

INSTRUCTIONS FOR INTERVIEWER: *Write the date (day and month) and time when the interview was started.*

0.01. THE INTERVIEW STARTED on
(date) (hour and min.)

INSTRUCTIONS FOR INTERVIEWER: *Read aloud the following text.*

This study is called “Inquiry on Generations and Genders”. It focuses on relationships involving children, spouses, partners, parents, work, and daily life. The objective is to investigate the factors that have an impact on the formation of the family, on intentions about childbirth and on mutual relations between the young and older generations. The inquiry is part of an international programme coordinated by the Economic Commission for Europe of the United Nations Organization. You participate only if you wish to, but your participation is very important, for you will be representing many other people. We will keep the information you share with us strictly confidential. This information will be used only for research purposes. It would be well if the interview were carried out without the presence of other people. To begin with, I would like to ask you whether you have any questions about what I just said. (If the respondent has any questions, clarify once more to him/her the objective of the inquiry)

INSTRUCTIONS FOR INTERVIEWER: *Write down who else besides the respondent is present at the start of the interview (specify the relation of the person to the respondent – whether this is a relative, close acquaintance, neighbour, friend, and note person’s gender)*

0.02. OTHER PERSONS PRESENT AT THE START OF THE INTERVIEW.

.....
.....

HOUSEHOLD

Composition of household

1.01. TO BEGIN WITH, I WOULD LIKE TO ASK YOU ABOUT ALL THE PERSONS LIVING IN YOUR HOUSEHOLD. WHO ARE THEY? TELL ME THEIR FIRST NAMES AND WHAT YOUR KINSHIP RELATIONS ARE WITH EACH ONE OF THEM.

SHOW CARD 1.01: Relations of kinship (ties). Write down the answer in “Household network” in columns 4 and 5.

0 – The respondent lives alone (write 0 in row 2 in column 4)

1.02. a. ARE THERE ANY MEMBERS OF YOUR HOUSEHOLD THAT USUALLY LIVE HERE BUT ARE NOW AWAY TO WORK, STUDY IN SCHOOL, ARE LODGING IN A SCHOOL BOARDING HOUSE, ARE STUDYING IN UNIVERSITY, ARE HOSPITALIZED OR ARE SOMEWHERE ELSE?

Yes – 1 ↓

No - 2 → skip to 1.03.

b. PLEASE TELL ME THEIR FIRST NAMES AND SPECIFY YOUR KINSHIP TIES WITH THEM

Write down the names and kinship ties in “Household network” and place the mark ✓ in column 3, signifying “temporarily absent”.

1.03. GENDER OF RESPONDENT

Designate the gender in “Household network” by encircling M or F in column 6 .

1.04. NOW I WILL ASK YOU SOME QUESTIONS ABOUT YOURSELF. HOW MANY COMPLETED YEARS IS YOUR AGE? WHAT DATE WERE YOU BORN?

Write the completed number of years in column 7 and the month and year of birth in column 8, row 1 of “Household network”.

1.05. WERE YOU BORN IN BULGARIA?

Yes – 1 ↓

No – 2 ↓

1.06. a. IN WHAT KIND OF SETTLEMENT? WERE (CITY, VILLAGE) WERE YOU BORN?

1.06.b. IN WHICH COUNTRY YOU BORN?

In Bulgaria:

Abroad (write)

City

1

Village

2→ skip to 1.08

Country (state) of birth

**1.07. WHEN DID YOU BEGIN LIVING
PERMANENTLY IN BULGARIA?**

month year

1.08. WHAT IS YOUR MOTHER LANGUAGE?

Bulgarian 1
Turkish 2
Roma 3
Other (*write down*) 4

1.09. IN WHAT LANGUAGE OR LANGUAGES DO YOU USUALLY SPEAK AT HOME?

Instruction for interviewer: If the respondent lives alone than ask him what language does he speak with closest relatives.

A. First language

Bulgarian 1
Turkish 2
Roma 3
Other (*write down*) 4

B. Second language

Bulgarian 1
Turkish 2
Roma 3
Other (*write down*) 4

**1.10. I WILL READ YOU A LIST OF ANSWERS ON THIS CARD. TELL ME
WHICH OF THE FOLLOWING GROUPS YOU THINK YOU BELONG TO?**

SHOW CARD 1.10: Ethnic group

Bulgarian 1
Turkish 2
Roma 3
Other (*write down*) 4

1.11. WHAT IS YOUR CITIZENSHIP? (If you have double citizenship, indicate both)

first citizenship (*write down*)..... second citizenship (*write down*).....

.1.12. a. DO YOU HAVE BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ skip to 1.13

No – 2 ↓ continue with 1.12.b.

I do not have Bulgarian
citizenship 3
→ skip to 1.13.

**b. IN WHICH YEAR DID
YOU OBTAIN
BULGARIAN
CITIZENSHIP?**

year		
↓ continue with 1.13.		

1.13. WHAT IS YOUR OCCUPATION AT PRESENT?

SHOW CARD 1.13: Work status. Write down the answer in “Household Grid” in column 10, using the respective code in card 1.13. Work status.

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE PERSONS YOU LIVE WITH IN THIS HOUSEHOLD

INSTRUCTIONS FOR INTERVIEWER: Ask questions 1.14. and 15. for every household member and write down the answers in “Household network” (column 6, 7, 8)

1.14. GENDER OF (name)

1.15. a. HOW OLD IS HE/SHE?

b. WHICH MONTH AND YEAR WAS HE/SHE BORN?

INSTRUCTIONS FOR INTERVIEWER: Ask questions 1.16. for every household member aged 14 completed years or more. Compare with “Household network”

1.16. WHAT IS HIS/HER OCCUPATION AT PRESENT?

SHOW CARD 1.13: Work status. Write the answer in “Household network” in column 10 using the corresponding code in card 1.13. Work status.

INSTRUCTIONS FOR INTERVIEWER: Ask question 1.17. for each child of the respondent (code 4-6 in the answers about kinship tie with the respondent) and write the answers in “Household network”

1.17. IN WHICH MONTH AND WHICH YEAR DID YOU AND (name of the child) FIRST BEGIN TO LIVE TOGETHER?
(Write answer in “Household Grid” in column 9)

1.18. a. IS THERE ANY MEMBER OF YOUR HOUSEHOLD WHO IS RESTRICTED IN HIS/HER DAILY ACTIVITIES DUE TO PHYSICAL OR MENTAL HEALTH PROBLEMS OR DUE TO DISABILITY? (whatever the age of that person)

yes – 1 ↓ no – 2 → skip to 1.19.

b. WHO IS THIS PERSON?

(Write the mark √ .in column. 11 in “Household network”)

Dwelling

NOW I WOULD LIKE TO ASK YOU SEVERAL QUESTIONS ABOUT THE DWELLING IN WHICH YOU LIVE

1.19. HOW MANY ROOMS ARE THERE IN YOUR DWELLING? DO NOT INCLUDE THE KITCHEN, BATHROOM, TOILET OR THE ROOMS YOU USE ONLY FOR BUSINESS ACTIVITY, THE CORRIDORS AND THE AUXILIARY ROOMS (pantry, washing room, etc.)

number of rooms.....

1.20. HOW MANY SQUARE METRES LIVING SPACE DOES YOUR HOME HAVE?

Under 30 m ²	1	between 60 and 79 m ²	5
between 30 and 39 m ²	2	between 80 and 99 m ²	6
between 40 and 49 m ²	3	between 100 and 119 m ²	7
between 50 and 59 m ²	4	120 m ² and more	8

1.21. IN WHICH MONTH AND YEAR DID YOU BEGIN LIVING IN THIS DWELLING? (If you had left and then returned to this dwelling, tell me when you first started to live here?)

month year

1.22. WHOSE PROPERTY IS THE DWELLING IN WHICH YOU LIVE?

- 1.23 My own (joint ownership) 1 ↓ continue with
- 1.23 I rent it (am a tenant) 2 ↓ continue with
- The dwelling is not my property, but I don't pay rent 3 → skip to 1.30
- Other (write down)..... 4 → skip to 1.30

1.23. WHICH MEMBER OF THE HOUSEHOLD IS OWNER OR TENANT OF THE DWELLING IN WHICH YOU LIVE?

(Write the number from column 2, which corresponds to the person in "Household network")

(More than one answer is possible)

The number/s of the person is/are

The interviewer should check the answer to q. 1.22. If the person is:

Owner (co-owner) 1 – encircle code 1 and continue with q. 1.24. ↓

Tenant 2 - encircle code 2 and → skip to 1.30.

1.24. HOW WAS POSSESSION OF THIS DWELLING OBTAINED?

- By purchase 1
- By building it 2
- By completing its construction (adding to building) 3
- Received from parents or other relatives 4
- By inheriting it 5
- In some other way(write down)..... 6

1.25. IN WHICH YEAR WAS THIS DWELLING ACQUIRED? MEANING THE YEAR WHEN IT BEGAN.

1.26. HOW WAS THE APPROPRIATION ACHIEVED?

- 1.32 By mortgaging 1 → skip to q.

- With savings 2→ skip to q. 1.32
- With the sale of a previous dwelling 3→ skip to q. 1.32
- It was a gift 4→ skip to q. 1.27
- Using a loan from a private person 5→ skip to q. 1.27
- Using a loan from bank, employer or other institution 6→ skip to q. 1.32
- Inherited 7→ skip to q. 1.32
- With money from insurance payment or accidental compensations 8→ skip to q. 1.32
- Other (write down)..... 9→ skip to q. 1.32

1.27. WHO MADE THE DONATION OR GAVE THE LOAN FOR ACQUIRING THE DWELLING?

(More than one answer is admissible)

(Use the List of persons and organizations)

Write down the code of the answers

1.28. DID THIS PERSON LIVE IN YOUR HOUSEHOLD AT THAT TIME?

yes 1 → skip to q. 1.32

no 2 → skip to q. 1.32

1.29. IF THE DWELLING WAS INHERITED, WHO BEQUEATHED IT?

(Use list of persons and organizations)

Write down the code of the answers Skip to q. 1.32

1.30. WHO PROVIDED THE DWELLING?

A public, state or municipal service 1→ skip to q. 1.32

The employer of a household member 2→ skip to q. 1.32

Private firm or company 3→ skip to q. 1.32

Other (write down)..... 4→ skip to q. 1.32

Private person 5→ go to q. 1.31

1.31. IF THE DWELLING WAS PROVIDED BY ANOTHER PERSON, WHO WAS IT?

(Use list of persons and organizations)

Write down the code of the answers

Building

1.32. WHEN WAS THE BUILDING CONSTRUCTED, OF WHICH YOUR DWELLING IS A PART?

Before 1919 1

1919 - 1945 2

1946- 1960 3

1961 - 1970 4

1971 - 1980 5

1981 - 1990	6
1991 - 1995	7
1996 - 2000	8
after 2000	9

Occupancy, habitation

1.33. DO YOU HAVE CO-TENANTS IN THE DWELLING YOU INHABIT THAT ARE NOT MEMBERS OF YOUR HOUSEHOLD?

yes - 1 ↓ no -2 skip to q.1.35

1.34. HOW MANY ARE THEY?

.....

1.35. HOW MANY HOUSEHOLDS IN ALL LIVE IN THIS DWELLING?

number

INSTRUCTIONS FOR INTERVIEWER: *If only one household lives in the dwelling, skip to q.1.37. If two or more households live there, continue with q.1.36.*

1.36. WHAT PART OF THE TOTAL SPACE OF THE DWELLING IS USED BY YOUR HOUSEHOLD?

under 30 m ²	1
between 30 and 39 m ²	2
between 40 and 49 m ²	3
between 50 and 59 m ²	4
between 60 and 79 m ²	5
between 80 and 99 m ²	6
between 100 and 119 m ²	7
120 m ² or more	8

Kitchen and cooking facilities

1.37. WHICH OF THE FOLLOWING DOES YOUR HOUSEHOLD HAVE?

Kitchen and living room	1
Kitchen without living room	2
Kitchenette	3
Other space accommodated for preparing food	4

Water, bathroom, toilet

1.38. DOES YOUR HOUSEHOLD HAVE ACCESS TO RUNNING WATER?

yes - 1 ↓ no - 2 skip to 1.44

1.39. WHERE CAN YOU USE RUNNING WATER?

In the dwelling	1
Outside the dwelling, but in the building	2

Outside the building (at the yard, at the street) 3

1.40. DOES THE HOUSEHOLD HAVE A BATHROOM OR A SHOWER?

yes – 1 ↓

no - 2 skip to 1.42

1.41. WHERE CAN YOU USE A BATHROOM OR SHOWER WITH RUNNING WATER?

In the dwelling 1

Outside the dwelling, but in the building 2

Outside the building (at the yard, at the street) 3

1.42. DOES YOUR HOUSEHOLD HAVE AVAILABLE A TOILET WITH RUNNING WATER?

yes – 1 ↓

no - 2 skip to 1.44

1.43. WHERE CAN YOU USE A TOILET WITH RUNNING WATER?

In the dwelling 1

Outside the dwelling, but in the building 2

Outside the building (at the yard, at the street) 3

Problems and satisfaction with regard to the dwelling

1.44. DO YOU HAVE SOME OF THE PROBLEMS LISTED BELOW CONCERNING YOUR DWELLING?

(Give one answer for every row)

	yes	no
a. permanent damages (running roof, cracked walls, windows can't close, etc.)	1	2
b. it's very dark, not enough light	1	2
c. noisy neighbours or noises coming from street	1	2
d. air pollution due to street traffic or industrial enterprises	1	2
e. problems connected with finding parking space	1	2
f. crime, violence and vandalism in the region	1	2

1.45. HOW SATISFIED ARE YOU BY YOUR DWELLING? ON THIS SCALE "0" CORRESPONDS TO "NOT AT ALL SATISFIED", "5" – "RATHER SATISFIED", AND "10" TO "ENTIRELY SATISFIED". WHICH OF THE NUMBERS FROM 0 TO 10 CORRESPONDS MOST PRECISELY TO YOUR DEGREE OF SATISFACTION IN YOUR DWELLING? PLEASE LOOK AT THE CARD AND GIVE ME YOUR ASSESSMENT ACCORDING TO THE SCALE.

SHOW CARD 1.45. Scale of satisfaction

Assessment on scale of satisfaction

1.46. DO YOU PLAN TO MOVE AND LIVE IN ANOTHER PLACE IN THE NEXT THREE YEARS?

Definitely not 1→ skip to q. 1.48.

Probably not 2→ skip to q. 1.48.

Probably yes 3→ continue with q. 1.47.
 Definitely yes 4→ continue with q. 1.47.

1.47. WHERE DO YOU PLAN TO PROBABLY MOVE – IN ANOTHER COUNTRY, ANOTHER REGION, ANOTHER MUNICIPALITY OR SETTLEMENT?

In another state	1
In another region in Bulgaria	2
In another municipality in region	3
In the another settlement in this municipality	4
In another dwelling in the same settlement	5
In this country, but I don't exactly know where	6

Education

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR EDUCATION

1.48. WHICH IS THE HIGHEST EDUCATIONAL LEVEL THAT YOU HAVE SUCCESSFULLY COMPLETED (FOR WHICH YOU HAVE A DIPLOMA, CERTIFICATE)

SHOW CARD 1.48: Completed educational level.		
with 1.49.	Phd	1 ↓ continue
with 1.49.	Higher (only University)	2 ↓ continue
with 1.49.	Higher (college)	3 ↓ continue
with 1.49.	Secondary (incl. professional after secondary)	4 ↓ continue
with 1.49.	Secondary (all kind)	5 ↓ continue
	Primary	6 → skip to 1.50.
	Elementary	7 → skip to 1.50.
	Incomplete elementary	8 → skip to 1.51.
	Has not studied in school (incl. illiterate)	9 → skip to 1.52.

1.49. WHAT IS THE SPECIALTY YOU STUDIED AND GRADUATED?

Write exact answer

1.50. WHEN DID YOU COMPLETE YOUR HIGHEST EDUCATIONAL LEVEL

Interviewer: See answer to q.1.48

month year

1.50.a. HOW MANY YEARS YOU HAVE STUDIED (INCLUDING PhD)? (No matter where – in university, academy or somewhere else)

Writeyears

1.51. ARE YOU STUDYING AT PRESENT?

yes 1 → skip to explanation for interviewer before q. 2.01.
no 2 → go on to q. 1.52.

1.52. DO YOU INTEND TO CONTINUE YOUR EDUCATION IN THE NEXT THREE YEARS?

definitely not 1
probably not 2
probably yes 3
definitely yes 4

2. CHILDREN

Care of children

INSTRUCTIONS FOR INTERVIEWER: Are there children under the age of 14 in the respondent's household? Check in "Household network" whether there is a code 2 – 6 in "Respondent's kinship relationships" and "Aged under 14 (column 5 and 7)

Yes – 1 continue ↓

No – 2 → skip to q. 2.08

2.01a. I WILL READ YOU A LIST OF VARIOUS DUTIES (ACTIVITIES) THAT SHOULD BE PERFORMED WHEN A PERSON HAS CHILDREN. PLEASE INDICATE WHO IN YOUR HOUSEHOLD PERFORMS THESE DUTIES?

Pick your answer out of those indicated in the card.

INSTRUCTIONS FOR INTERVIEWER:

DOES THE RESPONDENT LIVE WITH HIS/HER PARTNER (SPOUSE) IN THE HOUSEHOLD?

Check in "Household network", col. 5)

Yes 1 continue ↓

No – 2

Show card 2.01-1

Show card 2.01-2

Begin reading one by one the activities indicated in the table.

If the respondent indicates answer 6 "Always or usually another person of the respondent's household", ask question 2.01.b. before going on to next item.

2.01.b. COULD YOU TELL ME SPECIFICALLY WHICH OF THE OTHER MEMBERS OF THE HOUSEHOLD?

In the table, under code 6, write the number of the household member by which he is inscribed in "Household Grid" (col. 2)

		Always the respon- dent	Usually the respon- dent	The respon- dent and the spouse/ partner equally	Usually the spouse/ partner	Always the spouse/ partner	Always or usually other members of the house- hold	Always or usually other non- members of the house- hold	The chil- dren do it them- selves	Not rele- vant
a	Dressing the children and checking clothes	1	2	3	4	5	6 №	7	8	99
b	Putting the children to bed and control	1	2	3	4	5	6 №	7	8	99
c	Caring for the children when they are ill	1	2	3	4	5	6 №	7	8	99
c	Games with children	1	2	3	4	5	6 №	7	8	99
e	Helping with homework	1	2	3	4	5	6 №	7	8	99
f	Taking the children to school or kindergarten, babysitter or leisure activities	1	2	3	4	5	6 №	7	8	99

INSTRUCTIONS FOR INTERVIEWER: Does the respondent live with spouse/partner in the household? Check in "Household network" (row 2)

Yes – 1 continue ↓

No – 2 → skip to question 2.03

2.02. HOW SATISFIED ARE YOU WITH THE WAY CHILD-CARE IS DIVIDED BETWEEN YOU AND YOUR SPOUSE/PARTNER? PLEASE LOOK AT THE CARD AND TELL ME WHAT GRADE YOU GIVE ON THE SCALE?

SHOW CARD 1.45: Degree of satisfaction scale

Assessment.....

2.03.a. DO YOU REGULARLY GET HELP FOR CHILD-CARE FROM A DAY CENTRE, KINDERGARTEN, A NURSERY OR PRE-SCHOOL, AN AFTER-SCHOOL CARE-CENTRE, A SELF-ORGANISED CHILDCARE GROUP, A BABY-SITTER OR SOME OTHER SERVICE, OR THROUGH PAID HELP?

Yes- 1 go on ↓ No 2 → skip to q. 2.04

2.03.b. PLEASE INDICATE ALL SOURCES OF ASSISTANCE YOU USE REGULARLY?

SHOW CARD 2.03: Providing professional child-care.

INSTRUCTIONS FOR INTERVIEWER: Ask question 2.03.c. for each assistance indicated in 2.03.b.

2.03.c. HOW OFTEN DO YOU USE THE ASSISTANCE OF:

Indicate in the table how often and how – weekly, monthly or yearly

		Does he/she use this help (indicate)		Frequency of use: How many times (indicate) W – (weekly) or M – (monthly) or Y – (yearly) encircle the respective letter			
		yes	no				
1	Baby-sitter	1	2 times →	W	M	Y
2	Kindergarten	1	2 times →	W	M	Y
3	Creche	1	2 times →	W	M	Y
4	Study-room (after school)	1	2 times →	W	M	Y
5	Self-organized group for child-care	1	2 times →	W	M	Y
6	Day-centre	1	2				
7	Other institutionally organized care (what?).....	1	2 times →	W	M	Y

2.04.a. DO YOU REGULARLY RECEIVE HELP IN RAISING CHILDREN FROM RELATIVES, FRIENDS OR OTHER PEOPLE NOT PROFESSIONALLY INVOLVED IN CARING FOR CHILDREN:

Yes – 1 go on ↓

No- 2 → skip to q. 2.05.

2.04.b.. FROM WHOM DO YOU RECEIVE THIS HELP?

*Inscribe up to 5 persons in the table, using the List of persons and organizations.
Ask question 2.04.c..for every person inscribed for q 2.04.b.*

2.04.c. HOW OFTEN DOES THIS PERSON HELP YOU IN CHILD-CARE?
(Ask question for each person in turn)

Indicate in the table

Code from the list of persons and organizations	Frequency of use: W – (weekly), M – (monthly), Y – (yearly) Encircle the respective letter
---	---

 times	W	M	Y
 times →	W	M	Y
 times →	W	M	Y
 times →	W	M	Y
 times →	W	M	Y
 times →	W	M	Y

2.05. HOW MANY LEVA A MONTH DOES YOUR HOUSEHOLD USUALLY SPEND FOR HELP IN RAISING CHILDREN?

..... leva W (weekly) or M (monthly) or Y (yearly). Encircle the respective letter

0 – spends nothing

2.06. NOW LET'S TALK ABOUT THE CHILDREN, WHO CURRENTLY LIVE IN YOUR HOUSEHOLD. FOR WHOM OF THEM DID YOU TAKE LEAVE FROM WORK? (After the leave for maternity or childbirth was over)

_____ Write the respective number of the child in the Household network.
(col. 2.)

0 – was not on leave for child-care.

2.07.a. FOR WHICH OF THE CHILDREN DID ITS FATHER/MOTHER TAKE LEAVE FROM WORK FOR CHILD-CARE?

_____ Write the respective number of the child in the Household network.
(col. 2.)

0 – was not on leave for child-care

2.07.b. FOR WHICH OF THE CHILDREN DID ITS GRANDFATHER/GRANDMOTHER TAKE LEAVE FROM WORK FOR CHILD-CARE?

_____ Write the respective number of the child in the Household network.
(col. 2.)

0 – was not on leave for child-care

2.08. a. IN THE LAST 12 MONTHS HAVE YOU PROVIDED HELP TO OTHER PEOPLE IN RAISING CHILDREN?

If this is the respondent's professional obligation (work), explain that this refers only to cases outside of work

Yes – 1 ↓ go on

No - 2 → skip to note for interviewer before q. 2.09

			Persons who have received help from respondent				
			1	2	3	4	5
b	WHOM HAVE YOU HELPED? <i>Indicate up to 5 persons. Encode them from "Card of persons and organizations"</i>	<i>Code from "List of persons and organizations"</i> →					
c	WAS THIS PERSON LIVING IN YOUR HOUSEHOLD AT THAT	1 – yes 2 - no					

	TIME?						
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Children not living with respondent

Instructions for interviewer

DOES THE RESPONDENT HAVE CHILDREN IN THE HOUSEHOLD?

yes →

2.09.

SO FAR WE TALKED ABOUT CHILDREN UNDER THE AGE OF 14 LIVING IN YOUR HOUSEHOLD. DO YOU HAVE OTHER CHILDREN BESIDES THESE (CHILDREN YOU GAVE BIRTH TO OR OF WHOM YOU ARE THE FATHER) OR HAVE YOU EVER ADOPTED A CHILD THAT IS NOT NOW LIVING WITH YOU?

Do not include stepchildren or the children of your present or former spouse/partner.

Yes – 1 ↓ go on to q. 10 No - 2 → skip to q. 2.25.

no→

2.09

DO YOU HAVE ANY CHILDREN OF YOUR OWN OR HAVE YOU EVER ADOPTED ANY CHILDREN?

Do not include step-children or the children of your present or former spouse/partner.

We will ask about these later.

Yes – 1 ↓ go on to q. 10 No - 2 → skip to q.

2.25.

INSTRUCTIONS FOR INTERVIEWER: First fill in answers to q. 2.10. and q. 2.11. for all the children mentioned. After that go on to all the other questions: starting with the first child indicated for q. 2.10. and q. 2.11, then the second, etc.

			1 child	2 child	3 child	4 child	5 child	6 child	7 child	8 child
2.10.	PLEASE TELL ME THE NAMES OF ALL THE CHILDREN STARTING WITH THE OLDEST. DO NOT GIVE US THE NAMES OF THOSE LIVING IN YOUR HOUSEHOLD, WE HAVE ALREADY TALKED ABOUT THEM.	<i>Please inscribe the names in the following cells →</i>								
2.11.	A PARENT MIGHT LOSE A CHILD. ARE ALL YOUR CHILDREN LIVING?	yes - 1 no - 2 ↓								
a.										
b.	PLEASE TELL ME THE NAMES OF THE DECEASED CHILDREN	<i>Write down the names of the deceased children</i>								
INSTRUCTIONS FOR INTERVIEWER: Use the past tense when asking about deceased child.										
2.12.	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT EACH OF THE CHILDREN NOT CURRENTLY LIVING IN YOUR HOUSEHOLD. LET'S WRITE DOWN THEIR GENDER Interviewer: IF THE NAME DOES NOT SUGGEST TO YOU THE GENDER OF THE CHILD, THEN ASK: IS (name) MALE OR FEMALE?	male - 1 female - 2								
2.13.	IS HE/SHE (name) YOUR BIOLOGICAL CHILD OR ADOPTED?	biological 1 go to q.2.15→ adopted 2 foster child (not legally adopted) 3								
2.14.	IN WHICH MONTH AND YEAR DID HE/SHE BEGIN TO LIVE IN YOUR HOUSEHOLD? Skip to q. 2.16	month year has never lived in the respondent's household 9999	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _

			1 child	2 child	3 child	4 child	5 child	6 child	7 child	8 child
2.15.	IS THIS THE BIOLOGICAL CHILD OF YOUR PRESENT SPOUSE?	yes - 1 no - 2								
2.16.a.	<i>Skip this question if the child is deceased.</i> HOW OLD IS THE CHILD?	years ...	_____	_____	_____	_____	_____	_____	_____	_____
b.	IN WHICH MONTH AND YEAR WAS IT BORN?	month... year...	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<i>INSTRUCTIONS FOR INTERVIEWER. If the child is alive (see q. 2.11) skip to the instructions for q. 2.18. If the child is deceased, continue ↓</i>										
2.17.	IN WHICH MONTH AND YEAR DID..... (name) DIE?	month... year ...	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<i>INSTRUCTIONS FOR INTERVIEWER Go back to 12 for the next child. If there are no more children, go on to q. 2.25</i>										
<i>INSTRUCTIONS FOR INTERVIEWER. If the child is aged 14 or older (see q. 2.16) go on to q. 2.20. If it is under 14, continue ↓</i>										
2.18.	DID YOU TAKE CHILD CARE LEAVE FOR(name) ?	yes - 1 no - 2								
2.19.	DID THE MOTHER/FATHER OF (name) USE CHILD CARE LEAVE?	yes - 1 no - 2								
2.20.	IN WHICH MONTH AND YEAR DID YOU AND (CHILD'S NAME) CEASE TO LIVE IN THE SAME HOUSEHOLD?	month ... year ...	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
2.21.	MEANIG THE WAY YOU USUALLY GO THERE, HOW MUCH TIME DOES IT TAKE YOU TO GO FROM YOUR HOME TO WHERE (child's name) LIVES NOW?	Time in: hours minutes	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
2.21.a.	HOW MUCH ARE THE EXPENSES FOR THE WAY FROM YOUR HOME TO THE PLACE WHERE THE CHILD (name) CURRENTLY LIVES?	0 – I haven't expenses for way	... lv	... lv	... lv	... lv	... lv	... lv	... lv	... lv

INSTRUCTIONS FOR INTERVIEWER. Ask the following question for each child under the age of 14.										
			1 child	2 child	3 child	4 child	5 child	6 child	7 child	8 child
2.22.	HOW OFTEN DO YOU TAKE CARE OF ... (child's name) W= weakly M= monthly Y= yearly times Encircle the corresponding letter 0 – never	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____
2.23.	HOW OFTEN DO YOU SEE ... (child's name) W= weakly M= monthly Y= yearly times Encircle the corresponding letter 0 – never	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____
2.24.	HOW SATISFIED ARE YOU WITH YOUR RELATIONS WITH (child's name) PLEASE LOOK AT THIS CARD AND GIVE US YOUR EVALUATION IN THE SCALE	<i>Show card 1.45. Scale of satisfaction</i>								
Go on to q. 2.12 for the following child. If there are no other children continue ↓										

2.25. BESIDES THE CHILDREN WE TALKED ABOUT, DID YOU EVER HAVE CHILDREN THAT WERE NOT LEGALLY ADOPTED, BUT WHOM YOU CARED FOR (A FOSTER CHILD)?

Yes – 1 → *go back to q 2.10 and ask question in table (2.10 to 2.24) for each such child, in using the term “foster child” instead of “child”. Do not ask q 2.13. You will thus check the information on them.*

No - 2 ↓ continue

Stepchildren

INSTRUCTIONS FOR INTERVIEWER: Does the respondent live with husband/partner in the household? Look in “Household network” row 2).
Yes – 1 continue ↓ ..No – 2 → skip to q. 2.38.

2.26. WE WOULD LIKE TO ASK YOU ABOUT ANY STEPCHILDREN OF YOUR CURRENT SPOUSE'S/PARTNER. PLEASE TELL ME HAD HE/SHE SUCH CHILDREN INCLUDING THE DECEASED ONES. HAD YOUR SPOUSE/PARTNER CHILDREN WHO DO NOT CURRENTLY LIVE IN YOUR HOUSEHOLD?

yes – 1 continue ↓ no - 2 → skip to q. 2.38.

I will ask you some questions about these children. Let us start with the oldest.

INSTRUCTIONS FOR INTERVIEWER: First write down answers to q. 2.27 and 2.28 for each step-child. Then continue with the other questions for the oldest, the second oldest, etc. step-child.										
			1 child	2 child	3 child	4 child	5 child	6 child	7 child	8 child
2.27.	FIRST PLEASE TELL US THEIR NAMES (Write down the names)	Name Write down the name of each child in the respective column →								
2.28a b	ARE THEY ALIVE? PLEASE TELL US THE NAME OF THE DECEASED CHILD	yes - 1 no - 2↓ Indicate ✓ which of the children is deceased.								
INSTRUCTIONS FOR INTERVIEWER: Use the past tense when the child if the child is deceased.										
2.29.	Interviewer: IF THE CHILD'S NAME DOES NOT SUGGEST ITS GENDER, ASK: IS.....(name of child) MALE OR FEMALE?	male 1 female 2								
2.30.	IN WHICH MONTH AND YEAR WAS HE/SHE BORN?	month ... year ...								
2.31.	HAD THE CHILD (name) LIVED FOR AT LEAST THREE MONTHS IN YOUR HOUSEHOLD?	yes - 1 no - 2 → Back to q. 2.29 and ask questions about the next stepchildren. If there are no other stepchildren, go on to q. 2.38								
2.32.	WHEN DID HE/SHE BEGIN LIVING IN YOUR HOUSEHOLD?	month ... year ...								
INSTRUCTIONS FOR INTERVIEWER. If the child is alive (see q. 2.28) go on to instructions for q. 2.34. If the child is deceased, continue										
2.33.	IN WHICH MONTH AND YEAR DID (name) DIE?	month ... year								

Go back to q 2.29 for the next step-child. If there are no other step-children, go on to q. 2.38.										
			1 child	2 child	3 child	4 child	5 child	6 child	7 child	8 child
2.34.	WHEN DID..... (the name) STOP LIVING IN YOUR 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"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2.35.	HOW MUCH TIME DOES IT TAKE YOU TO GO FROM YOUR HOME TO WHERE (child's name) LIVES NOW?	hours... minutes...	<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"/>
2.35.a.	HOW MUCH ARE THE EXPENSES FOR THE WAY FROM YOUR HOME TO THE PLACE WHERE THE CHILD (name) CURRENTLY LIVES?	0 - I haven't expenses for way lv lv lv lv lv lv lv lv
2.36.	HOW OFTEN DO YOU SEE ... (child's name) W= weakly M= monthly Y= yearly times Encircle the corresponding letter 0 – never	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____
2.37.	HOW SATISFIED ARE YOU WITH YOUR RELATIONS WITH (child's name) PLEASE LOOK AT THIS CARD AND GIVE US YOUR EVALUATION IN THE SCALE	Show card 1.45. Scale of satisfaction								

Go back to q. 2.29 for the next step-child. If there are no other children, continue ↓

Grandchildren

2.38. HOW MANY GRANDCHILDREN DO YOU HAVE?

INSTRUCTIONS FOR INTERVIEWER: Grandchildren are the respondent's own biological grandchildren and the children of adopted children

0 – has no grandchildren → *skip to Instructions for interviewers for q. 3.01*

<i>Ask these questions if the respondent has 2 or more grandchildren</i> ↓	<i>Ask these questions if the respondent has 1 grandchild</i> ↓
2.39 a. WHEN WAS YOUR OLDEST GRANDCHILD BORN? month __ __ year __ __	2.39 b. WHEN WAS YOUR GRANDCHILD BORN? month __ __ year __ __
2.40. WHEN WAS YOUR YOUNGEST GRANDCHILD BORN? month __ __ year __ __	<i>Skip to q. 2.41</i>

2.41. HOW OFTEN DO YOU HELP IN CARING FOR YOUR GRANDCHILDREN?

_____ times →: W M Y (*Encircle the correct letter*)

(weekly) (monthly) (yearly)

I do not help

1

I raise them

777

2.42.a. DO YOU HAVE GREAT- GRANDCHILDREN?

Yes 1 ↓

No 2 → *Skip to Instructions for interviewers to q. 3.01*

2.42.b. HOW MANY GREAT-GRANDCHILDREN DO YOU HAVE?

3. RELATIONSHIPS WITH SPOUSE/PARTNER

The present spouse or partner, with whom the respondent is cohabiting

INSTRUCTIONS FOR INTERVIEWER: DOES THE RESPONDENT HAVE A SPOUSE (PARTNER) WITH WHOM HE/SHE COHABITS? <i>Look in the "Household network".</i> Yes – 1 continue ↓ No – 2 skip to q. 3.10.

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS CONCERNING YOUR PRESENT SPOUSE OR PARTNER

3.01. WHEN DID YOU FIRST BEGIN TO LIVE TOGETHER?

month year

INSTRUCTIONS FOR INTERVIEWER: IS THE PARTNER OF THE SAME GENDER AS THE RESPONDENT?

Look in the "Household network".

Yes – 1 skip to 3.03 a No – 2 continue ↓

with 3.02 a

3.02. a. HAVE YOU CONTRACTED A LEGAL MARRIAGE?

Yes - 1 continue ↓

No – 2 Skip to Instructions for interviewer before q. 3.03.

b. WHEN DID YOU MARRY?

month year

INSTRUCTIONS FOR INTERVIEWER: *If the respondent is legally married, use the word "spouse". If he/she is not legally married, use the word "partner" when "spouse/partner" occurs in the text.*

3.03. a. WAS YOUR SPOUSE/PARTNER BORN IN BULGARIA?

yes – 1 skip to 3.08.

no – 2 ↓

b. IN WHICH STATE WAS YOUR SPOUSE/PARTNER BORN?

State

c. SINCE WHEN HAS HE/SHE BEEN LIVING PERMANENTLY IN BULGARIA?

month year

3.04. WHAT IS YOUR SPOUSE'S/PARTNER'S MOTHER LANGUAGE?

Bulgarian 1
Turkish 2
Roma 3
Other (write down) 4

3.05. PLEASE LOOK AT THIS CARD AND INDICATE WITH WHICH OF THE LISTED GROUPS YOUR SPOUSE/PARTNER AFFILIATES HIM/HERSELF?

SHOW CARD 1.10: Ethnic group

Bulgarian 1
Turkish 2
Roma 3
Other (write down) 4

3.06. WHAT IS THE PRESENT CITIZENSHIP OF YOUR SPOUSE/PARTNER? (if double citizenship, indicate both)

First citizenship

(Write down).....

Second citizenship

(Write down).....

3.07. a. HAS HE/SHE BEEN A BULGARIAN CITIZENSHIP FROM SINCE BIRTH?

Yes – 1
→ skip to 3.08

No – 2
↓ continue with 3.07.b

**b. WHEN DID HE/SHE
RECEIVE BULGARIAN
CITIZENSHIP?**

year

↓ continue with 3.08.

My spouse/partner does not have
Bulgarian citizenship
→ skip to 3.08.

**3.08. WHAT IS THE HIGHEST EDUCATIONAL LEVEL YOUR SPOUSE/PARTNER HAS
ATTAINED?**

SHOW CARD 1.48: Completed educational level.

Phd	1
Higher (only University)	2
Higher (college)	3
Secondary (incl. professional after secondary)	4
Secondary (all kind)	5
Primary	6
Elementary	7
Incomplete elementary	8
Has not studied in school (incl. illiterate)	9

3.09. WHAT IS THE SPECIALITY HE/SHE HAS STUDIED AND GRADUATED?

(Inscribe the exact answer) → list of degrees

.....

INSTRUCTIONS FOR INTERVIEWER: Skip to instructions for interviewers before q.
3.27

Present spouse or partner, with whom the respondent doesn't live

INSTRUCTIONS FOR INTERVIEWER: The respondent living with the spouse/partner
DOES NOT ANSWER the questions in this section.

**3.10. DO YOU NOW HAVE AN INTIMATE RELATIONSHIP WITH SOMEONE WITH WHOM
YOU ARE NOT LIVING TOGETHER? THIS COULD BE YOUR SPOUSE. THIS COULD BE
A PARTNER OF THE SAME GENDER.**

Yes - 1 continue ↓

No – 2 skip to q. 3.27

3.11. WHEN DID THIS RELATIONSHIP BEGIN?

month year

3.12.a. YOU LIVE SEPARATELY FROM HIM/HER BECAUSE YOU SO DESIRE, OR BECAUSE CIRCUMSTANCES PREVENT YOUR LIVING TOGETHER? PLEASE PICK ONE ANSWER OUT OF THOSE LISTED ON THE CARD

SHOW CARD 3. 12.A.

- | | | | |
|---------------------------|---|--|------------------------|
| 1 | 2 | 3 | 4 |
| I want to live separately | Both my partner and I want to live separately | My partner wants us to live separately | Circumstances force us |
| ⓪ | ⓪ | ⓪ | ⓪ |
| b | b ➡ B | c | d |

INSTRUCTIONS FOR INTERVIEWER: When the respondent has indicated answer 2 for q.3.12.a, he should give answers for "b" and "c" as well.

b. Why do you want to live separately? Please indicate the most important reason	c. Why does your partner want you to live separately? Please indicate the most important reason.	d. What are these circumstances? Please indicate the most important circumstances.
<i>Show card 3.12.B..</i>	<i>Show card 3.12.C..</i>	<i>Show card 3.12.D.</i>
1 – for financial reasons	1 – for financial reasons	1 – circumstances connected with work
2 – in order to preserve my independence	2 – in order to preserve his/her independence	2 – financial circumstances
3 – because of the children	3 – because of the children	3 – housing circumstances
4 –I am not prepared to live together for the time being	4 – He/she is not prepared to live together for the time being	4 – legal circumstances
5 - other	5 - other	5 – my partner has another family
If 3.12.a. = 2 continue with q. 3.12 c	97 – don't know	6 - other
If 3.12.a. = 1 continue with 3.13 ↓		

3.13. PLEASE TELL ME WHETHER YOUR PARTNER IS A MAN OR A WOMAN

- | | |
|-------|---|
| man | 1 |
| woman | 2 |

INSTRUCTIONS FOR INTERVIEWER: Is the respondent's partner of the same gender?
yes - 1 skip to 3.15. no – 2 go on to 3.14 ↓

3.14. a. DID YOU LEGALLY MARRIED TO HIM/HER?

- | | |
|-----------|----------------------|
| yes – 1 ↓ | no – 2 skip to 3.15. |
|-----------|----------------------|

b. WHEN DID YOU MARRY?

month year

c. ARE YOU STILL MARRIED TO HIM/HER?

yes – 1 skip to 3.15.

no – 2 ↓

d. WHEN DID YOU DIVORCE?

month year

INSTRUCTIONS FOR INTERVIEWER: *If the respondent is married, use the word “spouse”, and if he/she is not married, use “partner” where “spouse/partner” is written.*

3.15. WHEN WAS YOUR SPOUSE/PARTNER BORN?

month year

3.16.a. WAS YOUR SPOUSE/PARTNER BORN IN BULGARIA?

yes – 1 skip to 3.21.

no - 2 ↓

b. IN WHICH COUNTRY WAS HE/SHE BORN?.....

c. WHEN DID HE/SHE BEGIN TO LIVE PERMANENTLY IN BULGARIA?

month year

3.17. WHAT IS THE MOTHER LANGUAGE OF YOUR SPOUSE/PARTNER?

Bulgarian 1
Turkish 2
Roma 3
Other (*write down*) 4

3.18. PLEASE LOOK AT THIS CARD AND TELL ME WHICH OF THE LISTED GROUPS YOUR SPOUSE/PARTNER AFFILIATES HIMSELF TO?

SHOW CARD 1.10: Ethnic groups

Bulgarian 1
Turkish 2
Roma 3
Other (*write down*) 4

3.19. WHAT CITIZENSHIP DOES YOUR SPOUSE/PARTNER HAVE? (if double citizenship, indicate both)

First citizenship
(*Write down*).....

Second citizenship
(*Write*

down).....

3.20.a. DOES HE/SHE HAVE BULGARIAN CITIZENSHIP FROM SINCE BIRTH?

Yes – 1
→ skip to 3.21.

No – 2
↓ continue with 3.20.b

b. WHEN DID HE/SHE RECEIVE BULGARIAN

My spouse/partner does not have
Bulgarian citizenship
→ skip to 3.21.

CITIZENSHIP?

year

↓ continue with 3.21.

3.21. WHAT IS THE HIGHEST COMPLETED DEGREE OF EDUCATION THAT YOUR SPOUSE/PARTNER HAS ATTAINED?

SHOW CARD 1.48: Completed educational level.

Phd	1
Higher (only University)	2
Higher (college)	3
Secondary (incl. professional after secondary)	4
Secondary (all kind)	5
Primary	6
Elementary	7
Incomplete elementary	8
Has not studied in school (incl. illiterate)	9

3.22. WHAT DID HE/SHE STUDY? WHAT IS HIS/HER SPECIALTY?

(Write down the exact answer)

.....

3.23. WHAT IS HIS/HER LABOR STATUS AT PRESENT?

SHOW CARD 1.13: Labor status.

Employed or self-employed	01
Non-paid family worker in family business or farm	02
Unemployed	03
Student (in school, vocational training)	04
Pensioner	05
In maternity leave for raising child	06
Long-term (permanent) patient or invalid	07
Housewife	08
Soldier (including alternative military service)	09
Other (<i>write down</i>)	10

3.24. HOW MUCH TIME DOES IT TAKE YOU TO GET TO THE HOME WHERE HE/SHE IS LIVING?

..... hours min.

3.24.a. HOW MUCH ARE THE EXPENSES FOR THE WAY FROM YOUR HOME TO THE PLACE WHERE HE/SHE CURRENTLY LIVES?

..... leva

0 – I haven't expenses for way

3.25. HOW OFTEN DO YOU SEE HIM/HER?

..... times

W M Y *Encircle the respective letter*

3.26. IS YOUR SPOUSE/PARTNER CONSTRAINED IN HIS DAILY LIFE DUE TO PHYSICAL OR MENTAL HEALTH PROBLEMS OR DISABILITY?

yes 1
no 2

Intentions about living together

<p>INSTRUCTIONS FOR INTERVIEWER: <i>Is the respondent living at present with the partner? (see in "Household network")</i></p>		
<p>yes ↓ Is the respondent currently married to this partner? (see q. 3.02)</p> <p>yes no ↓ ↓</p> <p>Skip to q. 3.33. to q. 3.32.</p>	<p>no ↓ Does the respondent have a partner with whom he/she is not living together? (see q. 3.10)</p> <p>yes ↓</p> <p>Is the respondent currently married to this partner? (see q. 3.14.c.)</p> <p>yes no ↓ ↓</p> <p>Continue with 3.27 in reading "Your spouse" Continue with 3.27 in reading "Your partner"</p>	
	<p>no ↓</p> <p>Continue with q. 3.27 in reading "with a partner"</p>	

3.27. DO YOU INTEND TO BEGIN LIVING TOGETHER WITH YOUR PARTNER/SPOUSE WITHIN THE NEXT THREE YEARS?

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

3.28. LET US SUPPOSE THAT IN THE NEXT THREE YEARS YOU START LIFE TOGETHER WITH SOMEONE. HOW WOULD THAT AFFECT VARIOUS ASPECTS OF YOUR LIFE. PLEASE CHOOSE YOUR ANSWER FROM THIS CARD.

SHOW CARD 3.28: Better or worse

IF YOU BEGIN LIFE TOGETHER WITH YOUR PARTNER, WOULD THIS AFFECT THE FOLLOWING WELL OR BADLY...	Much better	Better	Neither better nor worse	Worse	Much worse
a. The possibility of doing what you want	1	2	3	4	5
b. Your opportunities for work	1	2	3	4	5
c. Your financial situation	1	2	3	4	5
d. Your sexual life	1	2	3	4	5

e. What other people think of you	1	2	3	4	5
f. The joy and satisfaction that you will get out of life	1	2	3	4	5

3.29. TO WHAT EXTENT WILL THE DECISION OF BEGINNING LIFE TOGETHER WITH A PARTNER/YOUR PARTNER IN THE NEXT THREE YEARS DEPEND ON THE FOLLOWING THINGS? PLEASE CHOOSE AN ANSWER FROM THIS CARD.

SHOW CARD 3.29: To what extent will your decision depend on:

	Will not depend at all	Will depend a little	Will depend greatly	Will depend entirely	Not relevant
a. Your financial situation	1	2	3	4	99
b. Your work	1	2	3	4	99
c. Your housing conditions	1	2	3	4	99
d. The state of your health	1	2	3	4	99

INSTRUCTIONS FOR INTERVIEWER: Does the respondent have a partner with whom he/she not lives together. See q. 3.10.

yes – 1 continue ↓ no – 2 skip to 3.31

3.30. DOES YOUR PARTNER THINK YOU CAN START LIFE TOGETHER?

- Yes 1
No 2
Not sure 3
The respondent doesn't know 4

3.31. ALTHOUGH YOU FEEL THE DECISION OF STARTING LIFE TOGETHER WITH YOUR PARTNER IS YOURS AND YOUR PARTNER'S, PROBABLY SOME OTHER PEOPLE HAVE AN OPINION ABOUT WHAT YOU SHOULD DO. I WILL READ YOU SOME OPINIONS THAT OTHERS MAY HAVE ABOUT YOUR STARTING LIFE TOGETHER WITH A PARTNER/YOUR PARTNER IN THE NEXT THREE YEARS. PLEASE TELL ME HOW MUCH YOU AGREE WITH THESE OPINIONS, IN CHOOSING AN ANSWER FROM THIS CARD.

SHOW CARD 3.31: Agreement scale

	Comple tely agree	Agree	Neither agree nor disagree	Disagree	Comple tely disagree	Not relevant
a. Most of your friends feel that you should begin life together with a partner/your partner	1	2	3	4	5	99
b. Your parents feel that you should begin life together with a partner/your partner	1	2	3	4	5	99
c. Your children feel you should start life together with a partner/your partner	1	2	3	4	5	99

d. Most of your relatives feel you should start life together with a partner/your partner	1	2	3	4	5	99
---	---	---	---	---	---	----

INSTRUCTIONS FOR INTERVIEWER: Ask the next question only to unmarried people.
See if to q.3.02. the answer is "2" (no).
To the rest ask q.3.33.

3.32. DO YOU INTEND TO ENTER INTO MARRIAGE WITH A PARTNER/YOUR PARTNER OR ANOTHER PERSON IN THE NEXT THREE YEARS?

- | | |
|----------------|---|
| Definitely not | 1 |
| Probably not | 2 |
| Probably yes | 3 |
| Definitely yes | 4 |

History of marriages/cohabitations

3.33. (BESIDES YOUR PRESENT MARRIAGE OR PARTNERSHIP) HAVE YOU PREVIOUSLY LIVED IN COHABITATION WITH SOMEONE OR HAVE YOU BEEN MARRIED FOR AT LEAST 3 MONTHS

yes – 1 ↓ no – 2 skip to 4.01.

I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR PREVIOUS MARRIAGES OR PARTNERSHIPS. IF YOU HAVE LIVED AT ANOTHER TIME WITH YOUR PRESENT SPOUSE/PARTNER, CONSIDER THIS A SEPARATE MARRIAGE OR PARTNERSHIP. LET US BEGIN WITH YOUR FIRST COHABITATION.

			1 spouse/partner	2 spouse/partner	3 spouse/partner	4 spouse/partner	5 spouse/partner	6 spouse/partner	7 spouse/partner	8 spouse/partner
3.34.	WHEN DID YOU BEGIN LIFE TOGETHER WITH YOUR FIRST (SECOND, THIRD, ETC.) SPOUSE OR PARTNER?	month year	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _
3.35.a.	DID YOU ENTER INTO LEGAL MARRIAGE WITH HIM/HER?	1 – yes 2 – no → skip to q. 3.36								
3.35.b.	WHEN DID YOU ENTER INTO MARRIAGE WITH HIM/HER?	month year	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _
3.36.	WHEN WAS HE/SHE BORN?	month year	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _
3.37.	WHAT IS THE HIGHEST DEGREE OF EDUCATION THAT YOUR FIRST (SECOND, THIRD...) SPOUSE/PARTNER HAD ATTAINED AT THE TIME YOU WERE LIVING TOGETHER?	Show card 1.48 (inscribe code)								
3.38.	WHEN YOU BEGAN LIFE TOGETHER, HOW MANY CHILDREN DID YOUR SPOUSE/PARTNER ALREADY HAVE THAT WERE NOT YOUR CHILDREN? PLEASE INCLUDE HIS/HER STEPCHILDREN, ADOPTED CHILDREN OR FOSTER CHILDREN. Do not include your own children	... Number Write the number of children in the respective column If “0” skip to q.3.43								

			1 spouse/partner	2 spouse/partner	3 spouse/partner	4 spouse/partner	5 spouse/partner	6 spouse/partner	7 spouse/partner	8 spouse/partner
3.39.	HOW MANY OF THEM WERE GIRLS AND HOW MANY BOYS? (If there was only one child, ask if it was a boy or girl)	girls boys	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
3.40.	HOW OLD WAS THE YOUNGEST OF THESE CHILDREN WHEN YOU BEGAN LIFE TOGETHER WITH ITS FATHER/MOTHER? (If there was a single child, inscribe its age)	years	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _
3.41.	HOW MANY OF THESE CHILDREN HAVE BEEN LIVING PERMANENTLY IN YOUR HOUSEHOLD?	Number Inscribe number in the respective column	____ ____	____ ____	____ ____	____ ____	____ ____	____ ____	____ ____	____ ____
3.42	HOW OFTEN DO YOU NOW SEE ONE OR MORE OF THESE CHILDREN, INCL. THOSE WHO HAVE NEVER LIVED WITH YOU? W = weekly; M = monthly; Y = yearly times Encircle the right letter 0 = never	____ W M Y ____	____ W M Y ____	____ W M Y ____	____ W M Y ____	____ W M Y ____	____ W M Y ____	____ W M Y ____	____ W M Y ____
3.43.	HOW DID THIS MARRIAGE/PARTNERSHIP END? <i>Choose the right answer from the card</i> Show card 3.43:End of partnership.	Fell apart (we separated) 1 spouse/ partner died 2								
3.44.	WHEN DID THIS HAPPEN?	month year	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _

INSTRUCTIONS FOR INTERVIEWER: If the spouse/partner has died (see q. 3.43.) <i>skip</i> to 3.51. If previous cohabitation (marriage) has fallen apart, continue ↓										
			1 spouse/partner	2 spouse/partner	3 spouse/partner	4 spouse/partner	5 spouse/partner	6 spouse/partner	7 spouse/partner	8 spouse/partner
3.45.	DO YOU HAVE CHILDREN FROM HIM/HER?	1 – yes 2 – no → Go to Instructions for interviewer before q. 3.49.								
3.46.	WHOM DID THE CHILDREN MAINLY REMAIN WITH AFTER YOU SEPARATED? <i>Choose the right answer from the card. You may indicate more than one answer if one of your children lives mostly in one place and the others in another</i> Show card 3.46: Were do the children mostly live?	With me 1 With my former spouse/partner 2 With both of us equally 3 With relatives 4 With other people 5 In a home for children 6 They began living independently 7 The children were already independent 8 Other 9								
3.47.	HOW OFTEN ON THE AVERAGE DID YOU SEE THE CHILD (CHILDREN) WHO DID NOT LIVE WITH YOU IN THE FIRST YEAR AFTER YOU SEPARATED? times Encircle the right letter 0 = never 99 – no relevant	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____

			1 spouse/partner	2 spouse/partner	3 spouse/partner	4 spouse/partner	5 spouse/partner	6 spouse/partner	7 spouse/partner	8 spouse/partner
3.48.	HOW OFTEN ON THE AVERAGE DID YOUR SPOUSE/PARTNER SEE THE CHILD (CHILDREN) WHO DID NOT LIVE WITH YOU IN THE FIRST YEAR AFTER YOU SEPARATED? times Encircle the right letter 0 = never 99 – no relevant	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____	_____ W M Y _____
INSTRUCTIONS FOR INTERVIEWER: If the respondent was legally married to his partner (3.35) <i>continue</i> ↓ . If he/she was not married <i>skip to q. 3.51.</i>										
3.49.a.	DID YOU DIVORCE HIM/HER?	1 – yes 2 – no → Skip to q. 3.51.								
3.49.b.	WHEN DID YOU DIVORCE?	month year	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
3.50.	WHICH ONE OF YOU STARTED THE DIVORCE CASE?	1. The respondent 1 2. Both of them 2 3. The partner 3								

3.51. DID YOU HAVE ANOTHER COHABITATION (MARRIAGE) BESIDES YOUR PRESENT ONE, WHAT HAD LASTED AT LEAST 3 MONTHS?

Yes – 1 go back to 3.34. for the next partner ↑

No – 2 continue with 3.52.

3.52.a. AS I MENTIONED, THIS STUDY ALSO REFERS TO PARTNERSHIPS WITH PEOPLE OF THE SAME GENDER. MAY I ASK YOU WHETHER YOU HAVE HAD COHABITATION WITH A PERSON OR PERSONS OF YOUR GENDER?

yes - 1 ↓

no - 2 go to Directions for interviewer before **3.53**.

b. WHICH ONES OF THESE WE TALKED ABOUT?

Write down the number of partners of the same gender.....

Support for the children

INSTRUCTIONS FOR INTERVIEWER: ARE THERE ANY CHILDREN NOW LIVING WITH THE RESPONDENT WHO HAVE REMAINED FROM PREVIOUS PARTNERS OF THE RESPONDENT? See 3.45. in Partnership table

Yes – 1 continue ↓ No – 2 skip to 3.61.

3.53. DO YOU NOW RECEIVE SUPPORT MONEY FOR ANY OF THE CHILDREN YOU HAD FROM YOUR PREVIOUS SPOUSE/PARTNER? DO NOT INCLUDE ALIMONY YOU RECEIVE FOR YOUR OWN SUPPORT FROM YOUR FORMER SPOUSE/PARTNER

Yes – 1 skip to 3.55. No – 2 continue ↓

3.54. HAVE YOU RECEIVED SUPPORT MONEY FOR CHILDREN AT ANY TIME IN THE LAST 12 MONTHS?

Yes – 1- continue ↓ No – 2 skip to 3.57.

3.55. HOW MANY LEVA WAS THE SUPPORT? (Indicate the money actually received) Encircle W = weekly, M = monthly, Y = yearly, depending on the period

..... leva. W M Y

3.56. HOW MANY TIMES DID YOU RECEIVE THIS SUPPORT MONEY IN THE LAST 12 MONTHS?

..... times

SKIP TO Q. 3.61.

3.57. DO YOU CURRENTLY PAY SUPPORT MONEY FOR ANY OF YOUR CHILDREN?

Yes – 1 skip to 3.59 No – 2 continue ↓

3.58. HAVE YOU PAID SUPPORT MONEY FOR CHILDREN AT ANY TIME IN THE LAST 12 MONTHS? DO NOT INCLUDE ALIMONY YOU PAY YOUR FORMER SPOUSE/PARTNER FOR HIM/HERSELF.

Yes – 1 continue ↓ No – 2 skip to 3.61.

3.59. HOW MANY LEVA MONTHLY WAS THE SUPPORT? (Indicate the actually money paid) Encircle W = weekly, M = monthly, Y = yearly, depending on the period

..... leva. W M Y

3.60. HOW MANY TIMES HAVE YOU PAID SUCH A SUM OF SUPPORT MONEY IN THE LAST 12 MONTHS?

..... times

Alimony for partner

3.61. DO YOU CURRENTLY RECEIVE ALIMONY OR OTHER PAYMENTS FOR YOURSELF (whatever) FROM A FORMER PARTNER/SPOUSE? (Do not include the support money for children)

Yes – 1 skip to 3.63.

No – 2 continue↓

3.62. HAVE YOUR RECEIVED SUCH SUPPORT/PAYMENTS AT ANY TIME IN THE LAST 12 MONTHS?

Yes – 1 continue↓

No – 2 skip to 3.65.

3.63. HOW MANY LEVA? ? (Indicate the actually money paid) Encircle W = weekly, M = monthly, Y = yearly, depending on the period

..... leva

W

M

Y

3.64. HOW MANY TIMES HAVE YOU RECEIVED SUCH A SUM OF SUPPORT MONEY IN THE LAST 12 MONTHS

..... times

SKIP TO Q. 4.01.

3.65. HAVE YOU PAID ALIMONY OR MADE OTHER PAYMENTS TO ANY OF YOUR PREVIOUS SPOUSES/PARTNERS?

Do not include support paid for children

Yes – 1 skip to 3.67.

No – 2 continue ↓

3.66. HAVE YOU PAID ALIMONY AT ANY TIME IN THE LAST 12 MONTHS?

Yes – 1 continue ↓

No – 2 skip to 4.01.

3.67. HOW MANY LEVA WAS THE ALIMONY? (Indicate the actually money paid) Encircle W = weekly, M = monthly, Y = yearly, depending on the period

..... Leva

W

M

Y

3.68. HOW MANY TIMES HAVE YOU PAID SUCH ALIMONY IN THE LAST 12 MONTHS?

..... times

4. ORGANIZATION OF HOUSEHOLD AND OF PARTNERSHIP RELATIONS

Organization of household

4.01.a. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOUR HOUSEHOLD IS ORGANIZED. PLEASE TELL ME WHO IN YOUR HOUSEHOLD PERFORMS THE FOLLOWING ACTIVITIES. CHOOSE THE ANSWER FROM THIS CARD.

DIRECTIONS FOR INTERVIEWER: See in “Household network”

The respondent lives alone



Show card 4.01 - 1

The respondent does not live alone



There is a spouse/partner in the household

Show card 4.01 - 2

There is no spouse/partner in the household

Show card 4.01 - 3

Begin asking the questions about the activities in the table, one by one.

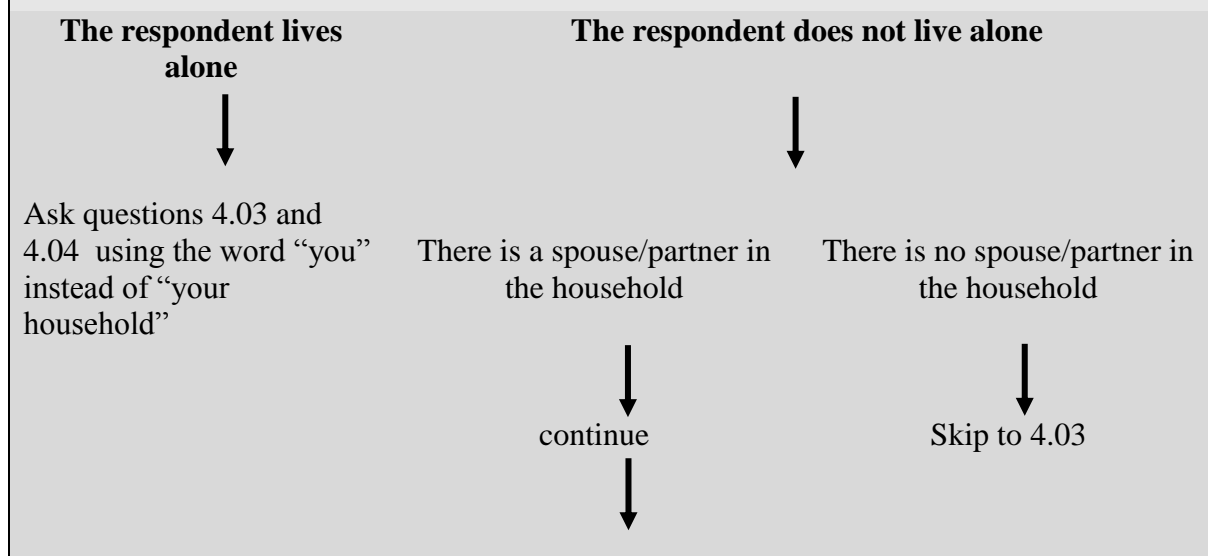
If the respondent indicates answer 6 “Always or usually other persons in the respondent’s household”, ask question 4.01.B. before going on to the next activities.

b. TELL ME WHICH OF THE OTHER HOUSEHOLD MEMBERS?

Inscribe the respective number of the household members from “Household network” in the table below, for answer 6.

		Always the respondent	Usually the respondent	The respondent and the spouse/partner equally	Usually the spouse/partner	Always the spouse/partner	Always or usually another person from the household <i>(Inscribe number from “Household Network”)</i>	Always or usually someone else, who does not live in the household	Not relevant
a.	Preparing the daily meals	1	2	3	4	5	6 No	7	99
b.	Washing dishes, serving food	1	2	3	4	5	6 No	7	99
c.	Buying food products	1	2	3	4	5	6 No	7	99
d.	Vacuum-cleaning	1	2	3	4	5	6 No	7	99
e.	Minor repairs in and around the house	1	2	3	4	5	6 No	7	99
f.	Paying and keeping financial documents	1	2	3	4	5	6 No	7	99
g.	Organizing the social life of the household	1	2	3	4	5	6 No	7	99

DIRECTIONS FOR INTERVIEWER: See in “Household network”



4.02. HOW SATISFIED ARE YOU WITH THE DIVISION OF DOMESTIC WORK BETWEEN YOU AND YOUR SPOUSE/PARTNER. PLEASE GIVE YOUR EVALUATION IN USING THIS CARD.

SHOW CARD 1.45. Scale of satisfaction.

Evaluation.....

4.03 WHICH PEOPLE IN YOUR HOUSEHOLD REGULARLY HELP WITH THE DOMESTIC CHORES?

More than one answer is possible

Encode from List of persons and organizations.....

4.04. DOES YOUR HOUSEHOLD REGULARLY PAY SOMEONE TO DO HOUSEHOLD WORK?

Yes 1

No 2

Decision making

DIRECTIONS FOR INTERVIEWER: Does the spouse/partner of the respondent live in the household?

Yes → continue



No



Does the respondent have a spouse/partner who does not live in the same household?
See 3.10

Yes → go to 4.07

No → go to 5.01

4.05.a. WE ALREADY TALKED ABOUT VARIOUS KINDS OF DOMESTIC WORK. NOW I WILL ASK YOU ABOUT DECISION MAKING. WHO IN YOUR HOUSEHOLD MAKES THE DECISIONS ABOUT THE FOLLOWING ISSUES?

SHOW CARD 4.01 – 2: Ask the questions in the table, one by one.

If the answer is 6 “Always or usually another person from the household”, ask question 4.05.b before going on to the other items in the table.

b. COULD YOU TELL ME PRECISELY WHICH OTHER MEMBER OF THE HOUSEHOLD?

Inscribe the corresponding number of the members of the household, found in the “Household network” in the table for answer 6..

		Always the respondent	Usually the respondent	The respondent and the spouse/partner equally	Usually the spouse/partner	Always the spouse/partner	Always or usually another person from the household <i>(Inscribe the number from the “Household network”)</i>	Always or usually someone else, who does not live in the household	Not relevant
a.	Daily (usual)purchases to be made for the household	1	2	3	4	5	6 No	7	99
b.	Rarer and more expensive purchases for the household	1	2	3	4	5	6 No	7	99
c.	The time you spend on paid work	1	2	3	4	5	6 No	7	99
d.	The time your spouse/partner spends on paid work	1	2	3	4	5	6 No	7	99
e.	The way the children are raised	1	2	3	4	5	6 No	7	99

f.	Social life and spending of leisure time	1	2	3	4	5	6 №	7	99
----	--	---	---	---	---	---	--------------	---	----

4.06. WHAT IS THE ESTABLISHED WAY OF MAKING ARRANGEMENTS ABOUT MONEY AND SPENDING IT IN YOUR HOUSEHOLD? WHICH OF THE WAYS LISTED ON THIS CARD HAVE YOU ADOPTED?

SHOW CARD 4.06: Organizing arrangements about money and spending

- | | |
|--|---|
| I dispose of the money and give my spouse/partner his/her share | 1 |
| My spouse/partner disposes of the money and gives me my share | 2 |
| We pool the money and each of us takes as much as he/she needs | 3 |
| We gather part of the money in one place and each one keeps the rest for him/herself | 4 |
| Each one disposes of his/her own money | 5 |
| Other (write down)..... | 6 |

The quality of relationships

Note: The questions in this section should be asked only to respondents having a spouse/partner and living or not living together.

4.07. HOW SATISFIED ARE YOU BY YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER? GIVE AN EVALUATION BY USING THE SCALE ON THIS CARD.

SHOW CARD 1.45: Scale of satisfaction

Evaluation.....

4.08. I WILL READ YOU A LIST OF THINGS ON THIS CARD, ABOUT WHICH TWO SPOUSES (PARTNERS) MIGHT HAVE DISAGREEMENT. IN THE LAST 12 MONTHS HOW OFTEN HAVE YOU AND YOUR SPOUSE/PARTNER DISAGREED ON THESE ISSUES? PLEASE CHOOSE YOUR ANSWER FROM THIS CARD.

SHOW CARD 4.08: Frequency

		Never	Rarely	Occasionally	Often	Very often
a.	Household (domestic) chores	1	2	3	4	5
b.	Financial problems	1	2	3	4	5
c.	Use of leisure time	1	2	3	4	5
d.	Sexual life	1	2	3	4	5
e.	Relationships with friends	1	2	3	4	5

f.	Relationships with parents and inlaws	1	2	3	4	5
g.	Concerning the raising of the children	1	2	3	4	5
h.	Whether to have children (another child)	1	2	3	4	5
i.	Drunkenness	1	2	3	4	5

DIRECTIONS FOR INTERVIEWER: If the respondent indicates answer 1 "Never" for all items in q.4.08, go on to 4.10.

4.09. SPOUSES/PARNERS DEAL WITH SERIOUS DISAGREEMENT IN VARIOUS WAYS. WHEN SERIOUS DISAGREEMENTS ARISE BETWEEN YOU AND YOU SPOUSE/PARTNER, HOW OFTEN DO YOU ACT IN ANY OF THE WAYS LISTED BELOW? PLEASE CHOOSE YOUR ANSWER FROM THE ONES ON THIS CARD

SHOW CARD 4.08: Frequency

		Never	Rarely	Occasionally	Often	Very often
a.	You keep your opinion to yourself	1	2	3	4	5
b.	You calmly discuss the disagreement	1	2	3	4	5
c.	You quarrel heatedly or shout	1	2	3	4	5
d.	Things come to violence	1	2	3	4	5

4.10. EVEN IN FAMILIES LIVING ON GOOD TERMS, THE SPOUSES/PARTNERS MIGHT SOMETIMES WONDER WHETHER THEIR MARRIAGE/PARTNERSHIP IS SUCCESSFUL. IN THE LAST 12 MONTHS, HAVE YOU CONSIDERED ENDING YOUR MARIAGGE/PARTNERSHIP?

Yes 1 No 2

4.11. DO YOU PERSONALLY INTEND TO PART WITH YOUR SPOUSE/PARTNER IN THE NEXT THREE YEARS

Definitely not 1
 Probably not 2
 Probably yes 3
 Definitely yes 4

4.12. ALTHOUGH THIS MIGHT BE QUITE UNLIKELY, TRY TO IMAGINE IN WHAT WAY THE VARIOUS ASPECTS OF YOUR LIFE WOULD CHANGE IF YOU AND YOUR SPOUSE/PARTNER SEPARATED IN THE NEXT THREE YEARS.

SHOW CARD 3.28.: Better or worse

	If you and your spouse/partner separated, do you feel this would be better or worse with respect of:	Much better	Better	Neither better nor worse	Worse	Much worse	Irrelevant
a.	Your possibility to do what you desire	1	2	3	4	5	
b.	Your opportunities for labour occupation (work)	1	2	3	4	5	
c.	Your financial situation	1	2	3	4	5	
d.	Your sexual life	1	2	3	4	5	
e.	What other people think about you	1	2	3	4	5	
f.	Your joy and satisfaction in life	1	2	3	4	5	
g.	The well-being of your children.	1	2	3	4	5	99
h.	The closeness between you and your children and grandchildren	1	2	3	4	5	99

4.13. TO WHAT EXTENT DOES YOUR DECISION TO SEPARATE FROM YOUR SPOUSE/PARTNER IN THE NEXT THREE YEARS DEPEND ON THE FOLLOWING THINGS? PLEASE PICK AN ANSWER FROM THIS CARD.

SHOW CARD 3.29.: To what extent does your decision depend on ?

		Will not depend at all	Will depend a little	Will depend much	Will depend entirely	Nor relevant
a.	Your financial situation	1	2	3	4	99
b.	Your work	1	2	3	4	99
c.	Your housing conditions	1	2	3	4	99
d.	The condition of your health	1	2	3	4	99

4.14. DOES YOUR PARTNER THINK YOU HAVE TO SEPARATE?

- | | |
|-------------------------|---|
| Yes | 1 |
| No | 2 |
| Partner is not sure | 3 |
| Respondent doesn't know | 4 |

4.15. ALTHOUGH YOU FEEL THE DECISION TO SEPARATE FROM YOUR SPOUSE/PARTNER IS YOURS AND YOUR SPOUSE'S/PARTNER'S, PROBABLY OTHER PEOPLE ALSO HAVE AN OPINION ABOUT WHAT YOU SHOULD DO. I WILL READ YOU A LIST OF OPINIONS ABOUT WHAT OTHER PEOPLE MIGHT THINK CONCERNING AN EVENTUAL SEPARATION BETWEEN YOU AND YOUR SPOUSE/PARTNER IN THE NEXT THREE YEARS. PLEASE TELL ME HOW MUCH YOU AGREE OR DISAGREE WITH THESE OPINIONS BY CHOOSING AN ANSWER FROM THIS CARD.

SHOW CARD 3.31: Scale of agreement

		Entirely agree	Agree	Neither agree nor	Disagree	Entirely disagree	Not relevant
--	--	----------------	-------	-------------------	----------	-------------------	--------------

				disagree			
a.	Most of your friends feel that you ought to separate from your spouse/partner	1	2	3	4	5	99
b.	Your parents (foster parents) feel you ought to separate from your spouse/partner	1	2	3	4	5	99
c.	Your children feel you ought to separate from your spouse/partner	1	2	3	4	5	99
d.	Most of your relatives feel you ought to separate from your spouse/partner	1	2	3	4	5	99

5. PARENTS AND PARENTS' HOME

COMMENTARY FOR INTERVIEWER	This section has several parts, each of which refers to a specific life situation of the respondents. You will ask only the questions contained in the part corresponding to the situation of the concrete respondent. Each respondent answers the questions contained in only one part.
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Life together with the biological parents

NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT YOUR PARENTS AND YOUR PARENTS' HOME

5.01. AT THE START OF THE INTERVIEW, SPEAKING ABOUT THE HOUSEHOLD, YOU MENTIONED THAT....

(Check in Household Grid)

- | | | |
|---|---|-----------------------|
| You live with both your parents | 1 | ↓ continue with 5.02. |
| You live with your father (without your mother) | 2 | → skip to 5.03. |
| You live with your mother (without your father) | 3 | → skip to 5.04. |
| You do not live with your parents | 4 | → skip to 5.57. |

IS THIS SO?

5.02. ARE BOTH THE PARENTS WITH WHOM YOU LIVE IN THIS HOUSEHOLD, YOUR BIOLOGICAL PARENTS?

- | | | |
|---|---|-----------------|
| Yes, both are | 1 | → skip to 5.96. |
| No, only my father | 2 | → skip to 5.05. |
| No, only my mother | 3 | → skip to 5.31. |
| No, neither are (I am adopted, they are my step mother or father) | 4 | → skip to 5.57. |

5.03. IS THE FATHER, WITH WHOM YOU LIVE IN THIS HOUSEHOLD, YOUR BIOLOGICAL FATHER?

- | | | |
|-----|---|-----------------|
| yes | 1 | → skip to 5.05. |
| no | 2 | → skip to 5.57. |

5.04. YOU MENTIONED THAT YOU LIVE IN A HOUSEHOLD WITH YOUR MOTHER. IS SHE YOUR BIOLOGICAL MOTHER?

- yes 1 → skip to 5.31.
no 2 → skip to 5.57.

QUESTIONS FOR THOSE LIVING WITH THEIR BIOLOGICAL FATHER BUT NOT THEIR BIOLOGICAL MOTHER

5.05. a. WAS YOUR FATHER BORN IN BULGARIA?

- Yes - 1 skip to 5.06 no - 2 continue q. 5.05.b ↓

5.05.b. IN WHICH COUNTRY WAS HE BORN?

Write down:

5.06. LOOK AT THIS CARD AND TELL ME WHICH OF THE GROUPS ON THE CARD YOUR FATHER AFFILIATES HIMSELF WITH?

SHOW CARD 1.10: Ethnic group

- | | |
|-----------------------------------|---|
| Bulgarian | 1 |
| Turkish | 2 |
| Roma | 3 |
| Other (<i>write down</i>) | 4 |

5.07. WHAT IS YOUR FATHER'S CITIZENSHIP (if he has double citizenship, indicate both)

First citizenship (*write down*).....

Second citizenship (*write down*).....

5.08. HAS HE HAD BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ continue with
5.09

No – 2 ↓ go to 5.08.b.

**b. WHEN DID HE
RECEIVE HIS
BULGARIAN
CITIZENSHIP?**

year

--	--

↓ continue with 5.09.

My father doesn't have a
Bulgarian citizenship 3
→ go to 5.09.

5.09. PLEASE TELL ME, IS YOUR BIOLOGICAL MOTHER ALIVE?

- | | | |
|--|---|-----------------------|
| Yes, she's alive | 1 | → skip to 5.18. |
| No, she's not alive | 2 | → continue with 5.10. |
| I don't know for sure whether she is alive | 3 | → skip to 5.11. |
| I don't know anything about my biological mother | 4 | → skip to 5.106. |

5.10. WHEN DID YOUR MOTHER DIE?

year

5.11. IN WHICH YEAR WAS SHE BORN?

year

5.12. a. WAS YOUR MOTHER BORN IN BULGARIA?

yes – 1 skip to 5.13.

no – 2 continue with 5.12.b. ↓

5.12.b. IN WHICH COUNTRY WAS YOUR MOTHER BORN?

Write down:

Interviewer instruction: Use past tense in q. 5.13 – 5.15 if the respondent's mother is dead.

5.13. LOOK AT THIS CARD AND TELL ME WHICH OF THE LISTED GROUPS YOUR MOTHER AFFILIATES HERSELF WITH?

SHOW CARD 1.10: Ethnic group

Bulgarian	1
Turkish	2
Roma	3
Other (write down)	4

5.14. WHAT CITIZENSHIP DOES YOUR MOTHER HAVE? (if she has double citizenship, indicate both)

First citizenship (write down)

Second citizenship (write down)

5.15. HAS SHE HAD BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ continue with
5.16.

No – 2 ↓ go to 5.15.b.

**b. WHEN DID SHE
RECEIVE HER
BULGARIAN
CITIZENSHIP?**

year

↓ continue with 5.16.

My mother doesn't have a
Bulgarian citizenship 3
→ go to 5.16.

5.16. HAVE YOUR BIOLOGICAL PARENTS EVER SEPARATED?

yes	1	↓ continue with 5.17.
no, they have never lived together	2	→ skip to 5.106.
no, something else	3	→ skip to 5.106.

5.17. IN WHICH YEAR DID THIS HAPPEN? (If they have separated more than once, write down the year of their first separation.)

year

GO ON TO 5.106.

5.18. WHEN WAS YOUR MOTHER BORN?

year

5.19. a. WAS YOUR MOTHER BORN IN BULGARIA?

yes – 1 skip to 5.20.

no – 2 continue with 5.19.b.↓

5.19.b. IN WHICH COUNTRY WAS YOUR MOTHER BORN?

Write down:

5.20. LOOK AT THIS CARD AND TELL ME WHICH OF THESE GROUPS YOUR MOTHER AFFILIATES HERSELF WITH?

SHOW CARD 1.10: Ethnic group

Bulgarian 1
Turkish 2
Roma 3
Other (*write down*) 4

5.21. WHAT IS YOUR MOTHER'S CITIZENSHIP? (if she has double citizenship, indicate both)

First citizenship (*write down*)

Second citizenship (*write down*)

5.22. HAS SHE HAD BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ continue with 5.23.

No – 2 ↓ continue with 5.22.b.

My mother doesn't have a Bulgarian citizenship 3
→ continue with 5.23.

b. WHEN DID SHE RECEIVE HER BULGARIAN CITIZENSHIP?

year

↓ continue with 5.23.

5.23. HAVE YOUR BIOLOGICAL PARENTS EVER SEPARATED?

yes 1 ↓ continue with q. 5.24.
no, they never lived together 2 → skip to 5.25.
no, other 3 → skip to 5.25.

5.24. IN WHICH YEAR DID THIS HAPPEN? (If they have separated more than once, write down the year of their first separation.)

year

5.25. WITH WHOM AND WHERE DOES YOUR MOTHER LIVE AT PRESENT?

SHOW CARD 5.25: Life situation of the mother

Please indicate all the correct answers

alone	01
with spouse/partner	02
with a son	03
with a daughter	04
with relatives	05
with a friend	06
rents room in a boarding house	07
in an old people's home	09
in a home with nursing service	10
in a temporary-staying house	11
in a home for people with mental disorders	12
in a home for people with disabilities	13

5.26. IS YOUR MOTHER RESTRICTED IN HER DAILY LIFE DUE TO PHYSICAL OR MENTAL PROBLEMS OR INVALIDITY?

yes - 1 no - 2

5.27. HOW MUCH TIME DOES IT TAKE TO REACH THE HOME WHERE YOUR MOTHER IS PRESENTLY LIVING?

hours minutes

5.28. HOW OFTEN DO YOU SEE YOUR MOTHER? (Encircle the right letter)

..... times W M Y
(weekly) (monthly) (yearly)

0 - never

5.28.a. HOW MUCH ARE THE EXPENSES FOR THE WAY FROM YOUR HOME TO THE PLACE WHERE YOUR MOTHER CURRENTLY LIVES?

..... lv.

0 – I haven't expenses for way

5.29. HOW SATISFIED ARE YOU BY YOUR RELATIONS WITH YOUR MOTHER? GIVE AN ASSESSMENT ACCORDING TO THE SCALE ON THIS CARD.

SHOW CARD 1.45: Scale of satisfaction

Assessment.....

5.30. DO YOU INTEND TO START LIVING WITH YOUR MOTHER IN THE NEXT THREE YEARS?

Definitely not 1
Probably not 2

Probably yes	3
Definitely yes	4

GO ON TO 5.106.

QUESTIONS FOR THOSE LIVING WITH THEIR BIOLOGICAL MOTHER BUT NOT THE BIOLOGICAL FATHER

5.31. a. WAS YOUR MOTHER BORN IN BULGARIA?

yes – 1 skip to **5.32.**

no - 2 continue with **5.32.b** ↓

5.32.b. IN WHICH COUNTRY WAS YOUR MOTHER BORN?

Write down

5.32. LOOK AT THIS CARD AND TELL ME WHICH OF THE LISTED GROUPS YOUR MOTHER AFFILIATES HERSELF WITH?

SHOW CARD 1.10: Ethnic group

Bulgarian	1
Turkish	2
Roma	3
Other (<i>write down</i>)	4

5.33. WHAT CITIZENSHIP DOES YOUR MOTHER HAVE? (if she has double citizenship, indicate both)

First citizenship (*write down*).....

Second citizenship (*write down*).....

5.34. HAS SHE HAD BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ continue with
5.35.

No – 2 ↓ continue with
5.34.b.

My mother doesn't have a
Bulgarian citizenship 3
→ continue with 5.35.

**b. WHEN DID SHE
RECEIVE HER
BULGARIAN
CITIZENSHIP?**

year

↓ continue with 5.35.

5.35. PLEASE TELL ME, IS YOUR BIOLOGICAL FATHER ALIVE?

yes, he's alive

1 → skip to 5.44.

no, he's not alive

2 ↓ continue with 5.36.

I don't know for certain

3 → skip to 5.37.

I know nothing about my biological father

4 → skip to 5.106.

5.36. IN WHICH YEAR DID HE DIE?

year

5.37. IN WHICH YEAR WAS HE BORN?

year

5.38. a. WAS YOUR FATHER BORN IN BULGARIA?

yes – 1 skip to 5.39.

no – 2 continue with 5.38.b. ↓

5.38.b. IN WHICH COUNTRY WAS HE BORN?

Write down:

Interviewer instruction: Use past tense in q. 5.39 – 5.41 if the respondent's father is dead.

5.39. LOOK AT THIS CARD AND TELL ME WHICH OF THE LISTED GROUPS YOUR FATHER AFFILIATES HIMSELF WITH?

SHOW CARD 1.10: Ethnic groups

Bulgarian	1
Turkish	2
Roma	3
Other (write down)	4

5.40. WHAT CITIZENSHIP DOES YOUR FATHER HAVE? (if he has double citizenship, indicate both)

First citizenship (write down)

Second citizenship (write down)

5.41. HAS HE HAD BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ continue with
5.42.

No – 2 ↓ continue with
5.41.b.

My father doesn't have a
Bulgarian citizenship 3
→ continue with 5.42.

**b. WHEN DID HE
RECEIVE HIS
BULGARIAN
CITIZENSHIP?**

year

↓ continue with 5.42.

5.42. HAVE YOUR BIOLOGICAL PARENTS EVER SEPARATED?

yes	1	↓ continue with 5.43.
no, they have never lived together	2	→ skip to 5.106.
no, other	3	→ skip to 5.106.

5.43. IN WHICH YEAR DID THIS HAPPEN? (If they have separated more than once, write down the year of their first separation.)

year

SKIP TO 5.106.

5.44. IN WHICH YEAR WAS YOUR BIOLOGICAL FATHER BORN?

year

--	--

5.45. a. WAS YOUR FATHER BORN IN BULGARIA?

yes – 1 skip to 5.46.

no – 2 continue with 5.45.b. ↓

5.45.b. IN WHICH COUNTRY WAS HE BORN?

Write down:

5.46. LOOK AT THIS CARD AND TELL ME WHICH OF THE LISTED GROUPS YOUR FATHER AFFILIATES HIMSELF WITH?

SHOW CARD 1.10: Ethnic group

Bulgarian	1
Turkish	2
Roma	3
Other (<i>write down</i>)	4

5.47. WHAT CITIZENSHIP DOES YOUR FATHER HAVE? (if he has double citizenship, indicate both)

First citizenship (*write down*)

Second citizenship (*write down*)

5.48. HAS HE HAD BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ continue with
5.49.

No – 2 ↓ continue with
5.48.b.

My father doesn't have a
Bulgarian citizenship 3
→ continue with 5.49.

**b. WHEN DID HE
RECEIVE HIS
BULGARIAN
CITIZENSHIP?**

year

--	--

↓ continue with 5.49.

5.49. HAVE YOUR BIOLOGICAL PARENTS EVER SEPARATED?

yes	1 ↓ continue with 5.50.
no, they have never lived together	2 → skip to 5.51.
no, other	3 → skip to 5.51.

5.50. IN WHICH YEAR DID THIS HAPPEN? (If they have separated more than once, write down the year of their first separation.)

Year

--	--

5.51. WITH WHOM AND WHERE DOES YOUR FATHER LIVE AT PRESENT?

SHOW CARD 5.25: Life situation of the father

Please indicate all the correct answers

alone	01
with spouse/partner	02
with a son	03
with a daughter	04
with relatives	05
with a friend	06
rents room in a boarding house	07
in an old people's home	09
in a home with nursing service	10
in a temporary-staying house	11
in a home for people with mental disorders	12
in a home for people with disabilities	13

5.52. IS YOUR FATHER RESTRICTED IN HIS DAILY LIFE DUE TO PHYSICAL OR MENTAL HEALTH PROBLEMS OR INVALIDITY?

yes- 1 no - 2

5.53. HOW MUCH TIME DOES IT TAKE TO GO FROM YOUR HOME TO THE HOME WHERE YOUR FATHER IS LIVING AT PRESENT?

hours minutes

5.53.a. HOW MUCH ARE THE EXPENSES FOR THE WAY FROM YOUR HOME TO THE PLACE WHERE YOUR FATHER CURRENTLY LIVES?

..... lv.

0 – I haven't expenses for way

5.54. HOW OFTEN DO YOU SEE YOUR FATHER? (encircle the corresponding letter)

..... times W M Y
(weekly) (monthly) (yearly)

0 - never

5.55. HOW SATISFIED ARE YOU BY YOUR RELATIONSHIP WITH YOUR FATHER? GIVE AN EVALUATION IN THE SCALE ON THIS CARD.**SHOW CARD 1.45: Scale of satisfaction**

Evaluation

5.56. DO YOU INTEND TO START LIVING WITH YOUR FATHER IN THE NEXT THREE YEARS?

Definitely not	1
Probably not	2
Probably yes	3
Definitely yes	4

SKIP TO 5.106.**QUESTIONS FOR THOSE NOT LIVING WITH EITHER OF THEIR BIOLOGICAL PARENTS**

Basic information about both parents

5.57. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BIOLOGICAL PARENTS? IS YOUR BIOLOGICAL FATHER ALIVE?

- | | | |
|---|---|------------------------|
| Yes, he's alive | 1 | → skip to 5.59. |
| No, he's not alive | 2 | ↓ continue with 5.58. |
| I don't know for sure whether he is alive | 3 | → skip to 5.59. |
| I know nothing about my biological father | 4 | → skip to 5.64. |

5.58. IN WHICH YEAR DID HE DIE?

year

--	--

5.59. IN WHICH YEAR WAS HE BORN?

year

--	--

5.60. a. WAS YOUR FATHER BORN IN BULGARIA?

- | | |
|--------------------------------|------------------------------------|
| yes - 1 → skip to 5.61. | 2 - no - 2 continue with 5.60.b. ↓ |
|--------------------------------|------------------------------------|

5.60.b IN WHICH COUNTRY WAS HE BORN?

Write down

Interviewer instruction: Use past tense in q. 5.61 – 5.63 if the respondent's father is dead.

5.61. LOOK AT THIS CARD AND TELL ME WHICH OF THE LISTED GROUPS YOUR FATHER AFFILIATES HIMSELF WITH?

SHOW CARD 1.10: Ethnic group

- | | |
|-----------------------------------|---|
| Bulgarian | 1 |
| Turkish | 2 |
| Roma | 3 |
| Other (<i>write down</i>) | 4 |

5.62. WHAT CITIZENSHIP DOES YOUR FATHER HAVE? (if he has double citizenship, indicate both)

First citizenship (*write down*).....

Second citizenship (*write down*).....

5.63. HAS HE HAD BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ continue with
5.64.

No – 2 ↓ continue 5.63.b.

**b. WHEN DID HE
RECEIVE HIS
BULGARIAN
CITIZENSHIP?**

year

--	--

↓ continue with 5.64.

My father doesn't have a
Bulgarian citizenship 3
→ continue 5.64.

5.64. IS YOUR BIOLOGICAL MOTHER ALIVE?

- | | | |
|------------------|---|-----------------|
| Yes, she's alive | 1 | → skip to 5.66. |
|------------------|---|-----------------|

- | | | |
|---|---|-----------------------|
| No, she's not alive | 2 | ↓ continue with 5.65. |
| I don't know for sure | 3 | → skip to 5.66. |
| I know nothing about my biological mother | 4 | → skip to 5.106. |

5.65. IN WHICH YEAR DID SHE DIE?

Year

5.66. IN WHICH YEAR WAS SHE BORN?

year

5.67. a. WAS YOUR MOTHER BORN IN BULGARIA?

yes – 1 skip to 5.68.

no – 2 continue with 5.67.b. ↓

5.67.b. IN WHICH COUNTRY WAS SHE BORN?

Write down:

Interviewer instruction: Use past tense in q. 5.68 – 5.70 if the respondent's mother is dead.

5.68. LOOK AT THIS CARD AND TELL ME WHICH OF THE LISTED GROUPS YOUR MOTHER AFFILIATES HERSELF WITH?

SHOW CARD 1.10: Ethnic group

- | | |
|--------------------------|---|
| Bulgarian | 1 |
| Turkish | 2 |
| Roma | 3 |
| Other (write down) | 4 |

5.69. WHAT CITIZENSHIP DOES YOUR MOTHER HAVE? (if she has double citizenship, indicate both)

First citizenship (write down)

Second citizenship (write down)

5.70. HAS SHE HAD BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ continue with 5.71.

No – 2 ↓ continue with 5.70.b.

My mother doesn't have a Bulgarian citizenship 3
→ continue with 5.71.

b. WHEN DID SHE RECEIVE HER BULGARIAN CITIZENSHIP?

year

↓ continue with 5.71.

5.71. HAVE YOUR BIOLOGICAL PARENTS EVER SEPARATED?

yes

1 ↓ continues with 5.72.

- no 2 → skip to 5.73.
 no, they never lived together 3 → skip to 5.73.
 I don't know anything about my biological parents 4 → skip to 5.106.

5.72. IN WHICH YEAR DID THIS HAPPEN? (If they have separated more than once, write down the year of their first separation.)

year

LIFE STATUS OF THE PARENTS

INSTRUCTIONS FOR INTERVIEWER: Check whether both biological parents are alive – see 5.57 and 5.64. If both parents are alive, are they separated? (q. 5.71.)
After that read the corresponding answer (according you) from the listed below and then encircle the digit after it if he confirms that it is true.

5.73. LET US SUM UP THE FACTS:

- Both your biological parents are alive and they have never separated 1 ↓ continue with 5.74
 Both your biological parents are alive but they are separated or never lived together 2 → skip to **5.75**
 Your biological father is alive and your biological mother is not (is probably not) 3 → skip to **5.75**
 Your biological mother is alive and your biological father is not (is probably not) 4 → skip to **5.81**
 None of your biological parents is not alive (probably not) 5 → skip to **5.106**.

The parents' life together

5.74. DO YOUR MOTHER AND FATHER LIVE TOGETHER?

- yes 1 → skip to **5.87**.
 no 2 continue with 5.75. ↓

The father, if the parents are not living together or the mother is not alive

5.75. WITH WHOM AND WHERE DOES YOUR FATHER LIVE AT PRESENT?

SHOW CARD 5.25: Life situation of the father

- Please indicate all the correct answers*
- | | |
|--------------------------------|----|
| alone | 01 |
| with spouse/partner | 02 |
| with a son | 03 |
| with a daughter | 04 |
| with relatives | 05 |
| with a friend | 06 |
| rents room in a boarding house | 07 |

in an old people's home	09
in a home with nursing service	10
in a temporary-staying house	11
in a home for people with mental disorders	12
in a home for people with disabilities	13

5.76. IS YOUR FATHER RESTRICTED IN HIS DAILY LIFE DUE TO PHYSICAL OR MENTAL HEALTH PROBLEMS OR INVALIDITY?

yes - 1 no - 2

5.77. HOW MUCH TIME DOES IT TAKE TO GO FROM YOUR HOME TO THE HOME WHERE YOUR FATHER IS LIVING AT PRESENT?

hours minutes

5.77.a. HOW MUCH ARE THE EXPENSES FOR THE WAY FROM YOUR HOME TO THE PLACE WHERE YOUR FATHER CURRENTLY LIVES?

..... lv.

0 – I haven't expenses for way

5.78. HOW OFTEN DO YOU SEE YOUR FATHER? (encircle the corresponding letter)

..... times W M Y
(weekly) (monthly) (yearly)

0 -never

5.79. HOW SATISFIED ARE YOU BY YOUR RELATIONSHIP WITH YOUR FATHER? MAKE AN ASSESSMENT USING THE SCALE ON THIS CARD.

SHOW CARD 1.45: Scale of satisfaction

Evaluation.....

5.80. DO YOU INTEND TO START LIVING WITH YOUR FATHER IN THE NEXT THREE YEARS?

Definitely not	1
Probably not	2
Probably yes	3
Definitely yes	4

The mother, if the parents are not living together or the father is not alive

INSTRUCTIONS FOR THE INTERVIEWER: *Is the respondent's mother alive?*

(See 5.64.)

yes – 1 continue ↓ – No – 2 skip to 5.106

5.81. WITH WHOM AND WHERE DOES YOUR MOTHER LIVE AT PRESENT?

SHOW CARD 5.25: Life situation of the mother

Please indicate all the correct answers

alone	01
with spouse/partner	02
with a son	03
with a daughter	04
with relatives	05
with a friend	06
rents room in a boarding house	07
in an old people's home	09
in a home with nursing service	10
in a temporary-staying house	11
in a home for people with mental disorders	12
in a home for people with disabilities	13

5.82. IS YOUR MOTHER RESTRICTED IN HIS DAILY LIFE DUE TO PHYSICAL OR MENTAL HEALTH PROBLEMS OR INVALIDITY?

yes - 1 no - 2

5.83. HOW MUCH TIME DOES IT TAKE TO GO FROM YOUR HOME TO THE HOME WHERE YOUR MOTHER IS LIVING AT PRESENT?

hours minutes

5.83.a. HOW MUCH ARE THE EXPENSES FOR THE WAY FROM YOUR HOME TO THE PLACE WHERE THE CHILD (name) CURRENTLY LIVES?

..... lv.

0 – I haven't expenses for way

5.84 HOW OFTEN DO YOU SEE YOUR MOTHER? (encircle the corresponding letter)

..... times W M Y
(weekly) (monthly) (yearly)

0 - never

5.85. HOW SATISFIED ARE YOU BY YOUR RELATIONSHIP WITH YOUR MOTHER? MAKE AN ASSESSMENT USING THE SCALE ON THIS CARD.

SHOW CARD 1.45: Scale of satisfaction

Evaluation..... ..

5.86. DO YOU INTEND TO START LIVING WITH YOUR MOTHER IN THE NEXT THREE YEARS?

Definitely not	1
Probably not	2
Probably yes	3
Definitely yes	4

ПРЕМИИ НА 5.106.

Both parents, if they live together

5.87. WITH WHOM AND WHERE DO YOUR PARENTS LIVE AT PRESENT?

SHOW CARD 5.87: Life situation of the parents

Please indicate all the correct answers

The two live together	01
With a son	02
With a daughter	03
With a relatives	04
With a friend	05
Rent room in a boarding house	06
In an old people's home	08
In a home with nursing services	09
In a temporary-staying house	10
In a home for people with mental disorders	11
In a home for people with disabilities	12

5.88. IS YOUR FATHER RESTRICTED IN HIS DAILY LIFE DUE TO PHYSICAL OR MENTAL HEALTH PROBLEMS OR INVALIDITY?

yes - 1 no - 2

5.89. IS YOUR MOTHER RESTRICTED IN HIS DAILY LIFE DUE TO PHYSICAL OR MENTAL HEALTH PROBLEMS OR INVALIDITY?

yes - 1 no - 2

5.90. HOW MUCH TIME DOES IT TAKE TO GO FROM YOUR HOME TO THE HOME WHERE YOUR PARENTS ARE LIVING AT PRESENT?

hours minutes

5.90.a. HOW MUCH ARE THE EXPENSES FOR THE WAY FROM YOUR HOME TO THE PLACE WHERE YOUR PARENTS CURRENTLY LIVES?

..... lv.

0 – I haven't expenses for way

5.91. HOW OFTEN DO YOU SEE YOUR FATHER? (encircle the corresponding letter)

..... times W M Y
(weekly) (monthly) (yearly)

0 - never

5.92. HOW OFTEN DO YOU SEE YOUR MOTHER? (encircle the corresponding letter)

..... times W M Y
(weekly) (monthly) (yearly)

0 - never

5.93. HOW SATISFIED ARE YOU BY YOUR RELATIONSHIP WITH YOUR FATHER? MAKE AN ASSESSMENT USING THE SCALE ON THIS CARD.

SHOW CARD 1.45: Scale of satisfaction

Assessment.....

5.94. HOW SATISFIED ARE YOU BY YOUR RELATIONSHIP WITH YOUR MOTHER? MAKE AN ASSESSMENT USING THE SCALE ON THIS CARD.

SHOW CARD 1.45: Scale of satisfaction

Assessment.....

5.95. DO YOU INTEND TO START LIVING WITH YOUR PARENTS IN THE NEXT THREE YEARS?

- | | |
|----------------|---|
| Definitely not | 1 |
| Probably not | 2 |
| Probably yes | 3 |
| Definitely yes | 4 |

GO ON TO 5.106.

Questions for those living with both their biological parents

5.96. a. WAS YOUR FATHER BORN IN BULGARIA?

yes - 1 → skip to 5.97.

no – 2 continue with 5.96.b. ↓

5.96.b. IN WHICH COUNTRY WAS HE BORN?

Write down

5.97. LOOK AT THIS CARD AND TELL ME WHICH OF THE LISTED GROUPS YOUR FATHER AFFILIATES HIMSELF WITH?

SHOW CARD 1.10: Ethnic group

- | | |
|-----------------------------------|---|
| Bulgarian | 1 |
| Turkish | 2 |
| Roma | 3 |
| Other (<i>write down</i>) | 4 |

5.98. WHAT CITIZENSHIP DOES YOUR FATHER HAVE AT PRESENT? (if he has double citizenship, indicate both)

First citizenship (*write down*).....

Second citizenship (*write down*).....

5.99. HAS HE HAD BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ continue with
5.100.

No – 2 ↓ continue with
5.99.b.

b. WHEN DID HE

My father doesn't have a
Bulgarian citizenship 3
→ continue with 5.100.

**RECEIVE HIS
BULGARIAN
CITIZENSHIP?**

year

↓ continue with 5.100.

5.100.a. WAS YOUR MOTHER BORN IN BULGARIA?

yes – 1 **skip to 5.101.** no – 2 continue with 5.100.b. ↓

5.100.b. IN WHICH COUNTRY WAS SHE BORN?

Write down

5.101. LOOK AT THIS CARD AND TELL ME WHICH OF THE LISTED GROUPS YOUR MOTHER AFFILIATES HERSELF WITH?

SHOW CARD 1.10: Ethnic group

Bulgarian	1
Turkish	2
Roma	3
Other (write down)	4

5.102. WHAT CITIZENSHIP DOES YOUR MOTHER HAVE AT PRESENT? (if she has double citizenship, indicate both)

First citizenship (write down)

Second citizenship (write down)

5.103. HAS SHE HAD BULGARIAN CITIZENSHIP SINCE BIRTH?

Yes – 1
→ continue with
5.104.

No – 2 ↓ continue with
5.103.b.

My mother doesn't have a
Bulgarian citizenship 3
→ continue with 5.104.

**b. WHEN DID SHE
RECEIVE HER
BULGARIAN
CITIZENSHIP?**

year

↓ continue with 5.104.

5.104. HAVE YOUR BIOLOGICAL PARENTS EVER SEPARATED?

yes 1 ↓ continue with 5.105.

no 2 → **skip to 5.106.**

5.105. IN WHICH YEAR DID THIS HAPPEN? (If they have separated more than once, write down the year of their first separation.)

Year

Brothers, sisters, grandparents

5.106.a. HOW MANY BROTHERS AND SISTERS HAVE YOU EVER HAD?

brothers sisters

b. HOW MANY OF YOUR BROTHERS AND SISTERS ARE ALIVE?

brothers sisters

5.107. HOW MANY OF YOUR GRANDFATHERS AND GRANDMOTHERS ARE ALIVE?

Parents' home during childhood

5.108. WHERE DID YOU LIVE DURING THE GREATER PART OF YOUR CHILDHOOD BEFORE THE AGE OF 15?

In Bulgaria in city 1
In Bulgaria in village 2
Abroad (*write down the name of country*)... 3

5.109. DID YOU LIVE WITH BOTH YOUR BIOLOGICAL PARENTS DURING THE GREATER PART OF YOUR CHILDHOOD BEFORE YOU REACHED THE AGE OF 15?

Yes 1 **skip to 5.111**
no 2 continue with 5.110 ↓

5.110. WITH WHOM DID YOU LIVE DURING THE GREATER PART OF YOUR CHILDHOOD BEFORE YOU REACHED THE AGE OF 15?

PLEASE CHOOSE YOUR ANSWER FROM THIS CARD

SHOW CARD 5.110: Family in childhood			
Only with the biological mother	01	→	skip to 5.114.
Only with the biological father	02	→	skip to 5.112.
With the biological mother and someone else but not the biological father	03	→	continue with the text before 5.111.
With the biological father and someone else but not the biological mother	04	→	continue with the text before 5.111.
With grandparents	05	→	continue with Directions before 5.116
With other relatives	06		continue with text before 5.116.
With the parents who adopted me	07	→	continue with text before 5.111.
With my parents, who raised me, without adopting me legally	08	→	continue with text before 5.111.
In a boarding school	09	→	continue with Directions before 5.116.
In an orphanage	10	→	Continue with Directions before 5.116.
In a specialized home for youths	11	→	Continue with Directions before 5.116.
Other (<i>write down</i>).....	12	→	Continue with Directions before 5.116.

INSTRUCTIONS FOR INTERVIEWER: *When you ask the following question, in each concrete case use the answers given by the respondent to question 5.110.*

**NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT
(SEE CODE FOR Q.5.110), WITH WHOM YOU LIVED DURING THE
 GREATER PART OF YOUR CHILDHOOD BEFORE YOU WERE 15.**

**5.111. WHAT WERE THE RELATIONS BETWEEN YOUR PARENTS WHEN YOU
 WERE 15 YEARS OLD? HOW WOULD YOU ASSESS THESE RELATIONS
 MOST GENERALLY ON THE SCALE FROM 0 TO 10, WHERE 0 IS “VERY
 BAD” AND 10 IS “EXTREMELY GOOD”?**

Assessment.....

Doesn't know 97

Not relevant 99

**5.112. WHAT WAS YOUR FATHER'S PROFESSION WHEN YOU WERE 15
 YEARS OLD?**

profession

doesn't know 97

not relevant 99

**5.113.WHAT IS THE HIGHEST COMPLETED LEVEL OF EDUCATION THAT
 YOUR FATHER HAS?**

SHOW CARD 1.48: Completed educational level.

Phd	1
Higher (only University)	2
Higher (college)	3
Secondary (incl. professional after secondary)	4
Secondary (all kind)	5
Primary	6
Elementary	7
Incomplete elementary	8
Has not studied in school (incl. illiterate)	9

doesn't know 97

not relevant 99

**5.114. WHAT WAS YOUR MOTHER'S PROFESSION WHEN YOU WERE 15
 YEARS OLD?**

profession

knows nothing about his mother 96 **skip to instruction before 5.116**

doesn't know 97

not relevant 99

5.115. WHAT IS THE HIGHEST COMPLETED LEVEL OF EDUCATION THAT YOUR MOTHER HAS?

SHOW CARD 1.48: Completed educational level.

Phd	1
Higher (only University)	2
Higher (college)	3
Secondary (incl. professional after secondary)	4
Secondary (all kind)	5
Primary	6
Elementary	7
Incomplete elementary	8
Has not studied in school (incl. illiterate)	9

doesn't know 97

not relevant 99

Instructions for interviewer: Does the respondent now live with at least one of his parents? See code 7 and 8 in "Household network"

yes – 1 skip to 5.117. no – 2 continue with 5.116 ↓

5.116. WHEN DID YOU FIRST BEGIN LIVING APART FROM YOUR PARENTS FOR MORE THAN THREE MONTHS?

Month year

GO ON TO DIRECTIONS FOR INTERVIEWER BEFORE 6.01.

5.117. a HAVE YOU LIVED SEPARATELY FROM YOUR PARENTS FOR AT LEAST THREE MONTHS?

1 – yes ↓

2 – no – skip to 5.118

b. IN WHICH MONTH AND YEAR DID THIS FIRST HAPPEN?

Month year

Expectations for life apart from the parents

5.118. DO YOU INTEND TO BEGIN LIVING APART FROM YOUR PARENTS IN THE NEXT THREE YEARS?

Definitely no	1
Probably no	2
Probably yes	3
Definitely yes	4

5.119. IMAGINE THAT IN THE NEXT THREE YEARS YOU START LIVING APART FROM YOUR PARENTS. TELL ME HOW THAT WOULD AFFECT VARIOUS ASPECTS OF YOUR LIFE. PLEASE CHOOSE AN ANSWER FROM THIS CARD.

SHOW CARD 3.28: Better or worse

If you begin life apart from your parents, would this in a better or worse way	Much better	Better	Neither better nor worse	Worse	Much worse
a. The possibility to do what you want	1	2	3	4	5
b. Your possibility for employment	1	2	3	4	5
c. Your financial situation	1	2	3	4	5
d. Your sexual life	1	2	3	4	5
e. What other people think about you	1	2	3	4	5
f. Your joy and satisfaction in life	1	2	3	4	5

5.120. TO WHAT EXTENT WILL YOUR DECISION TO BEGIN OR NOT TO BEGIN LIVING APART FROM YOUR PARENTS IN THE NEXT THREE YEARS DEPEND ON THE CIRCUMSTANCES LISTED BELOW? PLEASE CHOOSE YOUR ANSWER FROM THIS CARD.

SHOW CARD 3.29: To what extent does your decision depend on ...?

	Will not depend at all	Will depend a little	Will depend greatly	Will entirely depend	Not relevant
a. Your financial situation	1	2	3	4	99
b. Your work	1	2	3	4	99
c. Your housing conditions	1	2	3	4	99
d. The condition of your health	1	2	3	4	99
e. The health of your parents	1	2	3	4	99
f. Availability of spouse/partner	1	2	3	4	99

INSTRUCTIONS FOR INTERVIEWER: Does the respondent live with a partner or not (See "Household network") and 3.10
yes – 1 continue ↓ no – 2 skip to 5.122

5.121. DOES YOUR SPOUSE/PARTNER THINK YOU SHOULD START LIVING APART FROM YOUR PARENTS?

yes 1
no 2
partner is not sure 3
respondent doesn't know 4

5.122. ALTHOUGH YOU FEEL THE DECISION TO START LIVING APART FROM YOU PARENTS IS YOUR OWN, PROBABLY SOME OTHER PEOPLE HAVE AN OPINION ABOUT WHAT YOU SHOULD DO. I WILL READ YOU A LIST OF STATEMENTS ABOUT WHAT OTHERS MIGHT THINK OF YOUR STARTING TO LIVE APART FROM YOUR PARENTS IN THE NEXT THREE YEARS. PLEASE TELL ME TO WHAT EXTENT YOU AGREE OR DISAGREE WITH THESE OPINIONS, IN CHOOSING YOUR ANSWER FROM THIS CARD.

SHOW CARD 3.31: Scale of agreement

	Agrees entirely	Agrees	Neither agrees nor disagrees	Disagrees	Entirely disagrees	Not relevant
a. Most of your friends think it is time for you to begin living apart from your parents.	1	2	3	4	5	99
b. Your parents think it is time for you to start living apart from your parents.	1	2	3	4	5	99
c. Most of your relatives think it is time for you to begin living apart from your parents.	1	2	3	4	5	99
d. Your children think you should start living apart from your parents.	1	2	3	4	5	99

6. BIRTHRATE

***Note.** The scheme below is meant for filtering out questions concerning the present pregnancy and the fertility of female respondents aged 50 or more and questions to male respondents whose partners are aged 50 or more, as well as respondents who have never had sexual relationships with persons of the opposite sex.*

DIRECTIONS FOR INTERVIEWER: The present partner is of the same sex → skip to 6.31

DIRECTIONS FOR INTERVIEWER: Check for the respondent's age in "Household network".

The respondent is a woman aged 50 or more
↓

The respondent is a woman under 50.
↓

The respondent is a man
↓

Skip to q. 6.31

<p><i>Does the respondent now have or has she ever had a spouse/partner with whom she has lived together? Check in “Household network” and 3.33.</i></p>		<p><i>Does the respondent have a spouse/partner aged over 50 with whom he is living together at present (Check in “Household network”) or is not living together (see q. 3.15) ?</i></p>	
<p><i>Yes → skip to 6.02</i></p>	<p><i>No</i> ↓ <i>Show card 6.01f and continue</i></p>	<p><i>He does → go to 6.31</i></p>	<p><i>He doesn't</i> ↓ <i>Has the respondent ever had a spouse/partner with whom he has lived together? Check in “Household network” and 3.33.)</i></p>
		<p><i>Yes → skip to q. 6.02</i></p>	<p><i>No</i> ↓ <i>Show card 6.01m and continue</i></p>

6.01 PLEASE ANSWER “YES” OR “NO” TO THE QUESTIONS IN THIS CARD.

DIRECTIONS FOR INTERVIEWER: *Show card 6.01f only to women and card 6.01m only to men*

Commentary: *In card 6.01f the question is: “Have you ever had sexual contacts with a male?” In card 6.01m the question is “Have you ever had sexual contact with a woman?” In both cards the answers are 1 – Yes, 2 – No. If the answer is:*

Yes – 1 *continue with 6.02*

No - 2 *→ skip to 6.22*

Present pregnancy

Question for women	→ 6.02	I WOULD LIKE TO GO ON TO SOME QUESTIONS CONCERNING PREGNANCY AND CHILDBIRTH. ARE YOU PREGNANT AT PRESENT?
Question for men having a spouse/partner, regardless of whether they live with her or not (See “Household network” and see q. 3.10)	→ 6.02	I WOULD LIKE TO GO ON TO SOME QUESTIONS CONCERNING PREGNANCY AND CHILDBIRTH. IS YOUR SPOUSE/PARTNER PREGNANT AT PRESENT?
Question for men without a spouse/partner	→ 6.02	I WOULD LIKE TO GO ON TO SOME QUESTIONS CONCERNING PREGNANCY AND CHILDBIRTH. DO YOU KNOW WHETHER ANY WOMAN IS PREGNANT BY YOU AT PRESENT?

INSTRUCTIONS FOR INTERVIEWER:

If the answer “yes” comes from a man without a partner, use “she” instead of “spouse/partner” when asking questions referring to current pregnancy.

Yes	1 ↓	continue with 6.03
No	2 →	skip to 6.11
Maybe, I don’t exactly know	3 →	skip to 6.11

6.03 WHEN DO YOU EXPECT THE CHILD TO BE BORN?

month year

6.04 JUST BEFORE THE START OF PREGNANCY, DID YOU PERSONALLY WANT TO HAVE A CHILD/ANOTHER CHILD AT SOME TIME?

Yes	1 ↓	continue with 6.05
No	2 →	skip to 6.06
I’m not sure (I can’t say precisely)	3 ↓	continue with 6.05

6.05. DID THIS PREGNANCY BEGIN EARLIER THAN YOU WISHED, LATER THAN YOU WISHED, OR ABOUT THE TIME YOU WISHED?

Earlier	1
Later	2
Approximately at the time I wished	3

6.06. SPOUSES/PARTNERS ARE NOT ALWAYS OF THE SAME MIND ABOUT THE NUMBER OF CHILDREN AND THE TIME FOR HAVING THEM. JUST BEFORE THE START OF THIS PREGNANCY, DID YOUR SPOUSE/PARTNER WANT TO HAVE A CHILD/ANOTHER CHILD?

Yes	1
No	2
Spouse/partner couldn’t exactly say	3
Respondent doesn’t know	4

DIRECTIONS FOR INTERVIEWER: See answers to q 6.04 and 6.06.

If the answers to the two questions – 6.04 and 6.06 are “2 – No” → skip to 6.09

For any other combination of answers
↓

→ continue with 6.07

6.07. DID YOU OR YOUR SPOUSE/PARTNER DO ANY OF THE THINGS LISTED ON THIS CARD IN ORDER FOR YOU (HER) TO GET PREGNANT? TELL ME ALL THE MEANS YOU HAVE USED.

SHOW CARD 6.07: Treatment in order to get pregnant

Taking medication	1	→ continue with 6.08
Methods for ascertaining ovulation time	2	
Insemination in vitro (test-tube baby)	3	
Surgery	4	
Artificial insemination	5	
Other medical treatment	6	
0. We have not used any of the means listed on the card		→ skip to 6.09

6.08. WHEN DID YOU FIRST START DOING SOMETHING THAT WOULD ENABLE YOU (YOUR SPOUSE/PARTNER) TO GET PREGNANT?
month year

Skip to 6.30

6.09. HAVE YOU OR YOUR SPOUSE/PARTNER EVER USED ANY OF THE METHODS AND MEANS LISTED BELOW IN ORDER TO PREVENT PREGNANCY? PLEASE INDICATE ALL THE METHODS AND MEANS YOU HAVE USED.

SHOW CARD 6.09: Contraception

Condom	01	→ skip to 6.30
Pills against pregnancy	02	
Intra-uterine device	03	
Diaphragm	04	
Lotion, gel	05	
Injections of medication	06	
Implanted medication	07	
Persona	08	
Emergency hormone medication after the sexual act (pills next morning)	09	
Interrupted coitus	10	
The calendar method (fertile and infertile days)	11	
Don't use any of the items on the card	0	→ continue with 6.10

6.10. WHEN WAS THE LAST TIME YOU USED ANY METHOD OR MEANS FOR PREVENTING PREGNANCY?

month |__|__|

year |__|__|

Skip to 6.30

Fecundity

6.11. DO YOU PERSONALLY WANT TO HAVE A CHILD (ANOTHER CHILD) NOW?

Yes	1
No	2
Not sure	3

6.12. SOME PEOPLE ARE NOT PHYSICALLY CAPABLE OF HAVING CHILDREN. AS FAR AS YOU KNOW, ARE YOU CAPABLE OF THIS?

Definitely not	1	→	continue with 6.13
Probably not	2	→	continue with 6.13
Probably yes	3	→	skip to Directions for Interviewer before 6.15
Definitely yes	4	→	skip to Directions for Interviewer before 6.15
Don't know	97	→	skip to Directions for Interviewer before 6.15

6.13. a. HAVE YOU BEEN STERILIZED OR UNDERGONE ANY OTHER SURGERY THAT MAKES IT IMPOSSIBLE TO HAVE A CHILD (MORE CHILDREN)?

Yes	1	continue ↓	No	2	→ skip to 6.14
-----	---	------------	----	---	----------------

b. WHEN DID THIS HAPPEN?

month |__|__| year |__|__|

Skip to Directions for Interviewer before 6.15

6.14. WHEN DID YOU FIND OUT YOU (PROBABLY) COULDN'T HAVE A CHILD (MORE CHILDREN)?

month |__|__| year |__|__|

97 – I don't know, can't answer

DIRECTIONS FOR INTERVIEWER: Does the respondent have a spouse/partner with whom he/she is living at present? (See "Household network") or with whom he/she is not living together (See 3.10)

Does - 1 **continue** ↓ Doesn't - 2 **→ skip to**

6.22

6.15. SPOUSES/PARTNERS ARE NOT ALWAYS OF THE SAME OPINION ABOUT THE NUMBER OF CHILDREN AND THE TIME FOR HAVING CHILDREN. DOES YOUR SPOUSE/PARTNER WANT YOU TO HAVE A CHILD (ANOTHER CHILD) NOW?

Yes	1
No	2
Partner is not sure	3
The respondent doesn't know	97

6.16. DO YOU THINK YOUR SPOUSE/PARTNER HAD THE PHYSICAL CAPACITY OF HAVING A CHILD IF HE WANTS TO?

- Definitely not 1 → continue with 6.17
 Probably not 2 → continue with 6.17
 Probably yes 3 → **skip to 6.18**
 Definitely yes 4 → **skip to 6.18**
 Don't know 97 → **премини на 6.18**

6.17.a. HAS YOUR SPOUSE/PARTNER BEEN STERILIZED OR UNDERGONE ANY SURGERY THAT MAKES IT IMPOSSIBLE FOR HIM/HER TO HAVE A CHILD (MORE CHILDREN)?

- Yes 1 ↓ No 2 → **skip to 6.18**

b. WHEN WAS THIS OPERATION MADE?

month year

6.18. DO YOU OR YOUR SPOUSE/PARTNER DO ANY OF THE THINGS LISTED ON THIS CARD IN ORDER FOR YOU (HER) TO GET PREGNANT? TELL ME ALL THE MEANS YOU HAVE USED.

SHOW CARD 6.07: Treatment for pregnancy

Taking medication	1	
Methods for ascertaining ovulation time	2	
Insemination in vitro (test-tube baby)	3	
Surgery	4	→ continue with 6.19
Artificial insemination	5	
Other medical treatment	6	
We have not used any of the means listed	0	→ skip to Directions for Interviewer before 6.20

6.19. WHEN DID YOU FIRST START DOING SOMETHING IN ORDER FOR YOU (YOU SPOUSE/PARTNER) TO GET PREGNANT?

month year

Skip to 6.22

DIRECTIONS FOR INTERVIEWER: See answers to q. 6.12 and 6.16. If the answers to both questions – 6.12 and 6.16, is “1 – Definitely not” → skip to 6.23 If another answer is indicated → continue with 6.20 ↓

6.20. HAVE YOU OR YOUR SPOUSE/PARTNER EVER USED ANY OF THE METHODS AND MEANS LISTED BELOW IN ORDER TO PREVENT PREGNANCY? PLEASE INDICATE ALL THE METHODS AND MEANS YOU HAVE USED.

SHOW CARD 6.09: Contraception

Condom	01	
Pills against pregnancy	02	
IUD	03	
Diaphragm	04	
Lotion, gel	05	
Injections of medication	06	→ skip to 6.22
Implanted medication	07	

Persona	08	
Emergency hormone medication after the sexual act (pills next morning)	09	
Interrupted coitus	10	
The calendar method (fertile and infertile days)	11	
We use none of the means listed	0	→ continue with 6.21

6.21. WHEN WAS THE LAST TIME (MONTH, YEAR) YOU USED ANY OF THE METHODS OR MEANS FOR PREVENTING PREGNANCY?

month |__|__| year |__|__|

Expectations about childbirth

6.22. DO YOU INTEND TO HAVE A CHILD/MORE CHILDREN IN THE NEXT THREE YEARS?

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

6.23. IN THE NEXT THREE YEARS DO YOU INTEND TO ADOPT A CHILD OR TO FILE A REQUEST FOR ADOPTION OR TO TAKE A FOSTER CHILD?

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

DIRECTIONS FOR INTERVIEWER: See answers to 6.22 and 6.23

If the answers to both questions are answer 3 or 4 → skip to 6.25

If not → continue ↓

6.24. IMAGINE THAT IN THE NEXT THREE YEARS YOU DO NOT HAVE A CHILD/ANOTHER CHILD. DO YOU AT ALL INTEND TO HAVE CHILDREN (MORE CHILDREN) IN THE FUTURE?

Definitely not 1 → skip to 6.27
Probably not 2 → skip to 6.27
Probably yes 3 → continue with 6.25
Definitely yes 4 → continue with 6.25

6.25. WHAT WOULD YOU PREFER YOUR FIRST CHILD TO BE (NEXT CHILD) – A BOY OR A GIRL?

Boy 1
Girl 2
It doesn't matter 3

6.26. HOW MANY CHILDREN DO YOU INTEND TO HAVE IN ADDITION TO THOSE YOU ALREADY HAVE? IF YOU DON'T HAVE ANY, HOW MANY YOU INTEND TO HAVE IN ALL?

_____ children

6.27. IMAGINE THAT IN THE NEXT THREE YEARS YOU HAVE A CHILD (MORE CHILDREN). HOW DO YOU THINK THIS WOULD AFFECT VARIOUS ASPECTS OF YOUR LIFE? PLEASE PICK AN ANSWER FROM THIS CARD.

SHOW CARD 3.28: Better or worse

	If in the next three years you had a child (other	Much	Better	Neither	Worse	Much	Not
--	---	------	--------	---------	-------	------	-----

	children), do you think this would eject in a better or worse way :	better		better nor worse		worse	relevant
a.	The possibility of doing what you want	1	2	3	4	5	99
b.	Your opportunities for getting paid work	1	2	3	4	5	99
c.	Your financial situation	1	2	3	4	5	99
d.	Your sexual life	1	2	3	4	5	99
e.	What other people think about you	1	2	3	4	5	99
f.	Your joy and satisfaction in life	1	2	3	4	5	99
g.	The closeness between you and your spouse/partner	1	2	3	4	5	99
h.	Your spouse's/partner's opportunities for paid work	1	2	3	4	5	99
i.	The care and security you will get when you are old	1	2	3	4	5	99
j.	Your feeling of confidence in life	1	2	3	4	5	99
k.	The closeness between you and your parents	1	2	3	4	5	99

6.28. TO WHAT EXTENT DOES THE DECISION TO HAVE OR NOT TO HAVE A CHILD (ANOTHER CHILD) IN THE NEXT THREE YEARS DEPEND ON THE FOLLOWING?

SHOW CARD 3.29: To what extent does your decision depend on... ?

		Will not at all	Will depend a little	Will depend greatly	Will entirely depend	Not relevant
a.	Your financial situation	1	2	3	4	99
b.	Your work	1	2	3	4	99
c.	Your housing conditions	1	2	3	4	99
d.	Your health	1	2	3	4	99
e.	The presence of an appropriate spouse/partner	1	2	3	4	99
f.	Your spouse's/partner's work	1	2	3	4	99
g.	Your spouse's/partner's health	1	2	3	4	99
h.	The possibility of childcare	1	2	3	4	99
i.	The possibility of obtaining maternity leave or leave for raising the child	1	2	3	4	99

6.29. ALTHOUGH YOU FEEL THE DECISION TO HAVE A CHILD (MORE CHILDREN) IS YOURS AND YOUR SPOUSE'S/HUSBAND'S, PROBABLY SOME OTHER PEOPLE HAVE AN OPINION ABOUT WHAT YOU SHOULD DO. I WILL READ OUT SOME OPINIONS ON WHAT OTHER PEOPLE MIGHT THINK ABOUT WHETHER YOU SHOULD HAVE A CHILD (MORE CHILDREN) IN THE NEXT THREE YEARS. PLEASE TELL ME HOW MUCH YOU AGREE OR DISAGREE WITH THESE OPINIONS, CHOOSING AN ANSWER FROM THIS CARD.

SHOW CARD 3.31. Scale of agreement

		Entirely agree	Agree	Neither agree nor	Disagree	Entirely disagree	Not relevant
--	--	-------------------	-------	-------------------------	----------	----------------------	-----------------

b. SINCE WHEN HAVE YOU HAD THESE RESTRICTIONS?

Less than 6 months	1
Over 6 months up to 1 year	2
Over 1 year up to 5 years	3
Over 5 years up to 10 years	4
Over 10 years	5

Personal care

4.04. ARE YOU IN NEED OF REGULAR HELP FROM OTHER PEOPLE FOR EATING, GETTING UP, DRESSING, BATHING OR USING THE TOILET?

Yes 1 ↓ No 2 → skip to 7.10

4.05. IN THE LAST 12 MONTHS HAVE YOU REGULARLY RECEIVED HELP OR PERSONAL CARE FROM PROFESSIONALLY RESPONSIBLE PERSONS WORKING IN THE PUBLIC SECTOR OR IN PRIVATE ORGANIZATIONS?

(The combination of the two answers - 1 and 2, is admissible)

Yes, from the public sector	1
Yes, from private organizations	2
Yes, but I don't know what organization	3
No	4

7.06. IN THE LAST 12 MONTHS HAVE YOU RECEIVED HELP FROM OTHER PERSONS, FOR WHOM SUCH CARE IS NOT PAID WORK? (WRITE THE CORRESPONDING CODES IN THE CELLS)

Yes 1 ↓ continue with 7.07

No 2 → skip to 7.10

			Persons who have helped the respondent				
			1	2	3	4	5
7.07.	From whom have you received help? <i>Indicate up to 5 persons. Encode them using the list of persons and organizations. Ask questions 7.08. and 7.09. for all persons, mentioned.</i>	Card of persons and organizations					
7.08.	At that time was this person living in your household?	Yes 1 No 2					
7.09.	Did you pay for the help (you, your spouse/partner, your parents)?	Yes 1 No 2					

5. IN THE LAST 12 MONTHS HAVE YOU PROVIDED REGULAR HELP AND PERSONAL CARE FOR FEEDING, GETTING UP, DRESSING, BATHING OR USING THE TOILET? CARE FOR SMALL CHILDREN IS NOT INCLUDED IN THIS CASE.

The help in question is only the kind that is not a professional obligation (work) of the respondent.

Yes 1 ↓ continue with 7.11

No 2 → skip to 7.13

			Persons who have received help from the respondent				
			1	2	3	4	5
7.11.	Whom did you help? <i>Indicate up to 5 persons. Encode them according to the Card of persons and organizations. Ask question 7.12. for all persons, mentioned.</i>	Card of persons and organizations					
7.12.	Did you and that person live in the same household at that time?	Yes 1 No 2					

Emotional support

7.13. IN THE LAST 12 MONTHS HAVE YOU SPOKEN TO ANYONE ABOUT YOUR PERSONAL EXPERIENCES AND FEELINGS?

Yes 1 ↓ continue with 7.14

No 2 → skip to 7.16

			Persons to whom the respondent has spoken				
			1	2	3	4	5
7.14.	Whom have you spoken to? <i>Indicate up to 5 persons. Encode them using the card of persons and organizations. Ask question 7.15. for all persons, mentioned.</i>	Card of persons and organizations					
7.15.	Did you live with that person in the same household at that time?	Yes 1 No 2					

7.16. IN THE LAST 12 MONTHS HAS ANYONE SPOKEN TO YOU ABOUT HIS/HER PERSONAL EXPERIENCES AND FEELINGS?

If the respondent's professional work involves listening to people about their problems, enquire only about such conversations that took place apart from such professional activity.

Yes 1 ↓ continue with 7.17

No 2 → skip to 7.19

			Persons with whom the respondent has spoken				
			1	2	3	4	5
7.17.	Whom have you spoken to? <i>Indicate up to 5 persons. Encode them using the card of persons and organizations. Ask question 7.18. for all persons mentioned.</i>	Card of persons and organizations					
7.18.	Did you live with that person in the same household at that time?	Yes 1 No 2					

Control

7.19. TO WHAT EXTENT DO YOU FEEL YOU WILL BE ABLE TO CONTROL THE FOLLOWING ASPECTS OF YOUR LIFE IN THE NEXT THREE YEARS?

IIIYOY KAPTA 7.19.: To what extent do you feel you will be able to control?

		Not at all	Will be able to a small degree	Will be able to a great degree	Will completely be able	Not relevant
a.	Your financial situation	1	2	3	4	99
b.	Your work	1	2	3	4	99
c.	Your housing conditions	1	2	3	4	99
d.	Your health	1	2	3	4	99
e.	Your family life	1	2	3	4	99

Closeness and support from friends

7.20. I WILL READ YOU SIX STATEMENTS CONCERNING YOUR PERSONAL EXPERIENCE. TELL ME TO WHAT EXTENT EACH OF THEM APPLIES TO YOU?

SHOW CARD 7.20.:

		Yes	More or less	No
a.	There are many people whom I can depend on in case of trouble (on whom I can rely in difficult situations)	1	2	3
b.	I have a strong feeling of emptiness	1	2	3
c.	I miss the company of people	1	2	3
d.	There are many people on whom I can fully	1	2	3

	rely			
e.	I often feel rejected (lonely)	1	2	3
f.	There are many people whom I feel close with	1	2	3

7.21. HOW OFTEN IN THE PAST WEEK HAVE YOU EXPERIENCED THE FOLLOWING THINGS?

SHOW CARD 7.21.:

	In the past week	Rarely or never	Occasionally	Often	Nearly all the time
a.	I felt I couldn't escape my problems and my bad mood, not even with the help of my friends	1	2	3	4
b.	I felt depressed	1	2	3	4
c.	I thought my life was a complete failure	1	2	3	4
d.	I felt threatened	1	2	3	4
e.	I felt lonely	1	2	3	4
f.	I felt like crying all the time	1	2	3	4
g.	I felt sad	1	2	3	4

8. WORK ACTIVITY AND INCOME

Commentary: In this part the separate sections are addressed to respondents with different work status.

8.01 NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR PRESENT WORK AND DAILY ACTIVITY. AT THE START OF OUR CONVERSATION YOU TOLD ME THAT:
(see answers to q. 1.13)

INSTRUCTION FOR INTERVIEWER: See answer to 1.13, encircle the code below and go on with the interview accordingly

Hired or self-employed
Non-paid family worker in business or farm
Unemployed
Student, pupil (incl. professional training)
Pensioner

01 .→ go on to the text before q. 8.32
02 .→ go on to the text before q. 8.32
03 .→ go on to the text before q. 8.08
04 .→ skip to q. 8.12
05 .→ skip to q. 8.16

On leave for pregnancy and childbirth or childcare leave	06 .→ <i>go on to q. 8.02</i>
Chronically ill or permanently disabled	07 .→ <i>go on to q. 8.20</i>
Housewife	08 .→ <i>skip to q. 8.22</i>
Soldier (incl. alternative military service)	09 .→ <i>skip to q. 8.26</i>
Other (write down).....	10 .→ <i>skip to q. 8.31</i>

QUESTIONS TO RESPONDENTS ON LEAVE FOR PREGNANCY AND CHILDBIRTH OR CHILDCARE LEAVE

8.02 ON WHAT LEAVE ARE YOU?

On leave for pregnancy and childbirth	1
On paid leave for childcare of child up to the age of 2	2
On unpaid leave for childcare of child between the age of 2 or 3	3

8.03 WHEN DID THIS LEAVE BEGIN?

month |__|__| year |__|__|

8.04 TO WHAT EXTENT ARE YOU SATISFIED WITH BEING ON LEAVE FOR PREGNANCY AND CHILDBIRTH OR ON CHILDCARE LEAVE. INDICATE THE ANSWER USING THIS SCALE.

SHOW CARD 1.45.: Scale of satisfaction

Assessment

8.05 a HAVE YOU DONE ANY KIND OF PAID WORK OR WORK AS SELF- EMPLOYED IN THE LAST SEVEN DAYS?

yes 1 no 2

8.06. DO YOU HAVE THE POSSIBILITY OF RETURNING AGAIN TO YOUR FORMER WORK AFTER YOUR PRESENT LEAVE FOR PREGNANCY AND CHILDBIRTH OR CHILDCARE LEAVE IS OVER?

Yes 1 ↓ No 2 ↓

8.07. a. DO YOU INTEND TO GO BACK TO WORK AFTER YOUR PRESENT LEAVE FOR PREGNANCY AND CHILDBIRTH OR CHILDCARE LEAVE IS OVER?

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

b. IF POSSIBLE DO YOU WANT TO GO BACK TO WORK AFTER YOUR PRESENT LEAVE FOR PREGNANCY AND CHILDBIRTH OR CHILDCARE LEAVE IS OVER?

Yes 1
No 2
Not sure 3

↓
Skip to text before 8.32

↓
Skip to text before 8.32

Questions to unemployed

8.08. WHEN DID YOU BECOME UNEMPLOYED?

month |__|__| year |__|__|

8.08.a ARE REGISTERED AS AN UNEMPLOYED AT THE MOMENT?

yes 1 no 2

**8.09. TO WHAT EXTENT ARE YOU SATISFIED WITH BEING UNEMPLOYED?
PLEASE INDICATE YOUR ASSESSMENT BY THIS CARD.**

SHOW CARD 1.45.: Scale of satisfaction

Assessment

**8.10. DO YOU INTEND TO FIND WORK OR START A BUSINESS IN THE NEXT
THREE YEARS?**

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

**8.11. DID YOU HAVE WORK OR A BUSINESS JUST BEFORE YOU BECAME
UNEMPLOYED?**

Yes 1 → **Skip to text before 8.28** No 2 → **Skip to 8.31**

Questions to students

8.12. SINCE WHEN ARE YOU A STUDENT OR A PUPIL?

month |__|__| year |__|__|

**8.13.. HOW SATISFIED ARE YOU THAT YOU ARE STUDYING? LOOK AT
THIS CARD AND TELL ME YOUR ASSESSMENT BY THE SCALE.**

SHOW CARD 1.45.: Scale of satisfaction

Assessment

**8.14. DO YOU INTEND TO COMPLETE YOUR EDUCATION IN THE NEXT
THREE YEARS?**

Definitely not 1
Probably not 2
Probably yes 3

Definitely yes 4

8.15. DID YOU HAVE WORK OR A BUSINESS JUST BEFORE YOU STARTED THIS EDUCATION OR TRAINING?

Yes 1 → Skip to text before 8.28

No 2 → Skip to 8.31

Questions to pensioners

8.16. WHEN DID YOU RETIRE?

month |__|__| year |__|__|

8.17. ARE YOU SATISFIED THAT YOU ARE A PENSIONER? LOOK AT THIS CARD AND GIVE ME YOUR ASSESSMENT BY THE SCALE.

SHOW CARD 1.45.: Scale of satisfaction

Assessment

8.18. DO YOU INTEND TO START WORK IN THE NEXT THREE YEARS?

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

8.19. DID YOU HAVE WORK OR A BUSINESS JUST BEFORE YOU RETIRED?

Yes 1 → Skip to text before 8.28

No 2 → Skip to 8.31

Questions to the ailing and permanently disabled

8.20. DO YOU INTEND TO START WORK IN THE NEXT THREE YEARS?

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

8.21. DID YOU HAVE WORK OR A BUSINESS JUST BEFORE YOU BECAME ILL OR WERE DISABLED?

yes 1 → Skip to text before 8.28

No 2 → Skip to 8.31

Questions to housewives

8.22. SINCE WHEN ARE YOU A HOUSEWIFE?

month |__|__| year |__|__|

8.23. ARE YOU SATISFIED THAT YOU ARE A HOUSEWIFE? LOOK AT THIS CARD AND GIVE ME YOUR ASSESSMENT BY THE SCALE.

SHOW CARD 1.45.: Scale of satisfaction

Assessment

8.24. DO YOU INTEND TO BEGIN WORK IN THE NEXT THREE YEARS?

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

8.25. DID YOU HAVE WORK OR A BUSINESS JUST BEFORE YOU BECAME A HOUSEWIFE?

Yes 1 → Skip to text before 8.28 No 2 → Skip to 8.31

Questions to soldiers on military service or alternative military service

8.26. DO YOU INTEND TO START WORK IN THE NEXT THREE YEARS?

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

8.27. DID YOU HAVE WORK OR A BUSINESS JUST BEFORE YOU ENTERED THE ARMY OR STARTED AN ALTERNATIVE MILITARY SERVICE?

Yes 1 ↓ No 2 → Skip to 8.31

Previous work

I would like to ask you some questions about your previous work or business. If you worked at more than one job, your answers should refer to the work that took up the greater part of your work time.

8.28. WHAT WAS YOUR PREVIOUS OCCUPATION? DESCRIBE THE BASIC ACTIVITIES YOU PERFORMED.

.....

8.29. THIS WORK OR BUSINESS WAS?

Paid work for an employer 1
Self-employed 2
Agricultural work 3

**8.30. WHY DID YOU LEAVE YOUR PREVIOUS WORK OR BUSINESS?
PLEASE INDICATE THE MAIN REASON.**

SHOW CARD 8.30.: Reasons for stopping work

Staff reduction (business closure, redundancy, early retirement etc.)	01
Obliged to retire (after reaching necessary age and length of service)	02
End of work contract, temporary work, seasonal work	03
Sale/closing down of your own or your family business	04
Marriage	05
Childbirth/obliged to care for child	06
Obliged to care for sick person, invalid, old person	07
The work of the spouse/partner required moving to another place	08
Studying	09
Soldier in the army or alternative military service	10
Illness or disablement	11
Wanted to retire or live on own means (savings)	12
Other reasons	13

Question to those who have not had work

**8.31. DID YOU WORK AT ANYTHING FOR PAY OR AS SELF-EMPLOYED IN
THE LAST SEVEN DAYS?**

Yes 1 ↓

No 2 → **Skip to 8.64**

Questions to working respondents

I would like to ask you some questions about your present work or business. If you work at more than one jobs, your answers should refer to the work you do for the greater part of your work time.

**8.32. WHAT IS YOUR PRESENT WORK? PLEASE DESCRIBE THE BASIC
ACTIVITIES YOU PERFORM.**

.....

8.33. WHEN DID YOU BEGIN THIS WORK?

month |__|__| year |__|__|

8.34. DO YOU WORK AT FULL-TIME OR PART-TIME WORKING HOURS ?

Full time working hours 1
Part-time working hours 2

8.35. HOW MANY HOURS A WEEK DO YOU USUALLY WORK, INCLUDING THE EXTRA HOURS (OVERTIME)?

INSTRUCTION FOR INTERVIEWER: *If the respondent answers how many hours he/she works as a daily average, multiply it by the number of workdays a week to obtain the weekly working hours.*

..... Hours a week

8.36. WHICH OF THE CONDITIONS LISTED BELOW BEST DESCRIBES THE PLACE WHERE YOU WORK?

- | | |
|---|---|
| I usually work at one place outside my home | 1 |
| I usually work at home | 2 |
| I usually work part of the week at home and part, outside my home | 3 |
| I usually work at different places outside my home | 4 |

8.37. AT WHAT TIME DO YOU USUALLY WORK? PLEASE PICK AN ANSWER FROM THIS CARD.

SHOW CARD 8.37.: Work time

Regular:

- | | |
|--------------------------------|----|
| In the day | 01 |
| Afternoon | 02 |
| At night | 03 |
| Early in the morning | 04 |
| Over the weekend | 05 |
| Work time changes periodically | 06 |
| Broken workday | 07 |

Irregular:

- | | |
|---------------------|----|
| Work on call | 08 |
| Irregular work time | 09 |
| Other kind | 10 |

8.38. YOU ARE:

- | | |
|------------------------------------|-------------------------|
| Working for pay (hired) | 1 → go on to 8.39 |
| Self-employed | 2 → skip to 8.50 |
| Working for a training, apprentice | 3 → go on to 8.39 |
| Non-paid family worker | 4 → continue with 8.39 |

Questions to respondents working for pay (hired)

8.39. HOW SATISFIED ARE YOU BY YOUR PRESENT WORK? PLEASE GIVE AN ASSESSMENT USING THE SCALE ON THIS CARD.

SHOW CARD 1.45.: Scale of satisfaction

Assessment

8.40. DOES YOUR WORK INVOLVE LEADERSHIP OR COORDINATING THE WORK OF OTHER PEOPLE?

Yes 1 No 2

8.41. ARE THERE MORE MEN OR WOMEN AT THE PLACE WHERE YOU WORK?

Most are men	1
Most are women	2
Equal number	3

8.42. IS THE ORGANIZATION WHERE YOU WORK PRIVATE (INCL. COOPERATIVE) OR PUBLIC (STATE, MUNICIPAL)?

Private	1
Public (state)	2
Mixed	3

8.43. DOES THE ORGANIZATON IN WHICH YOU WORK PROVIDE YOU FULLY OR PARTIALLY WITH SOME OF THE FOLLOWING BENEFITS (ANSWER FOR EVERY ROW)

		Yes	No
a.	Meal coupons (money for foods)	1	2
b.	A card (money) for public city transportation	1	2
c.	Private medical insurance (outside the obligatory)	1	2
d.	Education and qualification	1	2
e.	A dwelling (rent)	1	2
f.	Medicines and health expenditure	1	2
g.	Working clothes	1	2
h.	Full-pay yearly leave	1	2
i.	Firm's kindergarten or taxes for kindergarten	1	2

8.44. DOES YOUR EMPLOYER PROVIDE YOU WITH FLEXIBLE WORK TIME FOR PERSONAL REASONS, FOR INSTANCE SO YOU CAN ADAPT YOUR WORKING HOURS TO THE SCHOOL HOURS OF YOUR CHILDREN?

Yes 1 No 2

8.45. WHAT KIND OF WORK CONTRACT DO YOU HAVE (IF ANY)?

Termless (permanent)	1
Terminal	2
Temporary	3
I have no written contract	4

8.46. BESIDES THE WORK TIME, WHICH OF THE FOLLOWING IS CHARACTERISTIC OF YOUR WORK?

Year-round or nearly	1
Seasonal	2
With interruptions	3
Occasional	4
Other	5

8.47. HOW SATISFIED ARE YOU BY THE SECURITY OF YOUR WORK? LOOK AT THIS CARD AND GIVE ME YOUR ASSESSMENT BY THE SCALE.

SHOW CARD 1.45.: Scale of satisfaction

Assessment

8.48. IN THE NEXT THREE YEARS, DO YOU INTEND TO CHANGE YOUR WORK (FIRM) OR TO START A BUSINESS?

Definitely not	1
Probably not	2
Probably yes	3
Definitely yes	4

8.49. DO YOU INTEND TO GIVE UP PAID WORK IN THE NEXT THREE YEARS?

Definitely not	1
Probably not	2
Probably yes	3
Definitely yes	4

Skip to 8.55

Questions to self-employed

8.50. HOW SATISFIED ARE YOU THAT YOU ARE SELF-EMPLOYED (WORK FOR YOURSELF)? LOOK AT THIS CARD AND GIVE ME YOUR ASSESSMENT BY THE SCALE.

SHOW CARD 1.45.: Scale of satisfaction

Assessment

8.51. HOW MANY PAID WORKERS HAVE YOU HIRED, INCLUDING THE MEMBERS OF YOUR FAMILY?

.....number
0 – Has no hired workers

8.52. WHAT ARE YOUR EXPECTATIONS ABOUT THE DEVELOPMENT OF YOUR BUSINESS IN THE NEXT THREE YEARS? DO YOU THINK YOUR BUSINESS:

Will grow and be extended 1

Will remain as it is at present	2
Will deteriorate (decline)	3
Will probably give it up	4
Don't know	97

8.53. DO YOU INTEND TO START A NEW BUSINESS OR FIND WORK IN THE NEXTS THREE YEARS?

Definitely not	1
Probably not	2
Probably yes	3
Definitely yes	4

8.54. DO YOU INTEND TO GIVE UP PAID WORK IN THE NEXT THREE YEARS?

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

Questions to all working

8.55. HOW OFTEN IN THE PAST THREE MONTHS HAVE YOU.....?
(Give one answer for each row – a, b, c, d)

SHOW CARD 8.55.:

	Several times a week	Several times a month	Once or twice a month	Never
a. I came from work too exhausted to do the chores need to be done	1	2	3	4
b. It is hard for me to perform my family duties, because most of my time is spent at work	1	2	3	4
c. I go to work exhausted by my household work, so I can't work well	1	2	3	4
d. It's hard for me to concentrate on my work because of my family obligations	1	2	3	4

DIRECTIONS FOR INTERVIEWER: Is the respondent older than 45 and not a pensioner? Check in "Household Grid".
Yes continue ↓ No → skip to 8.60

8.56. DO YOU INTEND TO QUIT YOUR JOB WITHIN THE NEXT THREE YEARS BECAUSE YOU HAVE REACHED THE NECESSARY AGE AND LENGTH OF SERVICE?

Definitely not 1
Probably not 2
Probably yes 3
Definitely yes 4

8.57. IMAGINE THAT IN THE NEXT THREE YEARS YOU RETIRE. HOW DO YOU FEEL THIS WOULD AFFECT VARIOUS ASPECTS OF YOUR LIFE? PLEASE CHOOSE YOUR ANSWERS FROM THIS CARD.

SHOW CARD 3.28.: Better or worse

Give one answer for each row

If you retire, this would be better or worse for ...	Much better	Better	Neither better nor worse	Worse	Much worse
a. Your possibility to do what you want	1	2	3	4	5
b. Your financial situation	1	2	3	4	5
c. What people think of you	1	2	3	4	5
d. Your joy and satisfaction in life	1	2	3	4	5
e. Your health	1	2	3	4	5
f. The closeness between you and your spouse/partner	1	2	3	4	5
g. The closeness between you and your children and grandchildren	1	2	3	4	5

8.58. TO WHAT EXTENT WILL YOUR DECISION TO RETIRE IN THE NEXT THREE YEARS DEPEND ON THE FOLLOWING CIRCUMSTANCES?

SHOW CARD 3.29: To what extent does your decision depend on.....

	Will not at all	Will depend a little	Will depend greatly	Will entirely depend	Not relevant
a. Your financial situation	1	2	3	4	99
b. Your work	1	2	3	4	99
c. The condition of your health	1	2	3	4	99
d. Your family life	1	2	3	4	99

8.59. ALTHOUGH THE DECISION TO RETIRE IS YOURS ALONE, PROBABLY SOME OTHER PEOPLE HAVE AN OPINION AS TO WHAT YOU SHOULD DO. I WILL READ YOU SOME OPINIONS THAT OTHERS MIGHT HAVE ABOUT YOUR RETIREMENT IN THE NEXT THREE YEARS. PLEASE TELL ME HOW MUCH YOU AGREE OR NOT WITH EACH OF THE OPINIONS. CHOOSE YOUR ANSWER FROM THIS CARD.

SHOW CARD 3.31.: Scale of agreement

	Entirely agree	Agree	Neither agree nor disagree	Disagree	Entirely disagree	Неприложим (не се отнася)
a. Your spouse/partner thinks you should retire	1	2	3	4	5	99
b. Your children think you should retire	1	2	3	4	5	99
c. Most of your friends think you should retire	1	2	3	4	5	99
d. Most of your relatives think you should retire	1	2	3	4	5	99

Extra work or business

8.60. DO YOU HAVE CURRENT INCOMES FROM EXTRA WORK OR BUSINESS? THIS INCLUDES ALL KINDS OF WORK – BY THE HOUR, EXTRA WORK, A SECOND JOB, SELF-EMPLOYMENT, SMALL BUSINESS, AGRICULTURAL WORK.

Yes 1 ↓

No 2 → skip to 8.64

8.61. WHAT KIND OF WORK IS THIS?

Write down

8.62. HOW MANY HOURS A WEEK DO YOU DO THIS EXTRA WORK, INCLUDING OVERTIME?

INSTRUCTION FOR INTERVIEWER: *If the respondent gives you the daily average of work hours, multiply the number by the work days of the week to obtain the weekly time.*

..... Hours weekly

8.63. THIS ADDITIONAL WORK OR BUSINESS IS...

- | | |
|--|---|
| Paid work for an employer | 1 |
| Self-employed | 2 |
| Unpaid work on the family firm | 3 |
| Work for an employer in exchange for training (apprentice) | 4 |
| Occasional work | 5 |
| Other kind | 6 |

Income

		1	2	3	4	5	6	7	8	9	10	11	12	13
<p>8.64. Written on this card are various kinds of income. Please tell me which of these incomes you have received in the last 12 months?</p> <p>Read all the kinds of income and mark with a “V” sign in the corresponding cell</p>	<p>Show card 8.64:</p> <p>Kinds of payment</p> <p>Income from the main work or business</p> <p>Income from additional work or business.</p> <p>Personal pension for length of service</p> <p>Pension from a deceased spouse/partner.</p> <p>Disability pension.</p> <p>Compensations for illness.</p> <p>Social pension</p> <p>Compensations or benefits for unemployment</p> <p>Social assistance payment</p> <p>Scholarships</p> <p>Payments, money for leave for pregnancy and childbirth, childcare leave</p> <p>Payment for childbirth</p> <p>Family allowance for children</p> <p>Other</p>													
<p>8.65. How many times have you received each of these incomes in the last 12 months?</p>	<p>Number of times →</p> <p>Write →</p>													
<p>8.66. How much was the net average sum of these incomes?</p> <p>For payments 1 and 2: If you work, please include what you have received for overtime work. Please indicate the net sum, without deductions.</p>	<p>Write the sum and go to 8.65 for the next kind of income</p> <p>Don't know - 97 → go on to 8.67</p> <p>Won't answer - 98 → go to 8.65 for the following kinds of payment</p>													

	nt														
8.67. Look at this card and tell me (indicate) approximately in what range are the sums of money you have received (with deductions) every time from different kinds of income Encode the group of the sum in the respective column.	Show card 8.67: Amount of income														
	Up to 50 leva	1													
	51 - 120 leva	2													
	121 – 200 leva	3													
	201 – 300 leva	4													
	301 – 400 leva	5													
	401 – 600 leva	6													
	601 – 800 leva	7													
	801 – 1000 leva	8													
	1001 and more	9													
Don't know	97														
Refusal	98														
	Go to 8.65 for the next kind of income														

9. WORK ACTIVITY AND INCOME OF SPOUSE/PARTNER

Commentary: In this part the separate sections concern the work status of the respondent's spouse/partner.

DIRECTIONS FOR INTERVIEWER: Does the respondent live with his spouse/partner?
Check in "Household Grid"

Yes→ continue with 9.01



No



Does the respondent have a spouse/partner, with whom he/she is not living together?
See 3.10

Yes – continue with 9.01 No – skip to 10.01



9.01 NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS CONCERNING THE PRESENT WORK AND DAILY ACTIVITY OF YOUR SPOUSE/PARTNER. YOU TOLD ME THAT HE/SHE IS (see answers to q. 1.16 in “Household Grid” or answer to 3.23)

INSTRUCTIONS FOR INTERVIEWER: See answer to 1.16 or 3.23, encircle the code below and continue the interview accordingly

Hired or self-employed	01 .→ go on to the text before q. 6.
9.21	
Non-paid family worker in business or farm	02 .→ go on to the text before q. 9.21
Unemployed	03 .→ go on to the text before q.9.07
Student, pupil (incl. professional training)	04 .→ skip to q. 9.09
Pensioner	05 .→ skip to q. 9.11
On leave for pregnancy and childbirth or childcare leave	06. → continue with q. 9.02
Chronically ill or permanently disabled	07 .→ go on to q. 9.13
Housewife	08 .→ skip to q. 9.14
Soldier (incl. alternative military service)	09 .→ skip to q. 9.16
Other (write down).....	10 .→ skip to q. 9.20

Question to those whose spouse/partner is on leave for pregnancy or childbirth in paid or non-paid leave for childcare

8.05 ON WHAT LEAVE IS YOUR SPOUSE/PARTNER?

- On maternal leave (hospitalization leave before and after childbirth) 1
- On paid leave for childcare of child up to the age of 2 years 2
- On unpaid leave for childcare of child between the age of 2 or 3 3

8.06 WHEN DID THIS LEAVE BEGIN?

month |__|__| year |__|__|

9.04. a. HAS YOUR SPOUSE/PARTNER DONE ANY KIND OF PAID WORK OR WORK AS SELF-EMPLOYED IN THE LAST SEVEN DAYS?

yes 1 no 2

b. YOUR SPOUSE/PARTNER’S LEAVE IS:

- On a full working day 1
- On a part-time working day 2

9.05. DOES YOUR SPOUSE/PARTNER HAVE THE POSSIBILITY OF RETURNING AGAIN TO HIS/HER FORMER WORK AFTER HIS/HER PRESENT LEAVE FOR PREGNANCY AND CHILDBIRTH OR CHILDCARE LEAVE IS OVER?

Yes 1 ↓ No 2 ↓

9.06 a. DOES YOUR SPOUSE/PARTNER INTEND TO GO BACK TO WORK

b. IF POSSIBLE DOES YOUR SPOUSE/PARTNER WANT TO GO

AFTER THE PRESENT LEAVE FOR PREGNANCY AND CHILDBIRTH OR CHILDCARE LEAVE IS OVER?

Yes	1
No	2
Spouse/partner is not sure	3
Respondent doesn't know	4



Skip to text before 9.21.

BACK TO WORK AFTER THE PRESENT LEAVE FOR PREGNANCY AND CHILDBIRTH OR CHILDCARE LEAVE IS OVER?

Yes	1
No	2
Spouse/partner is not sure	3
Respondent doesn't know	4



Skip to text before 9.21.

Questions to those whose spouse/partner is unemployed

9.07. WHEN DID YOUR SPOUSE/PARTNER BECOME UNEMPLOYED?

month |__|__| year |__|__|

9.07.a. IS YOUR SPOUSE/PARTNER REGISTERED AS AN UNEMPLOYED AT THE MOMENT?

Yes 1 ↓

No 2 ↓

9.08. DID HE/SHE HAVE WORK OR A BUSINESS JUST BEFORE BECOMING UNEMPLOYED?

Yes 1 → Skip to text before 9.17

No 2 → Skip to 9.20

Questions to those whose spouse/partner is studying

9.09. SINCE WHEN IS YOUR SPOUSE/PARTNER STUDYING?

month |__|__| year |__|__|

9.10. DID HE/SHE HAVE WORK OR A BUSINESS JUST BEFORE STARTING THIS EDUCATION OR TRAINING?

Yes 1 → Skip to text before 9.17

No 2 → Skip to 9.20

Questions to those whose spouse/partner is a pensioner

9.11. WHEN DID YOUR SPOUSE/PARTNER RETIRE?

month |__|__| year |__|__|

9.12. DID HE/SHE HAVE WORK OR A BUSINESS JUST BEFORE RETIRING?

Yes 1 → Skip to text before 9.17

No 2 → Skip to 9.20

Questions to those whose spouse/partner is ill or permanently disabled

9.13. DID YOUR SPOUSE/PARTNER HAVE WORK OR A BUSINESS JUST BEFORE BECOMING ILL OR PERMANENTLY DISABLED?

Yes 1 → **Skip to text before 9.17**

No 2 → **Skip to 9.20**

Questions to those whose spouse/partner is a housewife

9.14. SINCE WHEN IS YOUR SPOUSE/PARTNER A HOUSEWIFE?

month |__|__| year |__|__|

9.15. DID YOUR SPOUSE/PARTNER HAVE WORK OR A BUSINESS JUST BEFORE BECOMING A HOUSEWIFE?

Yes 1 → **Skip to text before 9.17**

No 2 → **Skip to 9.20**

Questions to those whose spouse/partner is doing military service or alternative military service

9.16. DID YOUR SPOUSE/PARTNER HAVE WORK OR A BUSINESS JUST BEFORE ENTERING THE ARMY OR STARTING ALTERNATIVE MILITARY SERVICE?

Yes 1 ↓

No 2 → **Skip to 9.20**

Previous work of the spouse/partner

I would like to ask you some questions about your spouse/partner's previous work or business. If he/she worked at more than one job, your answers should refer to the work that took up the greater part of his/her work time.

9.17. WHAT WAS HIS/HER PREVIOUS OCCUPATION? DESCRIBE THE BASIC ACTIVITIES HE/SHE PERFORMED.

9.18. THIS WORK OR BUSINESS WAS?

- | | |
|--------------------------------|---|
| Paid work for an employer | 1 |
| Self-employed | 2 |
| Agricultural work | 3 |
| Non-paid work on a family firm | 4 |

**9.19. WHY DID HE/SHE LEAVE HIS/HER PREVIOUS WORK OR BUSINESS?
PLEASE INDICATE THE MAIN REASON.**

SHOW CARD 9.19.: Reasons for stopping work

Staff reduction (business closure, redundancy, early retirement etc.)	01
Obligated to retire (after reaching necessary age and length of service)	02
End of work contract, temporary work, seasonal work	03
Sale/closing down of your own or your family business	04
Marriage	05
Childbirth/obliged to care for child	06
Obligated to care for sick person, invalid, old person	07
The work of the spouse/partner required moving to another place	08
Studying	09
Soldier in the army or alternative military service	10
Illness or disablement	11
Wanted to retire or live on own means (savings)	12
Other reasons	13

Question to those whose spouse/partner has not had work

9.20. HAS YOUR SPOUSE/PARTNER WORK AT ANYTHING FOR PAY OR AS SELF-EMPLOYED IN THE LAST SEVEN DAYS?

Yes 1 ↓

No 2 → **Skip to 9.36**

Questions to those whose spouse/partner is working

I would like to ask you some questions about your spouse/partner's present work or business. If he/she is working at more than one jobs, your answers should refer to the work he/she does for the greater part of the work time.

9.21. WHAT IS YOUR SPOUSE/PARTNER'S PRESENT WORK? PLEASE DESCRIBE THE BASIC ACTIVITIES HE/SHE PERFORMS.

Write down _____

97 – Respondent does not know what is his spouse/partner's job → **Skip to 9.36**

9.22. DOES YOUR SPOUSE/PARTNER WORK FULL-TIME OR PART-TIME?

Full time working hours 1

Part-time working hours 2

9.23 HOW MANY HOURS A WEEK DOES YOUR SPOUSE/PARTNER USUALLY WORK, INCLUDING THE EXTRA HOURS (OVERTIME)?

INSTRUCTIONS FOR INTERVIEWER: *If the respondent answers how many hours his/her spouse/partner works as a daily average, multiply it by the number of workdays a week to obtain the weekly working hours.*

..... Hours weekly

9.24. WHICH OF THE CONDITIONS LISTED BELOW BEST DESCRIBES THE PLACE WHERE HE/SHE WORKS?

- | | |
|---|---|
| Usually works at one place outside the home | 1 |
| Usually works at home | 2 |
| Usually works part of the week at home and part, outside the home | 3 |
| Usually works at different places outside the home | 4 |

**9.25. AT WHAT TIME DOES YOUR SPOUSE/PARTNER USUALLY WORK?
PLEASE PICK AN ANSWER FROM THIS CARD.**

SHOW CARD 8.37.: Work time

Regular:

- | | |
|---|---|
| In the day | 1 |
| Afternoon | 2 |
| At night | 3 |
| Early in the morning | 4 |
| Over the weekend | 5 |
| Work time changes periodically | 6 |
| Two or more work shifts every working day
(shifting work time) | 7 |

Irregular:

- | | |
|---------------------|----|
| Work on call | 8 |
| Irregular work time | 9 |
| Other kind | 10 |

9.26. HE/SHE IS:

- | | |
|------------------------------------|-------------------------|
| Working for pay (hired) | 1 → continue with 9.27 |
| Self-employed | 2 → skip to 9.31 |
| Working for a training, apprentice | 3 → continue with 9.27 |
| Non-paid family worker | 4 → continue with 9.27 |

Questions to those whose spouse/partner works for pay

**9.27. DOES YOUR SPOUSE/PARTNER'S WORK INVOLVE LEADERSHIP OR
COORDINATING THE WORK OF OTHER PEOPLE?**

- | | | | |
|-----|---|----|---|
| Yes | 1 | No | 2 |
|-----|---|----|---|

**9.28. IS THE ORGANIZATION WHERE YOUR SPOUSE/PARTNER WORKS,
PRIVATE (INCL. COOPERATIVE) OR PUBLIC (STATE, MUNICIPAL)?**

- | | |
|----------------|---|
| Private | 1 |
| Public (state) | 2 |

Mixed

3

9.29. DOES THE ORGANIZATON IN WHICH YOUR SPOUSE/PARTNER WORKS PROVIDE, FULLY OR PARTIALLY, SOME OF THE FOLLOWING BENEFITS (ANSWER FOR EVERY ROW)

	Yes	No
a. Meal coupons (money for foods)	1	2
b. A card (money) for public city transportation	1	2
c. Private medical insurance (outside the obligatory)	1	2
d. Education and qualification	1	2
e. A dwelling (rent)	1	2
f. Medicines and health expenditure	1	2
g. Working clothes	1	2
h. Full-pay yearly leave	1	2
i. Firm's kindergarten or taxes for kindergarten	1	2

9.30. DOES YOUR SPOUSE/PARTNER'S EMPLOYER PROVIDE HIM/HER FLEXIBLE WORKING HOURS FOR PERSONAL NEEDS, SO HE/SHE CAN ADAPT OCCUPATION AT WORK TO THE OCCUPATION OF YOUR CHILDREN AT SCHOOL?

Yes 1 skip to 9.32 No 2
Don't know 97

Questions to those whose spouse/partner is self-employed

9.31. HOW MANY PAID WORKERS DOES YOUR SPOUSE/PARTNER HIRE, INCLUDING THE MEMBERS OF YOUR FAMILY?

.....number

Additional work or business of the spouse/partner

9.32. DOES YOUR SPOUSE/PARTNER HAVE CURRENT INCOMES FROM EXTRA WORK OR BUSINESS? THIS INCLUDES ALL KINDS OF WORK – BY THE HOUR, EXTRA WORK, A SECOND JOB, SELF-EMPLOYMENT, SMALL BUSINESS, AGRICULTURAL WORK.

Yes 1 ↓ No 2 → skip to 9.36.

9.33. WHAT KIND OF WORK IS IT? (write down)

9.34. HOW MANY HOURS A WEEK DOES HE/SHE DO THIS EXTRA WORK, INCLUDING OVERTIME?

INSTRUCTION FOR INTERVIEWER: *If the respondent gives you the daily average of work hours, multiply the number by the work days of the week to obtain the weekly time.*

..... Hours weekly

9.35. THIS ADDITIONAL WORK OR BUSINESS IS...

- | | |
|--|---|
| Paid work for an employer | 1 |
| Self-employed | 2 |
| Unpaid work on the family farm | 3 |
| Work for an employer in exchange for training (apprentice) | 4 |
| Occasional work | 5 |
| Other kind | 6 |

Incomes

		1	2	3	4	5	6	7	8	9	10	11	12	13
9.36. Written on this card are various kinds of income. Please tell me which of these incomes your spouse/partner has received in the last 12 months? Read all the kinds of income and mark with a “V” sign in the corresponding cell	Show card 8.64: Kinds of payment Income from the main work or business Income from additional work or business. Personal pension for length of service Pension from a deceased spouse/partner. Disability pension. Compensations for illness. Social pension Compensations or benefits for unemployment Social assistance payment Scholarships Payments, money for leave for pregnancy and childbirth, childcare leave Payment for childbirth Family allowance for children Other													
9.37. How many times has your spouse/partner received each of these incomes in the last 12 months?	Number of times → write down →													
9.38. How much was the net average sum of these incomes? For payments 1 and 2: If he/she works, please include what he/she received for overtime work. Please indicate the net sum, without deductions.	Write down the sum and go back to 9.37 for the next kind of income Don't know - 97 → continue with 9.39 Refusal - 98 → go to 9.37 for the following kind of income													
9.39. Look at this card and tell me (indicate) approximately in what range are the sums of money your spouse/partner	Show card 8.67: Amount of income Up to 50 leva 1 51 - 120 leva 2 121 – 200 leva 3 201 – 300 leva 4 301 – 400 leva 5 401 – 600 leva 6													

received (after deductions)	601 – 800 leva	7																	
every time from different kinds of income	801 – 1000 leva	8																	
	1001 and more	9																	
	Don't know	97																	
	Refusal	98																	
Encode the group of the sum in the respective column.	Go to 9.37 for the next kind of income																		

10. HOUSEHOLD PROPERTY, INCOME, AND TRANSFERS

Household property and economic restrictions

10.01. IN THE FOLLOWING QUESTIONS I WOULD LIKE TO TALK ABOUT THE FINANCIAL SITUATION OF THE HOUSEHOLD, ABOUT THE THINGS YOUR HOUSEHOLD OWNS AND WHAT YOU CAN BUY WITH THE INCOME YOU GET OR THAT SOMEBODY GIVES YOU.

SHOW CARD 10.01:

LOOK AT THIS CARD. WHICH OF THE LISTED ITEMS DOES YOUR HOUSEHOLD HAVE? IT DOESN'T MATTER WHETHER THE THINGS ARE OWNED BY YOU, RENTED OR SOMEBODY HAS GIVEN THEM TO YOU TO USE

	Has it	I want to have it, but I can't buy it	I don't have it for some other reason
a. Colour TV	1	2	3
b. video or DVD	1	2	3
c. washing machine	1	2	3
d. microwave oven	1	2	3
e. computer	1	2	3
f. dishwasher	1	2	3
g. telephone (mobile or ordinary)	1	2	3
h. car or van for private (personal) use	1	2	3
i. a second car	1	2	3
j. a second dwelling (incl. country house)	1	2	3

10.02. A HOUSEHOLD MIGHT HAVE VARIOUS SOURCES OF INCOME. MORE THAN ONE MEMBER OF THE FAMILY MAY BE CONTRIBUTING INCOME. CONSIDERING THE TOTAL MONTHLY INCOME OF YOUR HOUSEHOLD, DO YOU THINK YOU CAN MEET THE COSTS (MAKE ENDS MEET).

With very great difficulty	1
With difficulty	2
With slight difficulty	3
Rather easily	4
Easily	5
Very easily	6

10.03. THERE ARE THINGS THAT MANY PEOPLE DESIRE BUT CANNOT AFFORD. COULD YOUR HOUSEHOLD AFFORD EACH OF THE FOLLOWING THINGS IF IT DESIRED THEM?

	Can	Cannot
a. heating the home, when necessary	1	2
b. pay for one week of vacation away from home for all members of the household	1	2
c. replace old furniture with new	1	2
d. buy new clothes, not second hand	1	2
e. eat meat, chicken meat, fish every second day	1	2
f. invite friends or a family to a treat or feast at least once a month	1	2

10.04. IN THE LAST 12 MONTHS HAS IT EVER HAPPENED THAT YOU COULD NOT PAY:

	Yes	No	I don't have such expenses
a. The rent of your home	1	2	3
b. mortgages	1	2	3
c. maintenance costs (electricity, water, etc.)	1	2	3
d. installments for objects bought on deferred purchase	1	2	3

10.05. CONSIDERING THE INCOME AND EXPENSES OF THE HOUSEHOLD, WOULD YOU SAY THAT YOU ARE ABLE TO SAVE UP MONEY?

Yes 1 No 2

Income from other sources beside salary

10.06. ON THIS CARD VARIOUS SOURCES OF INCOME ARE LISTED

SHOW CARD 10.06.: Sources of income for the household

PLEASE TELL ME WHICH OF THESE KINDS OF INCOME YOUR HOUSEHOLD HAS RECEIVED IN THE LAST 12 MONTHS.

	Has received	Has not received
a. Benefits (supplementary payment) for children	1	2
b. support money for household	1	2
c. social assistance payment	1	2
d. non-cash assistance from social services	1	2
e. income from rent, sale, insurance, etc.	1	2
f. assistance for energy costs	1	2

DIRECTIONS FOR INTERVIEWER: Are there other members in the household besides the spouses/partners that are older than 14 years. See in "Household network"

Yes – 1 continue ↓ No - 2 **skip to 10.08.**

10.07. VARIOUS KINDS OF INCOME ARE LISTED ON THIS CARD

SHOW CARD 10.07.: Sources of income for the household

WE ALREADY TALKED ABOUT THE INCOME THAT YOU AND YOUR SPOUSE/PARTNER HAVE RECEIVED. HAS ANYONE ELSE IN YOUR HOUSEHOLD RECEIVED SUCH INCOME IN THE LAST 12 MONTHS?

	Has received	Has not received
a. salary	1	2
b. child alimony	1	2
c. scholarship	1	2
d. income (payments, compensations) during pregnancy and childbirth leave, leave for childcare	1	2
e. compensation or benefits for unemployment	1	2
f. sickness benefits, invalidity pension	1	2
g. pension	1	2
h. social assistance payment	1	2
i. widow pension from a deceased spouse or military invalid pension	1	2
j. assistance for energy costs	1	2
k. family allowance for children	1	2
l. payment for childbirth	1	2

Total income of the household

10.08. WHAT IS THE TOTAL INCOME OF ALL HOUSEHOLD MEMBERS (INCLUDING YOUR OWN) FROM ALL INDICATED SOURCES OVER THE LAST 12 MONTHS. PLEASE GIVE ME THE NET INCOME THAT REMAINS AFTER YOU SUBTRACT THE TAXES AND SOCIAL INSURANCE.

Please write leva for the last 12 months

IF THE RESPONDENTS ANSWER REFERS TO A MONTHLY INCOME, CLARIFY:

IS THIS YOUR AVERAGE MONTHLY INCOME IN THE LAST 12 MONTHS?
IF NOT, PLEASE TELL ME WHAT YOUR AVERAGE INCOME WAS IN THE LAST 12 MONTHS

(Interviewer: write the sum and encircle “M” or “Y” according as the indicated sum is for a month or a year)

..... leva M Y
doesn't know, can't say 97
refuses 98

skip to 10.10.
continue with 10.09.
skip to 10.10.

10.09. LOOK AT THIS CARD AND TRY TO SAY IN WHICH RANGE APPROXIMATELY THE NET INCOME OF YOUR HOUSEHOLD IS SITUATED.

SHOW CARD 8.67.: Scale of incomes

Up to 120 leva. 1
From 121 to 200 leva. 2

From 201 to 300 leva.	3
From 301 to 400 leva.	4
From 401 to 600 leva.	5
From 601 to 800 leva	6
From 801 to 1000 leva.	7
Over 1000 leva	8
Doesn't know	97
Refuses	98

Money transfers and inheritance

10.10. IN THE LAST 12 MONTHS HAVE YOU OR YOUR SPOUSE/PARTNER RECEIVED ONCE, FROM TIME TO TIME, OR REGULARLY MONEY, BANK ASSETS, GOODS FROM PERSONS OUTSIDE YOUR HOUSEHOLD? THIS ALSO INCLUDES LAND PROPERTY, PROPERTY OR INHERITANCE RECEIVED BY YOU OR YOUR PARTNER/SPOUSE DURING THIS TIME.

Yes – 1 continue ↓ No - 2 → skip to 10.15.

	Persons from whom the respondent has received money, bank assets or goods					
		1	2	3	4	5
10.11 WHO GAVE IT? <i>Write up to 5 persons. Encode them by using the Card of persons and organizations. Ask questions 10.12 – 10.14 for all persons mentioned.</i>	Card of persons and organizations					
10.12. WAS IT AN INHERITANCE?	1 – yes → write code and skip to 10.14 2 – no					
10.13. DID THIS OCCUR IN A SINGLE CASE, FROM TIME TO TIME TO TIME, OR REGULARLY?	1 – only once 2 – from time to time 3 – regularly					
10.14. WHAT IS THE TOTAL SUM OF MONEY, ASSETS THAT YOU OR YOUR SPOUSE/PARTNER HAVE RECEIVED IN THE LAST 12 MONTHS?	Write down	... lv	... lv	... lv	... lv	... lv

Interviewer: Go back to q. 10.12 for the next person, from whom the respondent had received inheritance or donation (see 10.11). If there are no more people, go to q. 10.15.

10.15. IN THE LAST 12 MONTHS HAVE YOU OR YOUR SPOUSE/PARTNER GIVEN ON A SINGLE OCCASION, FROM TIME TO TIME, OR REGULARLY, MONEY, BANK ASSETS, OR GOODS TO PERSONS OUTSIDE YOUR HOUSEHOLD? THIS INCLUDES LAND AND PROPERTY THAT YOU OR YOUR SPOUSE/PARTNER HAVE TRANSFERRED TO OTHERS.

Yes – 1 continue ↓

No - 2 **skip to 11.01.**

	Persons to whom the respondent has given money, bank assets or goods					
		1	2	3	4	5
10.16 WHOM DID YOU GIVE IT TO? <i>Write up to 5 persons. Encode them by using the Card of persons and organizations. Ask questions 10.17 – 10.18 for all persons mentioned.</i>	Card of persons and organizations					
10.17. DID YOU DO THIS ONCE, FROM TIME TO TIME, OR REGULARLY?	Once 1 From time to time 2 regularly 3					
10.18. WHAT IS THE TOTAL SUM OF MONEY, ASSETS THAT YOU OR YOUR SPOUSE/PARTNER HAVE GIVEN IN THE LAST 12 MONTHS?	Write down	... lv	... lv	... lv	... lv	... lv

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1. VALUE ORIENTATIONS AND ATTITUDES

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11. VALUE ORIENTATIONS AND ATTITUDES

NOW I WOULD LIKE TO ASK YOU ABOUT YOUR VIEWS AND ATTITUDES CONCERNING VARIOUS ASPECTS OF LIFE

11.01. WHAT IS YOUR RELIGIOUS CONFESSION?

Orthodox	8
Muslim	5
Catholic	2
Protestant	1
Other	10
None	11

11.02. HOW OFTEN DO YOU ATTEND RELIGIOUS SERVICES (BESIDES WEDDINGS, FUNERALS, ETC.)? (encircle the corresponding letter)

..... times W M Y (Encircle the corresponding letter)

(weekly) (monthly) (yearly)

0 - never

11.03. I WILL READ YOU SOME STATEMENTS ABOUT RELIGIOUS CEREMONIES. PLEASE TELL ME TO WHAT EXTENT YOU AGREE OR DISAGREE WITH EACH OF THESE STATEMENTS?

SHOW CARD 3.31.: Scale of agreement

		Entirely agree	Agree	Neither agree nor disagree	Disagree	Entirely disagree
a.	It is important for a child to be baptized (initiated) with an appropriate religious ceremony	1	2	3	4	5
b.	It is important for people who enter into civil marriage to have an ecclesiastic (religious) marriage ceremony as well	1	2	3	4	5
c.	It is important that the funeral includes a religious ceremony	1	2	3	4	5

11.04. SOMETIMES PEOPLE DISCUSS THE GOALS THAT THE STATE SHOULD PURSUE IN THE NEXT 10 YEARS. ON THIS CARD ARE LISTED SOME OF THE GOALS THAT VARIOUS PEOPLE SET IN FIRST PLACE. WHICH OF THEM DO YOU PERSONALLY ASSESS AS BEING THE MOST IMPORTANT?

SHOW CARD 11.04.: Encircle only one code for the first choice

AND WHICH DO YOU RANK AS COMING NEXT IN IMPORTANCE (IN SECOND PLACE)?

(Encircle only one code as a second choice)

a. In first place	b. In second place	
1	1	Stable economy
2	2	Progress aiming a less impersonal and a more human society
3	3	Progress oriented to creating a society in which ideas are more valued than money
4	4	Struggle against crime

11.05. DO YOU THINK THAT, IN GENERAL, MOST PEOPLE CAN BE TRUSTED, OR SHOULD ONE BE VERY CAUTIOUS WITH THEM?

Most people can be trusted 1
One should be very cautious with them 2

11.06. DO YOU THINK THAT MOST PEOPLE, IF THEY HAD THE CHANCE, WOULD TRY TO CHEAT YOU, OR DO YOU FEEL THEY WOULD BE HONEST?

They would try to cheat me 1
They would be honest 2

11.07. TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS?

SHOW CARD 3.31.: Scale of agreement

		Entirely agree	Agree	Neither agree nor disagree	Disagree	Entirely disagree
a.	Marriage is an outdated institution	1	2	3	4	5
b.	A couple that has not entered into marriage has the right to live together if they don't want to marry	1	2	3	4	5
c.	Marriage is a commitment for life and must not be broken up	1	2	3	4	5
d.	A couple whose marriage is unhappy has the right to divorce even if they have children	1	2	3	4	5
e.	A woman should have children in order to find fulfillment	1	2	3	4	5
f.	A man should have children in order to find fulfillment	1	2	3	4	5
g.	For a child to grow up happy, it needs a home with a mother and father	1	2	3	4	5
h.	A woman can have a child even without marriage (a single mother), even without a stable relationship with a man	1	2	3	4	5
i.	When children reach the age of 18-20 they should start an independent life	1	2	3	4	5
j.	Homosexual couples should have the same rights as heterosexuals	1	2	3	4	5

- 11.08. ON THIS CARD ARE LISTED QUALITIES THAT CHILDREN SHOULD ACQUIRE. WHICH OF THESE DO YOU PERSONALLY CONSIDER ESPECIALLY IMPORTANT? PLEASE INDICATE UP TO THREE OF THEM AND RANK THEM IN ORDER OF IMPORTANCE.**

SHOW CARD 11.08.: Qualities of children

Good manners	01	Thrift	07
Independence	02	Determination	08
Hard work	03	Religiousness	09
Feeling of responsibility	04	Unselfishness	10
Imagination	05	Obedience	11
Tolerance and respect for other people	06		

The most important quality.... ..
 The second most important quality..... *Write the code*
 The third most important quality.....

- 11.09. ON THIS CARD ARE LISTED THREE DIFFERENT ASPECTS OF PEOPLE'S WORK THAT ARE CONSIDERED IMPORTANT. PLEASE LOOK AT THE CARD AND TELL ME WHICH OF THEM YOU PERSONALLY FEEL ARE IMPORTANT IN WORK. PLEASE INDICATE UP TO THREE SUCH ASPECTS AND RANK THEM IN ORDER OF IMPORTANCE.**

SHOW CARD 11.09.: Aspects of work.

Good pay	01	Many rest days	07
Not much tension	02	A work in which you feel	
Security in work	03	you can achieve something	08
Respected by people in general	04	Responsible work	09
Good working hours	05	Interesting work	10
Opportunity for initiative	06	A work corresponding to your capacities	11

The most important aspect of work
 The second most important aspect *Write code*
 The third most important aspect

- 11.10. THERE IS A GREAT VARIETY OF OPINIONS ABOUT HOW WE SHOULD CARE FOR THE PEOPLE IN OUR SOCIETY. PLEASE INDICATE FOR EACH OF THESE OPINIONS WHETHER YOU FEEL IT SHOULD BE SET AS A TASK OF SOCIETY, A TASKS OF THE FAMILY, OR BOTH.**

SHOW CARD 11.10..

		A task mainly of society	Rather a task of society than of the family	Equally a task of society and of the family	Rather a task of the family than of society	A task mainly of the family
a.	Care for elderly people when they need assistance at home	1	2	3	4	5
b.	Care for children in pre-school age	1	2	3	4	5

c.	Care for schoolchildren when not in school	1	2	3	4	5
d.	Financial support for elderly people living under the line of poverty	1	2	3	4	5
e.	Financial support for young people with children, living under the line of poverty	1	2	3	4	5

11.11. TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS?

SHOW CARD 3.31.: Scale of agreement

		Entirely agree	Agree	Neither agree nor disagree	Disagree	Entirely disagree
a.	Grandparents should take care of their grandchildren if the parents haven't the possibility to do so	1	2	3	4	5
b.	Parents should provide financial assistance to their adult children when the latter have financial difficulties	1	2	3	4	5
c.	If adult children are in need, parents should arrange their life so that they can help their children	1	2	3	4	5

11.12. I WILL READ YOU SOME STATEMENTS CONCERNING WHO SHOULD TAKE CARE OF ELDERLY PARENTS. PLEASE TELL ME TO WHAT EXTENT YOU AGREE OR DISAGREE WITH EACH OF THESE STATEMENTS, CHOOSING YOUR ANSWER FROM THIS CARD?

SHOW CARD 3.31.: Scale of agreement

		Entirely agree	Agree	Neither agree nor disagree	Disagree	Entirely disagree
a.	Children should take the responsibility of caring for their parents when the latter need it	1	2	3	4	5
b.	Children should adapt their professional life according to the needs of the parents	1	2	3	4	5
c.	When parents need it, daughters should take greater responsibility to provide them help than sons	1	2	3	4	5
d.	Children should provide financial aid to their parents when the latter have financial difficulties	1	2	3	4	5
e.	Children should accept their parents to live with them when the latter can no longer take care of themselves	1	2	3	4	5

11.13. TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS?

SHOW CARD 3.31.: Scale of agreement

		Entirely agree	Agree	Neither agree nor disagree	Disagree	Entirely disagree
a.	It is better for the man in a couple to be older than the woman	1	2	3	4	5
b.	It is not good for the relations between a couple when the woman's income is higher than the man's	1	2	3	4	5
c.	In general men make better political leaders than women	1	2	3	4	5
d.	Women should be able to decide how to spend the money they earn without having to obtain the consent of their husbands	1	2	3	4	5
e.	Caring for the family and the home is just as satisfying as working for payment	1	2	3	4	5
f.	A child in pre-school age might suffer if the mother goes to work	1	2	3	4	5
g.	Children often suffer by the fact that their fathers devote much attention to their work	1	2	3	4	5
h.	In case of divorce it is better for the children to remain with the mother than the father	1	2	3	4	5

11.14. TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS?

SHOW CARD 3.31.: Scale of agreement

		Entirely agree	Agree	Neither agree nor disagree	Disagree	Entirely disagree
a.	When there is a lack of jobs, men should have greater right to fill vacancies than women.	1	2	3	4	5
b.	When there are not enough jobs, young people should have a greater	1	2	3	4	5

	right to fill vacancies than elderly people					
c.	When there are not enough jobs, people with children should have a greater right to fill a vacancy than people without children.	1	2	3	4	5

11.15. THESE ARE ALL THE QUESTIONS I HAVE TO ASK. THANK YOU VERY MUCH FOR YOUR PATIENCE AND YOUR TIME. YOU WERE VERY HELPFUL. IT WOULD BE VERY IMPORTANT AND INTERESTING IF WE COULD TRACE HOW SOME OF THE THINGS WE SPOKE ABOUT CHANGE IN TIME. THAT IS WHY I WOULD LIKE FOR US TO MEET AGAIN IN TIME AND TALK. IF YOU HAPPEN TO MOVE TO SOME OTHER PLACE IN THE MEANTIME, IS THERE ANYONE WE MIGHT TURN TO THAT COULD HELP US MEET.

I agree to meet again 1

I agree, but I will be moving 2

There is a person to turn to for contact

That person's relation with the respondent

Tel. №

Refuses another meeting 3

12. INTERVIEWER'S OBSERVATIONS

INSTRUCTIONS FOR INTERVIEWER: Write down the following answers without asking questions

12.01. INTERVIEW COMPLETED **AT** **hours** **min.**
(date, month)

12.02. KIND OF DWELLING

- separate (one-family) house 1
- semi-separate house 2
- semi-detached house 3
- apartment/room in a building of less than 4 storeys, without an elevator 4
- apartment/room in a building of less than 4 storeys, with an elevator 5
- apartment/room in a building of 4 or more storeys, without an elevator 6
- apartment/room in a building of 4 or more storeys, with an elevator 7
- a dwelling specially adapted to the needs of elderly people
(serviced floor, semi-independent) 8
- farm 9

13.03. IN GENERAL, HOW EAGER WAS THE RESPONDENT TO ANSWER THE QUESTIONS?

In general, not eager 1 2 3 4 5 6 7 8 9 10 very eager

13.04. HOW WOULD YOU ASSESS THE INFORMATION THE RESPONDENT GAVE YOU?

In general, not reliable 1 2 3 4 5 6 7 8 9 10 entirely reliable