



## I. CONDITIONS WHILE GROWING UP.

*If interviewed in 1981* ———> *Question 18*

1 a                      Were both your parents Swedish citizens at the time of your birth?

- 1 YES ———> *Question 3a*
- 2 ONE SWEDISH AND ONE FOREIGN
- 3 BOTH OF FOREIGN NATIONALITY

1 b                      What nationality was your

Father?.....                      1 = Swedish

2 = Danish, Norwegian

3 = Finnish

4 = Yugoslavian

Mother?.....                      5 = Other E. European, incl. E.Germany

6 = German, Austrian, other W.European

7 = Spanish, Italian, Greek

8 = Other nationality

9 = Unknown

1 c                      What language was most spoken in your home during your childhood, i.e. up to your 16th birthday?

Home language:.....                      1 = Swedish

2 = Danish, Norwegian

3 = Finnish

4 = Serbo-Croatian

5 = Other E.European, incl. Hungarian

6 = German

7 = English

8 = French, Spanish, Italian

9 = Other

2 a Were you born in Sweden or in another country?

1 IN SWEDEN ———> *Question 3a*

2 IN ANOTHER COUNTRY

2 b How old were you when you came to Sweden?

1 6 YEARS OR YOUNGER

2 7-16 YEARS

3 17 YEARS OR OLDER

3 a Did you live with both your natural (biological) parents during your whole childhood, i.e up to age 16?

1 YES ———> *Question 4*

2 NO

3 b Why not?

1 BOTH PARENTS DECEASED ———> *Question 5 a*

2 FATHER DECEASED

3 MOTHER DECEASED

4 DIVORCE, SEPARATION

5 CHILD OF A SINGLE PARENT

6 FATHER ABSENT DURING LONG PERIODS (E G SEAMAN)

7 OTHER REASON, SPECIFY.....

4 Are either or both of your (biological) parents still alive?

1 NO

*Mark only one alternative*

2 FATHER ALIVE

3 MOTHER ALIVE

4 BOTH ALIVE

8 DON'T KNOW

|     |  |
|-----|--|
| 5 a | Did your father (foster father) have any education above primary school?   |
|     | 1 YES<br>2 NO ———> <i>Question 6a</i>  |
| 5 b | Which of the following best describes your father's education?   |
|     | 1 Vocational School (at least 1 year)<br>2 Lower secondary school (with or without leaving exam)<br>3 Upper secondary/high school<br>4 University, college |
| 6 a | Did your mother (foster mother) have any education above primary school?   |
|     | 1 YES<br>2 NO ———> <i>Question 7</i>   |
| 6 b | Which of the following best describes your mother's education?   |
|     | 1 Vocational school (at least 1 year)<br>2 Lower secondary (with or without leaving exam)<br>3 Upper secondary/high school<br>4 University, college        |

7 A Looking back on your childhood - up to age 16 when you (mostly) were at school - what was your father's (foster father's) main occupation?

.....

***If employed:***

B Was he mostly employed.....

- 1 in private enterprise
- 2 by the municipality or county council
- 3 by the State or state companies (*SJ, Postverket, Televerket*, etc)
- 4 by a popular movement (*Konsum*, a trade union, political party, free church etc.)
- 5 other, What? .....

C Did he ever during this time run a business of his own?

- 1 YES, WITH 20 OR MORE EMPLOYEES
- 2 YES, WITH 10-19 EMPLOYEES
- 3 YES, WITH 1-9 EMPLOYEES
- 4 YES, BUT WITH NO EMPLOYEES
- 5 NO, HE WAS NEVER SELF-EMPLOYED

***If a farmer:***

D How large was the farm?

- 1 SMALL = AT MOST 10 HECTARES ARABLE LAND AND 100 HA WOODLAND
- 2 AVERAGE = AT LEAST 10 HA ARABLE LAND OR OVER 100 HA WOODLAND
- 3 LARGE = AT LEAST 100 HA ARABLE LAND OR OVER 400 HA WOODLAND

E Did he do any other job besides farming?

***If YES:*** What?

.....

8

A What was your mother's (foster mother's) main occupation during your childhood?

.....

B ***If employed:***

Was she mostly employed.....

- 1 in private enterprise
- 2 by the municipality or county council
- 3 by the State or a state-owned company (*SJ, Posten, Televerket*, etc)
- 4 by a popular movement (*Konsum*, a trade union, political party, free church, etc.)
- 5 other, What? .....

C ***If a housewife:***

Did she go out to work at any time during your growing up?

***If NO*** ———> ***Question 9***

D ***If YES:*** What was her main occupation?

.....

E Did she at any time while you were growing up run her own business?

- 1 YES, WITH 20 OR MORE EMPLOYEES
- 2 YES, WITH 10-19 EMPLOYEES
- 3 YES, WITH 1-9 EMPLOYEES
- 4 YES, BUT WITH NO EMPLOYEES
- 5 NO, SHE WAS NEVER SELF-EMPLOYED

***If a farmer:***

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G Did she do any other job besides farming?

***If YES:*** What?

.....



1 YES ———> *Question 15a*

2 NO

14 b In how many different places did you live?

NUMBER OF PLACES

14 c Did you live for 10 years or more in any one place?

1 YES

2 NO

15 a Where did you live (most of the time) during your childhood, i.e. up to age 16?

***Response card 15 A***

1 IN A RURAL AREA

2 IN A COMMUNITY OF AT LEAST 500 INHABITANTS

3 IN A SMALL TOWN OF UP TO 10 000 INHABITANTS

4 IN A MEDIUM-SIZE TOWN

5 IN A MAJOR TOWN (STOCKHOLM, GÖTEBORG, MALMÖ)

6 ABROAD



15b In what county, municipality and place was this?

COUNTY (*see codes below*)

MUNICIPALITY.....

PLACE.....

COUNTRY (*if not Sweden*).....

COUNTIES IN NUMERICAL ORDER

|                      |                         |                        |
|----------------------|-------------------------|------------------------|
| 01 Stockholms län    | 10 Blekinge län         | 18 Örebro län          |
| 03 Uppsala län       | 11 Kristianstads län    | 19 Västmanlands län    |
| 04 Södermanlands län | 12 Malmöhus län         | 20 Kopparbergs län     |
| 05 Östergötlands län | 13 Hallands län         | 21 Gävleborgs län      |
| 06 Jönköpings län    | 14 Göteborgs o Bohuslän | 22 Västernorrlands län |
| 07 Kronobergs län    | 15 Älvsborgs län        | 23 Jämtlands län       |
| 08 Kalmar län        | 16 Skaraborgs län       | 24 Västerbottens län   |
| 09 Gotlands län      | 17 Värmlands län        | 25 Norrbottens län     |

*If the respondent was born in 1965 or later. Otherwise ———> Question 18*

16 a Before you began elementary school, were you ever at a daycare center?

*If YES:* For about how long altogether (years, months)?

Yrs  Mths   
NUMBER OF YEARS AND/OR MONTHS

88 HAVE NOT BEEN TO A DAYCARE CENTER

16 b Were you at any time left with a child minder during the day?

*If YES:* For about how long altogether?

Yrs  Mths   
NUMBER OF YEARS AND/OR MONTHS

88 HAVE NEVER BEEN LEFT WITH A CHILD MINDER

16 c Did you spend any time at a kindergarten or preparatory school?

*If YES:* For about how long altogether?

Yrs  Mths   
NUMBER OF YEARS AND/OR MONTHS

88 HAVE NOT BEEN TO PREPARATORY SCHOOL OR KINDERGARTEN

I would now like to ask some questions about your last years in elementary school:

17 a Did you have your own room at home during the greater part of this period?

- 1 YES
- 2 NO

17 b How often were you helped with your homework by parents or siblings?

- 1 ALMOST EVERY DAY
- 2 ONCE OR TWICE A WEEK
- 3 NOW AND THEN
- 4 SELDOM
- 5 NEVER

17 c When you think back to your last years in elementary school, would you say that you enjoyed your schoolwork?

- 1 YES, VERY MUCH
- 2 YES, QUITE A LOT
- 3 INDECISIVE/NEITHER YES NOR NO
- 4 NO, NOT MUCH
- 5 NO, NOT AT ALL



*If respondent is not married or cohabiting ———> Question 23*

20 A What is the occupation of your husband/wife/cohabitant (what is his/her position at the workplace called)?

*If the answer is housewife, pensioner*

..... *or student, state this as well as previous occupation, if any.*

B *If self-employed or a farmer:*

Does s/he have any employees?

- 1 NO EMPLOYEES
- 2 1-9 EMPLOYEES
- 3 10-19 EMPLOYEES
- 4 20 OR MORE EMPLOYEES

C *If a farmer:*

How large is the farm?

- 1 SMALL = AT MOST 10 HECTARES ARABLE LAND AND 100 HA WOODLAND
- 2 AVERAGE = AT LEAST 10 HA ARABLE LAND OR OVER 100 HA WOODLAND
- 3 LARGE = AT LEAST 100 HA ARABLE LAND OR OVER 400 HA WOODLAND

21 a How many hours per week does your wife/husband/cohabitant work at present?

NUMBER OF HOURS/WEEK

21 b How many weeks did s/he work in 1990?

NUMBER OF WEEKS

*If nil ———> Question 22*

21 c Was this mainly full- or part-time work?

- 1 FULL-TIME
- 2 PART-TIME

22

What is your spouse's/cohabitant's highest level of education?

*NB! Do not read the alternatives aloud; they are writt en this way for the sake of legibility.*

- 01 Primary/Grade school (normally 6-8 years)
- LEVEL 1
- 02 Comprehensive (elementary) school (9 years)
  
- 03 At least 1 year of vocational training above primary school (vocational school, workshop skills, home economics, housewifery)
- LEVEL 2
- 04 2-year vocational course in secondary school (pre-nursing, mechanical engineering, electrical and teletechnology, building and construction, distribution and office skills, garage mechanics, etc.)
  
- 05 LEVEL 3  
Lower secondary school, girls' school, general education at a folk high school
  
- 06 At least 1 year of vocational training above lower secondary school (e.g. commercial college, nursing, (elementary school) teacher training, technical training)
- LEVEL 4
- 07 2 year course in social studies, economics or technology at a secondary/ high school
  
- 08 LEVEL 5 Upper secondary/high school diploma or completed 3-4-year high school course (*cf. A-levels, Abitur, BAC*)
  
- 09 LEVEL 6 At least 1 year of education above upper secondary/high school diploma or 3-4-year high school course (e.g. teacher training diploma; college or university studies without graduating)
  
- 10 LEVEL 7 University or college degree;  
Specify:.....
  
- 11 OTHER, specify:  
*E.g. foreign exam which the respondent cannot equate with any of the given*  
..... *alternatives.*

*If there are no children living at home born 1981-1990 ———> Question 24 A*

23

You have ..... child/children living at home aged 10 or younger. I would like to ask a few questions about the child's/children's supervision and health.

*If the respondent has several children:*

Shall we begin with the youngest girl/boy,  
the one born in .....

*Note year of birth in  
the chart below.*

- A How is the care of this child arranged during the week, say between 8 and 5?  
(*or other time while parents are at work*)

*Response card 23  
For school children give  
form of after-school care.*

*Code form of care below.*

- 1 Child manages alone at home ———> *Question 23 D*
- 2 Parent(s) at home ———> *Question 23 C*
- 3 Grandparent(s) or other relative
- 4 Private child minder
- 5 Parents' cooperative or other private daycare
- 6 Municipal child minder (incl. three-family system)
- 7 Municipal daycare
- 8 After-school leisure center
- 9 Own nanny/au pair (employed)

- B About how much are your expenses each month for the care of this child?  
*Code child care costs per  
month below (kronor).*
- C Does it happen that s/he must fend for her-/himself during any part of the day?

YES  
NO

*Code answer below*

- D If you were offered municipal child care for this child to the extent and during the times suitable to you, would you wish to have it?

THE CHILD IS ALREADY IN MUNICIPAL CHILD CARE

YES  
NO

*Code answer below*

- E About how many times has s/he had a fever in the past six months?

*Code number of times.*

- F Has s/he any illness or complaint for which medicine must be taken or the doctor visited regularly (e.g. allergy, diabetes, etc.)?

YES

*Code answer below.*

NO

G Has s/he during the past year had any accident so serious that a doctor's visit was necessary?

YES

*Code answer below.*

NO

| A            | B            |    | C                  |    | D            |    | E                            |  | F            |    |    |
|--------------|--------------|----|--------------------|----|--------------|----|------------------------------|--|--------------|----|----|
| Born in year | Form of care |    | Cost of child care |    | Can cope ill |    | In need of child care needed |  | No. of times |    |    |
|              | Yes          | No | Yes                | No | Yes          | No | Has                          |  | Yes          | No |    |
|              | 1            | 2  |                    |    | 12           | 8  |                              |  | 1            | 2  | 12 |
|              | 1            | 2  |                    |    | 12           | 8  |                              |  | 1            | 2  | 12 |
|              | 1            | 2  |                    |    | 12           | 8  |                              |  | 1            | 2  | 12 |
|              | 1            | 2  |                    |    | 12           | 8  |                              |  | 1            | 2  | 12 |
|              | 1            | 2  |                    |    | 12           | 8  |                              |  | 1            | 2  | 12 |
|              | 1            | 2  |                    |    | 12           | 8  |                              |  | 1            | 2  | 12 |
|              | 1            | 2  |                    |    | 12           | 8  |                              |  | 1            | 2  | 12 |

*If respondent has other children, go back to Question 23 A.*

*Otherwise ———> Question 24 A*

24 A Do you have or have you had children who do not now live with you?  
Even children by adoption and step-children, as well as deceased children, if any,  
should be counted. Do not count foster children unless you count them as your own!

1 YES

2 NO ———> *Question 25*

B How many children are/were they altogether (not living with you now)?

NUMBER OF CHILDREN NOT LIVING WITH RESPONDENT

C Can you tell me the year and month of birth as well as the sex of each one?  
Begin with the youngest.

*Quarter:* *Jan-March 1*  
*April-June 2*  
*July-Sept 3*  
*Oct-Dec 4*

| 24 C | Date of birth |   | Sex | 24 D |         | 24 E       |                     |
|------|---------------|---|-----|------|---------|------------|---------------------|
| Year | month         | M | F   | Year | Quarter | Moved Full | Support Part NoDead |
|      |               |   | 1 2 |      |         | 1          | 2 3 4               |
|      |               |   | 1 2 |      |         | 1          | 2 3 4               |
|      |               |   | 1 2 |      |         | 1          | 2 3 4               |
|      |               |   | 1 2 |      |         | 1          | 2 3 4               |
|      |               |   | 1 2 |      |         | 1          | 2 3 4               |
|      |               |   | 1 2 |      |         | 1          | 2 3 4               |

D When did s/he leave home? *Code year and quarter in chart.*

*If the child was born in 1965 or later (maximum age 26):*

E Is s/he wholly, partly or not at all dependent on support from you and/or your wife/  
husband?

WHOLLY *Code answer in chart*

PARTLY

NOT AT ALL

DECEASED

*If the respondent has other children not living in his/her household, go back to  
Question 24 D.*

*Otherwise ———> Question 25*



25 Have you previously been married or cohabiting for at least six months?  
 1 YES  
 2 NO ———> *Question 27*

If there have been several cohabitations, we'll take them in turn, beginning with the first:

26 A When did you start living together? *Code year and month in chart*

B When did you stop living together? *Code year and month in chart*

C Was this because of divorce/separation, death or some other reason?

DIVORCE/SEPARATION *Code reason in chart*  
 DEATH  
 OTHER REASON

*If resp. is unable to remember the month, code the quarter*

|                 |                  |           |
|-----------------|------------------|-----------|
| <i>Quarter:</i> | <i>Jan-March</i> | <i>21</i> |
|                 | <i>Apr-June</i>  | <i>22</i> |
|                 | <i>July-Sept</i> | <i>23</i> |
|                 | <i>Oct-Dec</i>   | <i>24</i> |

| 25 A             |             | 25 B               |       | 25 C         |       |        |
|------------------|-------------|--------------------|-------|--------------|-------|--------|
| Began cohabiting |             | Stopped cohabiting |       | Reason       |       |        |
| Year             | Other Month | Year               | Month | Separ- ation | Death | reason |
|                  |             |                    |       |              | 1     | 2 3    |
|                  |             |                    |       |              | 1     | 2 3    |
|                  |             |                    |       |              | 1     | 2 3    |
|                  |             |                    |       |              | 1     | 2 3    |
|                  |             |                    |       |              | 1     | 2 3    |

Have you at any other time been married or cohabiting for more than six months?

*If YES ———> Go back to 26 A*  
*If NO ———> 27 a*

27 a Have you been living in the same place since 1981? (Don't count temporary residence such as military service or for studies of half a year or less.)

- 1 YES ———> *Question 30*
- 2 NO

27 b In how many other places have you lived since then? (For at least 1 year)

NUMBER OF PLACES LIVED IN

27 c What was your main reason for moving to your present place of residence?

- 1 CHANGE OF OWN JOB
- 2 OWN STUDIES
- 3 CHANGE OF FAMILY SITUATION (MOVED IN WITH OR AWAY FROM SPOUSE/COHABITANT, PARENT)
- 4 SPOUSE/COHABITANT CHANGED JOBS
- 5 SPOUSE'S/COHABITANT'S STUDIES
- 6 MOVED WITH PARENTS
- 7 OTHER, SPECIFY:.....

28 a When did you move to your present place of residence?

Year  Month  
YEAR, MONTH

28 b How far do you now live from the place in which you spent (most of) your childhood, i.e. up to age 16?

- 1 0-19 KM
- 2 20-59 KM
- 3 60-109 KM
- 4 110-209 KM ———> *Question 30*
- 5 210-509 KM
- 6 510-1000 KM
- 7 OVER 1000 KM
- 8 GREW UP IN ANOTHER COUNTRY THAN SWEDEN

29 In what year did you move to Sweden?

YEAR

## III. HOUSING CONDITIONS

30 When did you move to your present dwelling?

| Year   | Month |  |  |  |  |  |  |  |  |
|--|-------|--|--|--|--|--|--|--|--|
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|  |       |  |  |  |  |  |  |  |  |
|  |       |  |  |  |  |  |  |  |  |

YEAR, MONTH

31 a What kind of kitchen or cooking facilities do you have?

- 1 KITCHEN WITH DINING SPACE
- 2 KITCHEN OR KITCHENETTE WITHOUT DINING SPACE
- 3 OTHER COOKING ARRANGEMENTS
- 4 NO COOKING ARRANGEMENTS

31 b How many rooms do you have excluding the kitchen?

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

NUMBER OF ROOMS

32 How large is your home in square meters (m<sup>2</sup>)?

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

m<sup>2</sup> LIVING SPACE

33 How many apartments are there in the house where you live, all entrances counted?

- 1 1 APARTMENT (DETACHED HOUSE, ROW-HOUSE) *Mark without asking*
- 2 2 APARTMENTS *if the answer is obvious!*
- 3 3-10 APARTMENTS
- 4 11 OR MORE APARTMENTS

35 Do you have all modern conveniences in your home? (i.e., bathroom/shower, indoor toilet, central heating, cooking range (not wood-fired), refrigerator?)

- 1 YES *Mark without asking*
- 2 NO *if this is obvious!*

36 a Do you have at least two running metres of books, not counting works of reference?

- 1 YES
- 2 NO ———> *Question 36c*

36 b Do you have at least five running metres of books? (excluding works of reference)

- 1 YES
- 2 NO

36 c Is there an encyclopedia in your home?

- 1 YES
- 2 NO

37 About how far is it from your home to the nearest recreation area where one can take a walk of half an hour or so?

- 1 0-250 METRES
- 2 CA 500 M
- 3 CA 1 KM
- 4 CA 2 KM
- 5 MORE THAN 2 KM

38 About how far is it from your home to the nearest grocery store?

- 1 0-250 METRES
- 2 CA 500 M
- 3 CA 1 KM
- 4 CA 2 KM
- 5 CA 3 KM
- 6 CA 4-10 KM
- 7 MORE THAN 10 KM

39 Who owns/rents the place you live in? Is it .....

- 1 Yourself and/or your spouse/cohabitant ———> *Question 41*
- 2 Parents (own)
- 3 Own child/children
- 4 Parents-/daughter-/son-in law
- 5 Sister/brother
- 6 Other relative
- 7 Other WITH WHOM RESPONDENT IS LODGING
- 8 OTHER

40 Do you pay anything for where you live and in that case how much?

COST PER MONTH (KRONOR) ———> *Question 50*

88 PAY NOTHING

41 Do you own the house/apartment or are you renting?

- 1 OWN HOUSE (SEMI-DETACHED OR DETACHED) ———> *Question 44 a*
- 2 OWN CONDOMINIUM APARTMENT OR EQUIVALENT ———> *Question 43*
- 3 RENT DWELLING

42 Who owns the building?  
Is it a.....

- 1 Municipal housing company
- 2 Private housing company/private person
- 3 Other landlord, who?  
.....

*Note the name of the company  
(possibly from notice in  
entrance) if resp. is uncertain  
about ownership of the building*

43 How much is your rent or charge per month? Add extra cost for fuel or heating if this applies, but do not deduct housing allowance (if any)!

COST OF DWELLING PER MONTH ———> *Question 50*

44 a What is the new rateable (tax assessment) value of your building?

VALUE (kronor, thousands)

44 b What was the rateable (tax assessment) value in 1990?

VALUE (kronor, thousands)

## IV. EDUCATION

50 How many years altogether have you been to school or studied full-time?  
(From elementary school on.)

NUMBER OF YEARS

51 Have you gained most of your education in Sweden?

- 1 YES, IN SWEDEN
- 2 NO, IN ANOTHER COUNTRY ———> *Question 64 a*

I would like to ask what your education has been. Let us start with school up to age 16.

*If the respondent was born in 1955 or later ———> Question 54*

53 a Did you go to primary/grade school?

- 1 YES
- 2 NO ———> *Question 54*

53 b Did you go to a lower secondary or a girl's school?

- 1 YES ———> *Question 55*
- 2 NO

53 c How many grades did you pass in primary/grade school?

NUMBER OF GRADES PASSED ———> *Question 60 a*

54 Did you go to (are you now in) a comprehensive (elementary) school?

- 1 YES, I WENT TO A COMPREHENSIVE
- 2 YES, I AM IN A COMPREHENSIVE NOW ———> *Question 70 N.B. Not Komvux!*
- 3 NO —————> *If respondent has neither gone to grade school nor to a comprehensive, try to find out what form of schooling s/he has had and make a note below (e.g. equivalent in other country, private school)*

OTHER EQUIVALENT.....

55 Did you go to (or are you now in) a high school (*Gymnasium*)? Don't count municipal adult classes (*Komvux*), which I'll get back to.

- 1 YES, I DID ———> *Question 57*
- 2 YES, I AM IN HIGH SCHOOL NOW ———> *Question 57*
- 3 NO

56 What year and what month did you graduate from your lower secondary or comprehensive?

|      |       |
|------|-------|
| Year | Month |
|      |       |

YEAR, MONTH ———> *Question 60a*

57 How many grades did you pass/have you passed up to now in high school?

58 What branch of study at high school did you choose/have you chosen?

*Response card 58*      *If several branches, code the highest completed!*  
*If several on the same level, code the most recently completed*

- 01 General education (languages, Natural sciences/Humanities/Social science)
- 02 Commercial high school or 3-year economics branch (E)
- 03 Technical high school or 3/4-year technical branch (T)
- 04 2-year economics branch (Ek)
- 05 2-year technology branch (Te)                      *Continuation school or high school*
- 06 2-year social branch (So/Mu)
- 07 2-year vocational training for the social services sector (Sick/social/child care)
- 08 2-year vocational training for office work/administration (Distrib./commerce/office)
- 09 2-year technical training for artisan trades, manufacturing, mechanics, etc  
(Electrical and teletechnology, technical and mechanical engineering, garage mechanics, building and construction, food technology, etc)
- 10 2-year home economics
- 11 Other, specify: .....

59 a Did you complete your high school education?

- 1 YES
- 2 NO
- 8 STILL AT SCHOOL ———> *Question 60 a*

59 b When did you leave high school?

Year    Month  
|\_|\_|\_|\_|\_|    |\_|\_|  
YEAR, MONTH

60 a Have you taken or are you now taking adult education classes (*Komvux*)?

- 1 YES, I HAVE TAKEN CLASSES
- 2 YES, I AM TAKING CLASSES NOW
- 3 NO ———> *Question 61a*

60 b Were/are these full- or part-time studies?

- 1 FULL-TIME
- 2 PART-TIME

60 c Did these studies result in (are these studies leading to) a diploma of any kind?

- 1 YES
- 2 NO ———> *Question 61a*

60 d What diploma was (is) that?

- 1 BASIC SCHOOL COMPETENCE *If several Komvux courses:*
- 2 2-YEAR HIGH SCHOOL VOCATIONAL TRAINING *Code highest level completed!*
- 3 2-YEAR HIGH SCHOOL ACADEMIC COURSE
- 4 3- OR 4-YEAR HIGH SCHOOL COURSE
- 5 OTHER: WHAT?.....

60 e When did you complete this education?

Year    Month  
|\_|\_|\_|\_|\_|    |\_|\_|  
YEAR, MONTH  
88 NOT YET COMPLETED



61 a Have you studied or are you now studying at a university or college?

1 YES, I HAVE

2 YES, I AM NOW —> What course or for what degree?.....

3 NO —> *Question 62*

61 b Do you have a university or college degree?

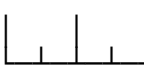
2 NO —> *Question 61 d*

1 YES, WHAT:

..... *If from an arts or social science faculty,*  
*state major subject!*  
 .....

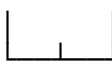
61 c When did you take this degree?

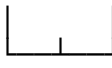
Year Month

 YEAR, MONTH —> *Question 62* *If the resp. has two or more degrees: Code*  
*the latest and note the year and month*  
*for the others here.*

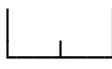
.....

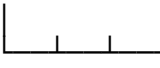
61 d How many terms have you studied full-time at a university or college?  
 And how many part-time? (*One year of study = two terms full-time*)

 TERMS FULL-TIME

 TERMS PART-TIME

61 e How many successful courses or how many 'points' have you taken, approximately?  
 (*One point is approximately equal to one week of full-time study*)

 SUCCESSFUL COURSES *Either courses or 'points' will do*  
*Exclude if resp. cannot state either*

 'POINTS'

62 Have you been to any other school or taken other vocational courses that, counted as full-time, have lasted at least six months?  
 I am thinking, e.g., of folk high school, correspondence courses, vocational training at special schools or apprenticeship of any kind.

1 YES *If the respondent is in such education now,*  
*code YES if this has lasted more than 6 months*

2 NO —> *Question 70*

|  | <i>Fill in by column</i>  | STUDIES 1                                     | STUDIES 2   | STUDIES 3                          |
|--|---|---|---|------------------------------------|
| 63   | <p>A What subject(s) did you study?</p> <p><i>Describe courses!<br/>Name the school/academy</i></p>   |   |   |                                    |
|  | <p>B Did these studies lead to a special occupation or title?</p> <p><i>State title or occupation!</i></p>  | <p>1 NO</p> <p>2 YES, <i>what.</i></p>        | <p>1 NO 1 NO</p> <p>2 YES, <i>what.</i> 2 YES, <i>what.</i></p>   | <p>NO</p> <p>YES, <i>what.</i></p> |
|  | <p>C For how long were these studies?</p> <p><i>If part-time: try to convert into years and months full-time!</i></p>   | <p>Year    Month</p>                          | <p>Year    Month</p>  | <p>Year    Month</p>               |
|  | <p>D What year and month did you complete these studies?</p> <p>STILL STUDYING 88</p> <p><i>If resp cannot recall month: Jan-March<br/>Code quarter!</i></p>  | <p>Year    Month</p> <p>STILL STUDYING 88</p> | <p>Year    Month</p> <p>STILL STUDYING 88</p> <p><i>Jan-March    21</i><br/><i>April-June    22</i><br/><i>July-Sept      23</i><br/><i>Oct-Dec        24</i></p> | <p>Year    Month</p>               |
| <p>Do you have any other school education or vocational training?</p> <p><i>If YES ———&gt; Go back to question 63 A (Studies 2 and 3 respectively)</i></p> <p><i>If NO ———&gt; Question 70</i></p> |   |   |   |                                    |
| 64 a   | <p>In what country did you gain your major education?</p> <p>.....</p>  |   |   |                                    |
| 64 b   | <p>For how many years did you go to school in.....?    <i>country as above</i></p>  |   |   |                                    |
|  | <p><input style="width: 50px; height: 20px;" type="text"/> NUMBER OF YEARS</p>  |   |   |                                    |
| 64 c   | <p>What was the highest level of education you attained in .....    <i>country as above</i></p> <p>Can you tell me approximately what the Swedish equivalent is?</p> <p><i>Response card 64 c</i></p> |   |   |                                    |

- 1 ELEMENTARY SCHOOL, LOWEST OBLIGATORY EDUCATION
- 2 VOCATIONAL TRAINING FOR MANUAL WORK
- 3 ACADEMIC EDUCATION AT HIGH SCHOOL LEVEL
- 4 VOCATIONAL TRAINING ABOVE HIGH SCHOOL, E.G. NURSING OR PRIMARY SCHOOL TEACHER TRAINING
- 5 UNIVERSITY EDUCATION

64 d Have you completed any studies in Sweden?

- 1 YES
- 2 NO ———> *Question 70*

64 e For how many years have you gone to school in Sweden?

NUMBER OF YEARS

64 f What sort of studies have you done?

Yes No *Response card 64 f*

- |   |   |  |
|---|---|--|
| 1 | 2 | SWEDISH LANGUAGE COURSE                              |
| 1 | 2 | ELEMENTARY SCHOOL/EQUIVALENT COMPETENCE              |
| 1 | 2 | 2-YEAR HIGH SCHOOL VOCATIONAL TRAINING               |
| 1 | 2 | 2-YEAR ACADEMIC BRANCH IN HIGH SCHOOL. (EK/TE/SO/MU) |
| 1 | 2 | 3- OR 4-YEAR HIGH SCHOOL COURSE                      |
| 1 | 2 | COURSE(S) AT A UNIVERSITY OR COLLEGE                 |
| 1 | 2 | COMPLETED UNIVERSITY DEGREE;                         |

SPECIFY: .....

64 g When did you complete these studies?

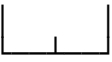
*If several alternatives above,  
code the highest level.*

Year Month

YEAR, MONTH

## V. WORKING LIFE BIOGRAPHY

70 How many years altogether have you spent in gainful employment?

 NUMBER OF YEARS

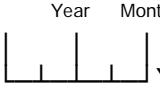
88 HAVE NEVER BEEN GAINFULLY EMPLOYED ———> *Question 90*

71 a Have you ever had a job that lasted at least six months?

1 YES *N.B.! Job in Sweden*

2 NO ———> *Question 82*

71 b What year and month did you begin your first job that lasted at least six months?

 YEAR, MONTH *N.B.! Job in Sweden*

71 c Are you still in the same job?

1 YES ———> *Question 82*

2 NO

72 *If the respondent was born before 1925 or after 1965 ———> Question 82*

Have you had more than 15 jobs since then? If you have had several jobs or positions within the same occupation or with the same employer, count each and make a total!

1 YES ———> *Question 82*

2 NO

73 What position did you have in your first job (as stated above)?  
Can you also briefly describe the tasks you had to do?

.....

74 What kind of production or activity was carried out at your workplace?

.....

75 Were you an employee, self-employed or a farmer?

1 EMPLOYEE

2 SELF-EMPLOYED ———> *Question 77*

3 FARMER ———> *Question 78 a*

76 a Was your workplace in the public sector?

1 YES

2 NO

76 b About how many persons were employed at your workplace?

- 1 RESPONDENT ALONE
- 2 2-9 EMPLOYEES
- 3 10-19
- 4 20-49
- 5 50-99
- 6 100-499
- 7 500-999
- 8 1000 OR MORE EMPLOYEES

—————> *Question 79*

77 About how many employees did you have?

*The resp. should not be counted as an employee; neither should assisting members of the family*

- 1 RESPONDENT ALONE
- 2 1-9 EMPLOYEES
- 3 10-19
- 4 20 OR MORE EMPLOYEES

—————> *Question 79*

78 a How many hectares of arable land was the farm?

- 1 0-9 HECTARES ARABLE LAND
- 2 10-99 HECTARES
- 3 100 OR MORE HECTARES ARABLE LAND

78 b How many hectares of woodland were there?

- 1 0-99 HECTARES WOODLAND
- 2 100-399 HECTARES
- 3 400 OR MORE HECTARES WOODLAND

79 When did you leave that job?

Year    Month

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

YEAR, MONTH

I would now like to go through what other jobs or activities you have had since then. Count everything that has lasted at least one month, even temporary jobs, relief work, parental leave, unemployment and the like. Let us begin with the activity that started in ... (*Month and year according to question 79*)

***CONTINUATION NEXT PAGE!***

80 In your next activity, were you an employee, self-employed, a farmer or engaged in something other than gainful employment? *Code occupation below*

*If employed:*

- A What position did you have in that job?  
Could you briefly describe your tasks?
- B Was that at the same workplace as your former job? *If yes: Question 81*
- C Was that with the same employer as your former job?
- D What kind of production was carried out at your workplace?
- E About how many persons were employed at your workplace?
- F Was this workplace in the public sector? ———> *Question 81*

*If self-employed:*

- A What position did you have?  
Could you briefly describe your tasks?
- B What kind of production was carried out by your firm?
- C About how many employees did you have?

*If a farmer:*

- A How many hectares of arable land was the farm?
- B How many hectares of woodland did you have?

*If not:  
gainfully  
employed:*

- |                  |   |                          |
|------------------|---|--------------------------|
| What did you do? | 1 | UNEMPLOYED               |
|                  | 2 | STUDYING                 |
|                  | 3 | MILITARY SERVICE         |
|                  | 4 | PARENTAL LEAVE           |
|                  | 5 | HOUSEWORK (NON-EMPLOYED) |
|                  | 6 | PENSIONER                |
|                  | 7 | OTHER (WHAT?)            |

81 When did you leave that activity? ———> *Go back to question 80* *If present activity* ———> *Question 90*  
*For self-employed and farmers: state point in time when size of firm/farm passed over a limit defined in the response card.*

- A RESPONDENT ALONE
- B 2-9 EMPLOYEES
- C 10-19
- D 20-49
- E 50-99
- F 100-499
- G 500-999
- H 1000 OR MORE EMPLOYEES

- A SELF-EMPLOYED, NO EMPLOYEES
- B 1-9 EMPLOYEES
- C 10-19
- D 20 OR MORE EMPLOYEES

- A 0-9 HECTARES ARABLE LAND
- B 10-99 HECTARES
- C 100 OR MORE HA ARABLE LAND

- A 0-99 HECTARES WOODLAND
- B 100-399 HECTARES
- C 400 OR MORE HA WOODLAND

| Acti-<br>ty No. | Type of activity          | Position, tasks      Production  | Same employer and workplace;<br>public sector (employee). Size (all) | End of activity<br>(Year, month)   |
|-----------------|---------------------------|--|--|--|
| 1               | 1. Employee               |  | Same workplace   | <i>If resp. cannot recall month code quarter:</i><br><br>Jan-Mar<br>April-June<br>July-Sept<br>Oct-Dec |
|                 | 2. Self-employed          |  | Same employer  |  |
|                 | 3. Farmer                 |  | Number of employees in respondent's firm                             |  |
|                 | 4. Not gainfully employed |  | Hectares land  |  |
|                 |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to the response card; if 7 (other), state what:.....</i> |  |  |
| 2               | 1. Employee               |  | Same workplace   | <i>If resp. cannot recall month code quarter:</i><br><br>Jan-Mar<br>April-June<br>July-Sept<br>Oct-Dec |
|                 | 2. Self-employed          |  | Same employer  |  |
|                 | 3. Farmer                 |  | No. of employees in respondent's firm                                |  |
|                 | 4. Not gainfully employed |  | Hectares land  |  |
|                 |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |  |  |
| 3               | 1. Employee               |  | Same workplace   | <i>If resp. cannot recall month code quarter:</i><br><br>Jan-Mar<br>April-June<br>July-Sept<br>Oct-Dec |
|                 | 2. Self-employed          |  | Same employer  |  |
|                 | 3. Farmer                 |  | No. of employees in respondent's firm                                |  |
|                 | 4. Not gainfully employed |  | Hectares land  |  |
|                 |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |  |  |

80

In your next activity, were you an employee, self-employed, a farmer, or engaged in something other than gainful employment? *Code occupation below*

*If employee:*

- A What was your position in that job?  
Could you briefly describe your tasks?
- B Was that at the same workplace as your former job? *If yes: Question 81*
- C Was that with the same employer as your former job?
- D What kind of production was carried out at your workplace?
- E About how many employees were there?
- F Was this workplace in the public sector? ———> *Question 81*

*If self-employed:*

- A What position did you have?  
Could you briefly describe your tasks?
- B What kind of production was carried out by your firm?
- C About how many employees did you have?

*If a farmer:*

- A How many hectares of arable land was the farm?
- B How many hectares of woodland were there?

*If not gainfully employed:*

- |                  |   |                          |
|------------------|---|--------------------------|
| What did you do? | 1 | UNEMPLOYED               |
|                  | 2 | STUDYING                 |
|                  | 3 | MILITARY SERVICE         |
|                  | 4 | PARENTAL LEAVE           |
|                  | 5 | HOUSEWORK (NON-EMPLOYED) |
|                  | 6 | PENSIONER                |
|                  | 7 | OTHER (SPECIFY)          |

81

When did you leave that activity? ———> *Go back to question 80*

*If*

*present activity* ———> *Question 90*

*For self-employed and farmers: state point in time when size of firm/farm crossed*

*a limit as defined in the response card*

- A RESPONDENT ALONE
- B 2-9 EMPLOYEES
- C 10-19
- D 20-49
- E 50-99
- F 100-499
- G 500-999
- H 1000 OR MORE EMPLOYEES

- A SELF-EMPLOYED, NO EMPLOYEES
- B 1-9 EMPLOYEES
- C 10-19
- D 20 OR MORE EMPLOYEES

- A 0-9 HECTARES ARABLE LAND
- B 10-99 HECTARES
- C 100 OR MORE HA ARABLE LAND

- A 0-99 HECTARES WOODLAND
- B 100-399 HECTARES
- C 400 OR MORE HA WOODLAND



| Acti-<br>ty Nr   | Type of activity          | Position, tasks, Production | Same employer and workplace;<br>public sector (employees). Size (all) | End of activity<br>(Year, month)   |
|--|---------------------------|-----------------------------|---|--|
| 4  | 1. Employee               |                             | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|  | 2. Self-employed          |                             | Same employer   |  |
|  | 3. Farmer                 |                             | No. of employees in respondent's firm                                 |  |
|  | 4. Not gainfully employed |                             | Hectares land   |  |
| <input type="checkbox"/> <i>Code other activity (1-7) according to the response card; if 7 (other), state what:.....</i> |                           |                             |   |  |
| 5  | 1. Employee               |                             | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|  | 2. Self-employed          |                             | Same employer   |  |
|  | 3. Farmer                 |                             | No. of employees in respondent's firm                                 |  |
|  | 4. Not gainfully employed |                             | Hectares land   |  |
| <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |                           |                             |   |  |
| 6  | 1. Employee               |                             | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|  | 2. Self-employed          |                             | Same employer   |  |
|  | 3. Farmer                 |                             | No. of employees in respondent's firm                                 |  |
|  | 4. Not gainfully employed |                             | Hectares land   |  |
| <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), specify what:.....</i>   |                           |                             |   |  |

80

In your next activity, were you employed, self-employed, a farmer or engaged in something other than gainful employment? *Code occupation below*

*If employee:*

- A What position did you have in that job?  
Could you briefly describe your tasks?
- B Was that at the same workplace as your former job? *If yes: Question 81*
- C Was that with the same employer as your former job?
- D What kind of production was carried out at your workplace?
- E About how many employees were there?
- F Was this workplace in the public sector? ———> *Question 81*

*If self-employed:*

- A What was your position?  
Could you briefly describe your tasks?
- B What kind of production was carried out by your firm?
- C About how many employees did you have?

*If a farmer:-*

- A How many hectares of arable land was the farm?
- B How many hectares of woodland did you have?

*If not gainfully employed:*

- |                  |   |                          |
|------------------|---|--------------------------|
| What did you do? | 1 | UNEMPLOYED               |
|                  | 2 | STUDYING                 |
|                  | 3 | MILITARY SERVICE         |
|                  | 4 | PARENTAL LEAVE           |
|                  | 5 | HOUSEWORK (NON-EMPLOYED) |
|                  | 6 | PENSIONER                |
|                  | 7 | OTHER (SPECIFY)          |

81

When did you leave that activity? ———> *Go back to question 80*

*If*

*present activity ———> Question 90*

*For self-employed and farmers: state point in time when size of firm/farm went past a limit as defined in the response card*

- A RESPONDENT ALONE
- B 2-9 EMPLOYEES
- C 10-19
- D 20-49
- E 50-99
- F 100-499
- G 500-999
- H 1000 OR MORE EMPLOYEES

- A SELF-EMPLOYED, NO EMPLOYEES
- B 1-9 EMPLOYEES
- C 10-19
- D 20 OR MORE EMPLOYEES

- A 0-9 HECTARES ARABLE LAND
- B 10-99 HECTARES
- C 100 OR MORE HA ARABLE LAND

- A 0-99 HECTARES WOODLAND
- B 100-399 HECTARES
- C 400 OR MORE HA WOODLAND

| Acti-<br>ty Nr | Type of activity          | Position, tasks    Production  | Same employer and workplace;<br>public sector (employees). Size (all) | End of activity<br>(Year, month)   |
|----------------|---------------------------|--|---|--|
| 7              | 1. Employee               |  | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to the response card; if 7 (other), state what:.....</i> |   |  |
| 8              | 1. Employee               |  | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |   |  |
| 9              | 1. Employee               |  | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |   |  |

80

In your next activity, were you an employee, self-employed, a farmer or engaged in something other than gainful employment? *Code occupation below*

*If employee:*

- A What was your position in that job?  
Could you briefly describe your tasks?
- B Was that at the same place as your former job? *If yes: ———> Question 81*
- C Was that with the same employer as your former job?
- D What sort of production was carried out at your workplace?
- E About how many persons were employed?
- F Was your workplace in the public sector? ———> *Question 81*

*If self-employed:*

- A What was your position?  
Could you briefly describe your tasks?
- B What sort of production was carried out by your firm?
- C About how many employees did you have?

*If a farmer:-*

- A How many hectares arable land was the farm?
- B How many hectares of woodland did you have?

*If not gainfully-employed:*

- |                  |   |                          |
|------------------|---|--------------------------|
| What did you do? | 1 | UNEMPLOYED               |
|                  | 2 | STUDYING                 |
|                  | 3 | MILITARY SERVICE         |
|                  | 4 | PARENTAL LEAVE           |
|                  | 5 | HOUSEWORK (NON-EMPLOYED) |
|                  | 6 | PENSIONER                |
|                  | 7 | OTHER (STATE WHAT)       |

81

When did you leave that activity? ———> *Go back to question 80 If present*

*activity ———> Question 90*

*For self-employed and farmers: state point in time when size of firm/farm passed a*

*limit as defined in the response card*

A RESPONDENT ALONE

B 2-9 EMPLOYEES

C 10-19

D 20-49

E 50-99

F 100-499

G 500-999

H 1000 OR MORE EMPLOYEES

A SELF-EMPLOYED, NO EMPLOYEES

B 1-9 EMPLOYEES

C 10-19

D 20 OR MORE EMPLOYEES

A 0-9 HECTARES ARABLE LAND

B 10-99 HECTARES

C 100 OR MORE HA ARABLE LAND

A 0-99 HECTARES WOODLAND

B 100-399 HECTARES

C 400 OR MORE HA WOODLAND

| Acti-<br>ty Nr | Type of activity          | Position, tasks    Production  | Same employer and workplace;<br>public sector (employees). Size (all) | End of activity<br>(Year, month)   |
|----------------|---------------------------|--|---|--|
| 10             | 1. Employee               |  | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to the response card; if 7 (other), state what:.....</i> |   | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
| 11             | 1. Employee               |  | Same workplace  |  |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |   | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
| 12             | 1. Employee               |  | Same workplace  |  |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |   |  |

80

In your next activity, were you employed, self-employed, a farmer or engaged in something other than gainful employment? *Code occupation below*

*If employee:*

- A What position did you have in that job?  
Could you briefly describe your tasks?
- B Was that at the same workplace as your former job? *If yes: Question 81*
- C Was that with the same employer as your former job?
- D What kind of production was carried out at your workplace?
- E About how many persons were employed there?
- F Was this workplace in the public sector? ———> *Question 81*

*If self-employed:*

- A What was your position?  
Could you briefly describe your tasks?
- B What kind of production was carried out by your firm?
- C About how many employees did you have?

*If a farmer:-*

- A How many hectares of arable land was the farm?
- B How many hectares of woodland did you have?

*If not gainfully employed:*

- |                  |   |                          |
|------------------|---|--------------------------|
| What did you do? | 1 | UNEMPLOYED               |
|                  | 2 | STUDYING                 |
|                  | 3 | MILITARY SERVICE         |
|                  | 4 | PARENTAL LEAVE           |
|                  | 5 | HOUSEWORK (NON-EMPLOYED) |
|                  | 6 | PENSIONER                |
|                  | 7 | OTHER (SPECIFY)          |

81

When did you leave that activity? ———> *Go back to question 80*

*If*

*present activity* ———> *Question 90*

*For self-employed and farmers: state point in time when size of firm/farm went past a limit as defined in the response card*

- A RESPONDENT ALONE
- B 2-9 EMPLOYEES
- C 10-19
- D 20-49
- E 50-99
- F 100-499
- G 500-999
- H 1000 OR MORE EMPLOYEES

- A SELF-EMPLOYED, NO EMPLOYEES
- B 1-9 EMPLOYEES
- C 10-19
- D 20 OR MORE EMPLOYEES

- A 0-9 HECTARES ARABLE LAND
- B 10-99 HECTARES
- C 100 OR MORE HA ARABLE LAND

- A 0-99 HECTARES WOODLAND
- B 100-399 HECTARES
- C 400 OR MORE HA WOODLAND

| Acti-<br>ty Nr | Type of activity          | Position, tasks    Production  | Same employer and workplace;<br>public sector (employees). Size (all) | End of activity<br>(Year, month)   |
|----------------|---------------------------|--|---|--|
| 13             | 1. Employee               |  | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to the response card; if 7 (other), state what:.....</i> |   |  |
| 14             | 1. Employee               |  | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |   |  |
| 15             | 1. Employee               |  | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |   |  |

80

In your next activity, were you an employee, self-employed, a farmer or engaged in something other than gainful employment? *Code occupation below*

*If employee:*

- A What was your position in that job?  
Could you briefly describe your tasks?
- B Was that at the same place as your former job? *If yes: ———> Question 81*
- C Was that with the same employer as your former job?
- D What sort of production was carried out at your workplace?
- E About how many persons were employed?
- F Was your workplace in the public sector? ———> *Question 81*

*If self-employed:*

- A What was your position?  
Could you briefly describe your tasks?
- B What sort of production was carried out by your firm?
- C About how many employees did you have?

*If a farmer:-*

- A How many hectares arable land was the farm?
- B How many hectares of woodland did you have?

*If not gainfully-employed:*

- |                  |   |                          |
|------------------|---|--------------------------|
| What did you do? | 1 | UNEMPLOYED               |
|                  | 2 | STUDYING                 |
|                  | 3 | MILITARY SERVICE         |
|                  | 4 | PARENTAL LEAVE           |
|                  | 5 | HOUSEWORK (NON-EMPLOYED) |
|                  | 6 | PENSIONER                |
|                  | 7 | OTHER (STATE WHAT)       |

81

When did you leave that activity? ———> *Go back to question 80 If present*

*activity ———> Question 90*

*For self-employed and farmers: state point in time when size of firm/farm passed a*

*limit as defined in the response card*

A RESPONDENT ALONE

B 2-9 EMPLOYEES

C 10-19

D 20-49

E 50-99

F 100-499

G 500-999

H 1000 OR MORE EMPLOYEES

A SELF-EMPLOYED, NO EMPLOYEES

B 1-9 EMPLOYEES

C 10-19

D 20 OR MORE EMPLOYEES

A 0-9 HECTARES ARABLE LAND

B 10-99 HECTARES

C 100 OR MORE HA ARABLE LAND

A 0-99 HECTARES WOODLAND

B 100-399 HECTARES

C 400 OR MORE HA WOODLAND



| Acti-<br>ty Nr | Type of activity          | Position, tasks      Production  | Same employer and workplace;<br>public sector (employees). Size (all) | End of activity<br>(Year, month)   |
|----------------|---------------------------|--|---|--|
| 16             | 1. Employee               |  | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to the response card; if 7 (other), state what:.....</i> |   |  |
| 17             | 1. Employee               |  | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |   |  |
| 18             | 1. Employee               |  | Same workplace  | <i>If resp. cannot recall month code quarter:</i><br><br><i>Jan-March</i><br><i>April-June</i><br><i>July-Sept</i><br><i>Oct-Dec</i> |
|                | 2. Self-employed          |  | Same employer   |  |
|                | 3. Farmer                 |  | No. of employees in respondent's firm                                 |  |
|                | 4. Not gainfully employed |  | Hectares land   |  |
|                |                           | <input type="checkbox"/> <i>Code other activity (1-7) according to response card; if 7 (other), state what:.....</i>     |   |  |

*If questions 73-81 have been answered*——> *Question 90*

82 Have you ever been unemployed for more than two months?

- 1 YES
- 2 NO ——> *Question 84 a*

83 What year was this (latest occasion)?

YEAR

84 a Were you employed last week? *The respondent is employed even when on sick leave, leave of absence or vacation*

- 1 YES ——> *Question 90*
- 2 NO ——> *If resp. has had more than 15 jobs (q. 72) ——> Question 87*

84 b What position do you have at your workplace?

Could you briefly describe your tasks?

POSITION.....

JOB DESCRIPTION.....

84 c What sort of production is carried out at your workplace?

.....

85 In what year were you employed at your present workplace?

YEAR WHEN RESPONDENT WAS EMPLOYED

86 About how many persons are employed at your workplace?

- 1 RESPONDENT ALONE
- 2 2-9 EMPLOYEES
- 3 10-19
- 4 20-49
- 5 50-99
- 6 100-499
- 7 500-999
- 8 1000 OR MORE EMPLOYEES

*If the respondent was born in 1925-1965 and has had more than 15 jobs according to Question 72. Otherwise ———> Question 90*

87 What main occupations or positions have you had in your working life? If you have changed between jobs with similar tasks count this as one occupation. Do not count occupations/positions of less than 1 month. Let us begin with your first occupation.

*For each occupation/position ask the following questions:*

- A What was your occupation/position at this workplace?
- B Could you briefly describe your tasks?
- C Were you an employee or self-employed?
- D Roughly between what dates did you hold this occupation?

*Enter each occupation below. If possible, note year and month for start and end of occupation. If resp. cannot recall the month, try the quarter. After coding respondent's present or last job ———> Question 90*

OCC. NO 1 OCCUPATION/POSITION.....  
TASKS.....

- 1 EMPLOYEE
- 2 SELF-EMPLOYED

|    |     |
|----|-----|
| Yr | Mth |
|    |     |
|    |     |
|    |     |
| Yr | Mth |
|    |     |
|    |     |
|    |     |

BEGAN OCCUPATION (YEAR, MONTH)  
*Code the quarter*  
ENDED OCCUPATION (YEAR, MONTH)

*If respondent cannot recall the month:  
July-Sept 23  
Oct-Dec 24*

*Jan-March 21  
April-June 22*

OCC. NO 2 OCCUPATION/POSITION.....  
TASKS.....

- 1 EMPLOYEE
- 2 SELF-EMPLOYED

|    |     |
|----|-----|
| Yr | Mth |
|    |     |
|    |     |
|    |     |
| Yr | Mth |
|    |     |
|    |     |
|    |     |

BEGAN OCCUPATION (YEAR, MONTH)  
*Code the quarter*  
ENDED OCCUPATION (YEAR, MONTH)

*If respondent cannot recall the month:  
July-Sept 23  
Oct-Dec 24*

*Jan-March 21  
April-June 22*

OCC. NO 3 OCCUPATION/POSITION.....  
TASKS.....

- 1 EMPLOYEE
- 2 SELF-EMPLOYED

|    |     |
|----|-----|
| Yr | Mth |
|    |     |
|    |     |
|    |     |
| Yr | Mth |
|    |     |
|    |     |
|    |     |

BEGAN OCCUPATION (YEAR, MONTH)  
*Code the quarter*  
ENDED OCCUPATION (YEAR, MONTH)

*If respondent cannot recall the month:  
July-Sept 23  
Oct-Dec 24*

*Jan-March 21  
April-June 22*



## VI. HEALTH

I would like to ask some questions about your state of health. First I'll ask some simple questions about your general condition and state of mobility.

90 How do you judge your own general state of health? Is it...

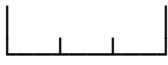
- 1 good
- 2 bad or
- 3 something in-between?

91

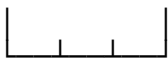
Yes No

- 1 2 a) Can you walk 100 metres relatively quickly without trouble?
- 1 2 b) Can you run 100 metres without much trouble?
- 1 2 c) Can you walk up and down stairs without trouble?
- 1 2 d) Can you turn the tap off and on without trouble?

93 How tall are you?

 CM

94 What is your weight?

 KG

95 Have you used any of the following pills or medicines in the last 14 days?

Yes No

- 1 2 Vitamins in pill or liquid form (tonics)
- 1 2 Iron supplements
- 1 2 Laxatives
- 1 2 Painkillers such as Magnecyl, Albyl, BamyI, Dispril, and the like
- 1 2 Tranquilizers such as Valium, Librium
- 1 2 Sleeping pills
- 1 2 Medicine for diabetes
- 1 2 Digitalis
- 1 2 Other medicine for the heart/blood vessels than Digitalis
- 1 2 Antibiotics such as sulphur, penicillin, etc.
- 1 2 Medicine to reduce blood pressure
- 1 2 ***Women under 60:*** Contraceptive pills

96 a Have you taken any other medicines in the last 14 days?

- 1 YES
- 2 NO ———> *Question 97*

96 b Can you tell me the name(s) of this (these) medicine(s)?

.....

.....

.....

***If the respondent does not know name of the medicine:***

96 c For what ailment did you take the medicine?

.....

.....

.....

97

Have you in the last 12 months had any of the following illnesses or ailments?

***Response card 97***

This is a list of our most common illnesses and ailments, which has been compiled by medical experts.

*Either read the list aloud and check off or let the respondent read and answer it him-/herself. If in the latter case you notice that the respondent is reading too fast or missing certain parts, go over to reading the list for him/her.*

***To yes answers: Ask whether the illness/ailment is mild or severe***

|    | Yes  | Yes |   |
|----|------|-----|---|
| No | Mild | Sev | <i>To everyone:</i>   |
| 1  | 2    | 3   | 01. Headaches, migraine   |
| 1  | 2    | 3   | 02. Colds, influenza  |
| 1  | 2    | 3   | 03. Poor vision/disease of the eyes not helped by eyeglasses    |
| 1  | 2    | 3   | 04. Impaired hearing  |
| 1  | 2    | 3   | 05. Aches or pains in the chest                                 |
| 1  | 2    | 3   | 06. Chronic bronchitis/asthma                                   |
| 1  | 2    | 3   | 07. Enlargement of the thyroid (goitre)                         |
| 1  | 2    | 3   | 08. Tuberculosis (all forms)                                    |
| 1  | 2    | 3   | 09. Aches in shoulders or shoulder blades                       |
| 1  | 2    | 3   | 10. Coronary thrombosis, heart attack                           |
| 1  | 2    | 3   | 11. Weak heart  |
| 1  | 2    | 3   | 12. High blood pressure   |
| 1  | 2    | 3   | 13. Stomach pains   |
| 1  | 2    | 3   | 14. Gastric ulcer   |
| 1  | 2    | 3   | 15. Backache, pain in back or hips, sciatica                    |
| 1  | 2    | 3   | 16. Gall trouble or gall stones                                 |
| 1  | 2    | 3   | 17. Kidney trouble or kidney stones                             |
| 1  | 2    | 3   | 18. Haemorrhoids, anal discomfort                               |
| 1  | 2    | 3   | 19. Cystitis, trouble with urination, FOR MEN: prostate trouble |

***N.B.! Continuation on following page!***

Yes Yes

No Mild Sev

***Women born in 1931 or later:***

- |   |   |   |                             |
|---|---|---|-----------------------------|
| 1 | 2 | 3 | 20. Menstruation trouble    |
| 1 | 2 | 3 | 21. Pregnancy complications |

***All women:***

- |   |   |   |  |
|---|---|---|--|
| 1 | 2 | 3 | 22. Other vaginal trouble (discharges, pain, prolapse of uterus, etc.) |
|---|---|---|--|

***Everyone:***

- |   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 23. Inguinal hernia   |
| 1 | 2 | 3 | 24. Varicose veins, varicose ulcers                           |
| 1 | 2 | 3 | 25. Swollen legs  |
| 1 | 2 | 3 | 26. Aches/pain in hands, elbows, legs or knees                |
| 1 | 2 | 3 | 27. General tiredness   |
| 1 | 2 | 3 | 28. Insomnia  |
| 1 | 2 | 3 | 29. Nervous trouble (anxiety, uneasiness, anguish)            |
| 1 | 2 | 3 | 30. Depression, deep dejection                                |
| 1 | 2 | 3 | 31. Mental illness  |
| 1 | 2 | 3 | 32. Flushing (hot flashes), copious sweating                  |
| 1 | 2 | 3 | 33. Coughing  |
| 1 | 2 | 3 | 34. Difficulty in breathing, breathlessness                   |
| 1 | 2 | 3 | 35. Giddiness   |
| 1 | 2 | 3 | 36. Feeling of being unwell, out of sorts                     |
| 1 | 2 | 3 | 37. Weight loss   |
| 1 | 2 | 3 | 38. Vomiting  |
| 1 | 2 | 3 | 39. Diarrhoea   |
| 1 | 2 | 3 | 40. Constipation  |
| 1 | 2 | 3 | 41. Overexertion  |
| 1 | 2 | 3 | 42. Rashes, eczema, psoriasis                                 |
| 1 | 2 | 3 | 43. Malignant tumour, cancer                                  |
| 1 | 2 | 3 | 44. Anaemia   |
| 1 | 2 | 3 | 45. Diabetes, blood sugar                                     |
| 1 | 2 | 3 | 46. Overweight, obesity                                       |
| 1 | 2 | 3 | 47. Organic nerve disorder (CP, MS, Polio etc)                |
| 1 | 2 | 3 | 48. Lasting disability/discomfort after an accident or injury |
| 1 | 2 | 3 | 49. Allergy   |
| 1 | 2 | 3 | 50. Inflammation of the urinary tract                         |



|  |  |         |  |    |          |  |   |   |   |   |
|--|--|---------|--|----|----------|--|---|---|---|---|
| <b>98</b>  | Have you had any other illness or ailment which is not on the list?  |         |  |    |          |  |   |   |   |   |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"></td> <td style="text-align: center; padding: 2px;">Yes Yes</td> <td></td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="padding: 2px;">Mild Sev</td> <td></td> </tr> <tr> <td style="padding: 2px;">1</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">3</td> </tr> </table> |  | Yes Yes |  | No | Mild Sev |  | 1 | 2 | 3 | <p style="margin-left: 40px;"><i>If YES:What?</i></p> <p>.....</p> <p>.....</p> |
|  | Yes Yes  |         |  |    |          |  |   |   |   |   |
| No   | Mild Sev   |         |  |    |          |  |   |   |   |   |
| 1  | 2  | 3       |  |    |          |  |   |   |   |   |
| <b>99 a</b>  | Have you been in a hospital, nursing home or similar institution in the last twelve months?<br><br>1 YES<br>2 NO ———> <i>Question 100 a</i>  |         |  |    |          |  |   |   |   |   |
| <b>99 b</b>  | For how many weeks altogether?<br><br><table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="padding-left: 10px;">NUMBER OF WEEKS IN HOSPITAL/EQUIVALENT</td> </tr> </table>                               |         |  |    |          | NUMBER OF WEEKS IN HOSPITAL/EQUIVALENT |   |   |   |   |
|  |  |         |  |    |          |  |   |   |   |   |
| NUMBER OF WEEKS IN HOSPITAL/EQUIVALENT   |  |         |  |    |          |  |   |   |   |   |
| <b>100 a</b>   | Have you at any time in the last twelve months been to a doctor for some illness or complaint on your own account?<br><br><p style="text-align: center;"><i>Getting a doctor's certificate for a driver's license or something similar should not be counted. Neither should contact with a doctor while in hospital.</i></p> 1 YES<br>2 NO ———> <i>Question 101</i>   |         |  |    |          |  |   |   |   |   |
| <b>100 b</b>   | About how many times have you visited/spoken to a doctor in the last twelve months?<br><br><table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="padding-left: 10px;">NUMBER OF TIMES</td> </tr> </table> |         |  |    |          | NUMBER OF TIMES                        |   |   |   |   |
|  |  |         |  |    |          |  |   |   |   |   |
| NUMBER OF TIMES  |  |         |  |    |          |  |   |   |   |   |
| <b>101</b>   | Have you in the last twelve months spoken with, visited or been visited by a district nurse, school nurse or equivalent?<br><br>1 YES<br>2 NO<br><br><p style="text-align: right;"><i>The consultation or visit should be for <u>own</u> problems, not e.g. your children's</i></p>  |         |  |    |          |  |   |   |   |   |

102 a Have you been to a dentist in the past twelve months?

- 1 YES
- 2 NO ———> *Question 103 a*                      *The visit should be for own needs, not children's*

102 b About how many times have you been to a dentist in the last twelve months?

 NUMBER OF TIMES

103 a Which of the following alternatives best describes the condition of your teeth?

***Response card 103 a***

- 1 NO TEETH OR MERE REMAINS
- 2 DENTURES, WHOLE OR PART
- 3 OWN TEETH, BUT IN BAD CONDITION, SOME MISSING, ETC
- 4 OWN TEETH, BUT MANY FILLINGS OR BRIDGEWORK
- 5 OWN TEETH IN GOOD CONDITION, NO OR FEW FILLINGS

103 b ***If the respondent has dentures:***

Do your dentures fit well or do you have trouble with them?

- 1 FIT WELL
- 2 GIVE TROUBLE

104 Do you tend to avoid fatty foods, for example by choosing skim milk and light margarine or other lean products when this is possible?

- 1 YES, FOR THE MOST PART
- 2 YES, SOMETIMES
- 3 NO, SELDOM

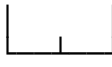
105 How often do you include fresh vegetables in your meals?

- 1 IN EVERY MEAL
- 2 IN AT LEAST ONE MEAL A DAY
- 3 ALMOST EVERY DAY
- 4 ONCE OR TWICE A WEEK
- 5 ALMOST NEVER

106 a Do you smoke?

- 1 YES, BUT LESS THAN 10 CIGARETTES OR EQUIVALENT PER DAY
- 2 YES, 10 OR MORE CIGARETTES OR EQUIVALENT PER DAY
- 3 NO, HAVE GIVEN IT UP
- 4 NO, HAVE NEVER STARTED ———> *Question 106 c*

106 b How many years have you been smoking altogether?

 NUMBER OF YEARS

106 c Is your husband/wife/cohabitant a smoker?

- 1 YES
- 2 NO
- 3 NO SPOUSE/COHABITANT

107 a Do you at any time drink wine, strong beer or liquor?

- 1 YES
- 2 NO ———> *Question 110*

107 b Is it ever more than a glass or two?

- 1 YES
- 2 NO

107 c Does it happen that you get a hangover after drinking?

- 1 YES, ALWAYS
- 2 YES, OFTEN
- 3 YES, OCCASIONALLY
- 4 NO, NEVER

## VII. WORK SITUATION IN THE LAST YEAR AND THE LAST WEEK

I have already asked about your working life, but I would now like to ask some more questions about your work situation in the last year and the last week.

110 a

Which of the following alternatives describes your work situation in 1990?

**Response card 110 a**

*For each sub-question: Circle 1 (=yes) if the alternative was valid for at least one week in 1990. Circle otherwise 2 (=No).*

*For every yes alternative ask the following questions.*

- a. For how many weeks in 1990?
- b. For how many hours on average per week?

| Yes | No | No. of | H |   |
|-----|----|--------|---|---|
|     |    |        |   | W   |
| 1   | 2  |        |   | A. Employed full-time incl. vacation and sick-leave       |
| 1   | 2  |        |   | B. Employed part-time incl. vacation and sick-leave       |
| 1   | 2  |        |   | C. Took care of own household                             |
| 1   | 2  |        |   | D. Worked a farm  |
| 1   | 2  |        |   | E. Assisted on family member's farm at least 1 hour/day   |
| 1   | 2  |        |   | F. Worked in own firm, singly or in partnership           |
| 1   | 2  |        |   | G. Assisted in family member's firm at least 1 hour/day   |
| 1   | 2  |        |   | H. In a freelance profession/worked with side-line/extra  |
| 1   | 2  |        |   | job   |
| 1   | 2  |        |   | I. Seeking or waiting for employment, unemployed or laid  |
| 1   | 2  |        |   | off   |
| 1   | 2  |        |   | J. On leave of absence, full- or part-time                |
| 1   | 2  |        |   | K. On pension, also sick benefit or part-pension          |
| 1   | 2  |        |   | L. In military service.                                   |
| 1   | 2  |        |   | M. Student <i>incl. adult education and labour market</i> |
|     |    |        |   | <i>training</i>   |
|     |    |        |   | N.  |
|     |    |        |   | Other.....  |

## WORK SITUATION IN THE LAST WEEK

**110 b**

Let us now turn to conditions in the last week, beginning

Monday the \_\_\_\_/\_\_\_\_ and ending Sunday the \_\_\_\_/\_\_\_\_

| Category<br><i>Response card 110 b</i><br>Begin with<br>question... |   | Last<br>If YES:<br>week |   |          |
|---|---|-------------------------|---|----------|
| NO  |   | YES                     |   |          |
| 111   | 1. Employed full-time ( <i>also vacation, sick leave, parental leave, studies, etc</i> ).....               | 2                       | 1 | <b>A</b> |
|   | 2. Employed part-time ( <i>also vacation, sick leave, parental leave, studies, etc</i> ).....               | 2                       | 1 |          |
| 135 a<br>and 140  | 3. Worked a farm.....<br>4. Assisted on family member's farm<br>at least 1 hour/day.....                    | 2                       | 1 | <b>B</b> |
|   | 5. Worked in own or part-owned firm.....<br>6. Assisted in family member's firm<br>at least 1 hour/day..... | 2                       | 1 |          |
| 135 a<br>and 151  | 7. Worked in a freelance occupation/side-line/..<br>extra job   | 2                       | 1 | <b>D</b> |
|   | 8. Was looking/waiting for work,<br>unemployed or laid off.....   | 2                       | 1 |          |
| 158   | 9. Was pensioned<br>( <i>also sick allowance or part-pension</i> ).....                                     | 2                       | 1 | <b>F</b> |
|   | 10. In military service.....  | 2                       | 1 |          |
| 162 a   | 11. Was studying ( <i>incl. adult education and labour market training</i> ).....                           | 2                       | 1 | <b>G</b> |
|   | 12. Took care of own household.....   | 2                       | 1 |          |
|   | 13. Other.....  | 2                       | 1 |          |

**A If employed in the last week:**

111

I would now like to ask about your working conditions. These questions concern your employment last week, which we talked about before. Let me note your job position here again:

POSITION:.....

112 a-c      Where were you employed last week?      *Enter on workplace card.*

a) NAME OF EMPLOYER (FIRM OR EQUIVALENT)

b) NAME OF WORKPLACE (IF OTHER THAN EMPLOYER'S NAME)

c) STREET ADDRESS AND POSTAL ADDRESS OF WORKPLACE

113      Do you have permanent or temporary employment?

1 PERMANENT

2 TEMPORARY

114 a      Do you have any supervisory tasks?

1 YES

2 NO ———> *Question 115 a*

114 b      How many persons do you supervise?

NUMBER OF PERSONS

115 a      Is any schooling or vocational training above elementary school necessary for your job?

1 YES

2 NO ———> *Question 116*

115 b      About how many years of education above elementary school are necessary?

NUMBER OF YEARS

|       |   |
|-------|---|
| 116   | <p>Apart from the competence necessary to get a job such as yours, how long does it take to learn to do the job reasonably well?</p> <ol style="list-style-type: none"> <li>1 1 DAY OR LESS</li> <li>2 2-5 DAYS</li> <li>3 1-4 WEEKS</li> <li>4 1-3 MONTHS</li> <li>5 3 MONTHS - 1 YEAR</li> <li>6 1 TO 2 YEARS</li> <li>7 MORE THAN 2 YEARS</li> </ol>   |
| 117   | <p>To what extent can you in your daily work make use of what you've learnt through your education or previous job experience?</p> <p style="text-align: center;"><i>Response card 117</i></p> <ol style="list-style-type: none"> <li>1 TO A VERY LARGE EXTENT</li> <li>2 TO A LARGE EXTENT</li> <li>3 TO SOME EXTENT</li> <li>4 TO A SMALL EXTENT</li> <li>5 NOT AT ALL</li> </ol>   |
| 118   | <p>Do you know of any other employer where you would have good use for what you've learnt in your present job?</p> <ol style="list-style-type: none"> <li>1 YES, MANY</li> <li>2 YES, SOME</li> <li>3 YES, ONE OR TWO</li> <li>4 NO</li> </ol>  |
| 119 a | <p>Have you in the last twelve months had any kind of education on paid worktime?</p> <ol style="list-style-type: none"> <li>1 YES</li> <li>2 NO ———&gt; <i>Question 121</i></li> </ol>   |
| 119 b | <p>How many whole working days altogether was this education?</p> <p style="text-align: center;"><i>One whole working day is 8 hours.</i></p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 10px;"> <div style="border: 1px solid black; width: 10px; height: 10px; margin: 2px;"></div> <div style="border: 1px solid black; width: 10px; height: 10px; margin: 2px;"></div> <div style="border: 1px solid black; width: 10px; height: 10px; margin: 2px;"></div> </div> <span>NUMBER OF DAYS</span> </div> |
| 121   | <p>What are your normal working hours or what shift do you work?</p> <ol style="list-style-type: none"> <li>1 DAYTIME</li> <li>2 EVENING, NIGHT OR MORNING</li> <li>3 2 SHIFTS</li> <li>4 3 SHIFTS</li> </ol>   |



5 IRREGULAR PASSES PER 24 HOURS OR WEEK ACCORDING TO A SPECIAL WORK SCHEDULE OR "BY TURNS LIST"

122

What were your working hours last week? Let us proceed day by day.

**Response card 122**

a) How many days did you work in the last week, counted as Monday to Sunday  
*(Point out on a calendar)*

*For each day not worked: code reason!*

*If respondent did not work the previous week: code reason (codes below)*

b) What time did you get to work on Monday/Tuesday/etc?

c) What time did you leave work on Monday/Tuesday/etc?

d) How many minutes of your worktime did you take a break that day?

e) Did your worktime include overtime that day? *(hours)*

f) How long did it take to get to work and back that day? *(Total travel time in minutes)*

g) Did you have to do any preparatory/take-home work that day? *(hours)*

h) Did you also do any other job or side-line that day? *(hours)*

| Q. 122a<br>Q. 122h<br>REASON<br>FOR TO<br>ABSENCE | Q 122b<br>FROMMINUTES<br>WORK | Q. 122c<br>HOURS<br>BREAK | Q. 122d<br>MINUTES<br>OVERTIME | Q. 122e<br>HOURSHOURS<br>TRAVEL | Q. 122f<br>PREPARATION | Q. 122g<br>EXTRA JOB |
|---|-------------------------------|---------------------------|--------------------------------|---------------------------------|------------------------|----------------------|
| MON   |                               |                           |                                |                                 |                        |                      |
| TUES  |                               |                           |                                |                                 |                        |                      |
| WED   |                               |                           |                                |                                 |                        |                      |
| THUR  |                               |                           |                                |                                 |                        |                      |
| FRI   |                               |                           |                                |                                 |                        |                      |
| SAT   |                               |                           |                                |                                 |                        |                      |
| SUN   |                               |                           |                                |                                 |                        |                      |

01. Work-free sat/sun/holiday absence

02. Day off in shift etc.

03. Compensation for overtime

04. Vacation

05. Sick with pay/benefit

06. Sick, no compensation

07. Laid off/no work

08. Leave of absence or work-free for parenting

09. Leave for studies

10. Other leave of

11. Other absence

123

How many hours do you normally work per week?

NUMBER OF HOURS

124 a

Is your normal worktime of.....hours what suits you best or would you prefer shorter or longer working hours? Take into account that your wages would diminish or increase accordingly.

- 1 PRESENT WORKING HOURS BEST ———> *Question 125*
- 2 SHORTER HOURS BETTER
- 3 LONGER HOURS BETTER

124 b How many hours per week would you like best?

NUMBER OF HOURS

125 How many days of vacation are you entitled to in your work?

DAYS VACATION

126 What kind of wage agreement do you have? How much is your wage before tax for the hours you normally work?

***Response card 126***

*Several alternatives are possible.*

- |  |  |
|--|--|
| 1. Fixed monthly salary  | <i>Code kronor per month before tax.</i>             |
| 2. Fixed weekly wage   | <i>Code kronor per week before tax.</i>              |
| 3. Flat rate per hour  | <i>Code kronor per hour.</i>                         |
| 4. Individual piece-rate<br><i>per hour.</i>                                     | <i>Code average earnings in kronor</i>               |
| 5. Group piece-rate  |  |
| 6. Fixed pay with bonus or commission,<br>not included in any alternative above. | <i>Code average income per month<br/>before tax.</i> |
| 7. Special compensation for uncomfortable<br>working hours not included above    | <i>Code kronor per month.</i>                        |
| 8. Other wage form. What?  | <i>Code kronor per month.</i>                        |

127 How much is your take-home pay (after tax) from your regular job each month?

KRONOR PER MONTH

128 Does your job give you any of the following fringe benefits?  
***If YES:*** Is the value of this benefit included in the wage sum stated above?

| Benefit |    | In<br>w |
|---------|----|---------|
| Yes     | No |         |
| 1       | 2  | 12      |
| 1       | 2  | 12      |
| 1       | 2  | 12      |
| 1       | 2  | 12      |
| 1       | 2  | 12      |
| 1       | 2  | 12      |
| 1       | 2  | 12      |
| 1       | 2  | 12      |

- a) A share in company profits?
- b) Free housing or reduced rent?
- c) A company car for private use?
- d) Free telephone at home?
- e) Holiday house (free or for a nominal sum)?
- f) Purchase of goods or services at reduced prices?
- g) Shares, options, etc at favourable rates?
- h) Subsidized lunches?

129

Yes No

- 1 2 a) Is punctuality demanded at your workplace?
- 1 2 b) Is there a punch clock you must use?
- 1 2 c) Do you have any kind of flexible working hours, i.e. can you within certain limits decide yourself when you want to begin and end work?
- 1 2 d) If you need to go on a private errand, can you leave your workplace for about half an hour without informing a supervisor?
- e) Can you receive a private visit at your workplace, for, say, ten minutes during regular working hours?
- 1 2 f) Can you yourself determine your pace of work?

130

Do you take part in any way, even as adviser, in any major decisions at your workplace, e.g. about what is to be produced, recruitment, budgetary matters or the like?

1 YES

*Do not count if in the role of union representative!*

2 NO

132

To what extent do you have any influence over...

**Response card 132**

*1 = To a very large extent*

*2 = To a large extent*

*3 = To a certain extent*

*4 = To a small extent*

*5 = Not at all*

1 2 3 4 5 a) what tasks to carry out?

1 2 3 4 5 b) how you carry out your tasks?

133

To what extent does your work mean...

*Repeat as necessary!*

**Response card 132**

*1 = To a very large extent*

*2 = To a large extent*

*3 = To a certain extent*

*4 = To very little extent*

*5 = Not at all*

1 2 3 4 5 a) that you learn new things?

1 2 3 4 5 b) that you have to be creative (innovative, inventive)?

1 2 3 4 5 c) that you have to be attentive and concentrated?

1 2 3 4 5 d) that you can get support and help from workmates if needed?

1 2 3 4 5 e) that your closest superiors keep an eye on you while you're carrying out your tasks?

1 2 3 4 5 f) that your superiors can afterwards decide how well you've performed your tasks?

1 2 3 4 5 g) that you must follow clearly stated rules or routines when you carry out your tasks?

1 2 3 4 5 h) that you work in a group with collective responsibility for the results?

1 2 3 4 5 i) that your pace of work is determined by machines or other equipment?

1 2 3 4 5 j) that your pace of work is determined by the pace of your fellow workers?

1 2 3 4 5 k) that your pace of work must be adapted to external persons (e.g. customers, passengers, patients, pupils or the like)?

|       |   |
|-------|---|
| 134 a | <p>Have you or anyone else at your workplace in the last twelve months been on sick leave for occupational injuries/accidents?<br/> <i>This question concerns only injuries/accidents at the respondent's present workplace.</i></p> <p>1 YES, SELF <span style="float: right;"><i>If both respondent and another: code respondent.</i></span><br/> 2 YES, OTHER PERSON ———&gt; <i>Question 134 e</i><br/> 3 NO ———&gt; <i>Question 135 a</i></p> |
| 134 b | <p>How many days altogether have you been on sick leave for this injury?</p> <p><input type="text"/> NUMBER OF DAYS</p>   |
| 134 c | <p>Have you on account of your injury been given other tasks by your employer?</p> <p>1 YES<br/> 2 NO ———&gt; <i>Question 134 e</i></p>   |
| 134 d | <p>Has your employer offered any rehabilitation or further training to help you manage these new tasks?</p> <p>1 YES<br/> 2 NO</p>  |
| 134 e | <p>Has your employer in the last twelve months taken any measures to prevent further occupational injuries or accidents?</p> <p>1 YES<br/> 2 NO</p>   |

**A B C D** If gainfully employed in the last week:

*If the respondent was employed in the last week and isalso a farmer, self-employed or in a freelance occupation, questions 135-139 refer to what the respondent considers his/her main occupation. State below.*

**MAIN OCCUPATION:**.....

135 a Do you have to be able to lift 60 kilogrammes in order to manage your job?

- 1 YES
- 2 NO ———> *Question 135 c*

135 b Do you need such physical strength daily in your work, a few times per week or more seldom?

- 1 MORE SELDOM
- 2 A FEW TIMES PER WEEK
- 3 DAILY

135 c-g

Yes No

1 2 c) Is your type of work physically demanding in any other way?

1 2 d) Does your work make you sweaty from exertion every day?

1 2 e) Is your work mentally taxing?

1 2 f) Is your work stressfull?

1 2 g) Is your work monotonous?

136 a Is it noisy where you work?

- 1 YES
- 2 NO ———> *Question 137 a*

136 b Is it noisy all the time or just sometimes?

- 1 SOMETIMES
- 2 ALL THE TIME

136 c Is the noise deafening?

1 YES

2 NO

137 a Do you work at a computer screen?

1 YES

2 NO ———> *Question 138 a*

137 b Do you normally work at a computer screen...

1 Most of the time

2 About half of the time, or

3 A lesser part of the time?

138 a Do you in your work have to perform a great many repetitive and monotonous movements?

1 YES

2 NO

138 b Does your work force you to take bent, twisted or in other ways unsuitable work positions?

1 YES

2 NO

138 c Are you in your work exposed to gas, dust or smoke?

1 YES

2 NO ———> *Question 138 e*

138 d            Is this so all the time, often or only sometimes?

1 ALL THE TIME  
2 OFTEN  
3 SOMETIMES

138 e            Are you subjected in your work to forceful shaking or vibration?

1 YES  
2 NO ———> *Question 138 g*

138 f            Is this so all the time, often or only sometimes?

1 ALL THE TIME  
2 OFTEN  
3 SOMETIMES

138 g            Do you come into contact with toxic substances, corroding acids or explosives?

1 YES  
2 NO ———> *Question 139 a*

138 h            Does this happen all the time, often or only sometimes?

1 ALL THE TIME  
2 OFTEN  
3 SOMETIMES

139 a            So now we've asked a lot of questions about your working conditions. On the whole, how satisfied are you with your present job?

***Response card 139***

1 VERY SATISFIED  
2 RATHER SATISFIED  
3 NEITHER SATISFIED NOR DISSATISFIED  
4 RATHER DISSATISFIED  
5 VERY DISSATISFIED

139 b            And how satisfied are you with your present wages (income from work)?

***Response card 139***

1 VERY SATISFIED  
2 RATHER SATISFIED  
3 NEITHER SATISFIED NOR DISSATISFIED  
4 RATHER DISSATISFIED  
5 VERY DISSATISFIED

*Check 110 b to see if any category is left. Otherwise go to question 162 a*

*Farmers ———> Question 140*

*Self-employed ———> Question 145 a*

*Freelance/side-line ———> Question 151*

**B If working a farm in the last week:**

140            How large is the farm?



HECTARES ARABLE LAND (2 tunnland = 1 hectare)

HECTARES WOODLAND

141 Are there any permanent employees on the farm?

888 NO EMPLOYEES

*Assisting family members should*

*not be counted.*

NUMBER OF EMPLOYEES

142 a How many hours did you work on the farm in the last week?

HOURS WORKED IN THE LAST WEEK *Can also be zero hours*

142 b How many working hours per week is usual on the farm during the most busy period?

HOURS PER WEEK IN BUSIEST PERIOD

142 c How many hours per week do you normally work on the farm during the least busy period?

HOURS PER WEEK IN QUIETEST PERIOD

142 d How many weeks per year are very busy on the farm?

NUMBER OF "RUSH" WEEKS

143 Can you take a vacation from the farm any part of the year?

1 YES

2 NO

144 a Did you take any vacation in 1990?

1 YES

2 NO —————> *Check question 110b to see if any category is left.  
Otherwise go to question 162 a.*

144 b For how many weeks?

NUMBER OF WEEKS VACATION —————> *Check 110 b to see if any category is left.  
Otherwise go to question 162 a.*

**C If self-employed in the last week:**

145 a What industry is your firm in or what does your firm produce?

.....

145 b            What is your own position or work in the firm?

.....

146            How many employees are there in the firm?

888 NO EMPLOYEES ———> *Question 148 a Assisting family members  
should not be counted.*

NUMBER OF EMPLOYEES

147            To what extent are the goods (services) produced by your firm open to  
competition concerning ....

High Med- Low  
ium  
degree

1 2 3 prices?

1 2 3 marketing or advertisement?

1 2 3 product design and quality?

148 a How many hours did you work in your firm in the last week?

NUMBER OF HOURS WORKED IN THE LAST WEEK *Can also be zero hours.*

148 b How many hours do you normally work in the firm per week seen on average over a whole year?

AVERAGE HOURS PER WEEK

150 a Did you take any vacation from the firm in 1990?

1 YES

2 NO —————> *Check question 110 b to see if any category is left. Otherwise go to question 162 a.*

150 b How many weeks?

NUMBER OF WEEKS OF VACATION —————> *Check 110b to see if any category is left. Otherwise go to question 162 a.*

**D If in a freelance occupation/doing a side-line in the last week:**

151 What is your occupation/side-line?

.....

152 a How many hours did you work with this in the last week?

NUMBER OF WORKING HOURS IN THE LAST WEEK *Can also be zero hours.*

152 b How many hours per week do you work with this occupation on average, seen over a year?

WORKING HOURS PER WEEK ON AVERAGE

—————> *Check 110 b to see if any category is left. Otherwise go to question 162 a.*

**E If unemployed in the last week:**

153 What is your occupation, i.e. what kind of job do you consider to be your occupation on account of your education and/or job experience?

.....

154

How long have you now been looking/waiting for work/been unemployed/laid off?

┌───┐

NUMBER OF WEEKS ———> *Check question 110 b to see if any category is left. Otherwise go to question 162 a.*

**F If a pensioner in the last week:**

158

How many years have you been on pension?

┌───┐

YEARS WITH PENSION

*Double-check this by asking when the resp. first received his/her pension*

159

A What was your main occupation during your working life?

.....

*If the respondent has been a farmer and the questions to farmers (140-144) have not been asked:*

B How many hectares was your farm? How many hectares were woodland?

┌───┐

HECTARES ARABLE LAND

┌───┐

HECTARES WOODS

*If the respondent was self-employed and the questions to self-employed persons (145-150) have not been asked:*

C How many employees did you have?

┌───┐

NUMBER OF EMPLOYEES

*If respondent was pensioned and gainfully employed in the last week according to question 110 b ———> Question 162 a*

160 a            Would you like to have a job now if you could find something suitable?

- 1 YES
- 2 NO ———> *Question 160 c*

160 b            How many hours per week would you like to work?


 HOURS PER WEEK ———> *Question 162 a*

160 c            Is that because you don't feel up to managing a job right now?

- 1 QUESTION NOT ASKED, AS ANSWER IS OBVIOUSLY YES ———> *Question 162 a*
- 2 YES, FEEL UNABLE TO WORK AT PRESENT ———> *Question 162 a*
- 3 NO

160 d

Yes No

- 1 2    Would you lose any of your pension if you took paid employment?
- 1 2    Do you feel that work does not pay?
- 1 2    Do you think there are no jobs that would suit you?
- 1 2    Do you think that you're better off without work?

**G If neither gainfully employed, unemployed nor pensioned in the last week:**

161            What is your occupation, i.e. what type of job do you consider to be your occupation on account of your education and/or job experience?

.....

## VIII. HOUSEHOLD WORK

**162 a** About how many hours per week on average are spent altogether in your household on buying groceries, cooking and washing dishes?

HOURS PER WEEK

*If respondent lives alone: ———> Question 163 a*

**162 b** About how many of these hours do you do this work yourself?

HOURS PER WEEK

**163 a** About how many hours per week on average are spent altogether in your household on laundry, ironing and other care of clothing?

HOURS PER WEEK

*If respondent lives alone: ———> Question 164 a*

**163 b** About how many of these hours do you do this work yourself?

HOURS PER WEEK

**164 a** About how many hours per week on average are spent altogether in your household on cleaning?

HOURS PER WEEK

*If respondent lives alone: ———> Question 165*

**164 b** About how many of these hours do you do this work yourself?

HOURS PER WEEK

**165** Has responsibility for family and household prevented you from being gainfully employed to the extent you would have liked in the last year?

*Pass over this question if the respondent is a pensioner and has just answered a similar question.*

1 YES

2 NO

## IX. ECONOMIC RESOURCES

**170 a** If a situation suddenly arose where you had to come up with 10 000 kronor within a week, could you manage it?

- 1 YES  
2 NO ———> *Question 171 a*

**170 b** How would you manage that?

- 1 WITHDRAWAL FROM OWN BANK ACCOUNT  
2 LOAN FROM FAMILY MEMBER  
3 LOAN FROM OTHER RELATIVES OR FRIENDS  
4 BANK LOAN OR EQUIVALENT  
5 OTHER WAY:.....

**171 a** Do you own (or, IF MARRIED/COHABITING, your wife/husband/cohabitant) any of the following?

Yes No

1 2 A car

1 2 A boat

1 2 A summer cottage

1 2 A caravan/trailer

*If no to all alternatives ———> Question 172*

**171 b** In order to gain an idea of what sort of car/boat/summer cottage or caravan/trailer you have, we must ask you the value of each. An approximation will do.

How much is (are) your car(s) worth approximately?  
WORTH (kronor, thousands)

How much is (are) your boat(s) worth approximately?  
WORTH (kronor, thousands)

How much is (are) your summer cottage(s) worth approximately?  
WORTH (kronor, thousands)

How much is (are) your caravan(s) worth approximately?  
WORTH (kronor, thousands)

**172** Have you at any time in the last twelve months had difficulty managing your current expenses for food, rent, bills, etc.?

- 1 YES  
2 NO

## X. SECURITY OF LIFE AND PROPERTY

**180**

Have you in the last twelve months suffered any form of theft?

- 1 YES
- 2 NO

NOTE:.....

**181**

Has it happened in the last twelve months that someone has damaged or destroyed any property of yours? (WILLFUL DAMAGE, NOT ACCIDENTAL)

- 1 YES
- 2 NO

NOTE:.....

**182**

Have you in the last twelve months been a victim of any of the following acts?

Yes No

- 1 2 A. Violence leading to visible marks or bodily harm?
- 1 2 B. Violence which did not lead to visible marks or bodily harm?
- 1 2 C. A threat or threats dangerous or serious enough to frighten you?

NOTE:.....



## XI. LEISURE ACTIVITIES

**190 a** Did you go on a vacation trip (or other leisure trip) in 1990?

- 1 YES  
2 NO ———> *Question 191 a*

**190 b** Where did you go on your trip(s) in 1990?

*Code the main destination*

|    |       |       |  |                                     |                                       |
|----|-------|-------|--|-------------------------------------|---------------------------------------|
|    | Yes   | Yes   |  | <b><i>Response alternatives</i></b> |                                       |
|    | up    | more  |  |                                     | <i>1 = NO</i>                         |
|    | to    | than  |  |                                     | <i>2 = YES, FOR UP TO 2 WEEKS</i>     |
| No | 2 wks | 2 wks |  |                                     | <i>3 = YES, FOR MORE THAN 2 WEEKS</i> |

- |   |   |   |  |
|---|---|---|--|
| 1 | 2 | 3 | Trip(s) in Sweden                            |
| 1 | 2 | 3 | Trip(s) to Denmark, Norway, Finland, Iceland |
| 1 | 2 | 3 | Trip(s) outside Scandinavia                  |

**191 a** Did you in 1990 spend any time in a summer cottage, allotment-garden cottage or other leisure dwelling?

- 1 YES  
2 NO ———> *Question 192*

**191 b** For how many whole weeks?

 NUMBER OF WEEKS

*If respondent has spent weekends in the cottage, sum up to weeks and add.*

192

Do you do any of the following as leisure activities?

Yes Yes  
some-Yes  
No timesoften

**Response alternatives:** 1 = NO  
2 = YES, SOMETIMES  
3 = YES, OFTEN

- |   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | Go fishing  |
| 1 | 2 | 3 | Go hunting  |
| 1 | 2 | 3 | Do gardening  |
| 1 | 2 | 3 | Go to a cinema  |
| 1 | 2 | 3 | Go to the theatre, concerts, museums, exhibitions                           |
| 1 | 2 | 3 | Go to a restaurant  |
| 1 | 2 | 3 | Go dancing  |
| 1 | 2 | 3 | Read books  |
| 1 | 2 | 3 | Visit relatives   |
| 1 | 2 | 3 | Have relatives visit  |
| 1 | 2 | 3 | Visit friends and acquaintances   |
| 1 | 2 | 3 | Have friends and acquaintances visit  |
| 1 | 2 | 3 | Take part in study groups or courses  |
| 1 | 2 | 3 | Play bingo  |
| 1 | 2 | 3 | Play a musical instrument   |
| 1 | 2 | 3 | Sing in a choir   |
| 1 | 2 | 3 | Pursue a hobby (KNIT, SEW, DO WOODWORK, PAINT, COLLECT STAMPS AND THE LIKE) |

193

Do you pursue any sports, outdoor or exercise activities, e.g. long walks?  
How often?

- 1 YES, SEVERAL TIMES A WEEK
- 2 YES, ABOUT ONCE A WEEK
- 3 YES, 1-3 TIMES A MONTH
- 4 YES, BUT MORE SELDOM
- 5 NO, NEVER

195

One is sometimes in need of help and support from someone. Do you have any relative or close friend who is there for you...

Yes No

- |   |   |  |
|---|---|--|
| 1 | 2 | ...if you fall ill?  |
| 1 | 2 | ...if you need company?                                    |
| 1 | 2 | ...if you need someone to talk to about personal problems? |

## XII. POLITICAL PARTICIPATION

- 200 a Are you a member of a trade union or association?
- 1 YES *LRF (the Farmers' Assoc.) is counted as a union, but not employers' organizations (e.g. SAF, SHIO).*
  - 2 NO ———> *Question 202 a*
- 200 b What union (or equivalent) do you belong to?
- The name of the central organization (LO, TCO, SACO) alone is not enough. The branch within the parent organization should be stated.*
- .....
- 201 People belong to unions for many reasons. What would you say is the most important reason for belonging yourself?
- Response card 201*
- 1 I FELT COMPELLED TO JOIN
  - 2 I WASN'T THAT INTERESTED, BUT I JOINED ANYWAY
  - 3 IT'S USEFUL TO ME TO BELONG
  - 4 I THINK ONE SHOULD SHOW SOLIDARITY WITH THE OTHER MEMBERS OF THE UNION
  - 5 OTHER REASON - WHAT?.....
- 202 a Have you been to any trade union meeting in the last three months?
- 1 YES ———> *Question 203*
  - 2 NO
- 202 b Have you been to any trade union meeting in the last year?
- 1 YES
  - 2 NO
- 203 Do you now hold or have you at any time held a position of trust in a trade union? (committee member and the like)
- 1 YES, I HOLD SUCH A POSITION
  - 2 YES, I HAVE HELD SUCH A POSITION (BUT NOT ANY MORE)
  - 3 NO

204 a Do you belong to a political party or a political association?

- 1 YES
- 2 NO

204 b Do you now hold or have you at any time held a position of trust in a political association or organization? (committee member and the like)

- 1 YES, I HOLD SUCH A POSITION
- 2 YES, I HAVE HELD SUCH A POSITION (BUT NOT ANY MORE)
- 3 NO

205 a Have you been to a political meeting or gathering in the last three months?

- 1 YES ———> *Question 206*
- 2 NO

205 b Have you been to a political meeting or gathering in the last year?

- 1 YES
- 2 NO

206 How do you behave if you are with acquaintances and the conversation turns to political questions? Which of the following alternatives describes your behaviour best?

*Reply card 206*

- 1 I GENERALLY DON'T BOTHER TO LISTEN WHEN PEOPLE START TALKING POLITICS
- 2 I LISTEN ALRIGHT, BUT I NEVER GET INVOLVED IN THE DISCUSSION
- 3 IT HAPPENS SOMETIMES, THOUGH NOT SO OFTEN, THAT I SAY WHAT I THINK TOO
- 4 I USUALLY TAKE PART IN THE DISCUSSION AND EXPRESS MY VIEWS

207 a Did you vote in the 1988 elections?

- 1 YES
- 2 NO
- 3 NOT ELIGIBLE TO VOTE

207 b Do you intend to vote in the 1991 elections?

- 1 YES, DEFINITELY
- 2 YES, PROBABLY
- 3 MAYBE
- 4 NO, PROBABLY NOT
- 5 NO, DEFINITELY NOT
- 6 NOT ELIGIBLE TO VOTE

208 a I've asked about your participation in trade unions and political organizations, but do you belong to any other kind of association or organization?

*All kinds of organizations are to be counted, e.g. sports/  
temperance/environmental/free church/neighbourhood/hobby/  
pensioners' or motor organizations*

- 1 YES
- 2 NO ———> *Question 209 a*

208 b How often, roughly, do you take part in organization activities?

*If the respondent is a member of several  
organizations: sum up activities*

- 1 NEVER OR ALMOST NEVER
- 2 ONCE OR TWICE TO A FEW TIMES A YEAR
- 3 ONCE OR TWICE A MONTH
- 4 ONCE OR TWICE A WEEK
- 5 SEVERAL TIMES A WEEK

209 a Have you been to a service in church at any time in the last year?

- 1 YES
- 2 NO ———> *Question 210 a*

209 b How often do you go to church?

- 1 MAYBE ONCE A YEAR
- 2 A FEW TIMES A YEAR
- 3 ABOUT ONCE A MONTH
- 4 ABOUT TWICE A MONTH
- 5 ONCE A WEEK OR MORE

210 a Have you ever taken part in a public demonstration?

- 1 YES
- 2 NO ———> *Question 211*

210 b Have you taken part in a public demonstration at any time in the last year?

- 1 YES
- 2 NO

211 Have you at any time contacted any person in responsible office in order to influence a decision on a public matter?

- 1 YES
- 2 NO

212 Have you ever addressed a meeting of an association or organization?

- 1 YES, HELD A SPEECH
- 2 YES, TOOK PART IN A DEBATE *If both speech and debate: code speech*
- 3 NO, NEVER

213 Have you ever written an article or letter to the editor of a newspaper or magazine?

- 1 YES, AN ARTICLE
- 2 YES, A LETTER *If both letter and article: code article*
- 3 NO, NEVER

214 a Could you take upon yourself to write a letter appealing against a decision made by a public authority?

- 1 YES ———> *Question 215*
- 2 NO

214 b Do you know anyone from whom you could get help in such a case?

1 YES ———> *Question 215*

2 NO

214 c Do you know where else to turn to get help in a situation like this?

1 YES

2 NO

**215** People sometimes refer to the different social groups or classes in society, e.g. working class, middle class, upper middle class.  
Do you feel affinity to...

***Response card 215***

A. The working class?

B. The middle class?

C. The upper middle class?

*1 = Very great affinity*  
*2 = Quite a lot of affinity*  
*3 = Not much affinity*  
*4 = No affinity at all*  
*5 = Don't feel that social classes exist*  
*8. Don't know*

**216** I am now going to present four ideas about different kinds of societies, which some people think we should go in for in Sweden in the future. I would like to know what you think about these ideas.

***Response card 216***

*2 = Rather good idea*  
*3 = Neither good nor bad*  
*4 = Rather bad idea*  
*5 = Very bad idea*  
*8 = Don't know*

*1 = Very good idea*

What do you think of the idea of.....:

A. going in for a society with more private enterprise?

B. going in for a more environmentally oriented society, even if it means that you must lower your own living standard?

C. going in for a society where income differences are small?

D. going in for a society where religion is given more importance?

### XIII. GENERAL ASSESS MENTS

217

We have now been through a lot of questions about your living conditions in different areas. How do you yourself view your own conditions? By and large, do you think that your situation is very good, rather good, neither good nor bad, rather bad, or very bad?

- 1 VERY GOOD
- 2 RATHER GOOD
- 3 NEITHER GOOD NOR BAD
- 4 RATHER BAD
- 5 VERY BAD

218

If you look back over the last ten years, do you think that your living conditions during this time have deteriorated, improved, or remained more or less the same?

- 1 DETERIORATED
- 2 IMPROVED
- 3 MORE OR LESS REMAINED THE SAME

219

To round up, I would like to ask a few rather more personal questions about how you think and feel.

**Response alternatives:**     1 = YES, MOST OFTEN  
   2 = YES, SOMETIMES  
   3 = NO

Yes     Yes   No  
 mostsome-  
 oftentimes

- 1   2   3   a. Do you usually see a solution to problems and difficulties that other people find hopeless
- 1   2   3   b. Do you usually feel that your daily life is a source of personal satisfaction?
- 1   2   3   c. Do you usually feel that the things that happen to you in your daily life are hard to understand?
- 1   2   3   d. Do you usually feel that you are in control of your life?

220

If we discover that I've missed a question in this interview or that something else seems unclear, it is possible that I or someone else will want to talk to you again to clarify the matter, maybe by telephone. I hope you won't mind?

NOTE:.....  
 .....



221

*This question is to be put to persons working in a workplace with at least ten employees.*

In connection with this survey, we are also carrying out a survey of workplaces in Sweden and your workplace is part of the sample to be studied. The survey is about resources and problems at the workplace, as well as principles of recruitment and chances of promotion. We are therefore going to interview one or two managers at your workplace. They will be told that an employee has been interviewed for the Level of Living Survey. Of course, no names will be mentioned and nothing of what you've said will be repeated. Do you agree to us contacting your workplace?

- 1 YES ———> *Question 222*
- 2 NO, DON'T WANT WORKPLACE TO BE CONTACTED ———> *Question 223*
- 3 DON'T KNOW, UNCERTAIN

*If 3:*

This survey of workplaces is the first of its kind in Sweden and is going to lead to a much better knowledge of how working life functions in this country. The results can, for instance, be used to help improve environmental conditions in many workplaces. If your workplace is dropped from the survey our chances of getting reliable information are reduced. We would therefore be very grateful if you would agree to let us contact your workplace. As I've said, you can be quite sure that your name will not be mentioned under any circumstances.

*Give respondent the information sheet if interest for this is shown.*

- 1 YES, AGREE TO CONTACT WITH WORKPLACE
- 2 NO, DON'T WANT WORKPLACE TO BE CONTACTED ———> *Question 223*

222

What is the telephone number to your workplace?

*Note telephone number on workplace card.*

