

ESTONIAN SOCIAL SURVEY 2009

Household questionnaire

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

Split number |_|_|

SECTION A. INTERVIEWER'S SECTION

Kviis	MODE OF INTERVIEW 1 LAPTOP INTERVIEW 2 PAPER QUESTIONNAIRE	
Rez	REGIME: 1 - INTERVIEWER 2 - ENCODER	
Kys	CODE OF INTERVIEWER |_|_|_|_|	
Kpk	SURVEY AREA |_|_|_|_|	
Kjuht	INTERVIEWER MANAGER'S AREA |_|	
A01	DATE OF INTERVIEW	A01K. DATE OF CONTINUATION IN CASE OF INTERRUPTION
A	|_|_| DAY	|_|_| DAY
B	|_|_| MONTH	|_|_| MONTH
C	|_|_|_|_| YEAR	|_|_|_|_| YEAR
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 WORKPLACE/SCHOOL 3 PLACE OF RESIDENCE OF RESPONDENT'S RELATIVES OR ACQUAINTANCES 4 INTERVIEWER'S WORKPLACE/ PLACE OF RESIDENCE 6 ELSEWHERE, (WRITE WHERE)	
A04	HOUSEHOLD'S PLACE OF RESIDENCE Village/borough/town/city.....	
A04AK	Area code |_|_|_|_| Filled automatically!	
Tyypnimi	Settlement type (village/borough/town/city) Filled automatically!	
Tyyp	Settlement type code |_| Filled automatically!	
Valdnimi	Township/city name Filled automatically!	
Vald	Township/city code |_|_|_| Filled automatically!	
MK	County Filled automatically!	
Maakond	County code | | | Filled automatically!	

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.

DEFINITIONS

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 number is a special identifying code of the household, which is given to the household upon inclusion into the survey. The household number is given to the interviewer with his sample information.

Temporarily absent primarily means that the person who is absent will presumably return to the household after the end of her trip, studies, or other engagement. In general, the respondent can decide whether the contact with the person who is absent is close enough to consider her a member of the household. If the person who is absent has formed her own family and lives on her own on a permanent basis, she is not considered a member of the respondent's household. Even if, for example, she may still have her own room at her parents' house and she may receive regular financial help from the parent household.

Sample household is a household, which contains at least one sample person.

Sample persons are all household members, who were 14 years old or older on January 1st of the survey year when the household was first included in the survey. It is indicated in the protocol whether the member is a sample person. Only sample persons are traced.

New household member is a household member who has joined the sample person's household after the previous time the household was interviewed for the Estonian Social Survey.

Guest is a person who does not belong to the household but has spent at least three months in the household during the previous calendar year.

Initial household is a sample household where at least one household member is a sample person living in the same dwelling as during the previous survey year. If none of the households to which sample persons belong live at the same address, the initial household is considered to be the one containing the sample person with the smallest personal number.

Split-off household is a new household formed by a sample person who has left the initial household and started to live separately.

New household is a household that is included in the survey as of this year.

Split number is a two-figure code, which shows the division of the initial household. The split number of a new household and of most initial households is 00. An interviewer gives the split number to new split-off households: it is the first vacant split number displayed to the interviewer by the data entry program.

Household member's number is a special identifying code that each person is attributed upon their inclusion into the survey. The household member's number or the personal ID is formed according to a fixed regulation from Eurostat. Each household member's number is unique and it consists of three parts: the household number (6 figures) + the split number (2 figures) + the reference number of the person (2 figures). **A household member's number is unchangeable throughout her time in the survey.**

For household members known from the previous year's interview, the household member's number is given to the interviewer to take along on the sample information sheet. From there the interviewer writes the numbers into question XX1 of section X. In section YA, the interviewer takes the last four figures of the household member's numbers of the known members from section X or from the protocol (in case of split-off households). The interviewer gives the last four figures to new members or to the members of new households as follows:

1) to new members in the split-off or initial household

- a) the first two figures: split number – looks from the household questionnaire;
- b) the next two figures: the first vacant reference number of a household member in this household – data entry program gives automatically;

2) to the members of a new household

- a) the first two figures: split number – always 00;
- b) the next two figures: the reference number of a household member – according to the column number (YX1).

The interviewer cannot give the last four figures of the household member's number to a person who has participated in the survey last year but has moved to another sample household (new members in the initial or split-off household (BX = 1 or 2 and BA1 = 1) and who also participated last year (BA4 = 1), or a member of a new household (BX = 3) who participated in the survey last year as well (BA4 = 1)). The described situation is exceptional. As a result the interviewer must very thoroughly double-check it.

SECTION X. TRACING

NB! SECTION X IS NOT FILLED FOR SPLIT-OFF OR NEW HOUSEHOLDS (SEE DEFINITIONS ON PAGE 3).


WRITE THE DATA FROM THE SAMPLE INFORMATION SHEET IN THE SAME ORDER ABOUT ALL THE (KNOWN) HOUSEHOLD MEMBERS OF THE SURVEYED HOUSEHOLD INTO THE FOLLOWING TABLE.

I will read out the names of the people who belonged to this household last year. Please state about each of them whether they are currently members of your household.

XX1	Reference number of the household member	1	2	3	4	5	6	
→	WRITE HOUSEHOLD MEMBER'S NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
X1	FIRST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
X2	GENDER: 1 MALE 2 FEMALE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
X3	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
A	DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
B	MONTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
C	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
D	AGE (1 January 2009)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

IF THE PERSONAL DATA DIFFERS SUBSTANTIALLY, IT IS NECESSARY TO ASK WHETHER OR NOT YOU ARE TALKING ABOUT THE SAME PERSON.

X4	Is ... Your household member? 1 YES 2 NO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1→X10
X5	For what reason is he/she not in the household? 21 has moved to a separate household 23 is dead 24 has left for a long time (more than 6 months) to a collective household or an institutional establishment within the boundaries of the country 25 has gone abroad (for more than 6 months) 26 OTHER [WRITE]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	23, 24, 25, 26 → X7
X6	Indicate ...'s new address.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
A	Street, house, apartment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
B	Settlement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
C	Township	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
D	County	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
E	Contact telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

	Number of household member	1	2	3	4	5	6	
A	WRITE THE SPLIT NUMBER OF A NEW HOUSEHOLD (THE FIRST VACANT SPLIT NUMBER)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
X7	When did ... depart the household (die)?							
A	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
B	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
X8	For how many months was ... in the household in the previous calendar year?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
X9	 What was the main social status of ... in the previous calendar year? He or she was 1 at work 2 unemployed 3 in retirement or in early retirement 4 homemaker, conscript, student, incapacitated, other inactive person.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
X10	INTERVIEWER CHECKPOINT. DOES THE TABLE INCLUDE THE DATA ABOUT ALL THE GIVEN HOUSEHOLD MEMBERS? 1 YES 2 NO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 →X4

SECTION YA. HOUSEHOLD CHARACTERISTICS

BX	HOUSEHOLD IS: 1 INITIAL HOUSEHOLD 2 SPLIT-OFF HOUSEHOLD 3 NEW HOUSEHOLD
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WRITE THE DATA OF ALL THE MEMBERS OF THE HOUSEHOLD INTO THE TABLE BELOW. WITH AN **INITIAL HOUSEHOLD**, WRITE FIRST THE KNOWN MEMBERS WHO STILL BELONG TO THE HOUSEHOLD FROM SECTION X AND AFTER THEM NEW MEMBERS. IN CASE OF A **SPLIT-OFF HOUSEHOLD**, WRITE FIRST THE KNOWN MEMBERS FROM THE PROTOCOL AND THEN THE NEW HOUSEHOLD MEMBERS. IN CASE OF A **NEW HOUSEHOLD** THE WRITING HAS TO BE STARTED FROM THE REFERENCE PERSON AND CONTINUED IN THE ORDER OF AGE, STARTING FROM THE OLDEST.



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.

YX1	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 ... 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"/>	<=13 → YX4 14→ YA5
YA3 	What is the legal marital status of ... 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 ... 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"/>	
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"/>	<=14 → BA1
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"/>	
BA1	Is /Y0/ a new member in the household? 1 Yes 2 No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2→ BA4
BA2	Was /Y0/ born into the household? 1 Yes 2 No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1→ BA5
BA3 A B	Indicate when /Y0/ came to the household? 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"/>	

BA7	Did /Y0/ spend 6 months or more abroad, in hospital, in the army or another institution last year? 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BA4	Did /Y0/ participate in ESS between February – July 2008? 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BA5	4 LAST DIGITS OF THE HOUSEHOLD MEMBER'S NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
BA6	INTERVIEWER CHECKPOINT. DOES THE TABLE INCLUDE THE DATA ABOUT ALL HOUSEHOLD MEMBERS? 1 YES 2 NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2→Y0 one member →YD20

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											■

SECTION YC. DEMOGRAPHIC DATA

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


YD20	What is the main language spoken in your home?
YD20n	1 Estonian
YD20k	2 Russian
	3 OTHER. WRITE.....

YX1	Column number	01	02	03	04	05	06	
YC1	What is the ethnic nationality of /Y0/?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1 Estonian	.....	.....	.....	.....	.....	.....
YC1n	2 Russian	.....	.....	.....	.....	.....	.....
YC1k	3 Other [RECORD]	<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"/>	
YC2	Indicate the citizenship of /Y0/.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1 Estonian	.....	.....	.....	.....	.....	.....
YC2n	2 Russian	.....	.....	.....	.....	.....	.....
YC2k	3 Other [RECORD]	<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"/>	
	9 Unspecified							
B07a	Indicate the second citizenship of /Y0/.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 OTHER	.....	.....	.....	.....	.....	.....
	[RECORD]	<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"/>	
	7 There is no other	<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"/>	
YC3	Indicate the country of birth of /Y0/.	.....	.....	.....	.....	.....	.....	Estonia
	CHECKPOINT: IF YA2 YEAR BETWEEN 1920-1945 AN ADDITIONAL TEXT APPEARS:	.....	.....	.....	.....	.....	.....	→
YC3k	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="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"/>	BA5X
B05	From which year has /Y0/ lived in Estonia?							
A	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"/> <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"/>	
B	IF FROM 2008 OR 2009 THEN ASK Month	<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"/>	
BA5X	INTERVIEWER CHECKPOINT. DOES THE PERSON BELOW TO A NEW HOUSEHOLD? 1 YES 2 NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 → B08
BA5A	INTERVIEWER CHECKPOINT. WAS THE PERSON BORN BETWEEN JULY 2006 AND JUNE 2007? 1 YES 2 NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 → BA8B

BA5B	INTERVIEWER CHECKPOINT. WAS THE PERSON BORN IN JULY 2007 OR LATER? 1 YES 2 NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1→ BA8C
BA8A	In 2006, was /Y0/ abroad, in hospital, the army or another institution for 6 months or longer? 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BA8B	In 2007, was /Y0/ abroad, in hospital, the army or another institution for 6 months or longer? 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BA8C	In 2008, was /Y0/ abroad, in hospital, the army or another institution for 6 months or longer? 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B08	Does /Y0/ currently live... 1 with his or her household 2 temporarily separately 3 alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 → B10 3 → B10
B09 	Why is /Y0/ living separately? Is the reason... 1 Studies 2 Work 3 Military service 4 Hospitalisation 5 Imprisonment? 6 OTHER [RECORD]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B10	DOES THE TABLE INCLUDE THE DATA ABOUT ALL HOUSEHOLD MEMBERS? 1 YES 2 NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1→ BK1 2→ YC1


The following questions refer to guests who spent at least three months in Your household. FOR DEFINITION SEE PAGE 3.

BK1	Did someone who did not belong to the household spend at least three months in the household in the previous calendar year (i.e. were there guests)? 1 YES 2 NO → B11
------------	--

↓	Reference number of the guest	1	2	3	4	5	6	
BK2	First name	.....	.....	.....	.....	.....	.....
BK3	What is the gender of ...? 1 MALE 2 FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK4 A B C	Indicate the date of birth of ... 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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
BK5	Indicate the number of months ... was in the household in the previous calendar year. Number of months	<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"/>	
BK6 	Indicate the main social status of ... in the previous calendar year. He or she was 1 at work 2 unemployed 3 in retirement or in early retirement 4 homemaker, conscript, student incapacitated for work, other inactive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK7	Where there more guests? 1 YES 2 NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 → BK2 2 → B11

The following questions refer to the children of Your household.



B11	Are there any 0-14-year-old children in Your household? 1 YES 2 NO → SECTION C						
B12	The current age of the child	<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"/>	
BX3	WRITE THE COLUMN NUMBER OF THE QUESTION YX1	<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"/>	
	Child's first name	.....	.....	.....	.....	.....
B13 A	Looking at a typical week of the child from January to May, does the child attend a sports club, art club, learn to play some musical instrument or attend any other hobby group (including baby schools, <u>excluding</u> preparatory courses for children of pre-school age)? 1 YES Number of hours per week 2 NO	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> hours	1 → B15


BL5	Looking at a typical week of the child from January to May, how many hours per week do You use the following child care options? [WRITE 00 IF YOU DO NOT USE ANY OF THE LISTED OPTIONS]						
A	...The child is looked after for free by grandparents, relatives, acquaintances, neighbours or other at least 15-year-old household members (excl. parents)	||| hours	||| hours	||| hours	||| hours	||| hours	→ B18
B	...The child is looked after by a paid nanny (either at the nanny's or the child's home)	||| hours	||| hours	||| hours	||| hours	||| hours	
B17 	Looking at a typical week of the child from January to May, how many hours per week do You use the following child care options? [WRITE 00 IF YOU DO NOT USE ANY OF THE LISTED OPTIONS]						
A	...The child is looked after for free by grandparents, relatives, acquaintances, neighbours or other at least 15-year-old household members (excl. parents)	||| hours	||| hours	||| hours	||| hours	||| hours	
B	...The child is looked after by a paid nanny (either at the nanny's or the child's home)	||| hours	||| hours	||| hours	||| hours	||| hours	
D	...The child is in a day care centre (childcare outside the home, except when with nanny, in kindergarten, in a crèche)	||| hours	||| hours	||| hours	||| hours	||| hours	
B18	INTERVIEWER CHECKPOINT. DOES THE TABLE INCLUDE DATA ABOUT ALL 0-14-YEAR-OLD CHILDREN? 1 YES 2 NO	||	||	||	||	||	2 → B12

B19	Does Your household have to pay for child care? <i>NB! Only monetary payments should be taken into account.</i> 1 YES 2 NO → SECTION C
B20	Please specify the total amount Your household spends on child care in a month? <i>NB! The total amount spent on all children should be taken into account.</i> Amount per month ||| ||| ||| kroons

SECTION C. LIVING CONDITIONS


The following questions concern the principal dwelling of Your household. Please answer the following questions.




C00A	INTERVIEWER CHECKPOINT. IS THIS A NEW OR SPLIT-OFF HOUSEHOLD (BX>1)? 1 YES → YD4 2 NO																
C00B	INTERVIEWER CHECKPOINT. HAS THE HOUSEHOLD CHANGED THEIR DWELLING COMPARED TO LAST YEAR (THERE IS AN ADDRESS SPECIFICATION IN THE PROTOCOL)? 1 YES 2 NO → C02A																
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 [RECORD].....																
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"/> <input type="text"/> CONTINUE → YD6																
C02A	Has the number of rooms or square meters of Your dwelling changed compared to the last interview? 1 YES 2 NO → M02																
YD6	How many rooms belong to Your household? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <i>If several households live in one dwelling and some rooms are in shared use, then mentally divide the space into parts and indicate the number of rooms as a decimal. For example, if the household has a bedroom and half of the living room, the number of rooms would be 1.5.</i>																
YD7	What is the living area in Your household's use in square metres? <input type="text"/> <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. If several households share the dwelling, consider the area following the same logic as with counting rooms.</i>																
M02	Do you have a shortage of space in your dwelling?	1 Yes 2 No															
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 kind 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?																
C07	Does Your dwelling have any of the following problems? <table border="0" style="width: 100%;"> <tr> <td></td><td style="text-align: center;">YES</td><td style="text-align: center;">NO</td></tr> <tr> <td>1 A leaking roof</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>2 Damp walls, floor or basement</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>3 Rotten window frames or floor</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>4 Too dark, not enough light</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </table>			YES	NO	1 A leaking roof	1	2	2 Damp walls, floor or basement	1	2	3 Rotten window frames or floor	1	2	4 Too dark, not enough light	1	2
	YES	NO															
1 A leaking roof	1	2															
2 Damp walls, floor or basement	1	2															
3 Rotten window frames or floor	1	2															
4 Too dark, not enough light	1	2															

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
C08 A B	Do you have the following problems with your dwelling? Do you have problems with YES, it is a problem YES, but it is not a problem NO 1 ...noise from neighbouring apartments or outside (traffic, business, industrial noise etc) 1 2 3 2 polluted air or other environmental problems like smoke, dust, unpleasant odours and/or polluted water. 1 2 3
C10	In Your opinion, are there problems with crime, violence or vandalism in the vicinity of Your dwelling? 1 YES 2 NO
M11	In your neighbourhood, how frequently do you encounter litter lying around? 1 Very frequently 2 Frequently 3 Sometimes 4 Rarely or never
M12	In your neighbourhood, how frequently do you encounter damaged public amenities (bus stops, lamp posts, pavements, etc.)? 1 Very frequently 2 Frequently 3 Sometimes 4 Rarely or never
C15	Please estimate the access of your household in terms of physical and technical access, distance and opening hours to the following services. Are postal or banking services accessible... 1 with great difficulty 2 with some difficulty 3 easily 4 very easily? 5 THE SERVICE IS NOT USED
M13	Is local public transport accessible... 1 with great difficulty 2 with some difficulty 3 easily 4 very easily? 5 THE SERVICE IS NOT USED

SECTION D. ECONOMIC WELFARE

I will now ask You a few questions about the economic welfare and livelihood of Your household.


YD1	Who is the owner of Your dwelling? 1 Dwelling belongs to our household (member of the household) 2 Dwelling belongs to some other private owner (private person or a company) → DV3 3 Dwelling belongs to state/local authority → DV3
M09	Do you feel your household (as a whole) may have to leave your dwelling in the next 6 months? 1 yes 2 no → DV2
M10 	What is the main reason for moving? 1 a family-related reason 2 an employment-related reason 3 because of eviction or distraint 4 for financial difficulties 5 for some other reason. What reason? CONTINUE → DV2
DV3	Does the employer provide you this dwelling? 1 YES 2 NO
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?

D08g	What is this loan taken for? 1 Only to buy or build the dwelling 2 To buy and refurbish the dwelling 3 Only to refurbish the dwelling → DV4		
D08h	Did You make repayments for this loan during the previous year? 1 YES → D08b 2 NO		
D08d  A B C D E	Please indicate what is Your loan contract's ... <div style="display: flex; justify-content: space-between;"> <div> year of conclusion loan amount term of loan the current yearly interest rate of the loan the total amount of repayments a month </div> <div style="text-align: right;"> <div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> </div> kroons years % % </div> </div> CONTINUE → DV4		
D08b  A B C D E	Please indicate what is Your loan contract's ... <div style="display: flex; justify-content: space-between;"> <div> year of conclusion loan amount term of loan the current yearly interest rate of the loan the total amount of repayments in the previous calendar year </div> <div style="text-align: right;"> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> </div> kroons years % % </div>		
DV4  A B C D E F G H	Please assess the amount Your household pays each month for the following services. <i>Only payments made in relation to the main dwelling should be recorded. If the household does not need to pay for a given service, mark 0!</i> <div style="display: flex; justify-content: space-between;"> <div> Water and sewage disposal Central heating Electricity Gas Garbage removal Insurance payment for house or apartment Costs related to maintenance and regular repairs Other costs related to dwelling [RECORD]..... </div> <div style="text-align: right;"> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div> </div> </div> kroons kroons kroons kroons kroons kroons kroons kroons </div>		
D22C	Over the past 12 months, has it happened that Your household was unable to pay for utilities or service charges (heating, electricity, water, gas etc) on time for economic reasons? 1 Yes, it happened once 2 Yes, it happened twice or more frequently 3 No, it did not happen		
D05	Please think about the utilities and rent or mortgage interest payments of Your dwelling. To what extent are these expenditures on Your dwelling a financial burden on Your household? Do they... 1 Burden you a lot 2 Burden you to a certain extent 3 Do not burden you at all.		
D07	Does Your household need to make the following repayments?		
A	Repayments of a student loan or an education loan	YES	NO
B	Repayments of a small loan, an instant loan or an SMS loan	1	2
C	Monthly credit card repayments	1	2
D	Repayments for a leasing or hire purchase	1	2
E	Repayments for some other loan [RECORD].....	1	2
	IF D07A-E=2 CONTINUE → YD16		
D08	To what extent are these repayments of loans, leases and/or credit card repayments a financial burden on Your household? Do they... 1 Burden you a lot 2 Burden you to a certain extent 3 Do not burden you at all.		

D22D	Over the past 12 months, has it happened that Your household was unable to make repayments for this loan or leasing on time for economic reasons? 1 Yes, it happened once 2 Yes, it happened twice or more frequently 3 No, it did not happen					
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	No → Can you not afford it or is there another reason?		
			Yes	How many?	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


Now we will talk in more detail about the income of Your household.

D09	Did You or any of the members of Your household receive income from renting a property (e.g. a building, residential building, apartment, room or land) in the previous calendar year? <i>Please indicate the profit deducting payments for utilities, service charges and property management expenses.</i> 1 YES 2 NO → D10	
D09a	Would it be easier for You to indicate Your rental income ... 1 including the taxes charged on the income (gross) or 2 as the amount You received (net)? → D09C	
D09b	Indicate the gross income received from renting. Income before taxation <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"/> kroons → D09d	
D09c	Indicate the net income received from renting. Income after taxation <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"/> kroons	
D09d	Did You receive this income from renting a property that is abroad? 1 Yes, all of the income → D10 2 Yes, part of the income 3 No → D10	
D09e	What amount did You receive from abroad? Amount of income received from abroad <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"/> kroons	
D10	Did You or any of the members of Your household pay land tax or any other payments for property in the previous calendar year? <i>Do not take land tax associated with self-employment into account.</i> 1 YES A Total amount paid in the previous calendar 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"/> kroons 2 NO	

D11 	<p>Did You or any of the members of Your household receive child benefits or any other benefits connected with children or family or pregnancy or maternity benefits (child allowance, child care allowance, childbirth allowance, parental wages, money received for pregnancy or maternity leave (maternity benefit), school allowance, etc.) in the previous calendar year?</p> <p>1 YES</p> <p>B Net amount of parental benefit (parental wages) received in the previous calendar year |_|_|_|_|_| kroons</p> <p>D Net amount received for pregnancy and maternity leave in the previous calendar year |_|_|_|_|_| kroons</p> <p>E Adoption benefit received in the previous calendar year |_|_|_|_|_| kroons</p> <p>C Total amount of child allowance, child care allowance, school allowance, single parent/conscript's child allowance, allowance for child under guardianship, allowance for a parent of seven or more children, childbirth allowance, entry into independence allowance for orphans, adoption allowance received in the previous calendar year |_|_|_|_|_| kroons</p> <p>2 NO</p> <p>IF THERE ARE UNDER 20-YEAR-OLD MEMBERS IN THE HOUSEHOLD (SEE B03 – YEAR: BORN IN 1989 AND LATER), THEN DEFINITELY DOUBLE-CHECK.</p>
D12	<p>Did You or any of the members of Your household receive financial support from nongovernmental organisations or institutions (churches, foundations, private enterprises, etc.) in the previous calendar year?</p> <p>1 YES</p> <p>A Total amount received in the previous calendar year |_|_|_|_|_| kroons</p> <p>2 NO</p>
D13	<p>Did You or any of the members of Your household receive support in kind from nongovernmental organisations or institutions (churches, foundations, funds, private enterprises, etc.) in the previous calendar year?</p> <p>1 YES</p> <p>A Approximate value of the aid received in the previous year |_|_|_|_|_| kroons</p> <p>2 NO</p>

Next I will ask some questions concerning monetary transfers and aid in kind, which You have made or provided to persons of other households or received from persons from other households.

DA1 A	<p>Did You or somebody from Your household pay regular maintenance support (alimony) to a former spouse and/or children? <i>NB! Single presents, for example, for Christmas or on birthdays should not be taken into account here.</i></p> <p>1 YES</p> <p>Total amount paid in the previous calendar year |_|_|_|_|_| kroons</p> <p>2 NO</p>
DA1B	<p>Was the income tax deducted from the alimony?</p> <p>1 Yes 2 No</p>
D14 A	<p>Did You or any of the members of Your household make other regular payments to someone from another household (e.g., student living separately) in the previous calendar year? Do not take alimony into account! <i>NB! Single presents, for example, for Christmas or on birthdays should not be taken into account here.</i></p> <p>1 YES</p> <p>Total amount paid in the previous calendar year |_|_|_|_|_| kroons</p> <p>2 NO</p>
D15 A	<p>Did You or any of the members of Your household provide aid in kind to someone from another household (e.g. baby carriage given to relatives, etc.) in the previous calendar year?</p> <p>1 YES</p> <p>Approximate value of the aid provided in the previous year |_|_|_|_|_| kroons</p> <p>2 NO</p>





DA2	Did You or somebody from Your household receive regular maintenance support (alimony) from a former spouse? <i>NB! Single presents, for example, for Christmas or on birthdays should not be taken into account here.</i>		
A	1 YES Total amount paid in the previous calendar year 2 NO	|_|_|_|_|_|_| kroons	
DA2B	Was the income tax deducted from the alimony? 1 Yes 2 No		
D16	Did You or any of the members of Your household receive other regular payments (excl. alimony and income from rent) from someone from another household in the previous calendar year? <i>NB! Single presents, for example, for Christmas or on birthdays should not be taken into account here.</i>		
A	1 YES Total amount received in the previous calendar year 2 NO	|_|_|_|_|_|_| kroons	
D17	Were You or any of the members of Your household provided aid in kind by someone from another household (e.g., baby carriage received from relatives, etc.) in the previous calendar year?		
A	1 YES Approximate value of the aid received in the previous year 2 NO	|_|_|_|_|_|_| kroons	
DA3	Did you or anyone in your household receive state alimony for a child whose other parent did not fulfil their obligation to support the child?		
A	1 Yes Total amount received in the previous calendar year 2 No	|_|_|_|_|_|_| kroons	
D18	INTERVIEWER CHECKPOINT. ARE THERE 14-YEAR-OLD OR YOUNGER CHILDREN IN THE HOUSEHOLD? 1 YES 2 NO → D19c		
D19	Did any of the 14-year-old or younger children receive income from wage labour in the previous calendar year?		
A	1 YES Net amount received in the previous calendar year 2 NO	|_|_|_|_|_|_| kroons	
D19a	Did any of the 14-year-old or younger children receive some other type of income in the previous calendar year? <i>NB! Not to take into account alimonies paid to children and other regular and one time payments from other households.</i>		
A B	1 YES Net amount received in the previous calendar year 2 NO	|_|_|_|_|_|_| kroons	
	Type of income [RECORD]		
D19c	Did You or anybody else from Your household receive income from abroad from sale of real estate or stocks? 1 YES 2 NO → D20		
D19d	What amount did You receive from abroad?		
	Amount of income received from abroad |_|_|_|_|_|_| kroons		
D20	Should the need arise, could Your household afford the following?		
		YES	NO
	1 a week-long holiday away from home for all household members?	1	2
	2 eat meat, chicken or fish (or the vegetarian equivalent) every other day?	1	2
	3 keep the dwelling adequately warm?	1	2
D21	Should the need arise for 5000 kroons in your household, would you be able to get hold of the money...		
A	1 without outside help → YD17 2 Maybe with outside help 3 Would not be able to, it's impossible		





M18 b	Do all the 1-16 year-old children in your household have a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day? 1 Yes → M18c 2 No
M18 bb	Can you not afford it or is there some other reason? 1 Can not afford to 2 There is another reason
M18 c	Do all the 1-16 year-old children in your household have celebrations on special occasions (birthdays, name days, religious events)? 1 Yes → M18d 2 No
M18 cb	Can you not afford it or is there some other reason? 1 Can not afford to 2 There is another reason
M18 d	Do all the 1-16 year-old children in your household have friends round to play and eat from time to time? 1 Yes → M18e 2 No
M18 db	Can you not afford it or is there some other reason? 1 Can not afford to 2 There is another reason
M18 e	Do all the 1-16 year-old children in your household go on holiday away from home at least 1 week per year? 1 Yes → M19 2 No
M18 eb	Can you not afford it or is there some other reason? 1 Can not afford to 2 There is another reason
M19	Do all the 1-16 year-old children in your household have an outdoor space in the neighbourhood where they can play safely? 1 Yes 2 No
M20	Was there any time during the past 12 months when at least one the 1-16 year-old children in your household really needed to consult one of the following doctors but was not able to? Yes, this happened at least once No, this did not happen
A	.. a General practitioner? 1 2
B	...an optometrist? 1 2
C	...a dentist? 1 2
D	... another specialist? 1 2
MX1	INTERVIEWER CHECKPOINT: DOES M20C=1? 1 YES→ M21 2 NO→ MX2
M21 ☀	What was the main reason the child was unable to get a consultatio from a dentist? 1 Could not afford to (too expensive) 4 Too far to travel/no means of transport 2 Waiting list too long 5 Other reason. What reason?..... 3 Could not take time
MX2	INTERVIEWER CHECKPOINT: DOES M20A=1 OR M20D=1? 1 YES→ M23 2 NO→ M24
M23 ☀	What was the main reason the child was unable to get a consultatio from a GP or specialist? 1 Could not afford to (too expensive) 4 Too far to travel/no means of transport 2 Waiting list too long 5 Other reason. What reason?..... 3 Could not take time
M24	Do any of the 1-16 year-old children in your household attend school or kindergarten? 1Yes 2 No→ F01
M25	Do all the children attending school or kindergarten in your household have a suitable place to study or do homework at home? 1Yes 2 No
M26	Do all the children attending school or kindergarten in your household participate in school trips and school events that cost money? 1Yes→ F01 2 No
M27	Can you not afford it or is there some other reason? 1 Can not afford to 2 There is another reason

SECTION F. PRODUCTION FOR OWN CONSUMPTION

In conclusion, I will ask You some questions about production for own consumption.

F01	Did Your household grow / produce animals, birds, gardening products or other agricultural products for own consumption last year? 1 YES 2 NO → F03
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F02 	Please estimate whether and how much Your household grew / produced various products last year.				
		NO	YES, CAN ESTIMATE AMOUNT	YES, BUT CANNOT ESTIMATE AMOUNT	
A	Milk	1	2	Amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> litres	3 →
B	Eggs	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> pieces	3 →
C	Potatoes	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
D	Pork	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
E	Beef or mutton	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
F	Apples or pears	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
G	Cabbage or cauliflower	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
H	Tomatoes	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
I	Cucumber	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
J	Pumpkins	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
K	Beets or turnips	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
L	Carrots	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
M	Plums, cherries or other fruits	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
N	Poultry	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
O	Strawberries, currants or other berries	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
P	Honey	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
R	Onions	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
S	Other vegetables	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
T	Other greens	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
U	Something else [RECORD].....	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
F03 	Did Your household pick wild berries or mushrooms for own consumption last year? If yes, then please estimate how many kilograms of wild berries or mushrooms Your household picked for own consumption last year.				
		NO	YES, CAN ESTIMATE AMOUNT	YES, BUT CANNOT ESTIMATE AMOUNT	
A	Wild berries	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
B	Mushrooms	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
F04 	Did Your household catch fish for own consumption last year? If yes, then please estimate how many kilograms of fish Your household caught for own consumption last year.				
		NO	YES, CAN ESTIMATE AMOUNT	YES, BUT CANNOT ESTIMATE AMOUNT	
	Fish	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →
F05 	Did Your household hunt for own consumption last year? If yes, then please estimate how many kilograms of meat Your household gained this way for own consumption last year.				
		NO	YES, CAN ESTIMATE AMOUNT	YES, BUT CANNOT ESTIMATE AMOUNT	
	Meat	1	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	3 →

F02					
					
A	Milk	Less than 300 litres 1	300-599 litres 2	600-800 litres 3	More than 800 litres 4
B					
C	Eggs (pieces)	Less than 100 pieces/kg 1	100–199 pieces/kg 2	200–300 pieces/kg 3	More than 300 pieces/kg 4
	Potatoes (kg)	1	2	3	4
D					
E	Pork	Less than 40 kg 1	40–74 kg 2	75–100 kg 3	More than 100 kg 4
	Beef or mutton	1	2	3	4
F					
	Apples or pears	Less than 20 kg 1	20–49 kg 2	50–70 kg 3	More than 70 kg 4
G					
H	Cabbage or cauliflower	Less than 10 kg 1	10–19 kg 2	20–30 kg 3	More than 30 kg 4
I	Tomatoes	1	2	3	4
	Cucumber	1	2	3	4
J					
K	Pumpkin	Less than 10 kg 1	10–14 kg 2	15–20 kg 3	More than 20 kg 4
L	Beets and turnips	1	2	3	4
	Carrots	1	2	3	4
M					
N	Plums, cherries or other fruits	Less than 5 kg 1	5–9 kg 2	10–15 kg 3	More than 15 kg 4
O	Poultry	1	2	3	4
P	Strawberries, currants, other berries	1	2	3	4
R	Honey	1	2	3	4
	Onions	1	2	3	4
S					
T	Other vegetables	Less than 2 kg 1	2–4 kg 2	5–10 kg 3	More than 10 kg 4
U	Other greens	1	2	3	4
	Something else	1	2	3	4
F03					
					
A	Wild berries	Less than 5 kg 1	5–9 kg 2	10–15 kg 3	More than 15 kg 4
B	Mushrooms	1	2	3	4
F04					
					
	Fish	Less than 5 kg 1	5–9 kg 2	10–20 kg 3	More than 20 kg 4
F05					
					
	Meat	Less than 20 kg 1	20–24 kg 2	25–40 kg 3	More than 40 kg 4

SECTION E. PLANNED CHANGE OF RESIDENCE

E0	INTERVIEWER CHECKPOINT. IS THE HOUSEHOLD IN THE SURVEY FOR THE LAST YEAR (HOUSEHOLD NUMBER STARTS WITH 3)? 1 YES → THE END OF THE HOUSEHOLD QUESTIONNAIRE, PART OF THE INTERVIEWER 2 NO
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One of the aims of the Social Survey is to follow the changes that take place in the income and living conditions of households. For this reason, we would like to interview you again next year. To be able to find your household again the next year, I will now ask a few questions about your plans to move.

E1	Is Your household planning to change residence during the following year? 3 YES 4 NO → THE END OF THE HOUSEHOLD QUESTIONNAIRE, PART OF THE INTERVIEWER 5 I DON'T KNOW → E3
E2	Do You know where exactly You plan to settle next? A 1 I DON'T KNOW → E3 B 2 YES B Street/farm C House number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D Flat number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> E Settlement..... F Township..... G County..... → THE END OF THE HOUSEHOLD QUESTIONNAIRE, INTERVIEWER'S SECTION
E3	Could You give us a contact whom it would be possible to receive information from regarding Your household's contacts should need be? 1 YES A Name..... B Contact telephone <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"/> C Street/farm D House number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> E Flat number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> F Settlement..... G Township..... H County..... 2 I DON'T KNOW

INTERVIEWER'S SECTION (CONTINUATION)

A05	END TIME OF INTERVIEW	IN CASE OF INTERRUPTION, END 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	WHAT IS THE NUMBER OF THE RESPONDENT WHO MAINLY ANSWERED THE QUESTIONS? COLUMN NUMBER |_|_|_|	
A09	THE INTERVIEW WENT... 1 VERY WELL 2 WELL 3 SATISFACTORILY 4 WITH DIFFICULTIES [EXPLAIN UNDER A16] 5 WITH GREAT DIFFICULTIES [EXPLAIN UNDER A16]	
A10	HOW WAS THE QUESTIONNAIRE FILLED? 1 FACE-TO-FACE INTERVIEW 2 TELEPHONE INTERVIEW 3 SELF-ADMINISTERED QUESTIONNAIRE 4 OTHER [RECORD]	
A16	COMMENTS ABOUT THE INTERVIEW [WRITE ABOUT ALL DISTURBING FACTORS]	
A17	INITIAL STATUS OF QUESTIONNAIRE <i>Filled only in laptop!</i> 1 – INCOMPLETE 2 – ENTERED 3 – TO BE SPECIFIED 4 – COMPLETED	
A18	FINAL STATUS OF QUESTIONNAIRE <i>Filled only in laptop!</i> 1 – SENT 2 – UNSENT	

ESTONIAN SOCIAL SURVEY 2009

Personal questionnaire

SECTION A	Interviewer's section	2
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SECTION H	Income	10
SECTION H.M	Material deprivation	20
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Interviewer's section (continuation)	22
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Household number |_|_|_|_|_|_|_|_|

Household split number |_|_|

Column number in household questionnaire |_|_|_|

Personal ID number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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 S. BACKGROUND DATA




S01	When were You born?	
A	Date	|_|_|
B	Month	|_|_|
C	Year	|_|_|_|_|

S02	<p>INDICATE THE GENDER OF THE RESPONDENT</p> <p>1 MALE 2 FEMALE</p> <p>CHECK THE DATA PRESENTED IN S01 AND S02 WITH HOUSEHOLD QUESTIONNAIRE (YA1 AND YA2).</p>
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SECTION YE. EDUCATION

We will now inquire about your level of education. We will ask for your highest obtained vocational or specialized education or trade, the name of the school you've graduated and the year of graduation.

DB1	INTERVIEWER'S CHECKPOINT. IS THE PERSON A MEMBER OF A NEW HOUSEHOLD (HOUSEHOLD QUESTIONNAIRE BX)? 1 YES → YE1 2 NO
DB2	INTERVIEWER'S CHECKPOINT. IS THE PERSON A NEW MEMBER IN THE HOUSEHOLD (HOUSEHOLD QUESTIONNAIRE BA1)? 1 YES → YE1 2 NO
DB3	Have You graduated from an educational institution since the last interview? THE MONTH AND YEAR OF THE LAST INTERVIEW ARE PRINTED ON THE SAMPLE INFORMATION SHEET. IF THE PERSON HAS NEVER ANSWERED A PERSONAL QUESTIONNAIRE, PROCEED WITH YE1! 1 YES 2 NO → YE11
DA1	Tell me please, do You study in an educational institution at the moment? 1 YES 2 NO → DB1
DB4	In what year did You graduate with this level of education? |_|_|_|_|_|
DB5A 	Please indicate the level of education that You attained. 1 primary education → YE11 2 basic education → YE11 3 secondary education → YE11 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)
DB6	Please indicate the full name of the school you completed
DB7 DB7n DB7k	What was your field of specialization? CLASS DESCRIPTION. FILLED AUTOMATICALLY..... |_|_|_|_|
DB7a	INTERVIEWER'S CHECKPOINT. IF DB5A=4 → DB8 IF DB5A=5,6,7,8 → YE11
DB8	What was the level of education required to enrol? 1 there was no requirement for a previous educational level → YE11 2 basic education was required 3 secondary education was required. → YE11
DB9	Did you receive a comprehensive education with the vocation? Were you granted.. 1 just the vocation 2 a comprehensive education along with the vocation? CONTINUE → YE11



YE1 	What level of education did You attain in comprehensive school (high school, gymnasium, basic school)? 1 Secondary education 2 Basic education (inc. incomplete secondary education) 3 Primary education 4 No primary education → YE3
YE2	In what year did You graduate with this level of education? <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>
YE3 	What is Your highest completed vocational, occupational or professional education? 1 No vocational, occupational or professional education → YE11 2 Vocational education → YE5 3 Vocational secondary education → YE5 4 Professional secondary / technical education → YE5 5 Higher education → D17 6 Doctor's degree (previous candidate of sciences) → YE5
YE4 	What kind of higher education do you hold? 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 school you completed.....
YE6 YE6n YE6k	What was your field of specialization? CLASS DESCRIPTION. FILLED AUTOMATICALLY..... <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>
YE7	In what year did You graduate from this school? <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>
YX6	INTERVIEWER'S CHECKPOINT. IF YE3=2 → YE8 IF YE3=3 OR YE3=4 → YE10 IF YE3=5 → YE11 IF YE3=6 → YE11
YE8	What was the level of education required to enrol? 1 there was no requirement for a previous educational level or 2 basic education was required.
YE9	Did you 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? CONTINUE → YE11
YE10	What was the level of education required to enrol? 1 basic education was required or 2 secondary education was required.

Now we'll turn to your current studies.


YE11	Are you currently enrolled in a comprehensive school, vocational school or university?
YE12 	What level of education are you studying towards? 1 1–6th grade → F01 2 7–9th grade → F01 3 10–12th grade → F01 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)
YE13	Please indicate the full name of the school
YE14 YE14n	What is your field of specialization? CLASS DESCRIPTION. FILLED AUTOMATICALLY.....

YE14k	<input type="text"/>
YX	INTERVIEWER'S CHECKPOINT. IF YE12=4 → YE15 IF YE12=5,6,7,8 → F01
YE15	What was the level of education required to enrol? 1 there was no requirement for a previous educational level or 2 basic education was required 3 secondary education was required. → F01
YE16	Will you receive a comprehensive education with the vocation? Will you be granted.. 1 just the vocation 2 a secondary education along with the vocation?

SECTION G. EVERYDAY ACTIVITIES


F01 	How old were You when taking on your first regular job? <i>The first regular job is a full- or part-time job, which lasted at least 6 months. Seasonal work, apprenticeships and participation in training should not be taken into account.</i> A 1 <input type="text"/> <input type="text"/> <input type="text"/> years old 2 Has never had a regular job → G01
F02 	How many full years have You been working since that time? <i>The time spent pregnant and on maternity leave should be included, time spent on parental leave should not.</i> Number of full years <input type="text"/> <input type="text"/> <input type="text"/>





G.A. EVERYDAY ACTIVITIES IN THE PREVIOUS WEEK

G01	Please tell me, during last week, did You work at least one hour and got paid for it? 1 YES → YF2 2 NO
G02	During last week, were You engaged in entrepreneurship, business, farming, individual or freelance work as a registered entrepreneur and earned profit for it? 1 YES → YF2 2 NO
G03	During last week, were You working without pay in a family enterprise or on a farm in whose profits you share? 1 YES → YF2 2 NO
G04	During last week, were You engaged in producing agricultural products for sale? 1 YES → YF2 2 NO
G05	During last week, did You have a job, which You were absent from, or a business activity in which You were temporarily inactive? 1 YES 2 NO → G10
G06 	What was the reason You were absent from work in the previous week? 01 Vacation 07 Pregnancy and maternity leave 12 Strike, lockout 02 Lay-off 08 Parental leave 13 Shortage of orders or work 03 Public holidays 09 Need to take care of children 14 Repair, breakdown, shortage 04 Studies 10 Need to take care of other of materials or raw materials 05 In-service training or retraining members of the family 15 Weather conditions 06 Own illness or injury 11 Schedule, work free season 16 OTHER [RECORD].....
G07	Do You presume that You can continue doing this job after the period of absence? 1 YES 2 NO → G10
G08	How long will You be temporarily absent from work (including the time You have already been absent from work and time You will still be absent)? 1 Up to 3 months → YF2 2 More than 3 months
G08 A	INTERVIEWER CHECKPOINT. IS THE RESPONDENT ABSENT FROM WORK DUE TO PREGNANCY AND MATERNITY LEAVE (G06=07)? 1 YES → YF2 2 NO
G09	Do You receive money (pay, parental benefit, sickness benefit etc) for the time You have been absent from the job? 1 Yes, in the amount of half of the wages or more 2 Yes, in the amount of less than half of the wages → G10 3 No → G10


G09	INTERVIEWER CHECKPOINT. IS THE RESPONDENT ON PARENTAL LEAVE (C06=08)?
A	1 YES 2 NO → YF2
G10	During last week, were You engaged in building dwellings for yourself?
A	1 YES Usual number of hours per week | | | | 2 NO
G11	During last week, were You engaged in the production of agricultural products for yourself?
A	1 YES Usual number of hours per week | | | | 2 NO
G12	During last week, did You do voluntary work for which You received no payment and which resulted in the production of goods (e.g. building of dwellings, church or other objects)? <i>NB! Voluntary work the result of which is the provision of services (e.g. maintenance and cleaning work) should not be taken into account.</i>
A	1 YES Usual number of hours per week | | | | 2 NO CONTINUE G32

G.B. MAIN JOB

YF2	Please indicate the full name of the enterprise /institution where you are currently employed.....
YF3 YF3n YF3k	What is the main economic activity of this enterprise/institution? CLASS DESCRIPTION. FILLED AUTOMATICALLY..... | | | |
YF4	Do you work in a branch of this enterprise/institution that has a different address? 1 Yes → YF6 2 No
YF5	Do you work in a branch of this enterprise/institution that has a different field of activity? 1 Yes 2 No → YF8
YF6	Please indicate the full name of branch where you are currently employed.....
YF7 YF7n YF7k	What is the main economic activity of this branch? CLASS DESCRIPTION. FILLED AUTOMATICALLY..... | | | |
YF8	What is Your occupation? Please indicate your occupational title.....
YF9 YF9n YF9k	Please describe the main tasks of your job. CLASS DESCRIPTION. FILLED AUTOMATICALLY..... | | | |
YF10  YF10m	Which of the following groups do You belong to? Are you an... 1 Employee 2 Employer with employee(s), farmer with paid employees → YF12 3 Sole proprietor, farmer without salaried labour force, freelancer → YF13 4 Unpaid family worker → YF13 5 OTHER [RECORD].....
YF11	Is it a permanent or temporary job? 1 Permanent job 2 Temporary job → GB7
GB4	Are you currently on a probationary period? 1 YES → YF12 2 NO
GB5	Is Your work part of some training, i.e. are You an apprentice, trainee or similar? 1 YES 2 NO CONTINUE → YF12
GB7	Is your work contract or agreement for... 1 less than one year 2 one year or longer?

YF12 YF12a	How many employees are there in this <u>enterprise/institution/local unit</u> ? 1 1 to 10→ (specify) |_|_|_| 3 20 to 49 5 Does not know exactly but fewer than 11 2 11 to 19 4 50 or more 6 Does not know exactly but more than 10
YF13	How many hours per week do You usually do this job? <i>Hours actually worked are taken into account here.</i> |_|_|_| hours
YX8	INTERVIEWER CHECKPOINT. IS YF10=2,3,4? 1 YES → GB1 2 NO
YF14	Do You have any supervisory responsibilities (supervise other employees, take responsibility for completion of some tasks etc)? 1 YES 2 NO → YF16
YF15	How many direct subordinates do You have? |_|_|_|
YF16 	What type of contract do you 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
GB8 	Who is the owner of this enterprise? 1 State (Republic of Estonia) 2 Local municipality 3 Estonian person in private law 4 Foreign person in private law 5 Estonian and/or foreign person in private law 6 OTHER [RECORD].....
GB9	What are Your average net monthly wages on this job? |_|_|_|_|_| kroons
GB10A	Does Your employer pay the social tax (33%) from your wages... 1 to the full extent 2 not to the full extent 3 not at all? 4 DON'T KNOW
GB10B	Does Your employer pay the unemployment insurance premium (0.6%) from your wages... 1 to the full extent 2 not to the full extent 3 not at all? 4 DON'T KNOW
GB10C	Does Your employer pay the income tax (21%) from your wages... 1 to the full extent 2 not to the full extent 3 not at all? 4 DON'T KNOW
GB10D	INTERVIEWER CHECKPOINT. WERE GB10A, GB10B AND GB10C ALL ANSWERED 1, 3 OR 4? 1 YES → GB1 2 NO
GB11 A	Could You indicate the amount on which the employer pays the above-mentioned taxes? 1 YES The amount on which the employer pays taxes |_|_|_|_|_| kroons 2 NO
GB1 	Do You consider it possible that during the next year You will loose Your present job? 1 Yes, certainly 2 Probably yes 3 Probably no 4 Certainly no 5 Hard to say
GB2 	If You Were to lose Your present job do You think You would be able to find a job corresponding to Your professional skills and experiences? 1 Yes, certainly 2 Probably yes 3 Probably no 4 Certainly no 5 Hard to say

G.C. OFF-HOUR JOBS




G21	Did You have any other job in addition to your main job where You were working or were temporarily absent from last week? 1 YES 2 NO → G23
G22	How many hours do You usually spend on off-hour jobs? <i>Hours actually worked are taken into account here.</i> |_|_|_| hours
G23	In Your main and off-hour jobs put together, do you usually work ... <i>Hours actually worked are taken into account here.</i> 1 less than 30 hours per week? 2 30 or more hours per week? → G25
G24 	Please indicate the main reason why You work less than 30 hours per week? <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 1 Studies, in-service training or retraining 2 Own illness, injury or incapacity to work 3 I wish to work 30 or more hours per week, but I have not found suitable work 4 I do not wish to work more hours than that </div> <div style="width: 48%;"> 7 Less than 30-hours a week is considered a full-time job in our enterprise 5 Need to take care of children and/or other members of the family, household chores 6 OTHER [RECORD]..... </div> </div>
G25	Were You engaged in the previous week, aside from Your main job, in building a dwelling for Your own use, producing agricultural products for Your own use and /or voluntary work for which You received no payment and the result of which was the production of goods (e.g. building of dwellings, church or other objects)? 1 YES
A	Usual number of hours per week _ _ _ _ 2 NO

G.E. JOB SEEKING

G32	Have You been seeking a job in the last four weeks (incl. last week)? 1 YES 2 NO <i>Seeking a job also includes preparations for starting up a business/ founding a farm and waiting for an earlier contracted job to start.</i>
G33	Let's presume that You are offered a job. Could You start working in the next two weeks? <i>NB! If the person is waiting for the previously contracted job to begin in the next three months, the answer should be YES.</i> 1 YES 2 NO


G.F. SOCIO-ECONOMIC STATUS

GE3	INTERVIEWER CHECKPOINT. DOES THE PERSON BELONG TO A NEW HOUSEHOLD OR IS A NEW MEMBER IN A HOUSEHOLD (HOUSEHOLD QUESTIONNAIRE BX AND BA1)? 1 YES → G35 2 NO
GE4	INTERVIEWER CHECKPOINT. DID THE PERSON RESPOND TO A PERSONAL QUESTIONNAIRE LAST YEAR? (SEE SAMPLE INFORMATION SHEET) 1 YES 2 NO → G35
GE5	INTERVIEWER CHECKPOINT. IN WHICH MONTH DID THE PERSON RESPOND TO THE PERSONAL QUESTIONNAIRE LAST YEAR? (SEE SAMPLE INFORMATION SHEET) 1 IN FEBRUARY → G35C 2 IN MARCH → G35D 3 IN APRIL → G35E 4 IN MAY → G35F 5 IN JUNE → G35G 6 IN JULY → G35H

G35 	<p>Which of the following statuses described You in general in every month of the previous calendar year? <i>NB! Absence from work due to pregnancy or maternity leave, illness, injury, etc. should be regarded as working.</i></p> <table border="0"> <tr> <td>01 Full-time employee</td> <td>05 Unemployed person</td> </tr> <tr> <td>02 Part-time employee</td> <td>06 Student, unpaid intern</td> </tr> <tr> <td>03 Full-time entrepreneur-employer, sole proprietor, farmer without paid employees, freelancer, unpaid family worker</td> <td>07 Old-age pensioner</td> </tr> <tr> <td>04 Part-time entrepreneur-employer, sole proprietor, farmer without paid employees, freelancer, unpaid family worker</td> <td>08 Pensioner receiving pension for incapacity for work</td> </tr> <tr> <td></td> <td>09 Homemaker, person on parental leave</td> </tr> <tr> <td></td> <td>10 Conscript</td> </tr> <tr> <td></td> <td>12 Other inactive [RECORD].....</td> </tr> </table> <table border="0"> <tr> <td>A January</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td>G July</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>B February</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td>H August</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>C March</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td>I September</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>D April</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td>J October</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>E May</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td>K November</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>F June</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td>L December</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table>	01 Full-time employee	05 Unemployed person	02 Part-time employee	06 Student, unpaid intern	03 Full-time entrepreneur-employer, sole proprietor, farmer without paid employees, freelancer, unpaid family worker	07 Old-age pensioner	04 Part-time entrepreneur-employer, sole proprietor, farmer without paid employees, freelancer, unpaid family worker	08 Pensioner receiving pension for incapacity for work		09 Homemaker, person on parental leave		10 Conscript		12 Other inactive [RECORD].....	A January	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	G July	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B February	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H August	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C March	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I September	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D April	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J October	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E May	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	K November	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	F June	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L December	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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G36 	<p>Which of the statuses listed above described You in general in every month from January this year until the previous month? <i>NB! Absence from work due to pregnancy or maternity leave, illness, injury, etc. should be regarded as working.</i></p> <table border="0"> <tr> <td>A January</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>B February</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>C March</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>D April</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>E May</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>F June</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table>	A January	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B February	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C March	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D April	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E May	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	F June	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																										
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G34 	<p>Which of the following describes Your 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></p> <table border="0"> <tr> <td>01 Full-time employee</td> <td>05 Unemployed person</td> </tr> <tr> <td>02 Part-time employee</td> <td>06 Student, unpaid intern</td> </tr> <tr> <td>03 Full-time entrepreneur-employer, sole proprietor, farmer without paid employees, freelancer, unpaid family worker)</td> <td>07 Old-age pensioner</td> </tr> <tr> <td>04 Part-time entrepreneur-employer, sole proprietor, farmer without paid employees, freelancer, unpaid family worker</td> <td>08 Pensioner receiving pension for incapacity for work</td> </tr> <tr> <td></td> <td>09 Homemaker, person on parental leave</td> </tr> <tr> <td></td> <td>10 Conscript</td> </tr> <tr> <td></td> <td>12 Other inactive [RECORD].....</td> </tr> </table> <p>IF 5-12 CONTINUE GS1</p>	01 Full-time employee	05 Unemployed person	02 Part-time employee	06 Student, unpaid intern	03 Full-time entrepreneur-employer, sole proprietor, farmer without paid employees, freelancer, unpaid family worker)	07 Old-age pensioner	04 Part-time entrepreneur-employer, sole proprietor, farmer without paid employees, freelancer, unpaid family worker	08 Pensioner receiving pension for incapacity for work		09 Homemaker, person on parental leave		10 Conscript		12 Other inactive [RECORD].....																								
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GE1	<p>Since the last Social Survey interview (if did not participate, then during 12 last months) have You changed Your place of employment or stopped working? 1 YES 2 NO → H01</p>																																						
GE2	<p>What was the main reason for changing jobs or exiting employment?</p> <p>1 I wanted or I was offered a better job / I wanted to start entrepreneurship</p> <p>2 Termination of a fixed-date employment contract</p> <p>3 Due to the employer (removal or retiring earlier on employer's initiative, redundancy, liquidation/reorganization/going bankrupt/privatising of the enterprise/institution)</p> <p>4 Termination of entrepreneurship/farming</p> <p>5 Need to take care of children or other adult members of the family who need care, incl. parental leave</p> <p>6 Spouse's/partner's work necessitated a change of residence, marriage</p> <p>7 OTHER [RECORD].....</p> <p>CONTINUE → H01</p>																																						

G.D. LAST JOB






GS1	<p>INTERVIEWER CHECKPOINT. IS THE PERSON A MEMBER OF A NEW HOUSEHOLD (HOUSEHOLD QUESTIONNAIRE BX)? 1 YES → YF17 2 NO</p>
GS2	<p>INTERVIEWER CHECKPOINT. IS THE PERSON A NEW MEMBER IN A HOUSEHOLD (HOUSEHOLD QUESTIONNAIRE BA1)? 1 YES → YF17 2 NO</p>
GS3	<p>INTERVIEWER CHECKPOINT. HAS THE PERSON STOPPED WORKING SINCE LAST YEAR'S INTERVIEW? (G35 AND G36) 1 YES → G27 2 NO</p>


GS4	INTERVIEWER CHECKPOINT. DID THE PERSON ANSWER TO THE PERSONAL QUESTIONNAIRE LAST YEAR? (SAMPLE INFORMATION SHEET) 1 YES → H01 2 NO
YF17	Have You ever worked? 1 YES 2 NO → H01
G27	When did You last have a job?
A	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B	Month <input type="text"/> <input type="text"/> <input type="text"/>
GD6	What was the full name of the <u>enterprise/institution</u> where you worked?.....
GD7 GD7n GD7k	What was the main economic activity of this enterprise/institution? CLASS DESCRIPTION. FILLED AUTOMATICALLY..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
GD8	Did you work in a branch of this enterprise/institution that has a different address? 1 Yes → GD10 2 No
GD9	Did you work in a branch of this enterprise/institution that has a different field of activity? 1 Yes 2 No → YF18
G10	Please indicate the full name of branch where you were employed.....
GD11 GD11n GD11k	What was the main economic activity of this branch? CLASS DESCRIPTION. FILLED AUTOMATICALLY..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
YF18	What was Your occupation? Please indicate your occupational title.....
YF19 YF19n YF19k	Please describe the main tasks of your job. CLASS DESCRIPTION. FILLED AUTOMATICALLY..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
YF20  YF20 m	Which of the following groups do You belong to? Are you an... 1 Employee 2 Employer with employee(s), farmer with paid employees → GD12 3 Sole proprietor, farmer without salaried labour force, freelancer → GD12 4 Unpaid family worker → GD12 5 OTHER [RECORD].....
YF21	Did You have any supervisory responsibilities (supervising other employees, taking responsibility for completion of some tasks etc)? 1 YES 2 NO → GD3
GD2	How many employees were under Your direct subordination? <input type="text"/> <input type="text"/> <input type="text"/>
GD3	Was it a permanent or temporary job? 1 Permanent job → G31 2 Temporary job
GD4	Was your work contract or agreement for... 1 less than one year 2 one year or longer?
GD12	How many employees were there in this <u>enterprise/institution/local unit (incl. the respondent)</u> ? 1 1 to 10 2 11 or more
G31	How many hours per week did You usually do this job? <i>Hours actually worked are taken into account here.</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours

SECTION H. INCOME

H.A. MONETARY INCOME FROM WAGE LABOUR

The following questions refer to the income received in the previous calendar year. This information is very important for the purposes of this survey as it allows to better analyse the distribution of poverty and wealth in Estonia. We would like You to answer the following questions as honestly as possible. All the information given by You will be treated in a way that cannot be traced to You or Your household. **If possible could you use this year's income- tax-return as a reference.**

H01	Did You receive income from wage labour during the previous calendar year? 1 YES 2 NO → H22 CHECK! H01 MUST BE 1, IF THE RESPONDENT HAS BEEN AN EMPLOYEE IN THE PREVIOUS CALENDAR YEAR (G35 = 1 OR 2)	
H02	Would it be easier for You to indicate Your income received from wage labour for the whole previous year as... 1 average monthly wages or 2 total for the year? → HA3 3 DON'T KNOW OR DOESN'T WISH TO REVEAL ONE'S WAGES → HA5	
HA1	Would it be easier for You to indicate Your average monthly income received from wage labour... 1 together with the taxes (gross) or 2 as the amount You received (net)? → HA2	
H03 	Indicate the size of Your average monthly gross income received from wage labour in the previous calendar year. If You had an off-hour job besides Your main job for which You also received remuneration, please try to remember these amounts as well and take them into consideration. Please indicate the A average monthly gross wages (from all jobs last 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"/> kroons C For how many months did You receive remuneration? Number of months <input type="text"/> <input type="text"/>	
CONTINUE H05		
HA2 	Indicate the size of Your average monthly net income received from wage labour in the previous calendar year. . If You had an off-hour job besides Your main job for which You also received remuneration, please try to remember these amounts as well and take them into consideration. Please indicate the A average monthly net wages (from all jobs last 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"/> kroons C For how many months did You receive remuneration? Number of months <input type="text"/> <input type="text"/>	
CONTINUE H05		
HA3	Would it be easier for You to indicate Your income received from wage labour over the previous calendar year ... 1 together with the taxes (gross) or 2 as the amount You received (net)? → HA4	
H04 	Indicate the size of Your annual gross income received from wage labour in the previous calendar year. If You had an off-hour job besides Your main job for which You also received remuneration, please try to remember these amounts as well and take them into consideration. Please indicate the annual gross wages A (as total received from all jobs in the previous calendar 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"/> kroons C For how many months did You receive remuneration? Number of months <input type="text"/> <input type="text"/>	
CONTINUE H05		
HA4 	Indicate the size of Your annual net income received from wage labour in the previous calendar year If You had an off-hour job besides Your main job for which You also received remuneration, please try to remember these amounts as well and take them into consideration. Please indicate the annual net wages A (as total received from all jobs in the previous calendar 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"/> kroons C For how many months did You receive remuneration? Number of months <input type="text"/> <input type="text"/>	
H05 	Aside from regular wages it is also possible to receive additional remuneration. Try to remember whether You received any of the following payments in the previous calendar year.	
A	Vacation benefit	YES 1 NO 2
B	Christmas benefit	YES 1 NO 2
C	Other holiday payments and benefits	YES 1 NO 2
D	Additional remuneration, performance pay	YES 1 NO 2
E	Overtime remuneration	YES 1 NO 2
F	Substitution remuneration	YES 1 NO 2
G	Part of mission expenses, which was not spent and remained to You	YES 1 NO 2

H	Annual bonus	1	2
I	Monetary income received from distribution of profit	1	2
J	Income received from realisation of options of shares or stock received as remuneration	1	2
K	Commissions	1	2
L	Tips	1	2
M	Other payments [RECORD].....	1	2
IN CASE ALL WERE INDICATED 2 → HH1			
H06	Did You include all these payments in the above-mentioned remuneration? 1 YES → HH1 2 NO		
H07	Indicate the total amount of payments that had not been taken into consideration .		
B	Annually received net remuneration (as total received from all jobs)	|_|_|_|_|_|_|_| kroons CONTINUE HH1	
HA5 	Please indicate which of the following intervals Your average monthly net income received from wage labour in the previous calendar year falls into. 1 up to 3500 kroons 2 3501 – 5000 kroons 3 5001 – 7000 kroons 4 7001 – 9000 kroons 5 9001 – 11,000 kroons 6 11,001 – 16,000 kroons 7 16,001 kroons or more A For how many months did You receive remuneration? Number of months |_|_|_|		
HH1	Did You receive this salary from abroad? 1 Yes, all of it → HH3 2 Yes, part of it 3 No → H08		
HH2	What amount did You receive from abroad? Amount of income received from abroad |_|_|_|_|_|_|_| kroons		
HH3	From which country did You receive this salary? ..... |_|_|_|_|		
HH4	Did Your foreign employer pay taxes on Your salary? 1 YES 2 NO		
HH5	INTERVIEWER CHECKPOINT. DID THE RESPONDENT RECEIVE THE WHOLE SALARY FROM ABROAD (HH1=1)? 1 YES → H18 2 NO		


Try to remember whether and how much Your employer made payments into pension funds and other insurance schemes in the previous calendar year.

H08A	Did Your (Estonian) employer pay the social tax (33%) from your wages... 1 to the full extent 2 not to the full extent 3 not at all? 4 DON'T KNOW
H08B	Did Your (Estonian) employer pay the unemployment insurance premium (0.6%) from your wages... 1 to the full extent 2 not to the full extent 3 not at all? 4 DON'T KNOW
H08C	Did Your (Estonian) employer pay the income tax (21%) from your wages... 1 to the full extent 2 not to the full extent 3 not at all? 4 DON'T KNOW
GB1 OD	INTERVIEWER CHECKPOINT. WERE H08A, H08B AND H08C ALL ANSWERED 1, 3 OR 4? 1 YES → H10 2 NO
H09	Could You indicate the amount on which the employer paid the above-mentioned taxes?

A	1 YES The amount on which the employer paid taxes in the previous year |_|_|_|_|_| kroons 2 NO
H10	Have You joined the 2nd pillar of pension insurance? 1 YES 2 NO → H18
H11	Indicate the amount withheld from Your wages into the 2nd pillar of pension insurance (2%) in the previous calendar year. IF THE RESPONDENT JOINED RECENTLY AND DID NOT YET PAY LAST YEAR, MARK 0! Payments made into the 2nd pillar of pension insurance |_|_|_|_|_| kroons

H.B. INCOME IN KIND FROM WAGE LABOUR

The following questions refer to non-monetary income received from wage labour.

H18	Did the employer allow You to use a car, van or other motor vehicle (e.g. motorcycle, moped, boat, tractor) also for private purposes in the previous calendar year? 1 YES 2 NO → HB1		
H19	Please specify the type, make and year of production of this vehicle.		
A	Type of the vehicle (car, bus, etc.)		
B	Make and model of the vehicle (Nissan Almera, Ford Focus, etc.).....		
C	Year of production of the vehicle |_|_|_|_|		
H20	How many months did You use this car in the previous calendar year? Number of months |_|_|		
HB1	Did the employer pay You a benefit for using your personal car (a compensation for using a personal car for work-related purposes) in addition to the abovementioned wages in the previous calendar year? 1 YES A Net amount received in the previous calendar year |_|_|_|_|_| kroons B How many months did You receive it? |_|_| months 2 NO → H21		
HB1 C	Was the entire compensation for using a personal car used up on work-related purposes? 1 Yes → HB2 2 No		
HB1 D	How great a part of the compensation was used up on work-related purposes? Please give a rough estimate. |_|_| percentages		
HB2	Did You count this compensation into the abovementioned wages? 1 YES 2 NO		
H21 	Did Your employer provide You with any of the following types of income in kind? If "yes", then estimate their approximate value. <i>NB! Compensation of work-related expenses should not be taken into account.</i>		
		YES	A. Approximate value in the previous calendar year
A	Motor fuel compensated by employer	1	|_|_|_|_|_| kroons 2
B	Use of public transportation compensated by employer	1	|_|_|_|_|_| kroons 2
C	Food at work received free or at a reduced price	1	|_|_|_|_|_| kroons 2
N	Service charges paid for by the employer	1	|_|_|_|_|_| kroons 2
D	Use of office apartment for free or under favourable conditions	1	|_|_|_|_|_| kroons 2
E	(Mobile) phone or postal services compensated by employer	1	|_|_|_|_|_| kroons 2
F	Health services compensated by employer	1	|_|_|_|_|_| kroons 2
G	Training not related to work but compensated by employer	1	|_|_|_|_|_| kroons 2
H	Sporting possibilities free of charge or at reduced prices	1	|_|_|_|_|_| kroons 2
I	Holiday trip paid by employer	1	|_|_|_|_|_| kroons 2
J	Foodstuffs	1	|_|_|_|_|_| kroons 2
K	Leasing or loan at reduced interest rate	1	|_|_|_|_|_| kroons 2
L	Use of equipment and/or other tools (e.g. power saw, lawnmower, etc.)	1	|_|_|_|_|_| kroons 2
M	OTHER [RECORD].....	1	|_|_|_|_|_| kroons 2

H.C. INCOME RECEIVED FROM REGISTERED SELF-EMPLOYMENT


H22	Did You act in the previous calendar year as a sole proprietor? <i>NB! Indicate income received from any other registered enterprise (private limited company, general partnership, limited partnership,</i>
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	<i>commercial association, public limited company) under proprietary income H49 C.</i> 1 YES 2 NO → H34		
HC3	For how many months were You registered as a sole proprietor in the previous calendar year? Number of months |__|__|		
HC4	Was Your enterpreneurship related to renting dwellings or land? 1 YES 2 NO		
H27	Did You suffer losses or make a profit in the previous calendar year?		
A	1 Profit → HC5 2 Loss, specify the amount |__|__|__|__|__|__| kroons → H30 3 BROKE EVEN → H30		
HC5	Would it be easier for You to indicate Your profit ... 1 with taxes charged on income (gross) or 2 without taxes (net)? → H29		
H28	Please specify the profit received before taxation in the previous calendar year.		
A	1 Profit before taxation |__|__|__|__|__|__| kroons → H30 2 DOESN'T WISH TO REVEAL THE PROFIT → HC1		
H29	How large was Your net profit in the previous calendar year? Net profit (profit after taxation) |__|__|__|__|__|__| kroons DOESN'T WISH TO REVEAL THE PROFIT → HC1		
HC1 	Please indicate into which of the following intervalsYour net profit received from enterprise in the previous calendar year falls. 1 up to 1500 kroons 2 1501 – 5000 kroons 3 5001 – 15,000 kroons 4 15,001 – 30,000 kroons 5 30,001 kroons or more		
H30	Did You use the enterprise car, van or any other motor vehicle (e.g. motorcycle, moped, boat, tractor) for private purposes? 1 YES 2 NO → H33		
H31	Specify the type, make and year of production of this vehicle.		
A	Type of the vehicle (car, bus, etc.)		
B	Make and model of the vehicle (Nissan Almera, Ford Focus, etc.).....		
C	Year of production of the vehicle |__|__|__|__|		
H32	How many months did You use this vehicle in the previous calendar year? Number of months |__|__|		
H33 	Did You as an entrepreneur use the following types of income in kind from self-employment (by including them into enterprise expenses) in the previous calendar year. If YES, then estimate their approximate value. <i>NB! Compensation ofwork-related expenses should not be taken into account!</i>		
	YES	A. Approximate value in the previous calendar year	NO
A	Assets taken into own use	1 |__|__|__|__|__|__| kroons	2
B	Motor fuel compensation by enterprise	1 |__|__|__|__|__|__| kroons	2
C	Use of public transportation compensated by enterprise	1 |__|__|__|__|__|__| kroons	2
D	Food at work received free or at a reduced price	1 |__|__|__|__|__|__| kroons	2
N	Service charges paid by enterprise	1 |__|__|__|__|__|__| kroons	2
E	Use of apartment for free or under favourable conditions	1 |__|__|__|__|__|__| kroons	2
F	(Mobile) phone or postal services compensated by enterprise	1 |__|__|__|__|__|__| kroons	2
G	Health services compensated by enterprise	1 |__|__|__|__|__|__| kroons	2
H	Training not related to work but compensated by enterprise	1 |__|__|__|__|__|__| kroons	2
I	Sporting possibilities provided by enterprise free of charge or at reduced prices	1 |__|__|__|__|__|__| kroons	2
J	Holiday trip paid by enterprise	1 |__|__|__|__|__|__| kroons	2
K	Foodstuffs	1 |__|__|__|__|__|__| kroons	2
L	Use of equipment and/or other tools (e.g. power saw, lawnmower, etc.)	1 |__|__|__|__|__|__| kroons	2
M	OTHER [RECORD].....	1 |__|__|__|__|__|__| kroons	2

HC2	Did You receive in the previous calendar year royalties, remuneration or payment under contract for creative or scientific work (articles, research work, etc.), which You did not count under profit/loss received from enterprise? 1 YES → H35 2 NO → H36
H34	Did You receive in the previous calendar year royalties, remuneration or payment under contract for creative or scientific work (articles, research work, etc.)? 1 YES 2 NO → H36
H35	How large was Your income received in the previous calendar year for creative or scientific work?
B	Net income in the previous calendar year |_|_|_|_|_|_|_| kroons
C	How many months did You receive this income? Number of months |_|_|
H36	INTERVIEWER CHECKPOINT. IN THE PREVIOUS YEAR, WAS THE RESPONDENT ENGAGED IN REGISTERED SELF-EMPLOYMENT AND GAVE INFORMATION ABOUT IT (SEE H22=1)? 1 YES 2 NO → HC6

Try to remember if and how much You paid taxes in the previous calendar year.


H37	Did You pay in advance for yourself in the previous calendar year...	YES	A. Amount paid in the previous calendar year	NO
A	social tax (33%)?	1	|_|_|_|_|_|_|_| kroons	2
B	income tax (22%)?	1	|_|_|_|_|_|_|_| kroons	2
H38	Have You joined the 2nd pillar of pension insurance? 1 YES 2 NO → HC6			
H39	Specify the amount of payments made into the 2nd pillar of pension insurance from income of enterprise in the previous calendar year. IF THE RESPONDENT JOINED RECENTLY AND DID NOT YET PAY LAST YEAR, INDICATE 0! Payments made into the 2nd pillar of pension insurance |_|_|_|_|_|_|_| kroons			

HC6	Were in You in the previous year an owner of a private limited company, public limited company, general partnership or commercial association? 1 YES 2 NO → H46
HC7 	Did You as an entrepreneur use the following types of income in kind from self-employment (by including them into enterprise expenses) in the previous calendar year? If YES, then estimate their approximate value. <i>NB! Compensation of work-related expenses should not be taken into account!</i>
	YES A. Approximate value in the previous calendar year NO
A	Assets taken into own use 1 |_|_|_|_|_|_|_| kroons 2
B	Motor fuel compensation by enterprise 1 |_|_|_|_|_|_|_| kroons 2
C	Use of public transportation compensated by enterprise 1 |_|_|_|_|_|_|_| kroons 2
D	Food at work received free or at a reduced price 1 |_|_|_|_|_|_|_| kroons 2
N	Service charges paid by enterprise 1 |_|_|_|_|_|_|_| kroons 2
E	Use of apartment for free or under favourable conditions 1 |_|_|_|_|_|_|_| kroons 2
F	(Mobile) phone or postal services compensated by enterprise 1 |_|_|_|_|_|_|_| kroons 2
G	Health services compensated by enterprise 1 |_|_|_|_|_|_|_| kroons 2
H	Training not related to work but compensated by enterprise 1 |_|_|_|_|_|_|_| kroons 2
I	Sporting possibilities provided by enterprise free of charge or at reduced prices 1 |_|_|_|_|_|_|_| kroons 2
J	Holiday trip paid by enterprise 1 |_|_|_|_|_|_|_| kroons 2
K	Foodstuffs 1 |_|_|_|_|_|_|_| kroons 2
L	Use of equipment and/or other tools (e.g. power saw, lawnmower, etc.) 1 |_|_|_|_|_|_|_| kroons 2
M	OTHER [RECORD]..... 1 |_|_|_|_|_|_|_| kroons 2

H.D. INCOME FROM UNREGISTERED SELF-EMPLOYMENT

The following questions refer to unregistered enterprise. Try to remember how much **income You by yourself received** from unregistered enterprise. If several household members are connected to it, then **please divide the received income between the members** according to the contribution.


IF THE INCOME IS DIVIDED BETWEEN THE MEMBERS, CHECK IF ALL THE MEMBERS HAVE GIVEN ANSWERS TO THIS SECTION.

H46 	Did You receive monetary income from the following activities in the previous calendar year? <i>NB! Production expenses should be deducted from incomes.</i>			
	YES	A. Income received in the previous calendar year	NO	
A	Private provision of services for a fee to other persons or households (e.g. baby-sitting, domestic help, helping on a farm, etc.) 1	_____ kroons	2	
B	Income from the sale of self-made consumer goods (e.g. handicrafts, souvenirs, etc.) 1	_____ kroons	2	
C	Income from the sale of self-made foodstuffs (e.g. pies, waffles, shashlik, etc.) 1	_____ kroons	2	
D	Income from intermediary commercial transactions 1	_____ kroons	2	
E	Income from agricultural or forestry activities (e.g. income received from the sale of horticultural or agricultural products, live animals and poultry, livestock and poultry-farming products, bee-keeping products, timber, etc.) 1	_____ kroons	2	
F	OTHER [RECORD]..... 1	_____ kroons	2	
H47	Did You receive profit in kind from unregistered enterprise in the previous calendar year (e.g. fuel received for transport of hay, firewood received for forest felling, etc.)? <i>NB! Production costs should be excluded from income!</i>			
	YES	[RECORD]	A. Approximate value in the previous calendar year	NO
A	1	.....	_____ kroons	2
B	1	.....	_____ kroons	2
C	1	.....	_____ kroons	2

H.E. PROPERTY INCOME

The following questions refer to property income received in the previous calendar year. If You were engaged in registered enterprise (except self-employed): private limited company, general partnership, limited partnership, commercial association, public limited company and took out the earned profit, then indicate here the received income.

H49	Did You receive any of the following income in the previous calendar year? <i>Indicate net income!</i>			
	YES	A. Amount in the previous calendar year	NO	
B	Interest income from bonds 1	_____ kroons	2	
C	Dividend income from securities (i.e. shares, stocks) 1	_____ kroons	2	
E	OTHER [RECORD]..... 1	_____ kroons	2	
IF EVERYTHING WAS ANSWERED 2 → HE1				
HH4	Did You receive this income from abroad?			
	1 Yes, all of it → H50 2 Yes, part of it 3 No → H50			
HH5	What amount did You receive from abroad?			
	Amount of income received from abroad _____ kroons			
H50	What was the amount of taxes that You paid on Your income in the previous calendar year? Income tax paid on property income in the previous calendar year _____ kroons			
HE1B	Did any bank pay You interests on the amount on Your current or savings account in the previous year?			
	1 Yes 2 No → HK1			

HE1C	Can you indicate the exact amount the bank paid you as interest? 1 Yes Amount received _____ kroons → HH7 2 No
HE2 	Please indicate into which of the following intervals the amount of interests paid to you would fall. 1 up to 10 kroons 2 11 – 50 kroons 3 51 – 250 kroons 4 251 – 500 kroons 5 501 kroons or more
HH7	Did You receive this income from abroad? 1 Yes, all income → HK1 2 Yes, part of income 3 No → HK1
HH8	What amount did You receive from abroad? Amount of income received from abroad _____ kroons


H.K. INSURANCE

HK1	Have You joined the 3rd pillar of pension insurance? 1 YES 2 NO → HK3
HK2	Please specify the amount You paid into the 3rd pillar of pension insurance in the previous calendar year. Payments made into the 3rd pillar of pension insurance _____ kroons
HK3	Did You receive payments from the 3 rd pillar of pension insurance in the previous calendar year? 1 YES The received amount in the previous calendar year _____ kroons A The paid income tax _____ kroons B 2 NO
HK4	Have You insured yourself and joined any other collecting insurance scheme? 1 YES 2 NO → HK6
HK5	How much did You pay for Your collecting insurance in the previous calendar year? Payments made for the collecting insurance in the previous year _____ kroons
HK6	Did You receive payments from collecting insurance in the previous calendar year? 1 YES The received amount in the previous calendar year _____ kroons A The paid income tax _____ kroons B 2 NO
HK7	Have You joined any additional insurance contracts and make payments into other private insurance schemes (e.g. health insurance, life insurance, etc., except collecting insurance)? 1 YES 2 NO → HK9
HK8	Specify the amount You paid for Your additional insurance in the previous calendar year? Payments made for the additional insurance in the previous year _____ kroons
HK9	Has Your employer insured You or have You insured yourself via the enterprise and make payments into other private insurance schemes (e.g. health insurance, life insurance, etc.)? 1 YES 2 NO → H51
HK10	How much has been paid for the additional insurance in the previous calendar year? Payments made in the previous calendar year _____ kroons

H.F. TRANSFERS

H51	Did You receive old-age pensions or any other benefits relating to old-age (incl. disability allowance for the retirement-aged, national pension, special pension etc., excl. lump-sum benefit paid by the employer upon retirement) in the previous calendar year? 1 YES The net amount received in the previous calendar year _____ kroons C How many months did You receive it? _____ months B 2 NO → HF4
HH10	Did You receive this pension from abroad? 1 Yes, all of it → HF3 2 Yes, part of it 3 No → HF3

HH11	What amount did You receive from abroad? Amount of income received from abroad <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons
HF3	Did You pay income tax on benefits related to old age? 1 YES 2 NO
HF4	Did You receive a lump-sum benefit upon retirement from the employer in the previous calendar year or before that? 1 YES Amount received <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons 2 NO → H52
HF5	What amount of the received lump-sum benefit did you use up in the previous calendar year? 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons → H52 2 I DON'T KNOW
B	In which year and month did You receive this amount? in year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C	in month <input type="text"/> <input type="text"/>
D	How many months' wages was this benefit equal to? The number of months <input type="text"/> <input type="text"/>
H52	Did You receive pension for incapacity for work or any other benefits relating to disability (disabled child allowance, disability allowance for a person not less than 16 years of age, caregiver's allowance, etc.) in the previous calendar year? 1 YES A The amount received in the previous calendar year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons B How many months did You receive it? <input type="text"/> <input type="text"/> months 2 NO
H53	Did You receive the survivor's pension or any other benefits relating to the loss of a provider in the previous calendar year? 1 YES A The amount received in the previous calendar year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons B How many months did You receive it? <input type="text"/> <input type="text"/> months 2 NO
HF9	INTERVIEWER CHECKPOINT. DID THE RESPONDENT RECEIVE OLD-AGE, INCAPACITY FOR WORK OR SURVIVORS' PENSION LAST YEAR (H51=1 OR H52=1 OR H53=1) AND LIVES IN TALLINN? 1 YES 2 NO → H54
HF10	In the previous calendar year, did You receive a one-off benefit paid by the city of Tallinn to pensioners? 1 YES 2 NO
H54	Did You receive sickness benefits paid during Your own sickness or that of Your child in the previous calendar year? Do not take into account maternity benefit and adoption benefit (household questionnaire D11). THIS BENEFIT MAY BE RECEIVED ONLY BY A PERSON WHO WORKS AT THAT TIME (SEE G35). 1 YES A The amount received in the previous calendar year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons B How many days did You receive it? <input type="text"/> <input type="text"/> <input type="text"/> days 2 NO
HF6	Did You receive the unemployment insurance benefit paid by the Estonian Unemployment Insurance Fund, in the previous calendar year? 1 YES A Net amount received in the previous calendar year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons B How many months did You receive it? <input type="text"/> <input type="text"/> months 2 NO
H56	Did You receive setting-up aid to start a business in the previous calendar year? 1 YES A The amount received in the previous calendar year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons 2 NO






H55	Did You receive the unemployment benefit, the stipend paid to an unemployed person or the travel and accommodation benefit paid by the Labour Market Board in the previous calendar year? Do not take into consideration redundancy payments, the unemployment insurance benefit and setting-up aid to start a business. 1 YES A The amount received in the previous calendar year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons B How many months did You receive it? <input type="text"/> <input type="text"/> months 2 NO		
HF1	Did You receive a redundancy payment in 2007 and/or 2008? 1 YES The amount received <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons 2 NO → H57		
HF2	How much of the received redundancy payment did You use up in the previous calendar year? A 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons → H57 2 I DON'T KNOW B When did You receive that amount? in year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C in month <input type="text"/> <input type="text"/> D How many months' wages was this payment equal to? Number of months <input type="text"/> <input type="text"/>		
H57 	Did You receive any education-related benefits in the previous year? YES A. Amount received in the previous calendar year NO		
G	Education allowance	1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	2
A	State stipend	1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	2
B	Scholarship or grant awarded by a fund or organisation located in Estonia	1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	2
C	Scholarship or grant awarded by a foreign state	1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	2
D	Student loan written-off to a certain extent	1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	2
H	OTHER [RECORD]	1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	2
HF7	INTERVIEWER CHECKPOINT. WAS THE RESPONDENT A CONSCRIPT IN THE PREVIOUS CALENDAR YEAR (G35A–L=10)? 1 YES 2 NO → H58		
HF8	Did You receive the conscript's benefit in the previous calendar year? 1 YES A The amount received in the previous calendar year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons B How many months did You receive it? <input type="text"/> <input type="text"/> months 2 NO		
H58	Did You receive in the previous calendar year any other support/benefit/pension not mentioned above (support upon release from custodial institution, compensation paid to a victim of a criminal offence, starting in life allowance for an orphan, etc.)? YES [RECORD] A. Amount received in the previous calendar year NO		
A	1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	2
B	1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kroons	2

H.G. TAXES ON INCOME

H59	Did You pay an additional amount of tax due to be paid on the income received in 2007 (an additional amount of tax was paid in 2008)? 1 YES 2 NO → H64		
H60	Who paid the additional amount of income tax and for whom? 1 I paid the additional amount of income tax only for myself → H63 2 I paid the additional amount of income tax both for myself and for other members of the household → H62 3 The additional amount of income tax was paid by another member of the household both for himself or herself as well as for me		
H61	Please specify the name of the member of the household who paid the additional amount of income tax for you. A Name Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CONTINUE H64		

SECTION I. HEALTH

Finally, I will ask You a few questions about Your health.

YG1 	What is Your general assessment of Your health? 1 Very good 3 Neither good nor bad 2 Good 4 Bad 5 Very bad
YG2	Do You 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
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? → I04
YG4	Do you need outside help to manage? 1 no 2 sometimes 3 runningly
I04	Have You been in a situation in the previous 12 months where You needed to consult or get help from a family physician but did not get help or consultation? 1 YES 2 NO → I06
I05 	What was the main reason why You could not consult or get help from a family physician? 01 I could not afford it for economic reasons 06 Too far, transport problems 02 I had no time due to work, taking care of children or others 07 Waitlist too long 03 I was afraid (of a doctor, hospital, examination, treatment) 08 I did not have valid health insurance 04 I did not know any good doctor who I could see 10 Other reason 05 I wanted to wait and see if the health problem [RECORD] would disappear by itself
I06	Have You been in a situation in the previous 12 months where You needed to consult or get help from a dentist but did not get help or consultation? <i>NB! Orthodontists and prostheses specialists (doctors) should also be taken into account here.</i> 1 YES 2 NO → I08
I07 	What was the main reason why You could not consult or get help from a dentist? 01 I could not afford it for economic reasons 06 Too far, transport problems 02 I had no time due to work, taking care of children or others 07 Waitlist too long 03 I was afraid (of a doctor, hospital, examination, treatment) 08 I did not have valid health insurance 04 I did not know any good doctor who I could see 09 I did not have a referral 05 I wanted to wait and see if the health problem 10 Other reason would disappear by itself [RECORD]
I08	Have You been in a situation in the previous 12 months where You needed to consult or get help from a medical specialist but did not get help or consultation? 1 YES 2 NO → I12
I09 	What was the main reason why You could not consult or get help from a medical specialist? 01 I could not afford it for economic reasons 06 Too far, transport problems 02 I had no time due to work, taking care of children or others 07 Waitlist too long 03 I was afraid (of a doctor, hospital, examination, treatment) 08 I did not have valid health insurance 04 I did not know any good doctor who I could see 09 I did not have a referral 05 I wanted to wait and see if the health problem 10 Other reason would disappear by itself [RECORD]
I12	Have You been in a situation in the previous 12 months where You needed hospital care but did not get it? 1 YES 2 NO → I10
I13 	What was the main reason why You could not get hospital care? 01 I could not afford it for economic reasons 06 Too far, transport problems 02 I had no time due to work, taking care of children or others 07 Waitlist too long 03 I was afraid (of a doctor, hospital, examination, treatment) 08 I did not have valid health insurance 04 I did not know any good doctor who I could see 09 I did not have a referral 05 I wanted to wait and see if the health problem 10 Other reason would disappear by itself [RECORD]

