



# MULTI-PURPOSE STATISTIC FAMILY SURVEY

## FAMILY AND SOCIAL SUBJECTS

*Year 2003*

### TO BE COMPILED FIRST

1	Province ..... _ _ _
	Municipality ..... _ _ _
	Census Section.....  _ _ _   _ _ _

2	(To be compiled by the Municipality) <u>Definitive</u> order number of the family   _ _ _ _
	(From 0001 to the total of the blue IMF-10/A models compiled by the Municipality)

3	1   _ _ _ _
	(From 0001 to the total of families on the list)

4	Number of <u>registered</u> family components   _ _
	(From col. 4 of the ISTAT/IMF/1 Model)

5	Number of <u>actual</u> family components   _ _
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6	RESERVED TO ISTAT  _
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7	INTERVIEWER CODE  _ _ _ _
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8	Date of consignment to the Municipality office  _ _   _ _   _ _ _ _  day month year
	<b>THE INTERVIEWER</b> ..... (Legible name and surname)
	Reviewed HEAD OF OFFICE ATTACHED TO THE SURVEY .....



## CODES TO BE USED FOR THE GENERAL CARD

### Col. 1 – Order number of component

Progressive order number to be assigned to all persons who are listed in the General Card (2-digit code).

### Col. 3 – Kinship with RP

Indicate the relationship of every component with the RP (reference person): write the relationship in full and with the following codes (two-digit code):

RP (reference person) .....	01
Spouse of 01 .....	02
Cohabitant (together) partner of 01 .....	03
Parent (spouse of parent, cohabitant partner of parent) of 01 .....	04
Parent (spouse of parent, cohabitant partner of parent) of spouse or of cohabitant partner of 01.....	05
Child of 01 born from last marriage or cohabitation.....	06
Child of 01 or of spouse or cohabitant partner born from previous marriage or cohabitation (use only in case of 2 or more marriages or cohabitations).....	07
Spouse of child of 01 (or of spouse or cohabitant partner of 01).....	08
Cohabitant partner of child of 01 (or of spouse or cohabitant partner of 01) .....	09
Grand-child (=child of child) of 01 (or of spouse or cohabitant partner of 01) .....	10
Nephew/niece (=child of brother/sister) of 01 (or of spouse or cohabitant partner of 01) .....	11
Brother/sister of 01 .....	12
Brother/sister of spouse or cohabitant partner of 01 .....	13
Spouse of brother/sister of 01 (or of spouse or cohabitant partner of 01) .....	14
Cohabitant partner of brother/sister of 01(or of spouse or cohabitant partner of 01) .....	15
Other parent of 01 (or spouse or cohabitant partner of 01) .....	16
Person bound by friendship.....	17

### Col. 4

In case of child of 01 or of spouse or cohabitant partner born from previous marriage or cohabitation, indicate whether the child is:

- her child.....	1
- his child.....	2

### Col. 5 - Gender

Male .....	1
Female .....	2

### Col. 6 – Year of birth

Indicate the year of birth in 4 digits (e.g. 1952).

### Col. 7 – Presence or temporary absence in the actual family

Resident usually:	
- present .....	1
- temporarily absent.....	2

### Col. 8 – Marital status (6 years and over)

Single .....	1
Married cohabitating with spouse.....	2
Married non-cohabitating with spouse (actually separated) .....	3
Legally separated .....	4
Divorced .....	5
Widowed .....	6

### Col. 9 – Reason for non-cohabitation ( in case of spouse non-cohabiting with spouse)

Interruption of the sentimental relation .....	1
Work/study reasons.....	2
Health reason.....	3
Other (specify in the General Card) .....	4

### Col. 10 – Highest education degree obtained (6 years and over)

Doctorate degree or post-graduate specialization .....	1
University degree .....	2
Degree certificate.....	3
High school degree or qualification (4-5 years).....	4
High school degree or qualification (2-3 years) .....	5
Junior high school certificate.....	6
Primary school certificate.....	7
No title, can read and write .....	8
No title, cannot read and/or write .....	9

### Col. 11- Year in which person obtained highest education degree ( in case person achieved educational qualifications)

Indicate the year (4 digits, e.g. 1952) of achievement of highest education degree.

### Col. 12- Condition (15 years and over)

Employed.....	1
Seeking new employment.....	2
Seeking first employment .....	3
Compulsory military or substitutive community service.....	4
Housewife .....	5
Student .....	6
Disabled to work.....	7
Person in pension .....	8
In other condition .....	9

### Col. 13 – Main source of income ( 15 years and over)

Income from employed work .....	1
Income from autonomous work.....	2
Pension .....	3
Various indemnities and provisions.....	4
Property incomes .....	5
Maintenance provided by family .....	6

### Col. 14 – Date of current marriage ( in case of spouse cohabitating with spouse)

Indicate the month and the year (4 digits, e.g. 1952) of current marriage.

### Col. 15 – Civil status before current marriage ( in case of spouse cohabitating with spouse)

Single .....	1
Divorced .....	5
Widowed.....	6

### Col. from 16 to 20 – Frequency with which the father carries out caring activities for the young child (children from 0-5 years, in case the father lives with his family)

Everyday.....	1
Several times a week.....	2
Once a week.....	3
Several times a month .....	4
Several times a year .....	5
Never .....	



**1. PERSONAL DATA**

1.1 Date of birth                   
                             Day                      Month                      Year

1.2 Gender:    Male ..... 1   
                       Female ..... 2

1.3 Age (in years completed) .....

1.4 Were you born in the same Municipality in which you are residing?

Same Municipality as that

of residence ..... 999999

Other Italian Municipality (*specify in letters*)

Municipality .....

Province .....

Abroad ..... 000000

1.5 Which nationality do you have?

Italian ..... 1

Other ..... 2

Stateless person ..... 3

**2. FAMILY COMMUTERS***(FOR ALL)*

2.1 In the past year, has it occurred to you to live in a house other than this one with a certain regularity, such as: two day a week, or the whole week except for the week-end, or for the whole period you were studying at school or at University?

*(exclude holidays and occasional business trips)*

No ..... 1  → go to question 3.1

Yes ..... 2

*(If yes)*

2.2 For how many days during the year?

Nr. days .....

2.3 What were the reasons behind it?

*(more than one answer possible)*

Work ..... 01

Study ..... 02

Health ..... 03

Compulsory military/civil service ..... 04

To stay with spouse / partner/boyfriend ..... 05

To stay with one or both parents ..... 06

To stay with the children ..... 07

To stay with brothers and/or sisters ..... 08

To stay with some other relatives ..... 09

To stay with some friends ..... 10

To safeguard some interests ..... 11

Out of need for company, assistance ..... 12

Other (*specify*) ..... 13

2.4 During those periods, where were you staying?

*(one answer only)*

In the same Municipality as that of residence ..... 1

In another Municipality of the same Province ..... 2

In another Province of the same Region ..... 3

In another Italian Region ..... 4

Abroad ..... 5

In various places ..... 6

2.5 During those periods, where were you living?

*(more than one answer possible)*

In a hotel, in a guesthouse ..... 01

In a rented room ..... 02

In a rented house ..... 03

In a house of the person or the person's family property ..... 04

Guest of spouse / partner /boyfriend ..... 05

Guest of one or both parents ..... 06

Guest of relatives ..... 07

Guest of friends ..... 08

In an institution/hostel/student apartment/yard/hospital ..... 09

In barracks ..... 10

Other (*specify*) ..... 11

**2.6 With whom did you live?**

*(more than one answer possible)*

- Lived alone ..... 1
- With spouse..... 2
- With partner/boyfriend ..... 3
- With parent/s ..... 4
- With child/children ..... 5
- With father/mother-in-law ..... 6
- With some other relative..... 7
- With students/work colleagues/  
fellow soldiers ..... 8
- With some friends ..... 9
- With other persons *(specify)*..... 0

**2.7 During your stay outside of this house, you kept yourself:**

*(more than one answer possible)*

- With the money earned by yourself.....1
- With the help of your family .....2
- At the expense of the host family /  
person ..... 3
- With a scholarship or some other subsidy .... 4
- At the employer's expense..... 5
- Other *(specify)* ..... 6

**3. LIMITATIONS OF PERSONAL INDEPENDENCE**

*(FOR ALL)*

**3.1 Do you suffer from a chronicle illness or from a permanent disability that reduces your independence, requiring you to ask for some help to other persons as regard every day life needs inside or outside your house?**

- No .....1
- Yes, occasionally and only for some needs. 2
- Yes, in a continuous way and for important needs.....3

**4. BROTHERS AND SISTERS**

*(FOR ALL)*

**4.1 Did you or do you have brothers and sisters?**

- No. .... 1  → go to question 5.1 for persons 25 years of age and over. Go to question 6.1 for all the others
- Yes ..... 2

*(If YES)*

**4.2 How many brothers and sisters did you have in all?**

Nr of brothers..|\_|\_|      Nr of sisters..... |\_|\_|

**4.3 If taking into consideration all the children your mother gave birth to, were you the first, second, third born...**

Nr of order ..... |\_|\_|

**4.4 Do you have some living brothers or sisters?**

- No ..... 1  → go to question 5.1 for persons 25 years of age and over. Go to question 6.1 for all the others
- Yes..... 2

*(If YES)*

**4.5 Do you have brothers and sisters who do not live with you?**

- No ..... 1  → go to question 5.1 for persons 25 years of age and over. Go to question 6.1 for all the others
- Yes..... 2  → How many? ..... Nr |\_|\_|

*(If YES)*

**4.6 Can you tell me whether they are male or female, how old they are and where they live?**

*(Indicate all the information per brother or sister who does not live with you. If you have more than 3 brothers or sisters who do not live with you, refer to the 3 brothers or sisters who live closest to you)*

**COMPILE PER COLUMN**

	1st	2d	3d
	brother/ sister	brother/ sister	brother/ sister

**Gender:**

- Male ..... 1
- Female..... 2

**Age** ..... |\_|\_|      |\_|\_|      |\_|\_|

**Place of residence:**

In another apartment of the same block of buildings 1

**In the same Municipality:**

within 1 km ..... 2 

in the remaining part of the Municipality ..... 3

**In another remote Municipality of Italy:**

less than 16 km.....4 

from 16 to 50 km.....5 

more than 50 Km ..... 6

**Abroad** ..... 7

4.7 How often do you see each other?

	<b>COMPILE PER COLUMN</b>		
	1st brother/ sister	2d brother/ sister	3d brother/ sister
Everyday.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some times a week ...	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Some times a month (less than 4)....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Some times a year.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**WARNING!**

- Go to Section 6 in case of persons between 0 and 24 years of age included.
- Go on for all the others!

**5. CHILDREN AND GRANDCHILDREN (children of sons/daughters)**

**(FOR ALL PERSONS 25 YEARS OF AGE AND OVER)**

5.1 Do you have living children, either your own or adopted?

No ..... 1  → go to question 6.1 for persons under 34 years of age included. Go to question 5.8 for all the others.

Yes..... 2  → How many? .....Nr | | |

**(If YES)**

5.2 Do you have children who do not live with you?

No ..... 1  → go to question 6.1 for persons under 34 years of age included. Go to question 5.8 for all the others

Yes..... 2  → How many? .....Nr | | |

**(If Yes)**

5.3 Can you tell me whether they are male or female, how old they are and where they live?  
**(Indicate all the information per child who does not live with you. If you have more than 3 children who do not live with you, refer to the 3 children who live closest to you)**

	<b>COMPILE PER COLUMN</b>		
	1st child	2d child	3d child
<b>Gender:</b>			
Male .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Female.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>Year of birth</b> .....			
<b>Place of residence:</b>			
In another apartment of the same block of buildings .	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
<b>In the same Municipality:</b>			
within 1 km.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
in the remaining part of the Municipality .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>In another remote Municipality of Italy:</b>			
less than 16 km.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
from 16 to 50 km.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
more than 50 km.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>Abroad</b> .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>

5.4 How often do you see each other?

Everyday.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some times a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4) .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Some times a year .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

5.5 How often do you telephone each other?

Everyday.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Sometimes a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4 times) .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**(Ask following question in case person sees children at least sometimes a year; otherwise go to quest..5.7)**

5.6 How long does it take to get from your home to where your children are currently living?

Hours .....			
Minutes.....			

**5.7 How satisfied are you with your relationship with your children?**  
*(give a score from 0 to 10, where 0 indicates no satisfaction and 10 full satisfaction)*

	1st child	2d child	3d child
Score .....	□□	□□	□□

*(Ask following question to persons 35 years of age and over; otherwise go to question 6.1)*

**5.8 Are you grandfather/grandmother?**

No. .... 1  → Go to question 6.1 for persons under 69 years of age included. Go to question 8.1 for persons 70 years of age and over

Yes.... 2  → How many grand-children (children of sons/daughters) do you have? ..... Nr □□

*(If YES)*

**5.9 Do you have grandchildren who do not live with you?**

No. ...1  → Go to question 6.1 for persons under 69 years of age included. Go to question 8.1 for persons 70 years of age and over

Yes..... 2  → How many? ..... Nr □□

**5.10 Can you tell me as regard each of your grandchildren who do not live with you whether they are male or female, how old they are and where they live?**

*(In case of more than 3 grandchildren who do not live with you, refer to the 3 grandchildren who live closest to you)*

**COMPILE PER COLUMN**

	1st grandchild	2d grandchild	3d grandchild
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**Gender:**

Male.....1  1  1

Female.....2  2  2

**Age**..... □□ □□ □□

**Place of residence:**

In another apartment of the same block of buildings.....1  1  1

**In the same Municipality:**

within 1 km ..... 2  2  2

in the remaining part of the Municipality.....3  3  3

**In another remote Municipality of Italy:**

less than 16 km .....4  4  4

from 16 to 50 km.....5  5  5

more than 50 Km.....6  6  6

**Abroad**.....7  7  7

**5.11 How often do you see each other?**

**COMPILE PER COLUMN**

	1st grandchild	2d grandchild	3d grandchild
Everyday .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some times a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4) .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**5.12 How often do you phone each other?**

	1st grandchild	2d grandchild	3d grandchild
Everyday .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some times a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4) .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

N° □□

*(Ask following question in case one of the grandchildren indicated is younger than 13 years of age included; otherwise go to next box)*

**5.13 In what occasions do you take care of your grandchild?**  
*(more than one answer possible)*

	1st grandchild	2d grandchild	3d grandchild
Never .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
When parents are at work.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
During the parents' occasional engagements .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
When parents want to go out in their spare time .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
During holiday periods .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
When the child is sick .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
In case of emergencies.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Other ( <i>specify</i> ) .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>

**WARNING!**

- Go to Section 8 in case of persons 70 years of age and over.
- Go on for all other persons!



**6. PARENTS AND GRANDPARENTS**

**(FOR ALL PERSONS UNDER 69 YEARS OF AGE INCLUDED)**

**6.1 Where do your mother and your father live?**

	Mother	Father
Together with you.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
In another apartment of the same block of buildings .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>In the same Municipality:</b>		
within 1 km.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
in the remaining part of the Municipality.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>In another remote Municipality of Italy:</b>		
less than 16 km.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
from 16 to 50 km.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
less than 50 Km.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
<b>Abroad</b> .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>Parent is deceased</b> .....	9 <input type="checkbox"/>	9 <input type="checkbox"/>

*(Ask following question in case at least one parent does not live with you; otherwise, go to question 6.12)*

**6.2 Did your parents ever split up or divorce? (do not consider temporary separations)**

No ..... 1  → go to question 6.4  
 Yes ..... 2

*(If YES)*

**6.3 In which year did that happen for the first time?**

Year ..... | | | | |  
 Never ..... 9999

*(Ask following question in case at least one of the two parents is not deceased and does not live with you; otherwise go to question 6.12)*

**6.4 How old are your mother and your father?**

	Mother	Father
Age .....		

**6.5 How often do you see each other?**

	Mother	Father
Everyday.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Sometimes a week .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4).....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**6.6 How often do you phone each other?**

	Mother	Father
Everyday.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Sometimes a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week. ....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4).....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

*(Ask following question in case you see your parents at least sometimes a year; otherwise, go to question 6.8)*

**6.7 How long does it usually take you to get from your home to where your mother and/or father are currently living?**

	Mother	Father
Hours .....		
Minutes .....		

**6.8 Do your parents suffer from a chronic illness or a permanent disability that reduces their independence, requiring them to ask for some help to other persons as regard every day life needs inside or outside the house?**

	Mother	Father
No .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes, occasionally and only for some needs .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes, in a continuous way and for important needs .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>

**6.9 Your mother and/or father live:**

	Mother	Father
Together with their children .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Together without .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
In a one-person family .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Without spouse/partner and with children .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
In an institution, old people's home, etc .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other ( <i>specify</i> ).....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

*(Ask following question in case at least one of the two does not live in an institution, old people's home, etc; otherwise, go to question 6.12)*

**6.10 Do your parents live together with persons who, against payment, assist them, take care of them or of the domestic tasks?**

	Mother	Father
No.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes, with foreigners.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes, with Italians.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>

*(If yes, ask following question; otherwise, go to question 6.12)*

**6.11 Who sustains the expenses for the assistance or the service personnel of your parents?**  
*(more than one answer possible)*

- The parents themselves ..... 1
- Me/my family ..... 2
- My brothers and/or sisters ..... 3
- Other (*specify*) ..... 4

*(Ask following question to persons under 69 years of age included)*

**6.12 Do you have living grandparents?**

- No ..... 1  → go to box
- Yes..... 2  → How many? Nr |\_\_|

*(If Yes)*

**6.13 Do you have grandparents who do not live with you?**

- No ..... 1  → go to box
- Yes..... 2  → How many? Nr |\_\_|

*(If Yes)*

**6.14 Among the grandparents who do not live with you, indicate how many of them you see or hear from at least once a month:**

- |                                                                        |                       |
|------------------------------------------------------------------------|-----------------------|
|                                                                        | Nr of<br>grandparents |
| Nr of grandparents you see<br>once or more a month .....               | __                    |
| Nr of grandparents you hear by telephone<br>once or more a month ..... | __                    |

**WARNING!**

- Go to Section 8 in case of persons 14 years of age and over.
- Continue for all other persons!

**7. CHILDCARE** | *(FOR CHILDREN FROM 0 TO 13 YEARS OF AGE)*

**7.1 Who among the following adult persons usually takes care of the child when he/she is not with the parents or at school?**  
*(more than one answer possible)*

- Cohabitant grandparents ..... 01
- Non-cohabitant grandparents ..... 02
- Brothers/sisters (adults)..... 03
- Cohabitant uncles ..... 04
- Non-cohabitant uncles ..... 05
- Other cohabitant relatives (*specify*) ..... 06
- Other non-cohabitant relatives (*specify*) ..... 07
- Non-remunerated friends, neighbours,  
other persons..... 08
- Remunerated persons ..... 09
- No adult takes  
care of the child ..... 10
- Usually there is no need  
for somebody to take care  
of the child..... 11

→ go to  
question 7.3

*(Ask following questions in case an adult takes care of the child)*

**7.2 How often do the persons you indicated take care of the child when he/she is not with the parents or at school?**

*(one answer per every adult indicated at previous question)*

- |                                                                | Every-<br>day              | Some-<br>times a<br>week   | Once<br>a<br>week          | Some-<br>times<br>a month  | Some-<br>times<br>a year   |
|----------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Cohabitant<br>grandparents.....                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Non-cohabitant<br>grandparents.....                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Brothers or sisters<br>(adults) .....                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Cohabitant<br>uncles .....                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Non-cohabitant<br>uncles .....                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Other cohabitant<br>relatives .....                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Other non-cohabitant<br>relatives .....                        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Non-remunerated friends,<br>neighbours, other<br>persons ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Remunerated<br>persons .....                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

*(Ask following question in case no adult takes care of the child or in case there is no need for someone to take care of the child; otherwise go to question 7.4)*

**7.3 With whom stays the child when he/she is not with the parents or at school?**  
*(one answer only)*

- Alone ..... 1
- With brothers and sisters (non-adults) ..... 2
- With other young children his/her age) ..... 3
- A neighbour watches on him/her) ..... 4
- Other (*specify*) ..... 5

*(Ask following question in case of children from 0 to 13 years of age included)*

**7.4 Does the child have cousins (children of brothers/sisters of parents)?**

- No ..... 1  → go to question 7.7
- Yes..... 2  → How many? .....Nr |\_\_|

*(If Yes)*

**7.5 Does the child have cousins who do not live with him/her?**

- No ..... 1  → go to question 7.7
- Yes..... 2  → How many? .....Nr |\_\_|

*(If Yes)*

7.6 Among the cousins who do not live with him/her, can you indicate how many of them does the child see at least once a month?

Nr of cousins  
Number of cousins the child sees at least once a month..... |\_|\_|

*(Ask following question in case of children from 0 to 13 years of age included)*

7.7 Does the child frequent other children his/her age besides the school hours and extra-scholastic activities (music lessons, sport, etc.)? *(exclude cohabitant parents)*

No .....1   
Yes .....2  How many? ...Nr |\_|\_|

7.8 Is the child currently registered at nursery school or at school?

Nursery school .....1   
Kindergarten .....2   
Primary school.....3   
Lower secondary school..... 4   
Professional training school..... 5   
Upper secondary school.....6   
NO ..... 7  → go to question 7.17 in case of children from 0 to 5 years of age; stop here for children from 6 to 13 years of age

*(Ask following question in case of children from 0 to 13 years of age included registered at nursery school or school)*

7.9 Is the school or nursery school private or public?

Public..... 1   
Private .....2

7.10 With whom does the child, usually, go to school or nursery school during the scholastic year? *(One answer only)*

Alone ..... 1   
With the mother ..... 2   
With the father ..... 3   
With the grandmother ..... 4   
With the grandfather ..... 5   
With the brother or sister ..... 6   
With another non-remunerated person *(specify)* ..... 7   
With another remunerated person..... 8   
With his/her friends..... 9   
Takes the Municipality or School bus ..... 0

7.11 With whom does the child, usually, come back from school or nursery school?

*(One answer only)*

Alone..... 1   
With the mother ..... 2   
With the father ..... 3   
With the grandmother ..... 4   
With the grandfather ..... 5   
With the brother or sister ..... 6   
With another non-remunerated person *(specify)* ..... 7   
With another remunerated person ..... 8   
With his/her friends ..... 9   
Takes the Municipality or School bus ..... 0

**WARNING!**

- Go to question 7.15 in case of children registered at a nursery school or at kindergarten.
- Go on for all the other children!

*(Ask following question in case of children who are registered at a primary school, lower secondary school, upper secondary school or at a professional training school)*

7.12 Does the child have homework?

No, never.....1  → go to question 7.14  
Yes, sometimes.....2   
Yes, often or always.....3

*(Ask following question in case the child has homework)*

7.13 With whom does the child do his/her homework? *(more than one answer possible)*

Alone.....1   
With the father.....2   
With the mother .....3   
With the grandfather.....4   
With the grandmother.....5   
With his/her school friends.....6   
With brothers or sisters.....7   
With the help remunerated persons.....8   
With the help of non-remunerated persons... ..9

*(Ask following question in case of children who are registered at a primary school, lower secondary school, upper secondary school or at a professional training school)*

7.14 Who speaks usually with the teachers in order to follow the child's scholastic achievement?

Nobody, there has been no need for doing so ..... 1   
The father ..... 2   
The mother ..... 3   
Both parents and in an equal measure ..... 4   
The brother/sister ..... 5   
Cohabitant grandfather/mother .....6   
Non-cohabitant grandfather/grandmother ..... 7   
Other person *(specify)* ..... 8

For all children registered at the primary school, lower secondary school, upper secondary school or at a professional training school the question-naire ends here!

*(Ask following question to children registered at a kindergarten or a nursery school)*

7.15 Why did the child go to kindergarten or nursery school?

*(indicate the main reason)*

- It is important from an education point of view ..... 1
- To make him be in company of other children ..... 2
- A baby sitter would cost too much ..... 3
- No family member can look after him ..... 4
- Because all children go there ..... 5
- Other *(specify)* ..... 6

7.16 How much did the kindergarten or nursery school cost you every month?

\_\_\_\_\_,00 €

It costs me nothing... 0000

For children registered at a kindergarten or a nursery school the questionnaire ends here!

*(Ask following question in case of children from 0 to 5 years of age who are not registered at a kindergarten or nursery school)*

7.17 Why did the child not go to kindergarten or nursery school?

*(more than one answer possible)*

- I applied, but the request was not accepted ..... 01
- A family member can look after him, I have no family organization problem ..... 02
- The kindergarten or the school is far away from our house, inconvenient ..... 03
- I do not want to delegate other persons the educational task ..... 04
- I tried, but the child fell too often sick ..... 05
- The child could feel abandoned ..... 06
- I tried, but the child did not want to go ..... 07
- A doctor advised me against it ..... 08
- The child is still too young ..... 09
- The kindergarten/school costs too much ..... 10
- The kindergarten/school has inconvenient school hours ..... 11
- Other *(specify)* ..... 12

Does the child go to some other places such as recreation centre, part-time micro-kindergarten, family centre or some other places self-managed by parents?

- No ..... 1
- Yes, sometimes ..... 2
- Yes, often ..... 3

**WARNING!**

The questionnaire ends here as regard children and youngsters from 0 to 13 years of age included.

**8. OTHER PARENTS, FRIENDS AND NEIGHBOURS**

*(FOR PERSONS 14 YEARS OF AGE AND OVER)*

8.1 Besides parents, children, brothers and sisters, grandparents and grandchildren, are there some other relatives to which you are particularly fond of and/or on whom you may depend?

- No ..... 1  → go to question 8.3
- Yes ..... 2

*(If YES)*

8.2 Can you indicate me who are these relatives and how many there are?

- Uncle/aunt (brother/sister of parents) ..... Nr | | |
- Uncle/aunt (spouse of uncle/aunt) ..... Nr | | |
- Cousin ..... Nr | | |
- Nephews/nieces ..... Nr | | |
- Mother/father-in-law ..... Nr | | |
- Daughter/son-in-law ..... Nr | | |
- Brother/sister-in-law ..... Nr | | |
- New spouse of a parent ..... Nr | | |
- Son/daughter of spouse of a parent ..... Nr | | |
- Other *(specify)* ..... Nr | | |

*(Ask following question to persons 14 years of age and over)*

8.3 Do you have one or several friend on whom you can count in case of need?

*(do not consider relatives)*

- No ..... 1  → go to question 8.5
- Yes ..... 2  → How many? ..... Nr | | |
- Does not know ..... 3  → go to question 8.5

*(If YES)*

8.4 How often do you frequent these friends in your spare time?

*(refer to the person you frequent the most)*

- Everyday ..... 1
- Sometimes a week ..... 2
- Once a week ..... 3
- Sometimes a month (less than 4) ..... 4
- Sometimes a year ..... 5
- Never ..... 6

*(Ask following question to persons 14 years of age and over)*

8.5 Excluding relatives (yours or your spouse/partner's), are there some persons who live close to you and on whom you can count in case of need?

- No ..... 1
- Yes, a person or a family ..... 2
- Yes, some persons or families ..... 3

8.6 Are there some persons who do not live with you on whom you can count (relatives, friends, neighbours...) in case you urgently need a sum of money (e.g. 800 euro)?

- No ..... 1
- Yes ..... 2  → How many persons ... Nr | | |

**9. CARE GIVEN**

**(FOR PERSONS 14 YEARS OF AGE AND OVER)**

**9.1 In the past 4 weeks, did you provide one of the following unpaid help to persons (relatives and non) who do not live with you?**  
*(read out all the answers; more than one answer possible)*

- Economic support .....01
- Health benefits (injections, medication, etc.) ..02
- Support in caring and assisting adults (helping them to wash, dress, eat, etc.) .....03
- Support in caring and assisting children .....04
- Support with domestic activities, including activities that do not take place in the helped person's house (wash, iron, shop, cook, etc.) 05
- Company, assistance, hospitality .....06
- Support in carrying out bureaucratic activities (post-office, bank, etc.) .....07
- Help in carrying out extra-domestic work .....08
- Education support .....09
- Free consumer goods (food, clothes, etc.) .....10
- Other *(specify)* .....11
- No help.....12  → go to box

*(Ask following question to person who offered at least one help)*

**9.2 Indicate the code of the only help provided or of the help considered as the most important one**  
*(see codes at question 9.1)*

    |\_|\_|

**9.3 To which one of the following persons was the help provided:**  
*(more than one answer possible)*

- Father .....01
- Mother .....02
- Father-in-law..... 03
- Mother-in-law ..... 04
- Brother.....05
- Sister .....06
- Son .....07
- Daughter..... 08
- Son-in-law.....09
- Daughter-in-law ..... 10
- Grandfather/grandmother ..... 11
- Grandchild ..... 12
- Nephew /niece .....13
- Other elderly relative (65 years of age and over).....14
- Other relative under 65 years of age .....15
- Friends.....16
- Neighbours .....17
- Other person *(specify)* .....18

**9.4 During the past 4 weeks, how many times did you provide this help and for how many hours each time?**

Nr of times |\_|\_| → *(as regard non-economic help)*  
Average nr of hours each time ..... |\_|\_|

**9.5 Did you provide this help on other occasions during the past 12 months?**

No ..... 1  → go to question 9.7  
Yes..... 2

*(If Yes)*

**9.6 Approximately, how many times did you provide it during the past 12 months? (excluding those already indicated for the past 4 weeks)**

Nr of times...|\_|\_| → *(as regard non-economic help)*  
Average nr of hours each time ..... |\_|\_|

*(Ask following question to person who provided at least one help)*

**9.7 Did you provide this help you indicated, in the framework of a volunteer group's activities?**

No ..... 1   
Yes..... 2  → go to box

*(If No)*

**9.8 Do you organize yourself or share the tasks with other persons as regard this help?**

No ... 1   
Yes.....2  → How many persons?.....Nr |\_|\_|

**WARNING!**

- The questionnaire ends here as regard 14-year-old persons and married men cohabitating with their spouse.
- Go on as regard all the other persons!

**10. LIFE CYCLE**

**(FOR PERSONS 15 YEARS OF AGE AND OVER, EXCLUDING MARRIED MEN COHABITATING WITH THEIR SPOUSE)**

**10.1 Do you or did you have children born alive?**

No ..... 1   
Yes..... 2  → How many? ..... Nr |\_|\_|

**10.2 Do you or did you have adopted children?**

No ..... 1   
Yes..... 2  → How many? ..... Nr |\_|\_|

*(Ask following question in case you have or had children or adopted children; otherwise go to the next box)*

10.3 Consider every child you have or had, and, following the order per birth date, indicate the gender, birth date, if and when the child stopped living with you.

**COMPILE PER COLUMN AND FOR EVERY CHILD**

1st child 2d child 3d child 4th child 5th child 6th child 7th child

a) Gender and birth date:

Male .....1  1  1  1  1  1

Female .....2  2  2  2  2  2

Month of birth ..... | | | | | | | | | | | | | | | |

Year of birth ..... | | | | | | | | | | | | | | | |

b) Born:

Within marriage.....1  1  1  1  1  1

Out of wedlock .....2  2  2  2  2  2

Adopted child .....3  3  3  3  3  3

c) Has your son/daughter stopped living with you?

1st child 2d child 3d child 4th child 5th child 6th child 7th child

No .....1  1  1  1  1  1

Yes, he/she lives

elsewhere.....2  2  2  2  2  2

Yes, he/she is

deceased .....3  3  3  3  3  3

*(Ask following question if the answer is Yes; otherwise, go to the next box)*

d) Year in which your son/daughter has stopped living with you or year of death

1st child 2d child 3d child 4th child 5th child 6th child 7th child

Year ..... | | | | | | | | | | | | | | | |

**WARNING!**

- The questionnaire ends here as regard all never-married men and never-married women who do not cohabitate with someone.
- Go to Section 13 as regard never-married women who cohabitate with a partner.
- Go on as regard all the other persons!

*(Ask following question to married women and to all separated, divorced and widowed persons)*

10.4 Let us speak about your marriage. How many times have you been married?

Only once..... 1

Twice or more.....2  → How many times?....Nr | |

10.5 I would like to ask you some information regarding each of your marriage, starting from the first one.

*(persons who married only once must compile only the first column)*

**COMPILE PER COLUMN FOR EVERY MARRIAGE**

First marriage Second marriage Last marriage

10.5a) Can you indicate me the date of marriage?

Month ..... | | | | | | | | | | | | | | | |

Year..... | | | | | | | | | | | | | | | |

10.5b) Before the marriage, did you cohabitate with the future spouse?

No..... 1  1  1

Yes..... 2  2  2

*(Ask following question if the answer was Yes; otherwise go to question 10.6)*

10.5c) When did the cohabitation start?

First marriage Second marriage Last marriage

Month ..... | | | | | | | | | | | | | | | |

Year..... | | | | | | | | | | | | | | | |

10.5d) At the beginning of the cohabitation, were you or your future spouse waiting for a divorce sentence?

First marriage Second marriage Last marriage

No..... 1  1  1

Yes..... 2  2  2

10.5e) At the beginning of the cohabitation, were you or your spouse:

**COMPILE PER COLUMN FOR EVERY MARRIAGE**

	First marriage	Second marriage	Last marriage
Already intend on getting married .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Still undecided, but considering the idea of marriage .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
There was no talk of getting married .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Contrary to the idea of getting married .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
No answer .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

*(Ask following question in case they were not intend on getting married, otherwise go to question 10.6)*

10.5f) Which one among the following reasons mostly prompt you to get married?

	First marriage	Second marriage	Last marriage
Life in couple confirmed that you could get married .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
A divorce sentence was obtained .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
You were expecting a child or were intend on having one .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
You preferred not to get married but a free union implies too many difficulties in the actual society .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
To satisfy the expectations of parents or of other persons .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (specify) .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

10.6 Is the marriage still in force?

	First marriage	Second marriage	Last marriage
No .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

*(Ask following question in case the answer was NO; otherwise go to question 11.1)*

10.7 Can you indicate me the year of separation, divorce or widowhood?

**COMPILE PER COLUMN FOR EVERY MARRIAGE**

	First marriage	Second marriage	Last marriage
<i>De facto separation:</i> Year .....	□□□□	□□□□	□□□□
<i>Legal separation:</i> Year .....	□□□□	□□□□	□□□□
<i>Divorce:</i> Year .....	□□□□	□□□□	□□□□
<i>Widowhood:</i> Year .....	□□□□	□□□□	□□□□

**WARNING!**

- The questionnaire ends here in the case of separated and divorced men.
- Go on for all the other persons!

**11. ENGAGEMENT AND FIRST WEDDING**

*(FOR ALL NEVER-MARRIED WOMEN AND FOR WIDOWED MEN)*

11.1 Consider your first or only marriage. Where did you meet your future spouse? *(one answer only)*

At school, university .....	01 <input type="checkbox"/>
In holiday .....	02 <input type="checkbox"/>
In a nightclub or some other night place .....	03 <input type="checkbox"/>
Through the neighbourhood / you were neighbours .....	04 <input type="checkbox"/>
At a village fair, a ball .....	05 <input type="checkbox"/>
At a party between friends .....	06 <input type="checkbox"/>
At the house of friends /relatives .....	07 <input type="checkbox"/>
At the workplace .....	08 <input type="checkbox"/>
In a religious meeting .....	09 <input type="checkbox"/>
On the street .....	10 <input type="checkbox"/>
On a means of transport .....	11 <input type="checkbox"/>
In another public place .....	12 <input type="checkbox"/>
On the Internet. ....	13 <input type="checkbox"/>
Marriage agency .....	14 <input type="checkbox"/>
Other (specify) .....	15 <input type="checkbox"/>

11.2 How old was your future spouse when you started your sentimental relationship or engagement?

Age ..... □□□

**11.3 What education degree had your future spouse when you started your sentimental relationship or engagement?**

- University degree or higher ..... 1
- University certificate ..... 2
- Upper secondary school diploma ..... 3
- Lower secondary school certificate ..... 4
- Primary school certificate ..... 5
- No title ..... 6
- Does not know..... 7

**11.4 How long did your sentimental relationship or engagement last before your marriage or before a pre-marriage cohabitation?**

Nr of year.....   Nr of months.....

**11.5 Did you wear an engagement ring?**

- No ..... 1
- Yes, we both did ..... 2
- Yes, he did..... 3
- Yes, she did ..... 4

**11.6 Was your first or only marriage a religious marriage or a civil one?**

- Civil ..... 1
- Religious ..... 2

**11.7 Before and after the marriage ceremony, did you hold a wedding reception?**

- No ..... 1  → go to question 11.10
- Yes, one reception.... 2
- Yes, more than one ... 3  → How many? .Nr

*(If YES)*

**11.8 Do you remember overall how many persons took part to the wedding reception or breakfast? (consider the total sum in case of several receptions held)**

Nr.....

Does not remember.....9999

**11.9 Who paid?**

*(more than one answer possible)*

- Her family..... 1
- His family..... 2
- The bridegroom..... 3
- The bride..... 4
- Other *(specify)*..... 5

*(Ask following question to all non-single women and widowed men)*

**11.10 Did you go on honeymoon?**

- No ..... 1  → go to question 11.13
- Yes, immediately after the wedding ..... 2
- Yes, after a while ..... 3

*(If Yes)*

**11.11 Where did you go on honeymoon? (indicate the most faraway destination)**

- In the same region where you live.... 1
- In another region of Italy..... 2
- In another European country ..... 3
- In an extra-European country..... 4

**11.12 Who paid for the honeymoon?**

*(more than one answer possible)*

- His family..... 1
- Her family..... 2
- The bridegroom..... 3
- The bride..... 4
- Trip was paid with wedding gifts. .... 5
- Other persons *(specify)*..... 6

*(Ask following question to all non-single women and widowed men)*

**11.13 Did the couple choose the community of goods or the separation of property?**

- Community of goods..... 1
- Separation of property..... 2
- Does not know..... 3

**11.14 When you got married, where did you go to live in relation to your mother, your father, your mother and father-in-law?**

- |                                                                                | Mother                     | Father                     | Mother-<br>in -Law         | Father-<br>in -Law         |
|--------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Together ..... 1 <input type="checkbox"/>                                      | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| In another apartment of the same block of buildings 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**In the same Municipality:**

- |                                                                            |                            |                            |                            |                            |
|----------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| within 1 km ..... 3 <input type="checkbox"/>                               | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| In the remaining part of the Municipality ..... 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**In another remote Municipality of Italy:**

- |                                                  |                            |                            |                            |                            |
|--------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Less than 16 km ..... 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| From 16 to 50 km..... 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| More than 50 km. .... 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |

**Abroad ..... 8**  8  8  8

**Was already deceased 9**  9  9  9



*(Ask following question if the couple did not live with the parents or the in-laws; otherwise go to next box)*

11.15 Can you tell me whether the house where you went to live when you got married was:

- Built.....1  → go to question 11.17
- Bought.....2
- Inherited..... 3
- Received by donation, dowry..... 4
- Made available for free or for a very small sum of money ..... 5
- Belonged already to one of the partners ..... 6  → go to next box
- Rented. .... 7

*(Ask following question if the house was inherited or received by donation, dowry, free of charge or for a very small sum of money)*

11.16 From whom did you inherit or received by donation, dowry, or free of charge the house where you went to live when you got married?

- From parents .....1
- From in-laws.....2  go to next box
- From other relatives of the interviewee or spouse. ... 3
- From the employer..... 4
- From other non-relatives (specify)..5

*(Ask following question if the house was built or bought)*

11.17 Did you receive economic support from somebody to buy or build the house where you went to live when you got married? (exclude bank loans)

- No .....1  → go to next box
- Yes..... 2

*(If YES)*

11.18 From whom did you receive economic support? (more than one answer possible)

- From parents ..... 1
- From in-laws..... 2
- From his brothers or sisters..... 3
- From her brothers or sisters..... 4
- From other relatives of the interviewee...5
- From other relatives of the spouse.....6
- From other non-relatives (specify) ..... 7

11.19 Was it a loan or a gift?

- A loan..... 1
- A gift..... 2
- In part a loan and in part a gift..... 3

**WARNING!**

- Go to Section 13 in case of separated, divorced and widowed women who cohabit with someone.
- Go on only in case of married women cohabitating with their spouse.
- The questionnaire ends here as regard all the other women!
- The questionnaire ends here as regard all widowed men!

**12. THE MARRIED COUPLE**

*(FOR MARRIED WOMEN COHABITATING WITH THEIR SPOUSE)*

12.1 How often do you see your in-laws?

	Mother-in-law	Father-in-law
Everyday .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Sometimes a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4) .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Deceased.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>

12.2 How often do your mother and father see your husband?

	Mother	Father
Everyday .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Sometimes a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4) .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Deceased.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>

12.3 Has your husband been married more than once?

- No..... 1  → go to question 12.5
- Yes.....2  → How many times? ...Nr|\_

*(If Yes)*

12.4 I would like to ask you now some information regarding each marriage of your husband, starting from the first one.

*(without considering current marriage)*

**COMPILE PER COLUMN FOR EVERY MARRIAGE OF YOUR HUSBAND**

First marriage    Second marriage    Third marriage

a) Can you indicate me the date of marriage?

- Month..... |\_|\_|    |\_|\_|    |\_|\_|
- Year ..... |\_|\_|\_|    |\_|\_|\_|    |\_|\_|\_|

b) Before this marriage, did your husband cohabit with the future wife?

	First marriage	Second marriage	Third marriage
No .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
No answer.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

c) Can you indicate me the year of separation, divorce or widowhood?

**COMPILE PER COLUMN FOR EVERY MARRIAGE OF YOUR HUSBAND**

First marriage    Second marriage    Third marriage

*De facto separation:*

Year ..... | | | | |    | | | | |    | | | | |

*Legal separation:*

Year ..... | | | | |    | | | | |    | | | | |

*Divorce:*

Year ..... | | | | |    | | | | |    | | | | |

*Widowhood:*

Year ..... | | | | |    | | | | |    | | | | |

*(Ask following question to married women cohabitating with their spouse)*

12.5 Does or did your husband have children born alive, outside of current union?

No ..... 1

Yes..... 2  → How many children? Nr | | |

No answer...3

12.6 Does or did your husband have adopted children, outside of current union?

No ..... 1

Yes..... 2  → How many? ... Nr | | |

No answer .....3

*(Ask following question if husband had his own or adopted children outside of current union; otherwise go to Section 13)*

12.7 Considering each child your husband has or had outside of current union and, following the order of birth date, indicate the gender, date of birth, if and when the child stopped living with him.

**COMPILE PER COLUMN FOR EVERY CHILD YOUR HUSBAND HAS**

1st child    2d child    3d child    4th child    5th child    6th child    7th child

a) Gender:

Male .....1  1  1  1  1  1  1

Female .....2  2  2  2  2  2  2

Month of birth ..... | | |    | | |    | | |    | | |    | | |    | | |    | | |

Year of birth ..... | | |    | | |    | | |    | | |    | | |    | | |    | | |

b) Born:

Within marriage.....1  1  1  1  1  1  1

Out of wedlock .....2  2  2  2  2  2  2

Adopted child .....3  3  3  3  3  3

c) Has this child stopped living with your husband?

**COMPILE PER COLUMN AND FOR EVERY CHILD YOUR HUSBAND HAS**

1st child    2d child    3d child    4th child    5th child    6th child    7th child

No..... 1  1  1  1  1  1  1

Yes, child lives

elsewhere ..... 2  2  2  2  2  2  2

Yes, child

is deceased ..... 3  3  3  3  3  3  3

*(If Yes)*

d) Year in which the child stopped living with your husband or year of death

1st child    2d child    3d child    4th child    5th child    6th child    7th child

Year..... | | |    | | |    | | |    | | |    | | |    | | |    | | |

**13. LIFE AS A COUPLE**

*(FOR WOMEN COHABITATING WITH THEIR PARTNER)*

13.1 Do you and your husband or partner have current bank or postal giro accounts?

*(excluding company, business accounts, etc)*

No ..... 1  → go to question 13.3

Yes..... 2  → How many?..... Nr | | |

No answer..... 3

Does not know ..... 4

→ go to question 13.3

*(If YES)*

13.2 Can you tell to whom of the following persons each of these bank or postal giro accounts are registered?

*(more than one answer possible, even per column)*

**COMPILE PER COLUMN**

1st account    2d account    3d account    4th account

Interviewee..... 1  1  1  1

Spouse/partner ..... 2  2  2  2

Sons/daughters..... 3  3  3  3

Other persons ..... 4  4  4  4

No answer..... 5  5  5  5

*(Ask following question to women cohabitating with their partner)*

**13.3 How often do you disagree with your spouse/partner on the following arguments? (one answer per row)**

	Often	Some- times	Rare- ly	Never	Non pertinent
Having Children .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Relationships with parents or relatives of one of the two ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Whether she must work or not.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On how the domestic chores are to be divided .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On how his or her work load weighs upon your relationship ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On how much you talk to each other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On how to educate the children.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On what to do in your spare time .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On how to spend the money.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**13.4 Who, in your couple, has more weight in taking decisions regarding the following arguments? (one answer per row)**

	More him	More you	Both in an equal measure	Non pertinent
The amount of money to be spent on:				
- the daily expenses....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
- the amusements.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
- the house (decoration, etc).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
- clothes .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The management of the savings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The frequentation .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The children's education .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Places of holiday destinations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
What to do in your spare time.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**13.5 Together with your husband/partner, how often do you: (one answer per row)**

	Often	Sometime s	Rarely	Never	Non pertinent
Go shopping. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Go to the restaurant, pizzeria.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Go to the cinema/theatre/nightclub .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Go for a walk.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Spend the week-end away.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Visit some relatives.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Visit friends.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Play with the children ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Go out with the children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Attend religious services.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Participate in volunteer, political activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**13.6 How satisfied are you with the division of the caring and family chores between you and your husband/partner ?**

Very much..... 1

Sufficiently..... 2

A little bit ..... 3

Not at all..... 4

**13.7 Considering the time you usually dedicate to domestic and family chores and/or to remunerated work activity (or as assistant), do you believe the chores you carry out to be:**

Too heavy ..... 1

Sufficiently heavy ..... 2

A little bit heavy ..... 3

Not at all heavy ..... 4

**WARNING!**

- The questionnaire ends here in the case of married women.
- Go on only in the case of never-married, separated, divorced and widowed women who cohabit with their partner!

**14.COHABITATION**

**(FOR NON-MARRIED WOMEN WHO COHABITATE WITH THEIR PARTNER)**

**14.1 When did you start current cohabitation?**

Month. .... |\_|\_| Year.....|\_|\_|\_|

**14.2 Where did you meet current partner?**

*(one answer only)*

- At school, university ..... 01
- In holiday ..... 02
- In a nightclub or some other night place..... 03
- Through the neighbourhood / you were neighbours..... 04
- At a village fair, a ball ..... 05
- At a party between friends ..... 06
- At the house of friends /relatives ..... 07
- At the workplace ..... 08
- In a religious meeting ..... 09
- On the street..... 10
- On a means of transport ..... 11
- In another public place ..... 12
- On internet..... 13
- Marriage agency ..... 14
- Other *(specify)* ..... 15

**14.3 How long did your engagement last or were you together before cohabitating?**

Nr years ..... |\_|\_| Nr months .... |\_|\_|

**14.4 What is your intention regarding the future?**

- You are intend on getting married ..... 1
- Still undecided, but considering the idea of getting married..... 2
- There is no talk of getting married..... 3
- You are contrary to the idea of marriage ..... 4
- No answer ..... 5

**WARNING!**

- Go on only in case of never-married women who cohabitate with their partner.
- The questionnaire ends here as regard all the other persons!

**14.5 At the beginning of the cohabitation, where did you live in relation to your parents and your partner's parents?**

	Her parents	His parents
Together.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
In another apartment of the same block of buildings.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>In the same Municipality:</b>		
within 1 km.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
In the remaining part of the Municipality .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>In another Municipality in Italy</b> .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Abroad</b> .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>Was already deceased</b> .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>

**14.6 At what title did you live in that house?**

- Rent or sub-rent ..... 1
- Property ..... 2
- Usufruct..... 3
- Free of charge ..... 4
- Other ..... 5

**14.7 Were you or your partner already living in the house where you later went to cohabitate?**

- Yes, he was already living there ..... 1  *the questionnaire*
- Yes, she was already living there ..... 2  *→ ends*
- No, he already had that house but was not living there ..... 3  *here*
- No, she already had that house but was not, living there ..... 4
- No, the house was taken on purpose ..... 5

*(Ask following question in case the house was taken on purpose)*

**14.8 Did your parents or some other family relatives help you take the house where you went to live in?**

*(more than one answer possible)*

- Yes, his parents did ..... 1
- Yes, her parents did..... 2
- Yes, other family relatives did..... 3
- No. .... 4

**RESERVED TO THE SURVEYOR  
DID THE PERSONS ANSWER DIRECTLY TO THE QUESTIONS?**

- Yes, without the presence of other persons ... 1
  - Yes, in the presence of other persons ..... 2
  - No, but was present ..... 3
  - No and person was not present ..... 4
- In case the answer is No, indicate the number of order of the component who gave the answers (see col. 1 of the General Card).

Indicate 99 in case the person is external to the family:

Nr.....|\_|\_

FAMILY QUESTIONNAIRE

1. HOUSE

1.1 How many rooms is the house where you live in made up of? (Consider the kitchen too in case it presents features typical of a room)

Nr of rooms..... [ ][ ]

1.2 Is there a telephone in the house?

No ..... 1 [ ]
Yes..... 2 [ ]

1.3 Does the house have heating?

No ..... 1 [ ] -> go to question 1.5
Yes..... 2 [ ]

(If yes)

1.4 Type of heating

Central ..... 1 [ ]
Independent ..... 2 [ ]
Single heating systems only (Including fireplaces and stoves) ..... 3 [ ]

(To all families)

1.5 At what title does the family occupy the house?

Rent or sub-rent 1 [ ] -> go to question 1.8
Property ..... 2 [ ]
Usufruct ..... 3 [ ]
For free ..... 4 [ ]
Other (specify)... ..... 5 [ ] -> go to question 1.8

(In case of property, usufruct or for free)
1.6 In whose name is the house registered? (more than one answer possible)

Nr of order of components [ ][ ] [ ][ ][ ][ ]
Other person who does not live in the house:
Parents of RP ..... 13 [ ]
Parents of spouse/cohabitant of RP..... 14 [ ]
Ex-spouse of RP ..... 15 [ ]
Child or children of RP..... 16 [ ]
Other (person, relative, institution, company). 17 [ ]

1.7 If the family were to rent the house, how much would it pay on a monthly basis (excluding condominium expenses, heating expenses and other additional expenses)? (consider the market situation, not the "right price")

[ ][ ][ ][ ][ ][ ], [0][0][ ] Euro a month

(To all families)

1.8 Does the family own one or several houses (in town, in the country, at the seaside, etc.) that are not use as a main house?

No ..... 1 [ ]
Yes..... 2 [ ]

WARNING!

- For families with 1 component, go to Section 3.
For all the other families, you may continue!

2. FAMILY HABITS AND TRADITIONS

(FOR FAMILIES WITH AT LEAST TWO COMPONENTS)

2.1 In your family, do you have the habit of exchanging gifts (non-monetary gifts)? (consider only co-habitant components of the family)

No ..... 1 [ ] -> go to question 2.3
Yes..... 2 [ ]

(If yes)

2.2 In what occasions do you exchange gifts? (more than one answer possible)

At birthdays ..... 1 [ ]
At name-days..... 2 [ ]
At wedding anniversary..... 3 [ ]
At Christmas ..... 4 [ ]
At Epiphany..... 5 [ ]
Without any particular reason..... 6 [ ]
At the outcome/completion of studies..... 7 [ ]
Other (specify) ..... 8 [ ]

(To all families)

2.3 Do the persons of the family lunch or dine together on the Sunday?

(consider only the co-habitant components of the family)

No ..... 1 [ ]
Yes, but only some of the family components ..... 2 [ ]
Yes, all together and without any other relatives ..... 3 [ ]
Yes, all together and with some other relatives ..... 4 [ ]

2.4 Excluding Sunday lunch or dinner, is there a set day during the week when the family lunches or dines with other non-cohabitant relatives?

No ..... 1 [ ]
Yes..... 2 [ ]

**3. ASSISTANCE RECEIVED BY THE FAMILY**

**(FOR ALL FAMILIES)**

**3.1** In the past 4 weeks, has a component of the family or the family benefited from some of the following unpaid aids offered by persons (relatives and non) who do not live you?  
*(read out all the answers; more than one answer possible)*

- Economic support..... 01
- Health benefits (injections, medication, etc.) ..... 02
- Support in caring and assisting adults (helping them to wash, dress, eat, etc.) .....03
- Support in caring and assisting children..... 04
- Support with domestic activities, including activities that do not take place in your house (wash, iron, shop, cook, etc.) .....05
- Company, assistance, hospitality ..... 06
- Support in carrying out bureaucratic activities (post-office, bank, etc.) ..... 07
- Help in carrying out extra-domestic work.....08
- Education support ..... 09
- Free consumer goods (food, clothes)..... 10
- Other..... 11
- No help ..... 12  →go to question 3.8

*(If more than one kind of help has been received)*

**3.2** Which one among the afore-mentioned types of help is the most important one?

*(see codes to question 3.1)*

\_\_\_

**3.3** To which component or components was the assistance offered?

*(indicate up until 3 components)*

**Assistance offered to:**

- The sole component of the family.....98
- The whole family.....99
- Component Nr .....
- Component Nr .....
- Component Nr .....

**3.4** Who among the following persons offered the assistance?

*(If assistance was offered to the whole family, indicate the degree of kinship of who offered assistance, in relation to the RP.*

*If assistance was offered only to some components, indicate the degree of kinship of who offered assistance, in relation to the first component indicated in question 3.3.*

*More than one answer possible)*

**Assistance offered by:**

- Father ..... 01
- Mother..... 02
- Father-in-law .....03
- Mother-in-law ..... 04
- Brother..... 05
- Sister..... 06
- Son.....07
- Daughter ..... 08
- Son-in-law ..... 09
- Daughter-in-law..... 10
- Grandfather..... 11
- Grandmother..... 12
- Grandson/daughter (son/daughter of son/daughter)..... 13
- Nephew/niece (son/daughter of brother/sister)..... 14
- Other relative ..... 15
- Friends..... 16
- Neighbours ..... 17
- Person belonging to volunteer group... ..18
- Person who works for public services (social security, assistance, etc.) ..... 19

**3.5** During the past 4 weeks, how many times has this assistance been offered?

Nr of times.....

**3.6** Has this assistance been offered on other occasions during the past 12 months?

No .....1  → go to question 3.8

Yes..... 2

*(If yes)*

**3.7** Approximately, how many times has it been offered during the past 12 months?

Nr of times.....

*(To all families)*

**3.8** During the past 12 months, have some components of the family (or the whole family) received non-health benefits or house assistance benefits from the Municipality or cooperative providing free health care service?

*(E.g. cooking meals, helping with personal hygiene, laundry service, cleaning the house, etc.)*

No ..... 1  → go to question 3.12

Yes ..... 2

*(If yes)*

**3.9 To which component or components of the family were these benefits addressed?**

- To the sole component of the family.....98
- To the whole family.....99
- To component Nr .....
- To component Nr .....
- To component Nr .....

**3.10 How frequently?**

*(in case these benefits were addressed to more than one component or to the whole family, refer only to who benefited most from them)*

- Everyday..... 1
- 3 to 6 times a week..... 2
- 1 to 2 times a week..... 3
- Rarely ..... 4

**3.11 Did you pay something?**

- No .....1
- Yes.....2
- Does not know.....3

*(To all families)*

**3.12 In the past 12 months, have some components of the family received health benefits at home, from an ASL (Local Health Office) or cooperative providing free health care service?**  
*(E.g. nursing services, physiotherapy, etc.)*

- No ..... 1  → go to question 3.16
- Yes ..... 2

*(If yes)*

**3.13 To which component or components of the family were these services addressed?**

- To the sole component of the family.....98
- To the whole family.....99
- To component Nr .....
- To component Nr .....
- To component Nr .....

**3.14 How frequently?**

*(in case these benefits were addressed to more than one component, refer only to who benefited most from them)*

- Everyday..... 1
- 3 to 6 times a week ..... 2
- 1 to 2 times a week..... 3
- Rarely ..... 4

**3.15 Did you pay something?**

- No .....1
- Yes..... 2
- Does not know..... 3

*(To all families)*

**3.16 In the past 12 months, have some components of the family received economic support from:**

- |                                                          | NO                         | YES                        |
|----------------------------------------------------------|----------------------------|----------------------------|
| Municipality .....                                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Charitable Institution .....                             | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Other institution/public body<br><i>(specify)</i> .....  | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Other institution/private body<br><i>(specify)</i> ..... | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |

**4. PRIVATE SERVICES TO THE FAMILY**

**4.1 The family benefits (even if only occasionally) from the services of Italian or foreign personnel as:**  
*(One reply per row. If a person carries out more than one service, indicate them all)*

	NO	SI	How many?	
			Nr of Italians	Nr of foreigners
Domestic collaborator .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Baby-sitter.....	3 <input type="checkbox"/>	4 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Person assisting an elderly .....	5 <input type="checkbox"/>	6 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Person assisting a disabled person .....	7 <input type="checkbox"/>	8 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

*(Ask this question if person replied with at least one YES to the previous question, otherwise go to question 5.1)*

**4.2 How many hours per week?**

*(One reply per every service indicated at previous question. If several persons carry out one same service, indicate the sum of hours)*

	Hours per week	Occasio nally	Person lives with the family	If person lives with the family, since how long
Domestic collaborator .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	00 <input type="checkbox"/>	99 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Baby-sitter.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	00 <input type="checkbox"/>	99 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Person assisting an elderly .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	00 <input type="checkbox"/>	99 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Person assisting a disabled person .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	00 <input type="checkbox"/>	99 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Follows FAMILY QUESTIONNAIRE**

**4.3 How is the relation with the person carrying out the service for the family, regulated?**

*(One reply per every service indicated at question 4.1. More than one answer possible per row)*

	Person is paid	Person receives gifts	Person receives board/lodging
Domestic collaborator.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Baby-sitter .....	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Person assisting an elderly .....	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Person assisting a disabled person .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**4.4 How many persons carry out these services for the family altogether?**

Nr of Italians .....

Nr of foreigners.....

**5. HOUSEHOLD APPLIANCES, COMPUTERS, MEANS OF TRANSPORT, VARIOUS**

**5.1 The family owns:**

*(one answer per every row)*

	NO	YES
Dishwasher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Washing machine.....	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Video recorder .....	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Camcorder.....	7 <input type="checkbox"/>	8 <input type="checkbox"/>
HI-FI stereo system for listening to music.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Computer equipments (Video games, other computerized equipments, <u>excluding P.C.</u> ).....	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Personal computer .....	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Refrigerator.....	7 <input type="checkbox"/>	8 <input type="checkbox"/>
Cell phone .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> ... Nr <input type="text"/>
Colour television .....	3 <input type="checkbox"/>	4 <input type="checkbox"/> ... Nr <input type="text"/>
Bicycle .....	5 <input type="checkbox"/>	6 <input type="checkbox"/> ... Nr <input type="text"/>
Moped, scooter.....	7 <input type="checkbox"/>	8 <input type="checkbox"/> ... Nr <input type="text"/>
Motorcycle, bike.....	1 <input type="checkbox"/>	2 <input type="checkbox"/> ... Nr <input type="text"/>
Automobile.....	3 <input type="checkbox"/>	4 <input type="checkbox"/> ... Nr <input type="text"/>

**5.2 Referring to the past 12 months and considering the needs of all the family components, how have the family's economic resources been overall?**

Excellent .....	1 <input type="checkbox"/>
Adequate .....	2 <input type="checkbox"/>
Poor .....	3 <input type="checkbox"/>
Insufficient .....	4 <input type="checkbox"/>

**5.3 How much does the total net monthly family income amount to?**

*(add all the components' revenues: wages and salaries, professional incomes deriving from company, pensions, private incomes, indemnities, subsidies, etc., after taxes and social contributions)*

,   Euro

**5.4 In case it may help fill in some gaps in the questionnaire, could you please give us the fixed telephone number of your house and if possible, the cell telephone number of the family components?**

fixed telephone  -

cell phone  -  of comp. Nr

cell phone  -  of comp. Nr

cell phone  -  of comp. Nr

cell phone  -  of comp. Nr

**5.5 Would the family agree to participate in other similar surveys in the future?**

No .....1

Yes.....2

**WHO ANSWERED THE QUESTIONS?**

**As regards families with more than one component:**

Has the information on the Family Card been provided by one component or by several components?

By one component .....1

By several components ..... 2

**In case only one component provided the answers, specify:**

Order number of component who answered the Family Card questions ..... Nr   
*(see col. 1 of the General Card; if external to the family, indicate 99)*



**TO THE SURVEYOR ONLY**

**1. The surname indicated on the main entry of the house is:**  
*(more than one answer possible)*

- The surname of the family document holder.....1
- The surname of the spouse.....2
- The surnames of both spouses/partners .....3
- Other (*specify*).....4
- There is no surname .....5

**2. Type of house**

- Detached house or cottage .....1
- Luxury..... 2
- Civil ..... 3
- Economic or council house..... 4
- Country house ..... 5
- Unfit house ..... 6

**TO THE SURVEYOR ONLY**

To be filled in immediately after the interview

**DATA ON THE INTERVIEW**

**1. CONTACTS MADE WITH THE FAMILY IN ORDER TO OBTAIN THE INTERVIEW (including the interview itself)**

- a) number of visits carried out personally by the interviewer ..... N° |\_\_|
- b) number of telephone calls made ..... N° |\_\_|

**2. DATA ON THE INTERVIEW (in case the information has been gathered over several visits, refer to the first one)**

a) day ..... |\_\_| |\_\_|      b) month ..... |\_\_| |\_\_|      c) start hour ..... |\_\_| |\_\_| |\_\_| |\_\_|  
(hours) (minutes)

**d) duration of interview**

- Less than 30 minutes ..... 1
- From 30 minutes to less than 45 minutes..... 2
- From 45 minutes to less than 1 hour ..... 3
- From 1 hour to 1 hour and a half ..... 4
- More than 1 hour and a half ..... 5

**e) family availability towards the interview**

- Always poor ..... 1
- Poor in the beginning, better afterwards.... 2
- Good at the beginning, poor afterwards..... 3
- Sufficient..... 4
- Good..... 5
- Very interested ..... 6

SIGNATURE OF INTERVIEWER

.....

(LEGIBLE NAME AND SURNAME)



# MULTI-PURPOSE STATISTIC FAMILY SURVEY

## FAMILY AND SOCIAL SUBJECTS

*Year 2003*

SECOND DOCUMENT TO BE  
COMPILED

1	Province ..... _ _ _
	Municipality ..... _ _ _
	Census Section...  _ _ _ _   _ _ _

2	(to be compiled by the Municipality) <u>Definitive</u> order number of the family   _ _ _ _
	<i>(From 0001 to the total of the blue IMF-10/A models compiled by the Municipality)</i>

3	Order number of the family in the <u>ISTAT/IMF/1</u> list   _ _ _ _
	<i>(From 0001 to the total of families on the list)</i>

### Questionnaire for interview *(For persons 18 years of age and over)*

Order number of component |\_|\_|

*(See column 1 of Household Grid)*

Date of birth:     
 Day Month Year

Gender: Male.....1   
 Female.....2

**1. EMPLOYMENT  
 IN YOUR LIFE**

**(FOR PERSONS 18  
 YEARS OF AGE AND  
 OVER)**

1.1 Did you work for at least one hour in the past week? Please consider the work from which a wage has been or will be earned or any unpaid work only if it is normally carried out for a family member's business.

*(do not consider the small works carried out for paying one's own holidays and amusements)*

No ..... 1

Yes.....2  → go to question 1.3

*(Answer following question if the answer given is No)*

1.2 Did you have a job from which you were absent in that same week, such as for maternity leave, paternity leave, illness, holidays, lay-off pay fund, bad weather, etc.?

No..... 1  → go to question 3.1

Yes.....2

*(Ask following question to persons who either worked or were absent from work in the past week)*

1.3 What does your main work activity consist in? (In case you carry out more than one work activity, consider the one you dedicate more hours to. In case you carry out several work activities to which you dedicate the same amount of time, consider the one you deem most important (higher wage, work stability, etc.)

.....  
 .....  
 .....

1.4 Can you tell me the name of your profession? *(E.g. 'professional accountant', 'secondary school teacher', 'lorry driver. Avoid general terms such as 'worker' or 'employee')*

.....  
 .....  
 .....

→ RESERVED TO ISTAT

Cod. CP2001 (see the guide)

**1.5 In which economic activity sector do you work in?**

Agriculture, hunting, fishing. .... 1

Industry, mining, manufacture, energy ..... 2

Building sector..... 3

Wholesale and retail trade, hotels, restaurants..... 4

Transports, storage and communication ..... 5

Intermediations, rental, other professional activities ..... 6

Public administration and defence..... 7

Education, health and other social services ... 8

Other services ..... 9

**1.6 Do you work full-time or part-time?**

Full-time..... 01

Part-time.....02

**1.7 How satisfied are you with your current job? *(give a score from 0 to 10 where 0 indicates no satisfaction at all and 10 full satisfaction)***

Score .....

**1.8 How satisfied are you with the following aspects of your current job? *(give a score from 0 to 10 where 0 indicates no satisfaction at all and 10 full satisfaction)***

Score

Wage .....

Job security .....

Nr of working hours .....

Type of working hours (day work, night work, shift, etc) .....

Work conditions and environment .....

Distances and times of journey .....

**1.9 How interesting do you deem your work to be? *(give a score from 0 to 10 where 0 indicates no satisfaction at all and 10 completely interesting)***

Score.....

1.10 Do you believe that in the next 3 days you could stop working even if only for a determinate period?

*(exclude maternity leave, illness, etc. as they enable to maintain your job position)*

- Definitely no ..... 1  → go to  
Probably no ..... 2  question 1.12  
Probably yes ..... 3   
Definitely yes ..... 4

*(Ask following question in case the answer to previous question was either probably Yes or definitely Yes)*

1.11 What are the reasons that make you believe you could stop working even if only for a determinate period?

*(more than one answer possible)*

- Retirement ..... 01   
Causes of force major (redundancy, company closing down, early retirement) ..... 02   
End of contract or of temporary job ..... 03   
Sale or closing down of one's own or family activity ..... 04   
To seek a better employment ..... 05   
Marriage ..... 06   
Birth or assistance of children ..... 07   
Assistance to the elderly, sick or disabled persons ..... 08   
Other family reasons ..... 09   
Transfer of spouse due to work reasons ..... 10   
Studies, compulsory military or civil service ..... 11   
Health ..... 12   
I am tired of working ..... 13   
Other *(specify)* ..... 14

*(Ask following question to persons who either worked or were absent from work in the past week)*

1.12 Do you intend changing job within the next 3 years?  
*(exclude work promotions and changes of functions within the same activity)*

- Definitively no ..... 1  → go to  
Probably no ..... 2  question 1.14  
Probably yes ..... 3   
Definitely yes ..... 4

*(Ask following question in case the answer to previous question was either probably yes or definitely yes)*

1.13 Why do you intend changing job?  
*(maximum 3 answers)*

- The workplace is too distant ..... 1   
The working hours are not enough convenient/flexible ..... 2   
I would like a more interesting job ..... 3   
I do not get on well with my colleagues/superiors ..... 4   
I would like a more stable/certain job ..... 5   
I am not satisfied with my wage ..... 6   
There are no possibility of making a career .... 7   
I would like to experiment with new interests... 8   
Other *(specify)* ..... 9

*(Ask following question to persons who either worked or were absent from work in the past week)*

1.14 Do you believe you could have a promotion in the next 3 years?

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

1.15 Can you indicate me your professional position?

Employee ..... 1

Work as:

- Co-ordinate d long-term freelancer ..... 2   
- Occasional worker ..... 3

Self-employed as:

- Entrepreneur ..... 4   
- Professional man ..... 5   
- Self-employed ..... 6   
- Member of a goods production and/or service co-operative ..... 7   
- Assistant ..... 8

*(Ask following question to persons who are self-employed, entrepreneurs or professional men; otherwise go to next box)*

1.16 Indicate the overall number of employees you have

*(exclude cohabitant and non-cohabitant relatives)*

Number of employees ..... |\_|\_|

#### WARNING!

- Go to Section 4 in the case of autonomous workers, coordinated long-term freelancers or occasional workers.
- Go on for all the other persons.

**2. WORK AS EMPLOYEE**

**(FOR EMPLOYEES)**

**2.1 Do you carry out your activity according to some of the following procedures?**  
*(one answer per row)*

	Usually	Occasionally	Never
Shift work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Evening work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Night work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Saturday work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sunday work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**2.2 Is your work relationship regulated by a contract or a verbal agreement with your employer?**

- Contract..... 1   
 Verbal agreement..... 2

**2.3 As employee, you are a .....**

- Manager ..... 1   
 Executive ..... 2   
 Lower and upper secondary school teacher ..... 3   
 Kindergarten and primary school teacher ..... 4   
 Clerk, specialised worker ..... 5   
 Worker supervisor, worker subordinate and similar..... 6   
 Trainee ..... 7   
 Home worker on behalf of a company..... 8

**2.4 Is the company/institution where you work public or private?**

- Exclusively private, including private non-profit organizations..... 1   
 Exclusively public..... 2   
 Both public and private ..... 3

**2.5 Does your employer provide (to employees or to their families) the following services or the complete or partial reimbursement of their costs?**  
*(one answer per row)*

	NO	YES	I don't know
Nursery school or Kindergarten ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Medical care, health			
Insurances .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Education and training .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Free or at a reduced price accommodations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Summer stays, study holidays for the workers and their sons ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Soft loans .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**2.6 Does your employer allow for flexibility in your**

**working hours due to personal reasons, such as adapting yourself to the needs of your children?**

- No ..... 1   
 Yes, but in exceptional cases only ..... 2   
 Yes, with a certain regularity ..... 3   
 I do not know..... 4

**2.7 Is your work temporary (limited duration) or permanent (unlimited duration)?**

- Limited duration..... 1   
 Unlimited duration..... 2  → go to question 4.1

*(Ask following question in case your work is a temporary one)*

**2.8 In what sense is your job a temporary one?**

- It is a seasonal work..... 1   
 It is a job whose contract covers a fixed period or a fixed task ..... 2   
 It is a temporary job ..... 3   
 It is an occasional job ..... 4   
 Other (*specify*) ..... 5

**2.9 Is your job a temporary one because you only found this kind of work or because it is the most suitable for you at the moment?**

- Because I found only this job..... 1   
 Because this job is the most suitable for me at the moment ..... 2

**2.10 Do you believe that in the next 3 years, your job could be changed into a permanent one?**

- I am not interested in a permanent one. 1   
 Definitely no ..... 2   
 Probably no ..... 3   
 Probably yes ..... 4   
 Definitely yes ..... 5

**WARNING!**

- Go to Section 4 in the case employees.

**3. SEARCH FOR EMPLOYMENT**

**(FOR PERSONS WHO ARE CURRENTLY NOT WORKING)**

3.1 In the past 4 weeks did you search for an employment, even a part-time or an occasional work, or have you tried to set up your own economic activity?

No ..... 1  → go to question 3.4  
 Yes..... 2

*(If Yes)*

3.2 Did you follow one of the following methods to find a job in the past 4 weeks?  
*(more than one answer possible)*

- Contacted a public employment office ..... 1
- Contacted a private employment agency ..... 2
- Applied directly to employers ..... 3
- Asked friends, relatives..... 4
- Answered advertisements or advertise for jobs in newspapers ..... 5
- Took an interview/competition/selection ..... 6
- Sought a job on Internet ..... 7
- Other method *(specify)* ..... 8

3.3 Would you be available to start working within 2 weeks?

No..... 1  } go to question 3.5  
 Yes..... 2

*(Ask following question to persons who have not sought employment in the past 4 weeks)*

3.4 Why did you not seek employment in the past 4 weeks?  
*(one answer only)*

- You already found a job that starts within three months ..... 01
- You already found a job that starts after three months..... 02
- Redundancy fund..... 03
- Illness, health/personal problems ..... 04
- To look after your children ..... 05
- To look after some other relatives ..... 06
- To study or follow professional training courses ..... 07
- You are retired ..... 08
- Must start compulsory military/civil service ..... 09
- You believe not to be able to find a job..... 10
- Due to age reasons ..... 11
- Not interested /no need in seeking employment ..... 12
- Waiting results from past actions undertaken to find a job ..... 13
- Disabled to work ..... 14
- Other reason *(specify)* ..... 15

*(Ask following question to persons who are currently not working)*

3.5 Have you ever worked in your life? Consider the work from which a wage has been or will be earned or any unpaid work only if it is normally carried out for a family member's business.  
*(do not consider the small works carried out for paying one's own holidays and amusements.)*

No ..... 1  → go to question 6.1  
 Yes..... 2

**4. PAST WORK**

**(FOR PERSONS WHO WORK OR WHO HAVE WORKED IN THE PAST)**

4.1 Referring to the first work activity you carried out, can you indicate the month and the year in which you started to carry it out? Consider the work from which a wage has been earned, with or without a contract, or an unpaid work only if it is normally carried out for a family member's business.

*(do not consider the small works carried out for paying one's own holidays and amusement; refer to the main work in case of two jobs)*

Month.... |\_\_| Year... |\_\_|

4.2 When you started to carry out this work activity, in what economic sector were you working?

- Agriculture, hunting, fishing. .... 1
- Industry, mining, manufacture, energy ..... 2
- Building sector..... 3
- Wholesale and retail trade, hotels, restaurants..... 4
- Transports, storage and communication ..... 5
- Intermediations, rental, other professional activities ..... 6
- Public administration and defence..... 7
- Education, health and other social services ... 8
- Other services ..... 9

4.3 Can you tell me the name of your profession?  
*(E.g. 'professional accountant', 'secondary school teacher', 'lorry driver. Avoid general terms such as 'worker' or 'employee')*

.....  
 .....

→ RESERVED TO ISTAT  
 Cod. CP2001 (see the guide) | | | | |

**4.4 Can you indicate me the professional position you had?**

Employee ..... 1

Work as:

- Coordinated long-term freelancer..... 2  → go to question 4.9
- Occasional worker ..... 3

Self-employed as:

- Entrepreneur..... 4  → go to question 4.8
- Professional man..... 5
- Self-employed..... 6
- Member of a goods production and/or service co-operative..... 7  → go to question 4.9
- Assistant..... 8

*(Ask following question to employees)*

**4.5 As employee, you were a ...**

- Manager ..... 1
- Executive ..... 2
- Lower and upper secondary school teacher ..... 3
- Kindergarten and primary school teacher ..... 4
- Clerk, specialised worker ..... 5
- Worker supervisor, worker subordinate and similar..... 6
- Trainee ..... 7
- Home worker on behalf of a company..... 8

**4.6 Was your work relation regulated by a contract or a verbal agreement with your employer?**

- Contract..... 1
- Verbal agreement ..... 2

**4.7 Was your work temporary (limited duration) or permanent (unlimited duration)?**

- Limited duration ..... 1  → go to question 4.9
- Unlimited duration..... 2

*(Ask following question to persons who were self-employed, entrepreneurs or professional men)*

**4.8 Indicate the overall number of employees you had (exclude cohabitant and non-cohabitant relatives)**

Number of employees .....

*(Ask following question to persons who work or who have worked in the past)*

**4.9 Did somebody help you to find or set up this first work activity (e.g. working in the family company, benefiting from loans or assistance to obtain a loan, or by means of acquaintances)?**

- No ..... 1  → go to question 4.12
- Yes..... 2

*(If Yes)*

**4.10 Who helped you?**

*(more than one answer possible)*

- Parents ..... 1
- In-laws..... 2
- Grandparents..... 3
- Other relatives..... 4
- Friends..... 5
- Acquaintances..... 6
- School or teachers..... 7
- Other *(specify)* ..... 8

**4.11 How were you helped?**

*(one answer only)*

- By means of a recommendation... 1
- By means of a loan..... 2
- By means of a guarantee..... 3
- I received assistance to obtain a loan.. 4
- They put in a good word for me, presented me..... 5
- They informed me on some good opportunities..... 6
- They put me in a family company..... 7
- Other *(specify)*..... 8

*(Ask following question to persons who work or who have worked in the past)*

**4.12 In order to find or set up this first work activity, did you move from your Municipality of residence?**

- No..... 1
- Yes, in another Municipality of the same Province..... 2
- Yes, in another Province of the same Region..... 3
- Yes, in another Italian Region *(specify)*..... 4
- Yes, abroad..... 5



4.13 Have you ever had to change work due to family reasons (marriage, birth, assistance to children or elder persons, etc.)?

No.....1

Yes.....2  → How many times? Nr|

4.14 How many years have you worked overall in your life?

Nr of years...

4.15 How many years of contributions have been paid in order to obtain the old-age pension (even if only partially)? Consider also paid periods.

Nr of years .....

4.16 Ten years after starting the first work activity you previously spoke about, you were a:

- Employed (employee or self-employed) ..... 1
- Unemployed..... 2
- Housewife ..... 3
- Student ..... 4  → go to question 5.1
- Disabled to work ..... 5
- Retired from work ..... 6
- In another condition ..... 7
- Less than ten years have passed since first work activity ..... 8

*(Ask following question in case the person is still employed ten years after first activity; otherwise go to question. 5.1)*

4.17 Is your work situation improved compared to the beginning, is it still the same or has it worsened?

Improved..... 1

Same condition ..... 2

Worsened ..... 3

4.18 In which economic sector were you working?

- Agriculture, hunting, fishing..... 1
- Industry, mining, manufacture, energy..... 2
- Building sector ..... 3
- Wholesale and retail trade, hotels, restaurants ..... 4
- Transports, storage and communication..... 5
- Intermediations, rental, other professional activities..... 6
- Public administration and defence ..... 7
- Education, health and other social services..... 8
- Other services..... 9

4.19 Can you indicate me what was your profession? (E.g. 'professional accountant, 'secondary school teacher, 'lorry driver. Avoid general terms such as 'worker' or 'employee')

→ RESERVED TO ISTAT

cod. CP2001 (see guide)

4.20 Can you indicate me the professional position you had?

Employee ..... 1

Work as:

- Coordinated long-term freelancer ..... 2  → go to question 5.1

- Occasional worker ..... 3

Self-employed as:

- Entrepreneur ..... 4  → go to question 4.24

- Professional man..... 5

- Self-employed ..... 6

- Member of a goods production and/or service co-operative ..... 7  → go to question 5.1

- Assistant..... 8

*(Ask following question in case person was employee ten years after first employment)*

4.21 As employee, you were a ...

Manager ..... 1

Executive..... 2

Lower and upper secondary

School teacher ..... 3

Kindergarten and primary

School teacher ..... 4

Clerk, specialised worker ..... 5

Worker supervisor, worker

subordinate and similar ..... 6

Trainee ..... 7

Home worker on behalf of a company..... 8

4.22 Was your work relation regulated by a contract or by a verbal agreement with the employer?

Contract..... 1

Verbal agreement..... 2

4.23 Was your work temporary (limited duration) or permanent (unlimited duration)?

Limited duration..... 1  → go to

Unlimited duration..... 2  question 5.1

*(Ask following question to persons who were self-employed, entrepreneur or a professional man)*

4.24 Indicate the overall number of employees you had (exclude cohabitant and non-cohabitant relatives)

Nr of employees .....|\_|\_|\_|\_|

**5. WORK INTERRUPTIONS**

**(FOR PERSONS WHO WORK OR WHO HAVE WORKED IN THE PAST)**

5.1 Have you ever stopped working, definitively and/or temporarily, in your life? Consider interruptions that lasted one month and over.

*(Exclude maternity leave, illness, etc. as they enabled you to maintain your job position.)*

No..... 1  → the questionnaire ends here

Yes ..... 2

*(If Yes)*

5.2 How many times did you stop working definitively and/or temporarily? Add to the interruptions, followed by the renewal of work activity, the last time you stopped working

Once.....1

Twice or more...2  → How many times? Nr |\_|\_|

go to question 5.7

*(Ask following question in case person stopped working only once; otherwise go to question 5.7)*

5.3 Did you resume work later on?

No, I did not resume work..... 1

Yes, I resumed work.....2  → go to question 5.7 in the next page

*(Ask following question in case the answer was No; otherwise go to question 5.7)*

5.4 When did you stop working?

Month.....|\_|\_| Year..... |\_|\_|\_|\_|

5.5 Why did you stop working?

*(one answer only)*

I was laid off or released (and on redundancy fund).....01

My temporary work contract came to its conclusion .....02

The collaboration/consultancy came to its conclusion..... 03

I got married ..... 04

Birth of my first child ..... 05

Birth of my second, third or following child .....06

Due to other family reasons..... 07

Due to health reasons ..... 08

Due to my studies, professional training ..... 09

I found other work opportunities ..... 10

Due to compulsory military or substitutive civil service ..... 11

Due to the activity closing down or being sold..... 12

Pension for:

- Retirement age or maximum (or high) seniority..... 13

- Achievement of minimum (or sufficient) seniority ..... 14

- Disability ..... 15

- Early retirement ..... 16

Other (specify)..... 17

5.6 Were you satisfied when you stopped working?

No, I would have preferred to continue working..... 1

No at the beginning, yes afterwards.. 2

Yes at the beginning, no afterwards..... 3

Yes ..... 4

go to question 6.1



-Disability	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
-Early retirement	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
Other ( <i>specify</i> )	17 <input type="checkbox"/> .....	17 <input type="checkbox"/> .....	17 <input type="checkbox"/> .....	17 <input type="checkbox"/> .....	17 <input type="checkbox"/> .....	17 <input type="checkbox"/> .....
<b>5.10 When you stopped working definitively or temporarily, were you working full-time or part-time?</b>						
Full-time	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Part-time	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>5.11 Did you have a temporary job (limited duration) or a permanent one (unlimited duration)?</b>						
Limited duration	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Unlimited duration	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>5.12 In what consisted your job?</b>						
Description	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....
<b>RESERVED TO ISTAT cod. CP2001 (see the guide)</b>	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□
<b>5.13 Would you have preferred to continue working?</b>						
No	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>5.14 Did you resume work following the interruption?</b>						
No	1 <input type="checkbox"/> → <b>sect. 6</b>	1 <input type="checkbox"/> → <b>sect. 6</b>	1 <input type="checkbox"/> → <b>sect. 6</b>	1 <input type="checkbox"/> → <b>sect. 6</b>	1 <input type="checkbox"/> → <b>sect. 6</b>	1 <input type="checkbox"/> → <b>sect. 6</b>
Yes	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>(If Yes)</b>						
<b>5.15 When did you go back to work?</b>	□□ □□□□ Month Year	□□ □□□□ Month Year	□□ □□□□ Month Year	□□ □□□□ Month Year	□□ □□□□ Month Year	□□ □□□□ Month Year

**WARNING!**

**AFTER HAVING FILLED IN ALL COLUMNS RELATIVE TO EACH DEFINITIVE OR TEMPORARY WORK INTERRUPTION, PERSONS WHO CURRENTLY DO NOT WORK MAY GO TO SECTION 6.  
THE QUESTIONNAIRE ENDS HERE FOR ALL THE OTHER PERSONS.**

## **Question 5.7**

**To persons who have stopped working at least once**

**OPEN, TURN  
AND FILL IN  
COMPLETELY**

**Go to question 6.1 for all the other persons!**



**6. INTENTIONS FOR THE FUTURE**

**(FOR PERSONS WHO ARE CURRENTLY NOT WORKING)**

**6.1 How satisfied are you with your condition, in other words, to be a student, homemaker, retired from work, etc.?**  
*(give a score from 0 to 10, where 0 indicates no satisfaction at all and 10 full satisfaction)*

Score .....|\_|\_|

**6.2 Would you like to work?**

No .....1   
 Yes ..... 2

**6.3 Do you intend working or going back to work in the next 3 years?**

Definitely no ..... 1   
 Probably no ..... 2   
 Probably yes ..... 3  → go to  
 Definitely yes ..... 4  question 6.5

*(Ask following question if the answer given is Definitely or probably No; otherwise go to question 6.5)*

**6.4 What are the reasons that make you believe that you Definitely or probably do not intend on working or going back to work in the next 3 years?**  
*(more than one answer possible)*

I intend getting married .....01   
 I intend having children .....02  → go to  
 I must take care of my children .....03  question 6.9  
 I must take care of some family members .....04   
 I must take care of my parents.....05   
 I will be studying in the next 3 years..... 06   
 I am disabled, invalid, I have health problems ..... 07  } The questionnaire ends here  
 I am retired ..... 08   
 I am too old..... 09   
 I am not interested ..... 10   
 Even if I wanted to, I would not be able to find a job.....11  → go to  
 Other reason (specify) .....12  question 6.9

*(Ask following question if the answer given is Definitely or probably Yes)*

**6.5 Would you accept a temporary job?**

No ..... 1   
 Yes, of course ..... 2   
 Does not know .....3

**6.6 Would you prefer to work full-time or part-time?**

Full-time ..... 1   
 Part-time ..... 2   
 No preference .....3

**6.7 For what minimum monthly wage would you be willing to work?**

Euro.....|\_|\_|\_|\_|, 00  
 Does not know .....99997   
 No answer .....99998

**6.8 Do you believe you will be able to find a job?**

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

*(Ask following question to persons who are currently not working)*

**6.9 The decision to work or to go back to work in the next 3 years can depend from a series of situations. How much would this decision depend from...**  
*(One answer per row)*

	A lot	Sufficiently	Not much	Not at all
Your health .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The possibility to receive some help in caring or looking after your children.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The possibility to receive some help in caring other members of cohabitant or non-cohabitant family .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The partner's help in organizing the family life .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The proximity of workplace to the house.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
A high remuneration .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Flexible work hours according to the family needs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
A part-time work.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**RESERVED TO THE SURVEYOR**

**1. Was the questionnaire filled in during the same visit when the interview took place?**

No ..... 1

Yes..... 2

**2. Which one of the following situations took place?**

The surveyor filled in the questionnaire by interviewing the person .....1

The surveyor filled in the questionnaire by interviewing a family member.....2  → Order nr. of component |\_|\_|

The component filled in personally the questionnaire.....3

A family member filled in the questionnaire.....4  → Order nr. of component |\_|\_|

The questionnaire was not filled in due to refusal..... 5

The questionnaire was not filled because the respondent was absence.....6

**(In case of codes 3 or 4 to question 2)**

**3. The questionnaire was filled in**

Completely and without difficulties ..... 1

Completely but with some difficulties ..... 2

Incompletely and with full of gaps ..... 3





NATIONAL STATISTIC SYSTEM  
NATIONAL INSTITUTE OF STATISTICS

# MULTI-PURPOSE STATISTIC FAMILY SURVEY

**FAMILY AND  
SOCIAL SUBJECTS**

***Year 2003***

THIRD DOCUMENT TO BE COMPILED

1	Province ..... _ _ _
	Municipality ..... _ _ _
	Census Section.....  _ _ _   _ _ _

2	(To be compiled by the Municipality) <u>Definitive</u> order number of the family   _ _ _ _
	(From 0001 to the total of the blue IMF-10/A models compiled by the Municipality)

3	Order number of the family in the <u>ISTAT/IMF/1</u> list   _ _ _ _
	(From 0001 to the total of families on the list)

## Self-compilation questionnaire (For persons 18 years of age and over)

Order number of component	_ _
(See column 1 of Household Grid)	

*We are from the National Institute of Statistics.*

*We are carrying out a survey on "Family and social subjects ". We wish to ask for your collaboration.*

*- We invite you to carefully read the following questions and to answer by ticking off your answer,*

*E.g.:*

*- Sometimes you will come across spaces where to write some numbers. Write the number within the space made available for that purpose,*

*E.g. |2| or |0|2|*

*- Control beforehand the title of the Section and to whom it is addressed; if it does not regard you, you may skip that question and check whether you need to answer the following question.*

*- In case you encounter some problems when answering the questions, you may refer to the person who gave you the questionnaire in order to receive further explanation regarding your doubts.*

*We wish to thank you for your kind collaboration.*

Date of birth    [ ][ ]    [ ][ ]    [ ][ ][ ][ ]  
                          Day            Month            Year

Gender    Male.....1   
               Female.....2

**1. PARENTS' EDUCATION AND EMPLOYMENT**

**(FOR PERSONS 18 YEARS OF AGE AND OVER)**

**1.1 What is the highest education degree your mother and your father obtained?**  
*(indicate the information for each of your parents)*

	Mother	Father
Post-graduate specialisation .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
University degree.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
University certificate.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Upper secondary school (4-5 years) certificate or diploma.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Upper secondary school (2-3 years) certificate or diploma.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Lower secondary school certificate.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Primary school certificate.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
No title, can/could read and write .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
No title, cannot/could not read and/or write .....	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Does not know .....	0 <input type="checkbox"/>	0 <input type="checkbox"/>

**1.2 Think back to when you were 14 years old. What were your mother and father's condition in relation to employment?**  
*(indicate the information for each of your parents)*

	Mother	Father
Employed.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Seeking new employment.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Seeking first employment .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Homemaker .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Student .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Disabled to work .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Retired from work .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
In some other condition .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Deceased .....	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Does not know .....	0 <input type="checkbox"/>	0 <input type="checkbox"/>

*(Answer following question in case at least one of your parents was either employed, seeking employment or retired from work; otherwise go to question 2.1)*

**1.3 Think back to when you were 14 years old. In what economic sector were your mother and father working?**

	Mother	Father
Agriculture, hunting, fishing.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Industry, mining, manufacture, energy...2	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Building sector .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Wholesale and retail trade, hotels, restaurants .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Transports, storage and communication.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Intermediation, rental, other professional activities.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Public administration and defence .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Education, health and other social services.....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Other services.....	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Does not know .....	0 <input type="checkbox"/>	0 <input type="checkbox"/>

**1.4 Think back to when you were 14 years old. What was the professional position of both your mother and your father?**

*(in case of they were retired or seeking employment, consider last job carried out)*

	Mother	Father
<i>a) employee as:</i>		
Manager.....	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Executive .....	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Lower and upper secondary schoolteacher .....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Kindergarten and primary schoolteacher .....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Clerk, specialised worker .....	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Worker supervisor, worker subordinate and similar.....	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Trainee.....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Home worker on behalf of a company ..	08 <input type="checkbox"/>	08 <input type="checkbox"/>
<i>b) self-employed as:</i>		
Entrepreneur.....	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Professional man .....	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Self-employed.....	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Member of a goods production and/or service co-operative.....	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Assistant .....	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Does not know .....	14 <input type="checkbox"/>	14 <input type="checkbox"/>

*(Answer following question in case at least one of your parents was either entrepreneur, professional man or self-employed; otherwise go to question 2.1)*

1.5 Indicate the overall number of employees they had  
*(exclude cohabitant and non-cohabitant relatives)*

	Mother	Father
Nobody .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
One .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
From 2 to 6 .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
From 7 to 19 .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
From 20 to 49 .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
50 and over .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

## 2. WEEKLY ACTIVITIES

*(FOR PERSONS 18 YEARS OF AGE AND OVER)*

2.1 In hours and minutes, how much time do you dedicate overall on a weekly basis to:

a) Domestic and family chores (household duties, groceries, looking after other components):

Does not carry out this activity ..... 0000

Nr of weekly hours .....|\_| minutes....|\_|

b) Studies (including hours of lessons):

Does not carry out this activity ..... 0000

Nr of weekly hours .....|\_| minutes....|\_|

c) Work activity:

Does not carry out this activity ..... 0000

Nr of weekly hours .....|\_| minutes....|\_|

*(Answer following question in case you work LESS than 30 hours a week; otherwise go to question 3.1)*

2.2 Why do you work less than 30 hours?  
*(more than one answer possible)*

I follow training courses or apprenticeship ..... 1

Health reasons ..... 2

I would like to work more hours, but cannot find a full-time job or current work does not provide for more working hours..... 3

I do not want to work more hours..... 4

I have a full-time job that provides for less than

30 working hours..... 5

Family duties..... 6

Assistance to sons/daughters ..... 7

Assistance to other family members ..... 8

Other reason *(specify)* ..... 9

## 3. LEAVING FAMILY OF ORIGIN

*(FOR PERSONS 18 YEARS OF AGE AND OVER)*

3.1 According to you, what is the right age for sons and daughters to leave the family home?

	Sons	Daughters
Age .....	_	_

3.2 In what year did you stop living with your parents for a period of at least 3 months?

*(Refer to the first time if you stopped living with your parents in the past and subsequently went back to live with them)*

Year .....|\_|\_|\_|

Never ..... 9999  → go to question 3.11

*(Answer following question in case you stopped living with your parents at least once; otherwise go to question 3.11)*

3.3 What was the main reason that made you stop living with your parents the first time?  
*(refer always to the first time)*

Cohabitation (free union) ..... 1

Marriage..... 2

Work ..... 3

Studies ..... 4

Need of autonomy / independence ..... 5

Death of a parent ..... 6

Other *(specify)* ..... 7

3.4 Since you stopped living with your parents, have you ever experienced economic difficulties?

No ..... 1  → go to question 3.11

Yes, once ..... 2

Yes, more than once... 3

**3.5** *(If YES)*  
**What were the reasons that made you encounter a difficult situation or difficult situations?**  
*(more than one answer possible)*

- Unemployment ..... 01
- Insufficient wage ..... 02
- Own illness or a family member's illness ..... 03
- Death of a family member ..... 04
- Eviction ..... 05
- Purchase or building of a house ..... 06
- The setting up of a work activity ..... 07
- Closing down of your company or of a family member's company ..... 08
- Indebtedness of your company or of a family member's company ..... 09
- Another type of indebtedness ..... 10
- Payment of very high interests ..... 11
- Separation or divorce ..... 12
- Birth of a child ..... 13
- Other *(specify)* ..... 14

**3.6** **Indicate the code of the reason that caused the situation of difficulty you consider as the most serious one. In case you indicated one reason only, indicate the code of the only reason declared.**

*(see codes to question 3.5)*

    |\_|\_|

**3.7** **When did this difficult situation start and when was it resolved?**

- Year of start ..... |\_|\_|\_|\_|
- Year in which it was resolved..... |\_|\_|\_|\_|
- It has not been resolved yet..... 9999

**3.8** **Did somebody help you economically in that particular situation you were in?**

- No ..... 1  → go to question 3.11
- Yes, by means of a loan..... 2
- Yes, by means of a gift..... 3
- Yes, in part by a loan and in part by a gift ..... 4

*(If YES)*

**3.9** **Who gave you the money?**

*(more than one answer possible)*

- Parents..... 1
- In-laws..... 2
- Grandparents..... 3
- Brothers and/or sisters..... 4
- Sons/daughters..... 5
- One of my relatives..... 6
- Some relatives of my spouse/partner ..... 7
- Friends..... 8
- Acquaintances..... 9
- Other persons..... 0

*(Answer following question in case you received a loan; otherwise go to question 3.11)*

**3.10** **Did you have to pay some interests when you paid off the loan you incurred?**

- No ..... 1
- Yes, low interests..... 2
- Yes, more or less equal to bank interest... 3
- Yes, high interests..... 4

*(Ask following question to persons 18 years of age and over)*

**3.11** **Do you have some experience of cohabitating with a person you subsequently did not marry, in the past?**

*(do not consider current cohabitation)*

No ..... 1  → go to question 3.13 for person who does not cohabit; go to question 4.1 for all other persons

Yes..... 2  → How many times?.....nr |\_|\_|

*(If Yes)*

**3.12** **I wish to ask you some information regarding each of your cohabitation that was not concluded with a marriage, starting from the first one to the most recent one.**

*(do not consider current cohabitation)*

**COMPILE PER COLUMN FOR ALL COHABITATIONS**

	1st	2d	3d	4th	Most recent one
Cohabitation	Cohabitation	Cohabitation	Cohabitation	Cohabitation	one

**a) When did you start to cohabit?**

Month..... |\_|\_|    |\_|\_|    |\_|\_|    |\_|\_|    |\_|\_|  
 Year ..... |\_|\_|    |\_|\_|    |\_|\_|    |\_|\_|    |\_|\_|

**b) When did you end it?**

Month..... |\_|\_|    |\_|\_|    |\_|\_|    |\_|\_|    |\_|\_|  
 Year ..... |\_|\_|    |\_|\_|    |\_|\_|    |\_|\_|    |\_|\_|

*(Ask following question to persons 18 years of age and over that do not cohabit; otherwise go to question 4.1)*

**3.13** **Are you currently involved in a relationship with someone you do not live with?**

No ..... 1  → go to question 4.1

Yes..... 2

*(If Yes)*

**3.14** **In what year and month did you start this relationship?**

Month..... |\_|\_|    Year..... |\_|\_|\_|\_|

**4. DAILY LIFE**

**(FOR PERSONS 18 YEARS OF AGE AND OVER)**

**4.1 Here following you will find a list containing some work aspect people consider important. What are the 3 aspects you deem most important?**

*(maximum 3 answers)*

- A good wage ..... 01
- Not be too much pressured ..... 02
- Good job security..... 03
- A generally well-respected job ..... 04
- Good working hours ..... 05
- Wide autonomy and possibility of taking initiatives ..... 06
- To have many generous holidays ..... 07
- The feeling you can achieve something ..... 08
- Responsibility job ..... 09
- Interesting job ..... 10
- Job adapted to one's abilities..... 11

**4.2 Can you indicate the first, the second and the third most important aspects?**

*(indicate the codes of the answers considered as most important of question 4.1)*

- First most important aspect.....|\_|\_|
- Second most important aspect.....|\_|\_|
- Third most important aspect.....|\_|\_|

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

*(one answer per row)*

	Very much agree	Agree	Do not agree nor disagree	Contrary	Very much disagree
Marriage is an outdated institution .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
A couple can live together without having the intention of getting married.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
A woman can decide to have a child as single parent even if she does not want a stable relation with a man .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
When children turn about 18-20 years old, they should start to live independently .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
It is right if a couple whose marriage is unhappy, decide to divorce even if they have children.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5 <input type="checkbox"/>					
If the parents separate/divorce, it is better that the child stays with the mother rather than with the father.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
When parents need to be cared for, it is natural that the daughters and not the sons do it .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
A woman can fulfil herself in being a homemaker the same as in a remunerated job.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**4.4 Do you generally believe that most people can be trusted or that it is better to be very careful?**

Most people can be trusted..... 1

It is better to be very careful..... 2

**WARNING!**

- Go to question 4.11 in case of persons 50 years of age and over.
- Continue for all other persons!

*(This following question is addressed to persons between 18 and 49 years of age; otherwise go to question 4.11)*

**4.5 Do you intend having a child or another child in the next 3 years?**

Definitely not ..... 1

Probably not..... 2

Probably yes ..... 3  → go to question 4.7

Definitely yes ..... 4

*(Ask following question to persons who definitely or probably do **NOT** intend on having a child in the next 3 years; otherwise, go to question 4.7)*

**4.6 Do you intend having children in the future?**

Definitely not ..... 1

Probably not..... 2

Probably yes..... 3

Definitely yes ..... 4

*(Ask following question to persons between 18 and 49 years of age included)*

**4.7 How many children in total would you like to have in your life?**

*(include the children that you already have)*

Number of children ..  → go to question 4.11 in case of persons that are not in a couple; go on for all other persons.

*(Ask following question to persons between 18 and 49 years of age who are in a relationship; otherwise go to question 4.11)*

**4.8 Let us assume that you will have a child or another child in the next 3 years. Would it be better or worse in relation to...**

*(One answer per every row)*

	Much better	Better	Not better nor worse	Worse	Much worse
The possibility of doing what you want.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your employment opportunities .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your financial situation .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your sexual life .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
What people think of you .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The joy and satisfaction you get from life .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The closeness between you and your partner .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your partner's job opportunities .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

The closeness between you and your parents .....1  2  3  4  5   
 Certainty in your life .....1  2  3  4  5

**4.9 The decision whether to have children or not can depend on various situations. How much could your decision whether to have a child or not in the next 3 years depend on...  
 (One answer per every row)**

	A lot	Sufficiently	Not much	Not at all
Your economical situation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your job .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your housing conditions .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your health .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your partner's job .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Help from non-cohabitant relatives in caring for the children .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Help from partner in caring for the children.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**4.10 If you were to have a child in the next 3 years, how much would the following persons agree with your choice?  
 (One answer per every row)**

	Would very much agree	Would agree	Would not agree nor disagree	Would be contrary	Would be very much contrary	Not pertinent
Most of your friends.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your mother .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your father.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

*(Ask following question to all persons 18 years of age and over)*

**4.11 How often do you usually go to church or in some other place of worship?**

Everyday..... 1   
 Sometimes a week ..... 2   
 Once a week..... 3   
 Sometimes a month (less than four times) ..... 4   
 Sometimes a year..... 5   
 Never..... 6

**4.12 How much control do you feel over the following areas of your life for the next 3 years?**

*(One answer per every row)*

	A lot	Sufficiently	Not much	Not at all
Your economical situation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your job .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your housing conditions .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your health .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your family life .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**WARNING!**

- Go to Section 5 in case of never-married persons 18 to 39 years of age who live with at least one parent



• The questionnaire ends here for all the other persons!

**5. PERMANENCE IN THE PARENTAL HOME**

**(NEVER-MARRIED PERSONS 18 TO 39 YEARS OF AGE WHO LIVE WITH AT LEAST ONE PARENT)**

**5.1 Some persons your age still live with their parental family. Some persons choose to live with their parents while some others do it because of various problems. Why do you still live with your parents?**

*(more than one answer possible)*

- I am still studying ..... 1
- I like to live so, and I still have my freedom anyway ..... 2
- I thought about leaving home but I do not feel like doing it yet ..... 3
- If I were to leave home, I would have to give up too many things ..... 4
- I do not have a job/a stable job ..... 5
- I cannot bear the expenses of renting or purchasing a house ..... 6
- My parents would be sad ..... 7
- My parents need me (they are elderly, have health problems, etc.) ..... 8
- Other (*specify*) ..... 9

**5.2 How often do you disagree with your parents on the following aspects?**

*(one answer per row)*

Often    Sometimes    Rarely    Never    Not Pertinent

- On how much you contribute in domestic duties    1     2     3     4     5
- On how and/or how you spend money . 1     2     3     4     5
- On your scholastic result .... 1     2     3     4     5
- On how you spend you spare time ..... 1     2     3     4     5
- On how you organize your day ..... 1     2     3     4     5
- On how much you work or how much you search for employment ..... 1     2     3     4     5

On your girlfriend/boyfriend ..... 1     2     3     4     5

On the persons you frequent ..... 1     2     3     4     5

**5.3 Do you receive sums of money from your parents?**

No, I do not receive money from my parents ..... 1

Yes, occasionally ..... 2

Yes, every time I ask for it ..... 3

Yes, regularly (every month, week, etc.) ..... 4

➔ **Approximately how much do you receive every month?**

\_|\_|\_|\_|\_|,|0|0| €

**5.4 Do you financially contribute in the family expenses?**

*(do not consider as contribution the expenses you sustain on clothing or hobbies)*

No, I do not work ..... 1

No, I keep to myself what I earn ..... 2

➔ go to question 5.6

Yes, regularly ..... 3

Yes, occasionally ..... 4

Yes, when I succeed at earning something ..... 5

*(If Yes)*

**5.5 Usually, what part of your earnings do you give to your parents?**

Percentage ..... |\_|\_|\_| %

We do not have a rule, it depends from the circumstances ..... 999

*(Ask following question to never-married persons from 18 to 39 years of age who live with at least one parent)*

**5.6 Do you have a car available?**

No, even though I have a driver's licence ..... 1

Yes, I can take the family car.....2

Yes, I have my own car ..... 3

I do not have a driver's licence .....4

**5.7 Do you have your own bank account (co-registered included)?**

No ..... 1

Yes ..... 2

No answer..... 3

**5.8 Do you intend leaving your parental home in the next 3 years?**

Definitely not ..... 1  → go to question 5.10

Probably not..... 2

Probably yes..... 3

Definitely yes..... 4

*(Answer following question in case the answer is probably or definitely Yes)*

**5.9 You would leave your parental home in the next 3 years due to:**

Marriage ..... 1

Cohabitation..... 2

Work ..... 3

Study ..... 4

Need to be autonomous/independent..... 5

Other (specify) ..... 6

*(Ask following question to never-married persons from 18 to 39 years of age who live with at least one parent)*

**5.10 Let us assume that you will leave your parental home in the next 3 years. It would be better or worse in relation to...**

*(one answer per row)*

Much better    Better    Not better nor worse    Worse    Much worse

Your independency .... 1  2  3  4  5

Your job opportunities ..... 1  2  3  4  5

Your economical situation ..... 1  2  3  4  5

Your sexual life ..... 1  2  3  4  5

What people think of you ..... 1  2  3  4  5

The joy and satisfaction you get from life . 1  2  3  4  5

**5.11 The decision whether to leave your parental home or not in the next 3 years can depend on various situations. How much could this decision depend on...**

*(one answer per row)*

A lot    Sufficiently    Not much    Not at all  
Your economical situation..... 1  2  3  4

Improvement of your work situation..... 1  2  3  4

Your housing situation..... 1  2  3  4

Your health..... 1  2  3  4

Improvement of your partner's work situation..... 1  2  3  4

**5.12 If you were to leave your parental home in the next 3 years, how much would the following persons agree with your choice?**

*(one answer per row)*

Would very much agree    Would agree    Would nor agree nor disagree    Would be contrary    Would be very contrary    Not pertinent

Most of your friends ..... 1  2  3  4  5  6

Your mother..... 1  2  3  4  5  6

Your father.... 1  2  3  4  5  6

**5.13 What are the 3 main objectives among the following ones that you wish to reach within the next 3 years?**

*(indicate maximum 3 answers)*

To complete studies or go back to study ..... 01

To find a job, whatever that may be ..... 02

To stabilize your working situation..... 03

To make a career ..... 04

To find a part-time or flexible job ..... 05

To leave the parental home..... 06

To cohabit without being married ..... 07

To get married..... 08

To have a child..... 09

To have fun and have more time for yourself ..... 10

To travel ..... 11

To get to know new people ..... 12

To find a boyfriend/girlfriend..... 13

To stop working..... 14

To continue to live as you are currently living..... 15

Other (specify) ..... 16

**RESERVED TO THE SURVEYOR – SELF-COMPILATION QUESTIONNAIRE**  
**To be filled in immediately after collecting the model**

**1. Was the questionnaire filled in during the same visit when the interview took place?**

No ..... 1

Yes .....2

**2. Which one of the following situations took place?**

The surveyor filled in the questionnaire by interviewing the person.....1

The surveyor filled in the questionnaire by interviewing a family member...2→ Order nr of component|\_|

The component filled in personally the questionnaire.....3

A family member filled in the questionnaire.....4 → Order nr of component|\_|

The questionnaire was not filled in due to refusal.....5

The questionnaire was not filled because the respondent was absence.....6

**(In case of codes 3 or 4 to question 2)**

**3. The questionnaire was filled in**

Completely and without difficulties ..... 1

Completely but with some difficulties ..... 2

Incompletely and with full of gaps ..... 3