleeping time.</i> 1 One-family dwelling, farm house 2 Two-family dwelling 3 Terraced house 4 Apartment or room in a residential building with fewer than 10 dwellings 5 Apartment or room in a residential building with more than 10 dwellings 6 Hostel 7 OTHER. SPECIFY
YD5	When was the house built? <i>If you don't know exactly, give an approximate estimate.</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
YD6	How many rooms belong to your household? If several households share a dwelling and some rooms are in joint usage then divide the rooms into proportional shares and state the number of rooms as a fraction. For example if the household has a bedroom and half of a living room then the number of rooms is 1,5. <input type="text"/> <input type="text"/>
YD7	What is the living area in your household's use in square metres? <input type="text"/> <input type="text"/> <input type="text"/> <i>To find the useful area add up the area of the dwelling's rooms, kitchen and internal utility rooms.</i>
YD8 	What is the condition of your dwelling? 1 the dwelling is new or recently renovated 2 the dwelling is in good condition 3 the dwelling has some shortcomings 4 the dwelling has considerable and important shortcomings?



YD9	Is your dwelling...? 1 connected to a central network of sewers 2 part of a local sewage disposal 3 lacking a sewage treatment facility?		
YD10	Does your dwelling have cold running water? 1 Yes 2 No		
YD11	Does your dwelling have hot running water? 1 Yes 2 No		
YD12 ☀	What kind of a toilet is there in your dwelling? IF SEVERAL OPTIONS APPLY, MARK THE ONE WITH THE SMALLEST REFERENCE NUMBER. 1 There is a flushing toilet in the dwelling 2 The flushing toilet is in shared use 3 There is a non-flushing toilet inside the house 4 The toilet is outside 5 There is no toilet		
YD13	What kinds of washing facilities are there in your dwelling? IF SEVERAL OPTIONS APPLY, MARK THE ONE WITH THE SMALLEST REFERENCE NUMBER. 1 There is a separate bath or shower in the dwelling 2 The bath or shower is used by several households 3 It is not possible to use a bath or shower in the dwelling		
YD14	Does your household have... 1 a separate sauna 2 a sauna used by several households 3 no sauna?		
YD15	What kind of heating facilities is the dwelling furnished with?		
A	...Central heating?	Yes 1	No 2
B	... Local heating (gas heating incl.)?	1	2
C	... Stove heating?	1	2
D	... Electric heating (stationary)?	1	2
E	... Other heating?	1	2
YD15m	Specify.		
YDX3	ROUTE QUESTION: IF YD1>1, SIIS → YD24		
YD23	How many years have you been the owner of your dwelling? |_|_|_|		
YD24	Does your household have a garage? 1 Yes 2 No		
YDX1	ROUTE QUESTION: IS YG2=1 and YG4=2 or 3? 1 Yes 2 No → YD26		
YD25A	Has your dwelling been adapted to needs arising from a disability or a chronic disease? 1 Yes → YD26 2 Yes , but insufficient → YD26 3 No		
YD25B	Does your dwelling need to be adapted to needs arising from a disability or a chronic disease? 1 Yes 2 No		
YD26	How far are the following places from the dwelling?? How far are...		
A	... the nearest bus/train stop?	|_|_| kilometre	|_|_|_| metre
B	... the nearest (stationary) store?	|_|_| kilometre	|_|_|_| metre
C	... the nearest elementary school?	|_|_| kilometre	|_|_|_| metre
D	... the city government or the rural municipality government?		
E	... the nearest post office?	|_|_| kilometre	|_|_|_| metre
F	...the nearest possibility to get health service?	|_|_| kilometre	|_|_|_| metre
G	...	|_|_| kilometre	|_|_|_| metre
H	... the nearest possibility to withdraw cash from a bank account?	|_|_| kilometre	|_|_|_| metre
I	... the nearest hobby school?	|_|_| kilometre	|_|_|_| metre
	... the nearest drugstore?	|_|_| kilometre	|_|_|_| metre


YD16 ☀	Please indicate in the case of each consumer durable whether it is in your household's use. It makes no difference whether you own or rent it or whether your household can use it free of charge. Does your household have a...					
	Yes		How many?	No→	Can you not afford it or is there another reason?	
					Can not afford it	There is another reason
A	... Telephone?	1		2→	1	2
B	... Cellular phone?	1	→	<input type="text"/> <input type="text"/> <input type="text"/>	2→	1
C	... Colour TV?	1	→	<input type="text"/> <input type="text"/> <input type="text"/>	2→	1
D	... Internet at home?	1		2→	1	2
E	... Washing machine?	1		2→	1	2
F	... Car?	1	→	<input type="text"/> <input type="text"/> <input type="text"/>	2→	1
G	... Personal computer/laptop?	1	→	<input type="text"/> <input type="text"/> <input type="text"/>	2→	1
H	... DVD system or VCR (incl. integrated with a TV)?	1		2→	1	2
I	... fridge or freezer?	1		2→	1	2
J	... dishwasher?	1		2→	1	2
YD17 ☀	A household may have various sources of income and many household members may have earnings. Thinking of the total income in your household does your household make ends meet...					
	1 with great difficulties	4 quite easily				
	2 with difficulties	5 easily				
	3 with some difficulties	6 very easily?				
YD20	What is the main language spoken in your home?					
	1 Estonian					
YD20n	2 Russian					
YD20k	3 OTHER. SPECIFY..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
YD27 ☀	How has the economic situation of your household changed in comparison to the situation one year ago?					
	1 It is much better now					
	2 It is somewhat better now					
	3 It is generally the same					
	4 It is somewhat worse now					
	5 It is much worse now					
YD28 ☀	How has the economic situation of your household changed in comparison to the situation five years ago?					
	1 It is much better now					
	2 It is somewhat better now					
	3 It is generally the same					
	4 It is somewhat worse now					
	5 It is much worse now					
YD29 ☀	Please estimate what the economic situation of your household will be like one year from now.					
	1 Much better than now					
	2 Somewhat better than now					
	3 Generally the same					
	4 Somewhat worse than now					
	5 Much worse than now					
YD30	Does your household or any member of the household have any deposits, endowment insurances, stocks or other savings?					
	1 Yes 2 No → SECTION B					
YD31	Does your household have any deposits?					
	1 Yes 2 No → YD33					
YD32 ☀	Please indicate the approximate amount of deposits in Estonian kroons. Either...					
	1. up to 5000 2. 5000–10 000 3. 10 000–20 000 4. over 20 000					
YD33	Does your household have endowment insurance?					
	1 Yes 2 No → YD35					
YD34 ☀	Please indicate the approximate amount of endowment insurances in Estonian kroons. Either...					
	1. up to 5000 2. 5000–10 000 3. 10 000–20 000 4. over 20 000					
YD35	Does your household have stocks or other savings? Please specify which?.....					
	1 Yes 2 No → SECTION B					

YD36 	Please indicate the approximate amount of stocks and other savings in Estonian kroons. Either...			
	1. up to 5000	2. 5000–10 000	3. 10 000–20 000	4. over 20 000

SECTION B. INCOME


Next we will ask about the income of your household.



B01 	Please indicate what the sources of income of your household were during the previous month.		
A		Yes	No
B	1 ... salary, profit from entrepreneurship/farming/business activities	1	2
C	2 ... property income, income from capital (income from rent, interests, dividends)	1	2
D	3 ... selling of self-produced agricultural products	1	2
E	4 ... income of spouse, parents or other relatives/friends	1	2
F	5 ... pension	1	2
G	6 ... pension for incapacity for work	1	2
H	7 ... stipend, study benefit (excl. study benefit for disabled persons)		1
I	2		
J	8 ... unemployment insurance, unemployment benefit, other support via Unemployment Insurance Fund (prev. Labour Market Board)	1	2
K	9 ... parental benefit (parental wages)	1	2
L	10 ... child allowances, including allowance for living (alimony)		1
M	2		
	11 ... disability and health related allowances (including study benefit for disabled persons)		
	1		
	2		
	12 ... other benefits (subsistence allowance, social benefits, etc.)	1	2
	13 OTHER. SPECIFY	1	2
B02	Which of these was the biggest source of income? PLEASE INDICATE THE NUMBER FROM PREVIOUS LIST OF INCOME SOURCES |_|_|		
BX1	ROUTE QUESTION: IS THERE ONLY 1 MEMBER IN HOUSEHOLD? (Y=1) 1 YES → B04 2 NO → B03		
B03	Who earns/brings the biggest income to household? PLEASE READ THE DATA OF HOUSEHOLD MEMBER FROM TABLE OF HOUSHOLD (Y0, YA1, YA2, YX1) AND INDICATE THE NUMBER OF COLUMN Member's column number |_|_|		
B04	How much money is there in your household to be spent in a month usually including all incomes? Say the average sum in kroons. Sum |_|_|_|_|_|_|_| → B06 999998 REFUSE → B05 999999 DON'T KNOW → B05		
B05 	Please indicate which of the following intervals the average monthly net income in your household falls into including all incomes? Was it ... 1 up to 4500 kroons 2 4501–7000 kroons 3 7001–9500 kroons 4 9501–13 000 kroons 5 13 001–17 000 kroons 6 17 001–24 000 kroons 7 24 001 kroons or more?		




B06 	Have you or anybody from your household received any non-monetary income in any of the following forms either from employer, as an entrepreneur or owner of company in the previous month? If YES, then please indicate the approximate value in euros <i>NB! Do not consider compensation of expenses involved with work</i>			
		YES	A. Approximate (subsidized part) value	NO
A	Free of charge petrol	1	|_|_|_|_|_|_|	3
B	Employer-paid public transport usage	1	|_|_|_|_|_|_|	3
C	Free of charge or subsidized company meals	1	|_|_|_|_|_|_|	3
D	Employer-paid utilities	1	|_|_|_|_|_|_|	3
E	Free of charge or subsidized usage of company-owned flat	1	|_|_|_|_|_|_|	3
F	Employer-paid telephone (cellular phone) or postal services	1	|_|_|_|_|_|_|	3
G	Employer-paid therapeutic services	1	|_|_|_|_|_|_|	3
H	Employer-paid training not connected with work	1	|_|_|_|_|_|_|	3
I	Employer-paid sports activities	1	|_|_|_|_|_|_|	3
J	Employer-paid holiday	1	|_|_|_|_|_|_|	3
K	Foodstuffs	1	|_|_|_|_|_|_|	3
L	Leasing or loan with subsidized interests	1	|_|_|_|_|_|_|	3
M	Using equipment or other implements of work (power saw, lawnmower)	1	|_|_|_|_|_|_|	3
N	OTHER. SPECIFY	1	|_|_|_|_|_|_|	3
B07	Did you or anybody from your household receive any non-monetary benefits from the state, institution of local governing, an individual, some other fund or organization or for agricultural / non-agricultural entrepreneurship during the previous 12 months? 1.Yes → B08 2.No → OSA C			
B08	Please indicate the name and the approximate value of received service, goods or present in euros or in kroons.			
	Name of service, goods or present	Approximate value		
	.....	|_|_|_|_|_|_|	kroons	
	.....	|_|_|_|_|_|_|	kroons	
	.....	|_|_|_|_|_|_|	kroons	
	.....	|_|_|_|_|_|_|	kroons	
	.....	|_|_|_|_|_|_|	kroons	
	.....	|_|_|_|_|_|_|	kroons	
	.....	|_|_|_|_|_|_|	kroons	
	.....	|_|_|_|_|_|_|	kroons	
	.....	|_|_|_|_|_|_|	kroons	

SECTION C. GOODS AND SERVICES

Next we will ask about non-production expenditure of household made on goods and services retrospectively. First we will inquire questions about expenditure of dwelling.

C01 	Please indicate how much did your household paid in the previous month for... IF THE HOUSEHOLD DOES NOT HAVE TO PAY FOR THE SERVICE, INDICATE 0!	
	Sum of expenditure for previous month	
A	... administrative and maintenance costs of dwelling?	|_|_|_|_|_|_| kroons
B	... repair materials/costs and repair fund?	|_|_|_|_|_|_| kroons
C	... water?	|_|_|_|_|_|_| kroons
D	... disposition of garbage?	|_|_|_|_|_|_| kroons
E	... sewage?	|_|_|_|_|_|_| kroons
F	... electricity?	|_|_|_|_|_|_| kroons
G	... gas?	|_|_|_|_|_|_| kroons
H	... central heating?	|_|_|_|_|_|_| kroons
I	... telephone and internet?	|_|_|_|_|_|_| kroons
J	... OTHER DWELLING SERVICES. SPECIFY, .....	|_|_|_|_|_|_| kroons
	IF THE RESPONDENT NAMED ALL EXPENSES SEPARATELY → C03	
C02	How much did your household pay for services on dwelling altogether in the previous month? |_|_|_|_|_|_| kroons	

C03	Did your household pay for rent for a rental dwelling in the previous month? 1 Yes 2 No → C05	
C04	Please indicate, how much? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	
C05	Did your household spend on firewood, briquette, coal, fuel oil or on any other fuel during the previous 12 months? 1 Yes 2 No → C07	
C06	Please indicate the type of fuel and the sum of expenditure.	
	Type of fuel	Sum of expenditure
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
G	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
H	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
I	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
J	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C07	Has your household paid estate tax during the previous 12 months?? 1 Yes 2 No → C09	
C08	Please indicate, how much? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	
C09	Please name all purchases of at least 1000 kroons.  Has your household made expenses on products/services associated with repairs? Have you bought the following products or services: timber, bricks or other construction materials; tiles, tin roofing, asbestos cement or other roofing materials; mineral wool, styrofoam or other isolation materials; sinks, faucets, toilets or other plumbing fixtures; paint, wallpaper, ceramic tiles or other finishing materials; parquet, floorboards, linoleum or other flooring materials; paid for the transportation or installation of these materials? 1 Yes 2 No → C12	
C10	What was the main purpose of these expenditures? Either... 1 day-to-day repairs 2 major repairs → C12 3 constructions? → C12	
C11	Please indicate the type of purchase and the sum of expenditure.	
	Type of purchase	Sum of expenditure
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
G	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
H	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
I	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
J	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C12	 Has your household bought kitchen, living room, bedroom, bathroom or entry furniture sets or chairs, tables, cupboards, beds or other furniture during the previous 12 months? 1 Yes 2 No → C14	

C13	Please indicate the type of purchase and the sum of expenditure.	
	Type of item or set of furniture	Sum of expenditure
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
G	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
H	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
I	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
J	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C14 	Has your household bought heaters, water heaters, refrigerators, washing machines, dishwashers, stoves, microwave ovens, vacuum cleaners, sewing or knitting machines or other household appliances during the previous 12 months? 1 Yes 2 No → C16	
C15	Please indicate the type of purchase and the sum of expenditure.	
	Type of appliance	Sum of expenditure
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
G	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
H	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C16 	Has your household bought stereo systems, home theatre systems, TVs, DVD players, cameras, projectors, telephones, computers, laptops, faxes or other similar appliances during the previous 12 months? 1 Yes 2 No → C18	
C17	Please indicate the type of purchase and the sum of expenditure.	
	Type of product	Sum of expenditure
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
G	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
H	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C18 	Has Your household bought the following products associated with leisure and culture: piano, violin, synthesizer or other musical instrument; skis, skates, bicycle or other sport equipment; tent, sleeping-bag or other camping equipment during the previous 12 months? 1 Yes 2 No → C20	
C19	Please indicate the type of purchase and the sum of expenditure.	
	Type of product	Sum of expenditure
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
G	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
H	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C20	Has your household paid for sports training, sports camp or other hobby groups during the previous 12 months? 1 Yes 2 No → C22	

C21	Please indicate the type of service and the sum of expenditure.	
	Type of service	Sum of expenditure
A	.....	| | | | | kroons
B	.....	| | | | | kroons
C	.....	| | | | | kroons
D	.....	| | | | | kroons
E	.....	| | | | | kroons
F	.....	| | | | | kroons
G	.....	| | | | | kroons
H	.....	| | | | | kroons
C22	Has your household bought any pets during the previous 12 months? 1 Yes 2 No → C24	
C23	Please indicate the type of pet and the sum of expenditure.	
	Type of pet	Sum of expenditure
A	.....	| | | | | kroons
B	.....	| | | | | kroons
C	.....	| | | | | kroons
D	.....	| | | | | kroons
E	.....	| | | | | kroons
F	.....	| | | | | kroons
G	.....	| | | | | kroons
	.....	| | | | | kroons
C24	Has your household paid for health services or medical aids or appliances during the previous 12 months? (Take into account only the expenses or the part of expenses that haven't been paid for by the employer, insurance company, state, local government or Estonian Health Insurance Fund) 1 Yes 2 No → C26	
C25	Please indicate the type of service and the sum of expenditure.	
	Type of service	Sum of expenditure
A	.....	| | | | | kroons
B	.....	| | | | | kroons
C	.....	| | | | | kroons
D	.....	| | | | | kroons
E	.....	| | | | | kroons
F	.....	| | | | | kroons
G	.....	| | | | | kroons
H	.....	| | | | | kroons
C26	Has your household made payments for paid general or vocational education during the previous 12 months? 1 Yes 2 No → C32	
C27	How much tuition has your household paid for studying in grades 1-6? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. | | | | | kroons	
C28	How much tuition has your household paid for studying in grades 7-12? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. | | | | | kroons	
C29	How much tuition has your household paid for acquiring vocational education on the basis of basic education? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. | | | | | kroons	
C30	How much tuition has your household paid for acquiring vocational education on the basis of secondary education? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. | | | | | kroons	
C31	How much tuition has your household paid for acquiring higher education (Bachelor's study, Master's study, Doctorate study, etc.)? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. | | | | | kroons	
C32	Has your household made payments for courses, for example language or computer courses, during the previous 12 months? 1 Yes 2 No → C34	
C33	Please indicate, how much? | | | | | kroons	

C34 ☀	Has your household made payments for insurance (home insurance, health insurance, car insurance, other types of insurance) during the previous 12 months? 1 Yes 2 No → C36	
C35	Please indicate the type of insurance and the sum of expenditure.	
	Type of insurance	Sum of expenditure
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
G	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
H	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
I	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
J	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C36	Has your household bought a new car, motorcycle, scooter, motorboat or other motor vehicle during the previous 12 months? 1 Yes 2 No → C38	
C37	Please indicate the type of vehicle and the sum of expenditure.	
	Type of vehicle	Sum of expenditure
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C38	Has your household bought a used car, motorcycle, scooter, motorboat or other motor vehicle during the previous 12 months? 1 Yes 2 No → C40	
C39	Please indicate the type of vehicle and the sum of expenditure.	
	Type of vehicle	Sum of expenditure
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C40	Has your household sold a car, motorcycle, scooter, motorboat or other motor vehicle during the previous 12 months? 1 Yes 2 No → C42	
C41	Please indicate the type of vehicle and the sum gained from the sale.	
	Type of vehicle	Sum gained from the sale
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C42	Has your household made payments for package travel during the previous 12 months? 1 Yes 2 No → C44	
C43	Please indicate, how much? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	
C44	Has your household bought a bus, train, boat or airplane tickets for travelling abroad during the previous 12 months? <i>(Take into account only the part of the expenses that haven't been compensated by the employer or someone else)</i> 1 Yes 2 No → C49	
C45	How much has your household paid for bus tickets for travelling abroad? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	
C46	How much has your household paid for train tickets for travelling abroad? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	

C47	How much has your household paid for boat tickets for travelling abroad? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. _ _ _ _ _ _ _ kroons																		
C48	How much has your household paid for airplane tickets for travelling abroad? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. _ _ _ _ _ _ _ kroons																		
C49	Has your household made payments for accommodation services during the previous 12 months? 1 Yes 2 No → C51																		
C50	Please indicate, how much? _ _ _ _ _ _ _ _ kroons																		
C51	Has your household spent on housekeeping services (housekeeper's work, window washing, cleaning, etc.) during the previous 12 months? 1 Yes 2 No → C53																		
C52	Please indicate the type of service and the sum of expenditure.																		
	<table border="0"> <thead> <tr> <th></th> <th>Type of service</th> <th>Sum of expenditure</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>.....</td> <td> _ _ _ _ _ _ _ kroons</td> </tr> <tr> <td>B</td> <td>.....</td> <td> _ _ _ _ _ _ _ kroons</td> </tr> <tr> <td>C</td> <td>.....</td> <td> _ _ _ _ _ _ _ kroons</td> </tr> <tr> <td>D</td> <td>.....</td> <td> _ _ _ _ _ _ _ kroons</td> </tr> <tr> <td>E</td> <td>.....</td> <td> _ _ _ _ _ _ _ kroons</td> </tr> </tbody> </table>		Type of service	Sum of expenditure	A	_ _ _ _ _ _ _ kroons	B	_ _ _ _ _ _ _ kroons	C	_ _ _ _ _ _ _ kroons	D	_ _ _ _ _ _ _ kroons	E	_ _ _ _ _ _ _ kroons
	Type of service	Sum of expenditure																	
A	_ _ _ _ _ _ _ kroons																	
B	_ _ _ _ _ _ _ kroons																	
C	_ _ _ _ _ _ _ kroons																	
D	_ _ _ _ _ _ _ kroons																	
E	_ _ _ _ _ _ _ kroons																	
C53	Has your household paid for childcare services during the previous 12 months? 1 Yes 2 No → C59																		
C54	How much has your household paid for babysitter's services? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. _ _ _ _ _ _ _ kroons																		
C55	How much kindergarten fees has your household paid for private kindergarten during the previous 12 months? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. _ _ _ _ _ _ _ kroons																		
C56	How much kindergarten fees has your household paid for municipality owned kindergarten during the previous 12 months? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. _ _ _ _ _ _ _ kroons																		
C57	How much has your household paid for a private teacher's or tutor's services during the previous 12 months? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. _ _ _ _ _ _ _ kroons																		
C58	How much has your household paid for other childcare services during the previous 12 months? IF THERE HAS BEEN NO PAYMENTS THEN INDICATE 0. _ _ _ _ _ _ _ kroons																		
C59	Has your household made payments for magazine or newspaper subscriptions during the previous 12 months (including standing orders)? 1 Yes 2 No → C61																		
C60	Please indicate, how much? _ _ _ _ _ _ _ _ kroons																		
C61	Has your household made big payments (more than 3000 kroons) on other products or services that haven't been mentioned before (in this part of the questionnaire) during the previous 12 months? 1 Yes 2 No → OSA D																		

C62	Please indicate the type of service and the sum of expenditure.	
	Type of product/service	Sum of expenditure
A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
G	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
H	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
I	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
J	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons

FINAL SENTENCE: WE HAVE REACHED THE END OF THE SURVEY, THANK YOU VERY MUCH FOR YOUR COOPERATION!

INTERVIEWER'S SECTION (CONTINUATION)

A05	FINISHING TIME OF INTERVIEW	IN CASE OF INTERRUPTION, FINISHING TIME OF CONTINUATION
A	|_|_| HOUR	|_|_| HOUR
B	|_|_| MINUTES	|_|_| MINUTES
A06	LANGUAGE OF INTERVIEW 1 ESTONIAN 2 RUSSIAN	
A07	WHO ELSE WAS PRESENT AT THE INTERVIEW? [NOTE ALL PERSONS]	
A	1 NOBODY	
B	2 CHILDREN UNDER 6 YEARS	
C	3 CHILDREN AGED 6 AND OLDER	
D	4 SPOUSE (PARTNER)	
E	5 OTHER RELATIVES	
F	6 OTHER ADULTS (NON-RELATIVES)	
A08	WHICH NUMBER HOUSEHOLD MEMBER DID RESPOND MAINLY TO QUESTIONS? COLUMN NUMBER |_|_|	
A09	THE INTERVIEW PROCEEDED... 1 VERY WELL 2 WELL 3 SATISFACTORILY 4 WITH DIFFICULTIES [EXPLAIN A16s] 5 WITH GREAT DIFFICULTIES [EXPLAIN A16s]	
A10	HOW WAS THE PERSONAL QUESTIONNAIRE COMPLETED? 1 FACE-TO-FACE INTERVIEW 2 TELEPHONE INTERVIEW 3 THE RESPONDENT COMPLETED THE QUESTIONNAIRE HIMSELF/ HERSELF 5 OTHER. SPECIFY	
A16	COMMENTS ABOUT THE INTERVIEW [WRITE ABOUT ALL DISTURBING FACTORS] May remain unfilled.	
A17	INITIAL STATUS OF QUESTIONNAIRE <i>Filled only in computer!</i> 1 INCOMPLETE 2 ENTERED 3 TO BE SPECIFIED 4 COMPLETED	
A18	FINAL STATUS OF QUESTIONNAIRE <i>Filled only in computer!</i> 1 SENT 2 UNSENT	