

CONTENTS

PREFACE

0. IDENTIFICATION	3
1. PRESENT HOUSEHOLD COMPOSITION - FAMILY OF ORIGIN	4
2. BIOGRAPHY	9
2.0. Biography: Activities	
2.1. Biography: Activities of current partner	
2.2. Biography: Primary relationships	
2.3. Biography: Children	
2.4. Biography: Pregnancies	
2.5. Biography: (Sub)fecundity	
3. SEXUALITY - FERTILITY REGULATION	38
4. OPINIONS ABOUT LIVING ARRANGEMENTS AND PARENTHOOD	41
5. WORK AND FAMILY	44
6. FUTURE	52
6.0. Living arrangements	
6.1. Fecundity	
6.2. Family formation	
6.4. Fertility regulation	
6.5. Work and family	
7. CHARACTERISTICS AND BELIEFS	67
7.0. Occupation	
7.2. Present partner's occupation	
7.4. Income	
7.5. Philosophy of life	
7.6. The individual and society	
7.7. Young adults	
A. EVALUATION BY THE INTERVIEWER	80

0. IDENTIFICATION

File number

--	--	--	--

001. Respondent number

Municipality (sample)

--	--	--	--

List (base/reserve)

--

List number

--	--	--

002. Code number interviewer

--	--	--

003. Date of interview

Year

--	--

Month

--	--

Day

--	--

004. Interview duration

Hours / minutes

--	--	--	--

005. Sex

1 : Female

2 : Male

--

006. Date of birth

Year

--	--

Month

--	--

Day


--	--

007. Municipality

Country-specific code

--	--	--	--

1. HOUSEHOLD COMPOSITION - FAMILY OF ORIGIN

101.	<p><i>Who is currently member of <u>the household</u> to which you belong?</i></p> <p>FOR EACH HOUSEHOLD MEMBER</p>	
A.	<p><u>Kinship</u></p> <p> SHOW CARD AND CODE</p> <p>10 : respondent</p> <p>11 : partner (unmarried)</p> <p>12 : spouse (1st marriage)</p> <p>13 : spouse (2nd or subsequent marriage)</p> <p>14 : partner (married, not to respondent)</p> <p>15 : partner (legally divorced)</p> <p>16 : partner (widowed)</p> <p>21 : (biological) child</p> <p>22 : stepchild, child of partner from his/her former union</p> <p>23 : foster child, adopted child</p> <p>31 : parent</p> <p>32 : parent-in-law</p> <p>33 : stepparent/partner of parent</p> <p>41 : grandparent</p> <p>51 : brother/sister</p> <p>61 : other relative</p> <p>71 : non-relative</p>	
B.	<p><u>Sex</u></p> <p>CODE</p> <p>1 : female</p> <p>2 : male</p>	
C.	<p><u>Year of birth</u></p> <p>NOTE YEAR</p>	
D.	<p><u>Full/partial membership of the household</u></p> <p>CODE</p> <p>1 : full membership</p> <p>2 : partial membership</p>	
E.	<p><u>In need of special care? (e.g. chronically ill, handicapped)</u></p> <p>CODE</p> <p>1 : no</p> <p>2 : yes</p>	

101.	HOUSEHOLD					
1	2	3	4	5	6	7
A.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY OF ORIGIN

<p>102.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	<p><i>Before you were 16 years old ...</i></p> <p><i>... was your mother <u>Belgian</u>?</i></p> <p>no, NOTE _____ yes</p> <p>CODE LATER CODE 150</p> <p><i>... was your father <u>Belgian</u>?</i></p> <p>no, NOTE _____ yes</p> <p>CODE LATER CODE 150</p> <p>P => <i>... before your current partner was 16 years old ...</i></p> <p>P => <i>was her/his mother <u>Belgian</u>?</i></p> <p>no, NOTE _____ yes</p> <p>CODE LATER CODE 150</p> <p>P => <i>... was her/his father <u>Belgian</u>?</i></p> <p>no, NOTE _____ yes</p> <p>CODE LATER CODE 150</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>103.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	<p><i>Before you were 16 years old ...</i></p> <p><i>What was the <u>ideological or religious affiliation</u> of</i></p> <p><i>... your mother</i></p> <p><i>... your father</i></p> <p>P => <i>Before your current partner was 16 years old ...</i></p> <p><i>What was the <u>ideological or religious affiliation</u> of</i></p> <p>P => <i>... her/his mother?</i></p> <p>P => <i>... her/his father?</i></p> <p>SHOW CARD AND CODE</p> <p>01 : Roman catholic: practising regularly</p> <p>02 : practising irregularly</p> <p>03 : non-practising</p> <p>04 : not really believing, but practising regularly</p> <p>05 : other religion: practising regularly</p> <p>06 : practising irregularly</p> <p>07 : non-practising</p> <p>08 : indifferent towards religious matters</p> <p>09 : free thinking</p> <p>10 : convinced free thinking</p> <p>11 : other</p> <p>NOTE</p> <p>NOTE</p> <p>NOTE</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	

104.	<p>What is the <u>highest educational certificate</u> of ...</p> <p>a. ... your mother ?</p> <p>b. ... your father?</p> <p>c. <input type="text" value="P =>"/> ... the mother of your present partner?</p> <p>d. <input type="text" value="P =>"/> ... the father of your present partner?</p> <p>CODE</p> <p>01 : primary 02 : special primary</p> <p>03 : secondary, first cycle: general 04 : technical 05 : vocational 06 : arts</p> <p>07 : secondary, second cycle: general 08 : technical 09 : vocational 10 : arts</p> <p>11 : higher education outside the university 12 : university and post-university 13 : other</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
105.	<p>How many <u>children born alive</u> has/had your mother?</p> <p>NOTE NUMBER</p>	<table border="1"> <tr><td></td><td></td></tr> </table>									
106.	<p>Did you <u>live with your own parents</u> until age 16?</p> <p>CODE</p> <p>1 : no, SPECIFY WITH WHOM:</p> <p>2 : yes</p>	<table border="1"> <tr><td></td></tr> </table>									
107.	<p>Did your <u>mother</u> have <u>a paid job</u> when you were under 16? If yes, <u>how many years</u>?</p> <p>NOTE NUMBER</p>	<table border="1"> <tr><td></td><td></td></tr> </table>									
108.	<p>Has <u>divorce</u> occurred (including any current divorce proceedings) in the life of ...</p> <p>a. ... your parents?</p> <p>b. ... your brother(s) and/or sister(s)?</p> <p>c. <input type="text" value="P =>"/> ... the parents of your current partner?</p> <p>CODE</p> <p>1 : no 2 : yes</p>	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>									

2. BIOGRAPHY

2.0.	BIOGRAPHY: ACTIVITIES		
201.	<p><i>Are you following any <u>full-time</u> courses of <u>day-education</u> at the moment?</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	<input type="checkbox"/>	1 --> 203
202.	<p><i>At <u>which level</u>?</i></p> <p>CODE</p> <p>07 : secondary education, second cycle: general 08 : technical 09 : vocational 10 : arts</p> <p>11 : higher education outside the university 12 : university and post-university education</p> <p>13 : other</p>	<input type="checkbox"/> <input type="checkbox"/>	
<div style="border: 1px solid black; display: inline-block; padding: 2px; margin-right: 20px;">PARTNER</div> --> 2.1. <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-right: 20px;">NO PARTNER</div> --> 2.2.			
203.	<p><i><u>When</u> did you stop?</i></p> <p>NOTE (YY/MM)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
204.	<p><i>What is the level of your <u>highest educational certificate</u>?</i></p> <p>CODE</p> <p>01 : primary 02 : special primary</p> <p>03 : secondary, first cycle: general 04 : technical 05 : vocational 06 : arts</p> <p>07 : secondary, second cycle: general 08 : technical 09 : vocational 10 : arts</p> <p>11 : higher education outside the university 12 : university and post-university</p> <p>13 : other</p>		

205.

B. What did you do (main activity) after your full-time education?



SHOW CARD AND CODE IN CELL 1 B



DATE ON CHECK SHEET

- 11 : employment: full-time
- 12 : ± 75%
- 13 : half-time
- 14 : ± 25%

- 15 : unemployment
- 16 : work incapacity/incapability (e.g. sick leave)
- 17 : military or alternative service
- 18 : career interruption
- 19 : household activities

- 20 : other activity
- 21 : irregular employment

206.

a. Did you do something else afterwards?

CODE IN CELL 2 A (AND FOLLOWING)

- 1 : no
- 2 : yes

1 -->

PARTNER	-> 2.1.
NO PARTNER	-> 2.2.

b. What did you do?



SHOW CARD AND CODE IN CELL 2 B (AND FOLLOWING)

C. Since when?

NOTE (YY/MM) IN CELL 2 C (AND FOLLOWING)



DATE ON CHECK SHEET.

--> 206 A.

--	--

205.	206.	ACTIVITIES						
------	------	------------	--	--	--	--	--	--

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

B.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
----	---	---	---	---	---	---	---	---

C.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

2.1. BIOGRAPHY: ACTIVITIES OF CURRENT PARTNER

211.	<p><i>Is your partner following any <u>full-time</u> courses of <u>day-education</u> at the moment?</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	<input type="checkbox"/>	1 --> 213
212.	<p><i>At which <u>level</u>?</i></p> <p>CODE</p> <p>07 : secondary education, second cycle: general 08 : technical 09 : vocational 10 : arts</p> <p>11 : higher education outside the university 12 : university and post-university education</p> <p>13 : other</p>	<input type="checkbox"/> <input type="checkbox"/>	
			-> 2.2.
213.	<p><i><u>When</u> did your partner stop?</i></p> <p>NOTE MONTH / YEAR</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
214.	<p><i>What is the level of your partner's highest <u>certificate</u>?</i></p> <p>CODE</p> <p>01 : primary 02 : special primary</p> <p>03 : secondary, first cycle: general 04 : technical 05 : vocational 06 : arts</p> <p>07 : secondary, second cycle: general 08 : technical 09 : vocational 10 : arts</p> <p>11 : higher education outside the university 12 : university and post-university</p> <p>13 : other</p>	<input type="checkbox"/> <input type="checkbox"/>	

215.

B. *What did your partner do (main activity) after his/her fulltime day-education?*



SHOW CARD AND CODE IN CELL 1 B



DATE ON CHECK SHEET

- 11 : employment: full-time
- 12 : ± 75%
- 13 : half-time
- 14 : ± 25%

- 15 : unemployment
- 16 : work incapacity/incapability (e.g. sick leave)
- 17 : military or alternative service
- 18 : career interruption
- 19 : household activities

- 20 : other activity
- 21 : irregular employment

216.

A. *Did he/she do something else afterwards?*

CODE IN CELL 2 A (AND FOLLOWING)

- 1 : no
- 2 : yes

1 -> 2.2.

B. *What did he/she do?*



SHOW CARD AND CODE IN CELL 2 B (AND FOLLOWING)

C. *Since when?*

NOTE (YY/MM) IN CELL 2 C (AND FOLLOWING)



DATE ON CHECK SHEET

--> 216 A

--	--

215.

216.

ACTIVITIES PARTNER

1

2

3

4

5

6

7

8

9

A.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------




B.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

C.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2. BIOGRAPHY: PRIMARY RELATIONSHIPS.

BIOGRAPHY: MARITAL STATUS		
221.	<p>A. <i>Are you married or have you ever been married?</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	1 -> 223
B.	NOTE CODE 31 IN CELL 1 B	
C.	<p>When did you marry?</p> <p>NOTE (YY/MM) IN CELL 1 C</p> <p> DATE ON CHECK SHEET</p>	
222.	<p>A. <i>Any <u>changes</u> since then?</i></p> <p>CODE IN CELL 2 A (AND FOLLOWING)</p> <p>1 : no 2 : yes</p>	1 -> 223
B.	<p><i>What kind of change?</i></p> <p> SHOW CARD AND CODE IN CELL 2 B (AND FOLLOWING)</p> <p>31 : marriage 32 : separation 33 : legal divorce 34 : widowship</p>	
C.	<p><i>When?</i></p> <p>CODE (YY/MM) IN CELL 2 C (AND FOLLOWING)</p> <p> DATE ON CHECK SHEET</p>	
--> 222 A.		

--	--

221.

222.

MARITAL STATUS

1

2

3

4

5

6


A.


B.

C.

BIOGRAPHY: LIVING ARRANGEMENT

223.
B. With whom did you live at age 16?

 SHOW CARD AND CODE IN CELL 1 B

 DATE ON CHECK SHEET

41 : your own parents
 42 : one parent
 43 : one parent and a step parent/partner of parent
 44 : other relative(s)

45 : partner
 46 : partner and child/ren
 47 : partner and others
 48 : partner, child/ren and others
 49 : child/ren

50 : alone
 51 : partly alone, partly with partner (LAT-situation)
 52 : partly alone, partly with parent(s)
 53 : partly alone, partly with other(s)

54 : non-relative(s)
 55 : institution


224.
A. Any change since then?

CODE IN CELL 2 A (AND FOLLOWING)

1 : no
 2 : yes


1 --> 225

B. What kind of change?

 SHOW CARD AND CODE IN CELL 2 B (AND FOLLOWING)





C. When?

NOTE (YY/MM) IN CELL 2 C (AND FOLLOWING)

 DATE ON CHECK SHEET

--> 224 A

BIOGRAPHY: RELATIONSHIPS

<p>225. B.</p> <p></p> <p></p>	<p><i>Which was your <u>relational situation</u> at <u>age 16</u>?</i></p> <p>SHOW CARD AND CODE IN CELL 1 B</p> <p>DATE ON CHECK SHEET</p> <p>56 : no (intimate) relationship 57 : one or more (intimate) relationships 58 : steady partner 59 : both a steady partner and another relationship 60 : both a steady partner and another steady partnership</p>	
<p>226. A.</p>	<p><i>Any <u>change</u> since then?</i></p> <p>CODE IN CELL 2 A (AND FOLLOWING)</p> <p>1 : no 2 : yes</p>	<p>1 --> 227</p>
<p>B.</p> <p></p>	<p><i><u>What kind</u> of change?</i></p> <p>SHOW CARD AND CODE IN CELL 2 B (AND FOLLOWING)</p> <p>56 : no (intimate) relationship 57 : one or more (intimate) relationships 58 : steady partner 59 : both a steady partner and another relationship 60 : both a steady partner and another steady partnership</p>	
<p>C.</p> <p></p>	<p><i><u>When?</u></i></p> <p>NOTE (YY/MM) IN CELL 2 C (AND FOLLOWING)</p> <p>DATE ON CHECK SHEET</p>	
	<p>--> 226 A</p>	

225.

226.

RELATIONSHIPS

1

2

3

4

5

6

7

8

A.

B.

C.

EVALUATION

227. *How satisfied/dissatisfied are you with your present situation?*



SHOW CARD AND CODE

- 01 : very dissatisfied
- 02 : dissatisfied
- 03 : rather dissatisfied
- 04 : neither dissatisfied nor satisfied
- 05 : rather satisfied
- 06 : satisfied
- 07 : very satisfied

228. *How often do you worry about your present situation?*



SHOW CARD AND CODE

- 1 : seldom or never
- 2 : sometimes
- 3 : often
- 4 : most of the time
- 5 : all the time

229. *Is your current situation determined by, among others, ...*

a. ... your parents?

b. ... yourself?

c. ... chance and/or circumstances?

d. PARTNER ... your present partner?



SHOW CARD AND CODE

- 1 : no
- 2 : not really
- 3 : difficult to say
- 4 : in some respects
- 5 : yes

PARTNER

-> 23.

230. *Given the fact that you don't have a steady partner
do you miss at the moment ...*

a. *... doing things together with a partner?*

b. *... caring for each other?*

c. *... having sexual contact?*

d. *... being recognized as a couple?*

e. *... having children?*



f. *... having company?*



SHOW CARD AND CODE

- 1 : no
- 2 : not really
- 3 : difficult to say
- 4 : in some respects
- 5 : yes

2.3. BIOGRAPHY: CHILDREN

231.	<p><i>Have you <u>ever</u> had <u>children</u> (own children, stepchildren, foster children or adopted children) in your household?</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	1 --> 2.4.
232. A.	NOTE NUMBER IN BIOGRAPHY	
B.	<p>Which is the child's the <u>name</u>?</p> <p>NOTE</p>	
C.	<p><i>What is his/her sex?</i></p> <p>CODE</p> <p>1 : boy 2 : girl</p>	
D.	<p><i>When did ... (name) come into your household?</i></p> <p>NOTE (YY/MM)</p>	
E.	<p><i>How did ... (name) come into your household?</i></p> <p> SHOW CARD AND CODE IN CELL 1 B</p> <p> DATE ON CHECK SHEET</p> <p>61 : birth 62 : via partner (stepchild) 63 : temporary adoption 64 : adoption 65 : custody 66 : other</p>	
F.	<p><i>Has ... (name) ever <u>left</u> your household?</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	1 --> 232 J

--	--

231.	232. CHILDREN
------	---------------

<input type="checkbox"/>	1	2	3	4	5
--------------------------	---	---	---	---	---

A.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
----	---	---	---	---	---

B.					
----	--	--	--	--	--

C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

D.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

E.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
----	---	---	---	---	---

F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

G.	<p><u>When?</u></p> <p>NOTE (YY/MM)</p>	
H.	<p><u>How?</u></p> <p>SHOW CARD AND CODE IN CELL 1 B</p> <p>DATE ON CHECK SHEET</p> <p>67 : death 68 : custody arrangement 69 : temporary absence (illness, education) 70 : departure</p>	<p>67 -> 232 J</p> <p>70 -> 232 J</p>
I.	<p>Did ... (name) <u>rejoin</u> your household?</p> <p>CODE</p> <p>1 : no 2 : yes</p>	<p>2 -> 232 D</p>
J.	<p>Did <u>another</u> child arrive in your household?</p> <p>CODE</p> <p>1 : no 2 : yes</p>	<p>1 -> 2.4. 2 -> 232 A</p>
<p style="text-align: center;">FFS questionnaire</p> <p style="text-align: right;">CBGS - Brussels 1990</p>		

G.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

J.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1 2 3 4 5

2.4. BIOGRAPHY: PREGNANCIES

<p>241.</p>	<p>WOMAN</p> <p><i>How often have you <u>been pregnant</u>?</i></p> <p><i>Including current pregnancy, miscarriage, abortion, still-birth?</i></p> <p>MAN</p> <p><i>How often have you <u>caused a pregnancy</u>?</i></p> <p><i>Including current pregnancy, miscarriage, abortion, still-birth?</i></p> <p>NOTE NUMBER</p>	<p>00 -> 2.5.</p>
<p>242. A.</p>	<p><i>What was the <u>outcome</u>?</i></p> <p> SHOW CARD AND CODE</p> <p>71 : live-birth 72 : still-birth 73 : miscarriage 74 : induced abortion 75 : current pregnancy</p>	<p>75 -> C2</p>
<p>B.</p>	<p><i>When?</i></p> <p>NOTE (YY/MM)</p> <p> DATE ON CHECK SHEET</p>	
<p>C1. C2.</p>	<p><i><u>How many weeks</u> did the pregnancy last, from last menstruation on?</i></p> <p><i>If <u>currently pregnant</u>:</i> <i><u>How many weeks</u> are you/is your partner pregnant (counting from last menstruation)?</i></p> <p>NOTE NUMBER OF WEEKS (9 MONTHS = 40 WEEKS, 1 MONTH = 4,4 WEEKS)</p>	
<p>D.</p>	<p><i>Is/was it a <u>single</u> or a <u>multiple</u> pregnancy?</i></p> <p>CODE</p> <p>1 : single 2 : twin 3 : triple 4 : quadruplet 5 : more than 4</p>	

--	--

241.

242.

PREGNANCIES

--	--

1

2

3

4

5

6

7

A.

--	--	--	--	--	--	--	--

B.

C.

--	--	--	--	--	--	--	--

D.

--	--	--	--	--	--	--	--

E. *Was there any medical intervention to facilitate a conception? If yes, what intervention(s)?*

CODE

- 01 : no conception interventions
- 02 : operation on ovary
- 03 : operation on oviduct
- 04 : treatment of uterine anomaly or malposition
- 05 : treatment of the vagina
- 06 : induced ovulation through hormonal treatment
- 07 : hormonal treatment of the women (other than sub 06)
- 08 : artificial insemination
- 09 : in vitro fertilization
- 10 : intervention on testes
- 11 : intervention on vas deferens
- 12 : intervention on penis
- 13 : treatment of fertility-disturbing diseases:
NOTE VERTICALLY
- 14 : combination of interventions:
NOTE VERTICALLY
- 15 : other intervention/treatment:
NOTE VERTICALLY

F. *Were there any medical problems or any interventions during the pregnancy? If yes, which?*

CODE

- 01 : no pregnancy problems or interventions
- 02 : long (bed) rest (> 14 days)
- 03 : mechanical or operative intervention (for example "cerclage")
- 04 : treatment of pregnancy-complicating diseases or anomalies:
NOTE VERTICALLY
- 05 : hypertension
- 06 : eclampsia
- 07 : treatment to slow down early uterine contractions
- 08 : rhesus iso-immunization
- 09 : serious bleeding as a result of bad implantation
- 10 : combination of problems/interventions:
NOTE VERTICALLY
- 11 : other problems/interventions :
NOTE VERTICALLY

G. *Were there any medical problems or any interventions during the delivery? If yes, which?*

CODE

- 01 : no delivery problems or interventions
- 02 : Caesarean section
- 03 : correction of position of the child
- 04 : induction of delivery for medical reasons
- 05 : induction of delivery for elective reasons
- 06 : stimulation of too weak uterine contractions (in labour)
- 07 : forceps delivery, vacuum extraction
- 08 : narcosis (total anaesthesia)
- 09 : epidural anaesthesia
- 10 : local anaesthesia
- 11 : treatment to staunch bleeding before/during/after delivery
- 12 : treatment of torn tissue
- 13 : episiotomy (surgical cuts to prevent vaginal/labial tearing)
- 14 : combinations of problems/intervention:
NOTE VERTICALLY
- 15 : other:
NOTE VERTICALLY

1

2

3

4

5

6

7

E.


--	--	--	--	--	--	--	--

F.

--	--	--	--	--	--	--

G.

--	--	--	--	--	--	--

H.	<p><i>Did you/your partner use a <u>contraceptive method</u> preceding the pregnancy?</i></p> <p><i>Don't forget coitus interruptus (<u>withdrawal</u>) or periodic abstinence (<u>rhythm</u>)?</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	1 -> 242 J
I.	<p><i><u>Which method?</u></i></p> <p>CODE</p> <p>01 : elective sterilization of the woman 02 : elective sterilization of the man 03 : therapeutic sterilization of the woman 04 : therapeutic sterilization of the man 05 : Pill 06 : IUD 07 : diaphragm 08 : condom 09 : periodic abstinence (rhythm) 10 : coitus interruptus (withdrawal)</p>	
J.	<p><i><u>How</u> did you/your partner get <u>pregnant</u>?</i></p> <p> SHOW CARD AND CODE</p> <p>1 : pregnant despite correct contraceptive use 2 : pregnant as a result of incorrect contraceptive use or because of risk behaviour 3 : stopped contraception: pregnancy intended 4 : contraception stopped: pregnancy not intended 5 : no contraceptive use: pregnancy intended 6 : no contraceptive use: pregnancy not intended</p>	<p>1 -> 242 L 2 -> 242 L 3 -> 242 K1 4 -> 242 K1 5 -> 242 K2 6 -> 242 K2</p>
K1.	<p><i>How many <u>months</u> of unprotected intercourse were there <u>before conception</u>?</i></p>	
K2.	<p><i>After how many <u>months</u> did your partner become pregnant</i></p> <p>NOTE NUMBER OF MONTHS</p>	
L.	<p><i>Was the <u>pregnancy wanted or not</u>?</i></p> <p>CODE</p> <p>1 : unwanted 2 : rather unwanted 3 : neither wanted nor unwanted 4 : rather wanted 5 : wanted</p>	
M.	<p><i>Was there <u>another pregnancy</u> after that?</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	<p>1 -> 2.5. 2 -> 242 A</p>
<p>FFS questionnaire CBGS - Brussels 1990</p>		

2.5. BIOGRAPHY: (SUB)FECUNDITY

<p>251.</p>	<p>WOMAN</p> <p>Have you ever had any <u>problems</u> in becoming pregnant, has your partner ever had any problems in causing a pregnancy?</p> <p>MAN</p> <p>P => <i>Have you ever had any <u>problems</u> in causing a pregnancy, has your partner ever had any problems in becoming pregnant?</i></p> <p>- for a period of more than 6 months - having sexual intercourse regularly - without contraception (also no use of withdrawal or rytm)</p> <p>CODE</p> <p>1 : no 2 : yes</p>	<p>1 -> 3.</p>
<p>252. A.</p>	<p>When did such period <u>start</u>?</p> <p>NOTE (YY/MM)</p> <p>Ⓣ DATE ON CHECK SHEET</p>	
<p>B.</p>	<p>When did it <u>end</u>?</p> <p>NOTE (YY/MM)</p> <p>Ⓣ DATE ON CHECK SHEET</p>	
<p>C.</p>	<p>What was the <u>cause</u> of the(se) subfecund period(s)?</p> <p>CODE</p> <p>01 : unknown 02 : female impairment, but type unknown 03 : female sexual problem (low sexual frequency, difficult intercourse) 04 : menstrual cycle or ovulation disorders 05 : oviduct impairment 06 : uterus/vagina impairment 07 : male impairment, but type unknown 08 : male sexual problem (impotency, seminal emission impairment) 09 : sperm deficiency 10 : other: NOTE VERTICALLY</p>	

--	--

251.	252. (SUB)FECUNDITY
------	---------------------

<input type="checkbox"/>	1	2	3	4	5
--------------------------	---	---	---	---	---

A.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

B.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

C.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
----	---	---	---	---	---

D. *Did you or your partner undergo a medical fertility intervention in those periods? If yes, which?*

CODE

- 01 : no fertility interventions
- 02 : operation on ovary
- 03 : operation on oviduct
- 04 : treatment of uterine anomaly
or malposition
- 05 : treatment of the vagina
- 06 : induced ovulation through hormonal
treatment
- 07 : hormonal treatment (other than sub. 6)
- 08 : artificial insemination
- 09 : in vitro fertilization
- 10 : intervention on testes
- 11 : intervention on vas deferens
- 12 : intervention on penis
- 13 : treatment of fertility-disturbing diseases:
NOTE VERTICALLY
- 14 : combination of interventions:
NOTE VERTICALLY
- 15 : other intervention/treatment:
NOTE VERTICALLY

E. *Was there another such period?*

CODE

- 1 : no
- 2 : yes

2 -> 252 A

D.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

E.


<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1 2 3 4 5



3. SEXUALITY - FERTILITY REGULATION

301.	<p><input type="checkbox"/> WOMAN <i>When did you have your <u>first menstruation</u>?</i></p> <p><input type="checkbox"/> MAN <i>When did you have your <u>first ejaculation</u>?</i></p> <p>NOTE YEAR</p>	<input type="text"/> <input type="text"/>	
302.	<p><i>Did you already have <u>sexual intercourse</u>?</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	<input type="text"/>	1 -> 4.
303.	<p><i>When was the first time?</i></p> <p>NOTE YEAR</p>	<input type="text"/> <input type="text"/>	
304.	<p><i>Did you take <u>precautions</u> to prevent pregnancy at your first intercourse?</i></p> <p><i>Don't forget withdrawal or periodic abstinence (rhythm)</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	<input type="text"/>	2 -> 306
305.	<p><i>Why didn't you use contraception?</i></p> <p>CODE</p> <p>02 : desired pregnancy 03 : sexual activity without desired pregnancy 04 : supposed subfecundity 07 : other reasons: NOTE _____</p>	<input type="text"/> <input type="text"/>	
			-> 307
306.	<p><i>Which <u>method(s)</u> did you use?</i></p> <p>CODE</p> <p>01 : elective sterilization of the woman 02 : elective sterilization of the man 03 : therapeutic sterilization of the woman 04 : therapeutic sterilization of the man 05 : Pill 06 : IUD 07 : diaphragm 08 : condom 09 : periodic abstinence (rhythm) 10 : coitus interruptus (withdrawal)</p>	<input type="text"/> <input type="text"/>	




307.	<p><i>Have you had <u>sexual intercourse</u> within the past four weeks?</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	<input type="checkbox"/>	2 -> 309
308.	<p><i><u>Why not?</u></i></p> <p>SHOW CARD AND CODE</p> <p>01 : (almost) no opportunities 02 : (almost) no time 03 : pregnancy (of partner) 04 : sickness, physical injury, recovering from surgery 05 : tired, depressive 06 : (little) no desire 07 : gay/lesbian partner</p>	<input type="checkbox"/>	
			-> 311
309.	<p><i><u>How often?</u></i></p> <p>NOTE NUMBER</p>	<input type="checkbox"/>	
310.	<p><i>Does this frequency reflect the situation of the <u>past year</u>?</i></p> <p>CODE</p> <p>1 : no, average less 2 : no, average more 3 : yes</p>	<input type="checkbox"/>	
311.	<p><i>Would you <u>prefer</u> to have intercourse <u>less/more frequently</u>?</i></p> <p>CODE</p> <p>1 : less 2 : the same 3 : more</p>	<input type="checkbox"/>	
312.	<p><i>Are you (or your partner) using any <u>contraceptive method</u> at the moment? Don't forget withdrawal or periodic abstinence (rhythm)</i></p> <p>CODE</p> <p>1 : no 2 : yes</p>	<input type="checkbox"/>	2 -> 314
313.	<p><i><u>Why not?</u></i></p> <p>CODE</p> <p>01 : sexual inactivity 02 : pregnancy intended 03 : pregnancy unintended 04 : (supposed) subfecundity 05 : pregnant 06 : gay/lesbian partner 07 : other reason NOTE _____</p>	<input type="checkbox"/>	
			-> 316

314.	<p><i>Which <u>method(s)</u>?</i></p> <p>CODE</p> <p>01 : elective sterilization of the woman 02 : elective sterilization of the man 03 : therapeutic sterilization of the woman 04 : therapeutic sterilization of the man 05 : Pill 06 : IUD 07 : diaphragm 08 : condom 09 : periodic abstinence (rythm) 10 : coïtus interruptus (withdrawal)</p>	<input type="checkbox"/> <input type="checkbox"/>	05 -> 316 06 -> 316 07 -> 316 08 -> 316 09 -> 316 10 -> 316
315.	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">STERILIZED</div> <i>In what <u>year</u>?</i> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">PARTNER STERILIZED</div> <i>In what <u>year</u>?</i> NOTE YEAR	<input type="checkbox"/> <input type="checkbox"/>	
316.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">BORN BEFORE 1964</div> -> 4.		
317.	<p><i>Have you ever had <u>sexual intercourse</u> in one or more of the following situations ...</i></p> <p>a. ... <i>friendship relation?</i></p> <p>b. ... <i>steady partner relationship with intention to marry?</i></p> <p>c. ... <i>casual contact?</i></p> <p>d. ... <i>contact with prostitute?</i></p> <p>e. ... <i>steady partner relationship without intention to marry?</i></p> <p>f. ... <i>short-lived relationship?</i></p> <p> SHOW CARD AND CODE</p> <p>1 : no, never 2 : yes, once 3 : yes, sometimes 4 : yes, often</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	FFS questionnaire	CBGS - Brussels	1990

4. OPINIONS ABOUT LIVING ARRANGEMENTS AND PARENTHOOD

<p>401.</p>	<p><i>How <u>sufficient/insufficient</u> do you consider each of the following reasons for divorce?</i></p> <p><i>When either partner ...</i></p> <p>a. <i>... drinks too much</i></p> <p>b. <i>... is violent towards the other</i></p> <p>c. <i>... has ceased to love the other</i></p> <p>d. <i>... is often unfaithful</i></p> <p><i>When ...</i></p> <p>e. <i>... their personalities don't match</i></p> <p>f. <i>... the sexual relationship is no longer satisfactory</i></p> <p>g. <i>... they can't have children together</i></p> <p>h. <i>... there is dissatisfaction with the division of household tasks</i></p> <p> SHOW CARD AND CODE</p> <p>1 : insufficient 2 : rather insufficient 3 : neither sufficient nor insufficient 4 : rather sufficient 5 : sufficient</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>402.</p>	<p><i>To which extent do you <u>agree or disagree</u> with the following statements on <u>cohabitation and marriage</u> ?</i></p> <p>a. <i>a married couple is socially more accepted than a cohabitating couple</i></p> <p>b. <i>marriage offers more guarantees for a permanent, enduring relationship than cohabitation</i></p> <p>c. <i>marriage provides more financial security than cohabitation</i></p> <p>d. <i>a cohabitating couple is more free to have other intimate relationships than a married couple</i></p> <p>e. <i>a cohabitating couple can end the relationship more easily emotionally than a married couple, if it breaks down</i></p> <p> SHOW CARD AND CODE</p> <p>1 : strongly disagree 2 : disagree 3 : neither disagree nor agree 4 : agree 5 : strongly agree</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

403.	<p><i>At present how many children, if any, do you consider the ideal number in a family in (country)?</i></p> <p>NOTE NUMBER OR RANGE</p>	<input type="text"/> <input type="text"/>	
404.	<p><i>Do you think that a married couple should have <u>at least one child</u>?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather not 3 : neither no nor yes 4 : rather yes 5 : yes</p>	<input type="text"/>	<p>1 -> 406 2 -> 406 3 -> 406</p>
405.	<p><i><u>How many children?</u></i></p> <p>NOTE NUMBER OR RANGE</p>	<input type="text"/> <input type="text"/>	
406.	<p><i>To which extent would you <u>agree or disagree</u> with the following statements?</i></p> <p>a. <i>a child needs a home with both a father and a mother to grow up happily</i></p> <p>b. <i>parents should not be asked to sacrifice their own well-being for the sake of their child/ren</i></p> <p>c. <i>a man can look after and raise a child as well as a woman</i></p> <p>d. <i>most of the unpleasant things happen in your life without you having any control over them</i></p> <p>e. <i>a woman has to have at least one child in order to be fulfilled</i></p> <p>f. <i>it is in the interest of a child that its parents are married</i></p> <p>g. <i>it is acceptable for a woman to have a child without a stable relationship</i></p> <p>h. <i>it is your own fault if you don't succeed in life</i></p> <p>i. <i>a man has to have at least one child in order to be fulfilled</i></p> <p>j. <i>a woman would have more children if her husband was more prepared to take his share in child care and household work</i></p> <p>k. <i>a homosexual couple can look after and raise a child as well as a man and a woman</i></p> <p>SHOW CARD AND CODE</p> <p>1 : strongly disagree 2 : disagree 3 : neither disagree nor agree 4 : agree 5 : strongly agree</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<p>407.</p> 	<p><i>What does the legislation in your country say about abortion?</i></p> <p>SHOW CARD AND CODE</p> <p>The legislation allows abortion if ...</p> <p>country-specific</p>	<input type="checkbox"/>	
<p>408.</p> 	<p><i>Do you know <u>where to go</u> if you/your partner wanted an abortion?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : not really 3 : neither no nor yes 4 : yes, I know a bit NOTE WHERE _____ 5 : yes NOTE WHERE _____</p>	<input type="checkbox"/>	
<p>409.</p> 	<p><i>To what extent do you <u>agree or disagree</u> with the following statements about <u>abortion</u>?</i></p> <p><i>Abortion should be allowed ...</i></p> <p>a. ... if the woman is not married</p> <p>b. ... if the mother's health is at risk because of the pregnancy</p> <p>c. ... if the woman experiences extreme distress because of the pregnancy</p> <p>d. ... if a woman firmly declares she doesn't want this pregnancy</p> <p>e. ... if it is likely that the child would be born handicapped</p> <p>SHOW CARD AND CODE</p> <p>1 : strongly disagree 2 : disagree 3 : neither disagree nor agree 4 : agree 5 : strongly agree</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

5. WORK AND FAMILY

501.	<p><i>If I understood correctly, you are at present:</i></p> <p>CODE</p> <p>1 : employed full-time 2 : employed part-time 3 : voluntarily unemployed (e.g. housewife, career interruption) 4 : unemployed involuntarily (unemployed, unemployable) 5 : other possibility (e.g. student)</p>	<input type="checkbox"/>							
502.	<p><i>Does this situation correspond with your own <u>preference</u>?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : not fully 3 : neither no nor yes 4 : yes, partly 5 : yes</p>	<input type="checkbox"/>							
503.	<p><i>Which of the following <u>activities</u> do you consider <u>important</u> at present ...</i></p> <p>a. ... in the first place? b. ... in the second place? c. ... in the third place?</p> <p>SHOW CARD AND CODE</p> <p>01 : job/profession or education 02 : leisure time 03 : household work 04 : childrearing 05 : relationship with partner 06 : social, political, cultural involvement 07 : contacts with family 08 : contacts with friends</p>	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>							
504.	<p>J => <i>Are you short of time for the following activities because of your job/profession ...</i></p> <p>a. ... in the first place? b. ... in the second place? c. ... in the third place?</p> <p>SHOW CARD AND CODE</p> <p>01 : no lack of time 02 : household activities 03 : leisure time 04 : children 05 : steady partner relationship 06 : social, political, cultural engagement 07 : contacts with family 08 : contacts with friends 09 : rest and sleep</p>	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>							

505. *Are you short of time for other activities because of your household work? If so, for what?*

a. *... in the first place?*

b. *... in the second place?*

c. *... in the third place?*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

 **SHOW CARD AND CODE**

- 01 : no lack of time
- 02 : occupation/education
- 03 : leisure time
- 04 : children
- 05 : steady partner relationship
- 06 : social, political, cultural engagement
- 07 : contacts with family
- 08 : contacts with friends
- 09 : rest and sleep

506. *To what extent do you agree or disagree with the following statements?*

a. *To have a well-run home is one of my goals in life*

b. *My home has to be cleaned properly and the housekeeping has to be well organised.*

c. **J =>** *it is important to me to have a job/career in which I can achieve something important*

d. **J =>** *I make as many sacrifices as are necessary in order to advance in my job/career*

e. **P =>** *having a successful relationship is the most important thing in life to me*

f. **P =>** *I work hard to build a good partner relationship even if it means limiting my opportunities to pursue other goals*

g. **C =>** *although parenthood requires many sacrifices, the love and enjoyment of children of one's own are worth it all*



h. **C =>** *becoming involved in the day-to-day details of rearing children involves costs in other areas of my life that I am unwilling to make*



 **SHOW CARD AND CODE**




- 1 : strongly disagree
- 2 : disagree
- 3 : disagree nor agree
- 4 : agree
- 5 : strongly agree

NO PARTNER

--> 508

<p>507.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p> SHOW CARD AND CODE</p> <p>1 : (almost) exclusively me</p> <p>2 : mainly me</p> <p>3 : both equally</p> <p>4 : mainly my partner</p> <p>5 : (almost) exclusively my partner</p>	<p>In your relationship <u>who</u> is it at the moment ...</p> <p>... whose work/job is the most important?</p> <p>... who takes the initiative to resolve quarrels or conflicts?</p> <p>... who makes the major decisions?</p> <p>... who gives emotional support?</p> <p>... who has the major responsibility for the family income?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
<p>508.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>SHOW CARD AND CODE</p> <p>01 : (nearly) exclusively or especially by persons not belonging to the family</p> <p>02 : (practically) exclusively or especially by family members other than myself or my partner (e.g. child or living-in parent)</p> <p>03 : (almost) exclusively by myself</p> <p>04 : especially by myself</p> <p><input type="checkbox"/> P => 05 : equally by myself and my partner</p> <p><input type="checkbox"/> P => 06 : especially by my partner</p> <p><input type="checkbox"/> P => 07 : (nearly) exclusively by my partner</p> <p>08 : other</p>	<p>Please indicate <u>who</u> performed the <u>household tasks</u>, mentioned below, were performed during the last three months?</p> <p>preparing meals</p> <p>tidying the living room</p> <p>vacuuming</p> <p>ironing</p> <p>shopping</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>												
<p>509.</p> <p> SHOW CARD AND CODE</p> <p>1 : no</p> <p>2 : rather no</p> <p>3 : neither no nor yes</p> <p>4 : rather yes</p> <p>5 : yes</p>	<p>Would you like a <u>change</u> in the <u>division</u> of the household tasks?</p>	<input type="checkbox"/>											
<p><input type="checkbox"/> NO CHILDREN --> 512</p>													

510.	<p><i>Please indicate <u>who</u> performed the following <u>childrearing tasks</u>, during the last three months?</i></p> <p>a. <i>preparing the children's meal</i></p> <p>b. <i>helping the children to dress</i></p> <p>c. <i>caring for sick children</i></p> <p> SHOW CARD AND CODE</p> <p>01 : (nearly) exclusively or especially by persons not belonging to the family</p> <p>02 : (practically) exclusively or especially by family members other than myself or my partner (e.g. child or living-in parent)</p> <p>03 : (almost) exclusively by myself</p> <p>04 : especially by myself</p> <p><input type="checkbox"/> P => 05 : equally by myself and my partner</p> <p><input type="checkbox"/> P => 06 : especially by my partner</p> <p><input type="checkbox"/> P => 07 : (nearly) exclusively by my partner</p> <p>08 : other</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
511.	<p><i>Would you like a change in the division of the children's care and education?</i></p> <p> SHOW CARD AND CODE</p> <p>1 : no</p> <p>2 : rather no</p> <p>3 : doubt</p> <p>4 : rather yes</p> <p>5 : yes</p>	<input type="checkbox"/>							
512.	<p><i>Did you have <u>paid help at home</u> during the last three months?</i></p> <p>CODE</p> <p>1 : no</p> <p>2 : yes</p>	<input type="checkbox"/>	1 -> 514						
513.	<p><i>How many hours a week on average?</i></p> <p>NOTE THE NUMBER OF HOURS</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>								
514.	<p><i>Did you have <u>non-paid help</u> at home during the last three months (help with ordinary housework at least once a week)?</i></p> <p>CODE</p> <p>1 : no</p> <p>2 : yes</p>	<input type="checkbox"/>	1 -> 516						
515.	<p><i>How many hours a week on average?</i></p> <p>NOTE</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>								

516.	<div style="border: 1px solid black; display: inline-block; padding: 2px;">NO CHILDREN</div> -> 6.	
FOR EACH CHILD IN THE PRESENT HOUSEHOLD		
A.	NOTE THE PRESENT AGE (YY/MM)	
B.	<div style="border: 1px solid black; display: inline-block; padding: 2px;">< 6J.</div> Do you <u>currently</u> make use of <u>non-parental child care</u> for (name)? If so, what sort? <div style="border: 1px solid black; display: inline-block; padding: 2px;">≥ 6J.</div> Do you <u>currently</u> make use of a <u>pre- and/or post-school care</u> for (name)? If so, what sort?  SHOW CARD AND CODE 01 : no 02 : parents (in law) 03 : other relative 04 : friends, neighbours, acquaintances 05 : baby minders 06 : day nursery 07 : only kindergarten 08 : kindergarten and pre- and/or post-school care 09 : other 10 : combination: NOTE	01 -> 516 F
C.	<u>How often?</u>  <div style="border: 1px solid black; display: inline-block; padding: 2px;">< 6J.</div> SHOW CARD AND CODE 01 : 5 times a week: the whole day 02 : part of the day 03 : sometimes whole and sometimes part of the day 04 : < 5 times a week: the whole day 05 : part of the day 06 : sometimes whole and sometimes part of the day 07 : day and night/only night/only weekend 08 : irregularly READ ALOUD AND CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">≥ 6J.</div> 09 : once a week 10 : 2 to 3 times a week 11 : 4 to 5 times a week	
D.	 Do you consider this child care <u>cheap or expensive</u> ? SHOW CARD AND CODE 01 : very cheap 02 : cheap 03 : neither cheap nor expensive 04 : expensive 05 : very expensive 06 : there are no expenses	

1 2 3 4 5

A.

B.

--	--	--	--	--	--	--	--	--	--

C.

--	--	--	--	--	--	--	--	--	--

D.

--	--	--	--	--	--	--	--	--	--

E. Do you consider this child care arrangement difficult or easy?



SHOW CARD AND CODE

- 01 : very difficult
- 02 : difficult
- 03 : neither difficult nor easy
- 04 : easy
- 05 : very easy

F. ≥ 3 J. Did you make use of child care when (name) was younger than 3 years.
If so, what sort?



< 3 J. CODE 99

SHOW CARD AND CODE

- 01 : no
- 02 : parents (in law)
- 03 : other relative
- 04 : friends, neighbours, acquaintances
- 05 : baby minders
- 06 : day-nursery
- 07 : others

G. Are you considering making use of one or other type of child care in the next three years for (name)? (Kindergarten not included).
If so, what sort?

CODE

- 1 : no
- 2 : yes, parental care
(work fewer hours, interrupt career, stop working)
- 3 : yes, non-parental care (baby minder, family, friends)
- 4 : yes, non-parental care (day-nursery)
- 5 : yes, combination of parental and non-parental care



E.





F.

G.

1 2 3 4 5

6. FUTURE

6.0.	LIVING ARRANGEMENTS		
601.	<p><i>Do you expect any <u>change</u> in your <u>living arrangement</u> within the next three years?</i></p> <p> SHOW CARD AND CODE</p> <p>1 : no 2 : rather not 3 : doubt 4 : rather yes 5 : yes</p>	<input type="checkbox"/>	1 -> 603 2 -> 603
602.	<p><i>What kind of change?</i></p> <p>SHOW CARD AND CODE</p> <p>living:</p> <p>41 : with own parents 42 : with one parent 43 : with one parent and his/her partner 44 : with other relatives</p> <p>45 : with partner 46 : with partner and child/ren 47 : with partner and other(s) 48 : with partner, child/ren and other(s) 49 : with children</p> <p>50 : alone 51 : partly alone, partly with partner 52 : partly alone, partly with others</p> <p>53 : with non-relative(s) 54 : in an institution</p>	<input type="checkbox"/> <input type="checkbox"/>	
603.	<p><i>Will your future living arrangements be determined by among others ...</i></p> <p>a. ... your parents?</p> <p>b. ... yourself?</p> <p>c. ... chance and/or circumstances?</p> <p>d. <input type="checkbox"/> P => ... your current partner</p> <p> SHOW CARD AND CODE</p> <p>1 : no , not at all 2 : rather not 3 : still doubt 4 : rather yes 5 : yes</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<p>604.</p> 	<p><i>Do you expect any <u>change</u> in your present <u>partner relationship</u> in the next three years?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather no 3 : doubt 4 : rather yes 5 : yes</p>	<input type="checkbox"/>	<p>1 --> 605 2 --> 605</p>
<p>605.</p> 	<p><i>What kind of change do you expect?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : start of a steady relationship 2 : start of a relationship 3 : end of a steady relationship 4 : end of a relationship 5 : end of relationship and start of another one present</p>	<input type="checkbox"/>	
<p>606.</p> 	<p><i>Do you expect any <u>change</u> in your present <u>marital status</u> in the next three years?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather no 3 : doubt 4 : rather yes 5 : yes</p>	<input type="checkbox"/>	<p>1 --> 608 2 --> 608</p>
<p>607.</p>	<p><i>What kind of change do you expect?</i></p> <p>CODE</p> <p>1 : marriage 2 : separation 3 : legal divorce 4 : widowhood</p>	<input type="checkbox"/>	
	<p>MARRIED --> 6.1.</p>		
<p>608.</p> 	<p><i>What sort of living arrangements would you <u>prefer</u> for the next three years?</i></p> <p>SHOW CARD AND CODE</p> <p>01 : living with parent(s), without steady partner 02 : living with parent(s), and having a steady partner 03 : living alone, without a steady partner 04 : living alone, having a steady partner 05 : unmarried cohabitation and never marrying 06 : living together and perhaps marrying later 07 : living together first and marry later 08 : getting married, without premarital cohabitation 09 : other living arrangement</p>	<input type="checkbox"/> <input type="checkbox"/>	

6.1. FECUNDITY

<p>611.</p>	<p>WOMAN</p> <p><i>Do you think you can (still) <u>become pregnant without medical intervention and have a(nother) child?</u></i></p> <p>SHOW CARD AND CODE</p> <p>01 : no, sterilized 02 : no 03 : probably not 04 : yes, but pregnancy can probably not be carried through 05 : yes, but can not be carried through 06 : becoming pregnant is medically disadvised 07 : probably yes 08 : yes</p> <p>MAN</p> <p><i>Do you think you can (still) <u>beget children without medical intervention?</u></i></p> <p>SHOW CARD AND CODE</p> <p>11 : no, sterilized 12 : no 13 : probably not 14 : probably yes 15 : yes</p>	<p><input type="text"/></p> <p><input type="text"/></p>	<p>1 -> 615</p> <p>6 -> 615 7 -> 615 8 -> 615</p> <p>11 -> 615</p> <p>14 -> 615 15 -> 615</p>
<p>612.</p>	<p><i>Since when have you been (probably) unable to have (further) children?</i></p> <p>NOTE YEAR</p>	<p><input type="text"/></p> <p><input type="text"/></p>	
<p>613.</p>	<p>Do you know <u>why</u> you (probably) cannot have children (anymore)?</p> <p>CODE</p> <p>010: female type of cause unknown 020: female sexual impairment (low coital frequency; difficult intercourse) 030: menstrual cycle or ovulation disorders; cause unknown</p> <p>031: deregulation of hormonal function 032: operation on or irradiation of ovaries 033: acquired ovarian impairment (inflammation, tumour, cyst, ...) 034: congenital ovarian impairment 035: menopauze</p> <p>040: impairment of oviducts; cause unknown</p> <p>041: hindered passage 042: obstruction as a result of inflammation 043: surgical removal or tubal ligation 044: endometriosis 045: congenital impairment</p> <p>050: impairment of uterus or vagina; cause unknown</p> <p>051: congenital impairment 052: insufficient development 053: malposition 054: hysterectomy or surgical partial removal</p>		

- 060: type of male impairment unknown
- 070: impairment of male sexual potency or seminal emission
- 080: impairment of testes; cause unknown
- 081: congenital impairment
- 082: impairment because of (metabolic) disease
- 083: impairment because of medical treatment
- 084: testes unjured by temperature,
chemical or radioactive agents
- 085: varices
- 090: impairment of seminal duct
- 091: vasectomy for medical reasons
- 100: sperm deficiency; cause unknown
- 101: because of immunization against sperm
- 102: because of infection or inflammation of
ureter, prostate, seminal duct or testes
- 103: because of hormonal dysfunction
- 104: because of environmental factors (job) or behaviour
(excessive use of alcohol, tobacco)
- 110: other reason NOTE

--	--	--

614. *Do you intend to undergo a medical intervention to have a(nother) child?*



SHOW CARD AND CODE

- 1 : no
- 2 : rather no
- 3 : doubt
- 4 : rather yes
- 5 : yes
- 6 : intervention impossible

615. **NO PARTNER** --> 6.2

WOMAN

Can your partner (still) have children without medical intervention?

- 11 : no, sterilized
- 12 : no
- 13 : probably not
- 14 : probably yes
- 15 : yes

11 --> 6.2

14 --> 6.2

15 --> 6.2

MAN

Can your partner (still) become pregnant without medical intervention and have a(another) child?

SHOW CARD AND CODE

- 01 : no, sterilized
- 02 : no
- 03 : probably not
- 04 : yes, but pregnancy can probably not be
carried through
- 05 : yes, but cannot be carried through
- 06 : becoming pregnant is medically not advised
- 07 : probably yes
- 08 : yes

01 --> 6.2

06 --> 6.2




07 --> 6.2



08 --> 6.2

--	--

616.	<p><u>Since when</u> has your partner been (probably) unable to have (further) children?</p> <p>NOTE YEAR</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
617.	<p><i>Do you know why your partner (probably) cannot have children (anymore)?</i></p> <p>CODE</p> <p>010: female type of cause unknown</p> <p>020: female sexual impairment (low coital frequency; difficult intercourse)</p> <p>030: menstrual cycle or ovulation disorders; cause unknown</p> <p>031: deregulation of hormonal function 032: operation on or irradiation of ovaries 033: acquired ovarian impairment (inflammation, tumour, cyst, ...) 034: congenital ovarian impairment 035: menopauze</p> <p>040: impairment of oviducts; cause unknown</p> <p>041: hindered passage 042: obstruction as a result of inflammation 043: surgical removal or tubal ligation 044: endometriosis 045: congenital impairment</p> <p>050 : impairment of uterus or vagina; cause unknown</p> <p>051: congenital impairment 052: insufficient development 053: malposition 054: hysterectomy or surgical partial removal</p> <p>060 : type of male impairment unknown</p> <p>070 : impairment of male sexual potency or seminal emission</p> <p>080 : impairment of testes; cause unknown</p> <p>081: congenital impairment 082: impairment because of (metabolic) disease 083: impairment because of medical treatment 084: testes unjured by temperature, chemical or radioactive agents 085: varices</p> <p>090: impairment of seminal duct</p> <p>091: vasectomy for medical reasons</p> <p>100: sperm deficiency; cause unknown</p> <p>101: because of immunization against sperm 102: because of infection or inflammation of ureter, prostate, seminal duct or testes 103: because of hormonal dysfunction 104: because of environmental factors (job) or behaviour (excessive use of alcohol, tobacco)</p> <p>110: other reason: NOTE</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
618.	<p><i>Does your partner intend to undergo a medical intervention to get a(another) child?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather no 3 : doubt 4 : rather yes 5 : yes 6 : intervention impossible</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

6.2. FAMILY FORMATION

<p>621.</p> <p>a.</p> <p>b.</p> <p> SHOW CARD AND CODE</p> <p>A child ...</p> <p>1 : often provides something new and interesting</p> <p>2 : gives real meaning to your life</p> <p>3 : contributes to the general welfare of the country</p> <p>4 : strengthens the relationship with the partner</p> <p>5 : contributes to your own development</p> <p>6 : makes a family complete</p>	<p>The following <u>reasons</u> are given by women and men who <u>want</u> a/another child. Which of these reasons do you consider ...</p> <p>... the most important ?</p> <p>... the second most important ?</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		
<p>622.</p> <p>a.</p> <p>b.</p> <p> SHOW CARD AND CODE</p> <p>A child ...</p> <p>1 : does not fit with certain ages or living arrangements</p> <p>2 : brings many problems and worries</p> <p>3 : has an uncertain future to live in</p> <p>4 : is difficult to combine with a job or education</p> <p>5 : leaves little room for other important things of life</p> <p>6 : is costly to rear properly</p>	<p>The following <u>reasons</u> are given by women and men who <u>do not want</u> a/another child. Which of these reasons do you consider ...</p> <p>... the most important ?</p> <p>... the second most important ?</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		
<p>623.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p> SHOW CARD AND CODE</p> <p>1 : no</p> <p>2 : rather no</p> <p>3 : still doubt</p> <p>4 : rather yes</p> <p>5 : yes</p>	<p>Do you consider that the following factors will <u>influence</u> people's <u>decision</u> about their <u>number</u> of children?</p> <p>uncertainty about employment</p> <p>the splitting-up of (marital) relationships</p> <p>environmental pollution</p> <p>less comfort and leisure time</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		

624.	<p>a. <u>How many children do you want at present?</u></p> <p>b. <input type="text" value="P =>"/> <u>How many children does your partner want at present?</u></p> <p>NOTE NUMBER OR RANGE</p>	<input type="text" value=""/>	
<p><input type="text" value="PARTNER"/> --> <input type="text" value="(624a. = 00) = 624b."/> 631</p> <p><input type="text" value="(624a. ≠ 00) = actual number of children"/> 628</p>			
<p><input type="text" value="NO PARTNER"/> --> <input type="text" value="624a. = 00"/> 631</p> <p><input type="text" value="(624a. ≠ 00) = actual number of children"/> 631</p>			
625.	<p><u>Why is your present number of children larger/smaller than the number you want?</u></p> <p>CODE</p> <p>01 : <i>affective reason</i> ex. negative experience with pregnancy, education</p> <p>02 : <i>existential reason</i> ex. there are already too many kids in the world</p> <p>03 : <i>family constitution reasons:</i> ex. combination of two families, family constitution not yet completed, family disruption</p> <p>04 : <i>material reason</i> ex. miserable housing, financial constraints</p> <p>05 : <i>relational reason</i> ex. no partner (yet), the partner's wish, the quality of the relationship</p> <p>06 : <i>social-biological reason</i> ex. age, health, subfecundity, genetic impairment, contraceptive failure, sex of child</p> <p>07 : <i>social-psychological reason</i> ex. incompatibility with job</p>	<input type="text" value=""/>	
<p><input type="text" value="624a. < actual number of children"/> --> 628</p>			
626.	<p><u>Do you intend to have a/another child in the next three years? (current pregnancy excluded)</u></p> <p> SHOW CARD AND CODE</p> <p>1 : no</p> <p>2 : rather no</p> <p>3 : doubt</p> <p>4 : rather yes</p> <p>5 : yes</p>	<input type="text" value=""/>	<p>1 --> 628</p> <p>2 --> 628</p>
627.	<p><u>When?</u></p> <p> SHOW CARD AND CODE</p> <p>1 : this year (1991)</p> <p>2 : next year (1992)</p> <p>3 : this or next year (1991-92)</p> <p>4 : within three years (before 1994)</p> <p>5 : within four years or more (after 1994)</p>	<input type="text" value=""/>	


628.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">PARTNER</div> --> <div style="border: 1px solid black; padding: 2px; display: inline-block;">624b. ≤ actual number of children</div> 629		
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">NO PARTNER</div> --> 630a.		
	<p><i>Does your partner intend to have a/another child? (current pregnancy excluded)</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather no 3 : doubt 4 : rather yes 5 : yes</p>	<input type="checkbox"/>	
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">628 = 626</div> --> 630		
629.	<p><i>Whose preference will be decisive in the decision to have a/another child or not ?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : my preference 2 : probably my preference 3 : yet undecided 4 : probably my partner's preference 5 : my partner's preference</p>	<input type="checkbox"/>	
630.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">626 > 2</div> <p>a. <i>Do you have a preference for a <u>girl</u> or a <u>boy</u>?</i></p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">628 > 2</div> <p>b. <div style="border: 1px solid black; padding: 2px; display: inline-block;">P =></div> <i>Does your partner has a preference for a girl or a boy?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : a strong preference for a girl 2 : a slight preference for a girl 3 : no pronounced preference 4 : a slight preference for a boy 5 : a strong preference for a boy</p>	<input type="checkbox"/> <input type="checkbox"/>	
631.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">WOMAN</div> <p><i>Suppose you don't want another child at any time and you become <u>pregnant</u> unintentionally, what would you do?</i></p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MAN</div> <p><i>Suppose you don't want another child at any time and your <u>partner</u> becomes <u>pregnant</u>, what would you like your partner to do?</i></p> <p>CODE</p> <p>1 : continue the pregnancy and keep the child 2 : continue the pregnancy, but leave the child for adoption/placement 3 : maybe have an abortion 4 : certainly have an abortion</p>	<input type="checkbox"/>	

632.	<p>WOMAN</p> <p><i>Suppose you become <u>pregnant</u> before the time you want a(another) child, what would you do?</i></p> <p>MAN</p> <p><i>Suppose your <u>partner</u> becomes <u>pregnant</u> before the time you want a(another) child, <u>what would you like your partner to do?</u></i></p> <p>CODE</p> <p>1 : continue the pregnancy and keep the child 2 : continue the pregnancy, but leave the child for adoption/placement 3 : maybe have an abortion 4 : certainly have an abortion</p>	<input type="checkbox"/>	
633.	<p><i>How can your <u>situation with respect to family formation</u> (partner and children) be described most accurately?</i></p> <p>SHOW CARD AND CODE</p> <p>01 : involuntary childless, temporarily 02 : involuntary childless, definitively 03 : voluntary childless, temporarily 04 : voluntary childless, definitively</p> <p>The formation of a family ...</p> <p>05 : is certainly still ongoing 06 : is probably still ongoing 07 : has probably come to the end 08 : has certainly come to the end 09 : other possibilities</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>2 -> 635 4 -> 635 5 -> 634 b 6 -> 634 b 7 -> 634 b 8 -> 635 9 -> 635</p>
634.	<p>a. <i>What is the latest <u>age</u> at which you would prefer to have your <u>first child</u>?</i></p> <p>b. <i>What is the latest <u>age</u> at which you would prefer to have your <u>last child</u>?</i></p> <p>NOTE AGE</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
635.	<p><i>Has the formation of your family been determined by, among others, ...</i></p> <p>a. ... your parents? b. ... yourself? c. ... chance and/or circumstances d. P => ... your current partner</p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather no 3 : doubt 4 : rather yes 5 : yes</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

6.4. FERTILITY REGULATION

<p>641.</p>	<p><i>Do you intend to use a condom in the future?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather no 3 : doubt 4 : rather yes 5 : yes</p>	<input type="checkbox"/>	
<p style="border: 1px solid black; padding: 2px;">IF NOT STERILIZED AND PARTNER NOT STERILIZED</p>		<p>--> 643</p>	
<p>642.</p>	<p style="border: 1px solid black; padding: 2px; text-align: center;">STERILIZED</p> <p><i>Do you regret, at present, being sterilized?</i></p> <p style="border: 1px solid black; padding: 2px; text-align: center;">PARTNER STERILIZED</p> <p><i>Do you regret, at present, that your partner is sterilized?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather no 3 : doubt 4 : rather yes 5 : yes</p>	<input type="checkbox"/>	
			<p>-> 6.5</p>
<p>643.</p>	<p style="border: 1px solid black; padding: 2px; text-align: center;">WOMAN</p> <p><i>Do you intend to use the Pill in the future?</i></p> <p style="border: 1px solid black; padding: 2px; text-align: center;">MAN</p> <p style="border: 1px solid black; padding: 2px;">P =></p> <p><i>Does your partner intend to use the Pill in the future?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather no 3 : doubt 4 : rather yes 5 : yes</p>	<input type="checkbox"/>	
<p>644.</p>	<p style="border: 1px solid black; padding: 2px; text-align: center;">WOMAN</p> <p><i>Do you intend to use an IUD in the future?</i></p> <p style="border: 1px solid black; padding: 2px; text-align: center;">MAN</p> <p style="border: 1px solid black; padding: 2px;">P =></p> <p><i>Does your partner intend to apply an IUD in the future?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather no 3 : doubt 4 : rather yes 5 : yes</p>	<input type="checkbox"/>	

645. *Do you intend to be sterilized the future?*

 **SHOW CARD AND CODE**

1 : no
 2 : rather no
 3 : doubt
 4 : rather yes
 5 : yes

4 --> 647
 5 --> 647

646. 645 = 1 or 2

Why not? Is it because ...

645 = 3

Why do you hesitate? Is it because ...

a. ... the method is unknown or insufficiently known?

b. ... the method is too definitive, irreversible?

c. ... a fear of surgery?

d. ... a fear of physical side-effects?


e. ... you think you will lose part of your masculinity/femininity?

f. ... the method is unhealthy?

g. ... you are satisfied with the method you currently use method; there are still other methods?

h. P => ... your partner is against it?


i. ... other reason? NOTE

 **SHOW CARD AND CODE**

1 : no
 2 : rather no
 3 : doubt
 4 : rather yes
 5 : yes

645 = 1 or 2 --> 648

647. *When?*

 **SHOW CARD AND CODE**

1 : this year (1991)
 2 : next year (1992)
 3 : this or next year (1991-92)
 4 : within three years (before 1994)
 5 : within four years or more (after 1994)

648.

NO PARTNER

--> 6.5

Does your partner intend to be sterilized?

SHOW CARD AND CODE

- 1 : no
- 2 : rather no
- 3 : doubt
- 4 : rather yes
- 5 : yes

1 --> 6.5
2 --> 6.5






649.

When?

SHOW CARD AND CODE

- 1 : this year (1991)
- 2 : next year (1992)
- 3 : this or next year (1991-92)
- 4 : within three years (before 1994)
- 5 : within four years or more (after 1994)

6.5. WORK AND FAMILY

<p>651.</p> <p></p>	<p><i>Do you expect any <u>change</u> in your current job/occupation?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather no 3 : doubt 4 : rather yes 5 : yes</p>	<p><input type="checkbox"/></p>	<p>1 -> 654 2 -> 654</p>
<p>652.</p> <p></p>	<p><i>What change?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : full-time employment 2 : part-time employment 3 : voluntary unemployment (e.g. housewife, career interruption) 4 : involuntary unemployed (e.g. unemployed, unemployable) 5 : other (e.g. student)</p>	<p><input type="checkbox"/></p>	
<p>653.</p> <p></p>	<p><i>When?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : this year (1991) 2 : next year (1992) 3 : this or next year (1991-92) 4 : within three years (before 1994) 5 : within four years or more (after 1994)</p>	<p><input type="checkbox"/></p>	
<p>654.</p> <p></p>	<p>P => <i>Do you expect change in the distribution of the household tasks in the next three years? If so, what change?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : a smaller contribution by myself 3 : a smaller contribution by my partner 4 : a larger contribution by myself 5 : a larger contribution by my partner 6 : other change (e.g. household help)</p>	<p><input type="checkbox"/></p>	
<p>655.</p> <p></p>	<p>C => <i>Do you expect change in the distribution of the childrearing tasks in the next three years? If so, what change?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : a smaller contribution by myself 3 : a smaller contribution by my partner 4 : a larger contribution by myself 5 : a larger contribution by my partner 6 : other change (e.g. household help)</p>	<p><input type="checkbox"/></p>	

656. *To what extent do you agree or disagree with the following statements concerning your own future?*
- a. *To have a well-run home is one of my goals in life*
- b. *My home has to be cleaned properly and the housekeeping has to be well organised.*
- c. **J =>** *it is important to me to have a job/career in which I can achieve something important*
- d. **J =>** *I make as many sacrifices as are necessary in order to advance in my job/career*
- e. **P =>** *having a successful relationship is the most important thing in life to me*
- f. **P =>** *I work hard to build a good partner relationship even if it means limiting my opportunities to pursue other goals*
- g. **C =>** *although parenthood requires many sacrifices, the love and enjoyment of children of one's own are worth it all*
- h. **C =>** *becoming involved in the day-to-day details of rearing children involves costs in other areas of my life that I am unwilling to make*


SHOW CARD AND CODE

- 1 : strongly disagree
 2 : disagree
 3 : disagree nor agree
 4 : agree
 5 : strongly agree

657. *Do you expect to involve yourself (more) in child care? (Work fewer hours, interrupt career, or stop working)?*


SHOW CARD AND CODE

- 1 : no
 2 : rather not
 3 : doubt
 4 : rather yes
 5 : yes

658. *Do you expect to make use of child care outside the family?*


SHOW CARD AND CODE

- 1 : no
 2 : rather not
 3 : doubt
 4 : rather yes
 5 : yes

659.

*People combine their family and work life in various ways
or decide in favour of one or the other.
What do you intend to do in the future?*



SHOW CARD AND CODE

- 01 : never work, remain childless
- 02 : never work, having child/ren
- 03 : part-time employment remain childless
- 04 : part-time employment having child/ren
- 05 : full-time employment remain childless
- 06 : full-time employment having child/ren
- 07 : temporarily stop working because of child/ren
- 08 : Stop working for good because of
child/ren
- 09 : other possibility

--	--

7. CHARACTERISTICS AND BELIEFS


7.0.	OCCUPATION		

<p>IF NEVER A PAID JOB --></p>			
<p>PARTNER --> 7.2</p>			
<p>NO PARTNER --> 7.2</p>			



711.	<p><i>Do (did) you work in the weekend?</i></p> <p>CODE</p> <p>1 : never/seldom 2 : sometimes 3 : (almost) always</p>	<input type="checkbox"/>	
712.	<p><i>Do (did) you work at night?</i></p> <p>CODE</p> <p>1 : never/seldom 2 : sometimes 3 : (almost) always</p>	<input type="checkbox"/>	
713.	<p><i>Where do (did) you work?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : only outside the house 2 : mostly outside the house, sometimes at home 3 : as much outside the house as at home 4 : mostly at home, sometimes outside the house 5 : only at home</p>	<input type="checkbox"/>	
714.	<p><i>Have you ever had any additional occupation or do you have one at present?</i></p> <p>CODE</p> <p>1 : no, never 2 : yes in the past 3 : yes, now</p>	<input type="checkbox"/>	
<p>1 --> <input type="checkbox"/> PARTNER 7.2 <input type="checkbox"/> NO PARTNER 7.4</p>			
715.	<p><i>How long in total have you (already) (had) an additional occupation over your entire professional life?</i></p> <p>NOTE NUMBER OF MONTHS</p>	<input type="text"/>	
<p><input type="checkbox"/> NO PARTNER --> 7.4</p>			





7.2.	PRESENT PARTNER'S OCCUPATION		
<div data-bbox="162 255 699 293" style="border: 1px solid black; padding: 2px;">IF PARTNER NEVER HAD A PAID JOB</div> -- > 7.4			




726.	<p><i>What is your partner's main occupation at present?</i></p> <p>NOTE :</p>		
727.	<p><i>What is his/her work statute?</i></p> <p>CODE</p> <p>1 : wage earner 2 : selfemployed 3 : liberal profession 4 : other</p>	<input type="checkbox"/>	
728.	<p><i>What is (was) the minimum education needed for this job?</i></p> <p>CODE</p> <p>01 : primary 02 : special primary</p> <p>03 : secondary, first cycle: general 04 : technical 05 : vocational 06 : arts</p> <p>07 : secondary, second cycle: general 08 : technical 09 : vocational 10 : arts</p> <p>11 : higher education outside the university 12 : university and post-university</p> <p>13 : other</p>	<input type="checkbox"/> <input type="checkbox"/>	
729.	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">727 = 1</div> <p>a. <i>How many people are (were) indirectly under your partner's supervision?</i></p> <p>b. <i>How many people are (were) directly under your partner's supervision?</i></p> <p>NOTE NUMBER</p>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div>	
730.	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">727 = 2 or 3</div> <p><i>How many people does (did) your partner employ?</i></p> <p>NOTE NUMBER</p>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div>	


731.	<p><i>Does (did) your partner work in the weekend?</i></p> <p>CODE</p> <p>1 : never/seldom 2 : sometimes 3 : (almost) always</p>	<input type="checkbox"/>	
732.	<p><i>Does (did) your partner work at night?</i></p> <p>CODE</p> <p>1 : never/seldom 2 : sometimes 3 : (almost) always</p>	<input type="checkbox"/>	
733.	<p><i>Where does (did) your partner work?</i></p> <p> SHOW CARD AND CODE</p> <p>1 : only outside the house 2 : mostly outside the house, sometimes at home 3 : as much outside the house as at home 4 : mostly at home, sometimes outside the house 5 : only at home</p>	<input type="checkbox"/>	
734.	<p><i>Has your partner ever had any additional occupation or has he/she got one now?</i></p> <p>CODE</p> <p>1 : no, never 2 : yes, in the past 3 : yes, now</p>	<input type="checkbox"/>	
735.	<p><i>How long in total has your partner (already) (had) an additional occupation over his/hers entire professional life?</i></p> <p>NOTE NUMBER OF MONTHS</p>	<input type="text"/>	

7.4 INCOME




<p>741.</p> <p>a.</p> <p>b.</p> <p>c.</p> 	<p><i>Within which range does ...</i></p> <p>... your <u>own</u> netto monthly income from labour (or replacement income) lie</p> <p>P => ... your partner's netto monthly income out of labour (or replacement income) lie</p> <p>... total household income</p> <p>SHOW CARD AND CODE (Country specific)</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
<p>742.</p> 	<p><i>What is your current housing situation?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : living in parent's or parent in law's home</p> <p>2 : tenant (private rental housing)</p> <p>3 : public housing</p> <p>4 : living rent-free</p> <p>5 : own house, mortgage not yet fully paid off</p> <p>6 : owner</p> <p>7 : owner through a gift</p> <p>8 : other</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> </div>	

<p>751.</p> 	<p><i>What is your ideological or religious affiliation?</i></p> <p>SHOW CARD AND CODE</p> <p>01 : Roman catholic: practising regularly 02 : practising irregularly 03 : non-practising 04 : not really believing, but practising regularly 05 : other religion: practising regularly 06 : practising irregularly 07 : non-practising 08 : indifferent towards religious matters 09 : free thinking 10 : convinced free thinking 11 : other</p> <p>NOTE NOTE NOTE</p>	<input data-bbox="1090 555 1198 618" type="checkbox"/>	
<p>752.</p> 	<p><i>Which of the following statements comes closest to your own beliefs?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : there is a personal God 2 : there is some sort of spirit or life force 3 : I don't really know what to think 4 : I don't really think there is any sort of spirit, God or life force</p>	<input data-bbox="1090 965 1144 1028" type="checkbox"/>	
<p>753.</p> 	<p><i>Is God important in your life?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no 2 : rather not 3 : neither no nor yes 4 : rather yes 5 : yes</p>	<input data-bbox="1090 1314 1144 1377" type="checkbox"/>	
<p>754.</p> 	<p>P => <i>What is the ideological or religious affiliation of your present partner?</i></p> <p>SHOW CARD AND CODE</p> <p>01 : Roman catholic: practising regularly 02 : practising irregularly 03 : non-practising 04 : not really believing, but practising regularly 05 : other religion: practising regularly 06 : practising irregularly 07 : non-practising 08 : indifferent towards religious matters 09 : free thinking 10 : convinced free thinking 11 : other</p> <p>NOTE NOTE NOTE</p>	<input data-bbox="1090 1872 1198 1935" type="checkbox"/>	

761.	<p><i>How do you see yourself?</i></p> <p>a. <i>happy - unhappy</i></p> <p>b. <i>dependent - independent</i></p> <p>c. <i>self-confident - lacking self-confidence</i></p> <p>d. <i>concerned - unconcerned</i></p> <p>e. <i>worthy - worthless</i></p> <p>f. <i>dominant - submissive</i></p> <p> SHOW CARD AND CODE</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
762.	<p><i>To what extent do you have <u>contacts</u> with ...</i></p> <p>a. <i>... your parents and family?</i></p> <p>b. <i>... friends?</i></p> <p>c. <i>... neighbours?</i></p> <p> SHOW CARD AND CODE</p> <p>1 : none 2 : few 3 : neither few nor many 4 : quite a lot 5 : many</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
763.	<p><i>To what extent can you get <u>help and/or support</u> from ...</i></p> <p>a. <i>... your parents and family?</i></p> <p>b. <i>... friends?</i></p> <p>c. <i>... neighbours?</i></p> <p> SHOW CARD AND CODE</p> <p>1 : no 2 : rather few 3 : neither few nor many 4 : rather many 5 : many</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

764.	<p><i>Are you an <u>active member</u> of an organisation, a society, an action group? If so, how many?</i></p> <p>CODE</p> <p>1 : none 2 : 1 3 : 2 to 3 4 : 4 to 5 5 : > 5</p>	<input type="checkbox"/>	
765. a.	<p><i>Which of the following goals would you consider to be the most important for your country for the next 10 years?</i></p>	<input type="checkbox"/>	
b.	<p><i>And which would be the next most important?</i></p>	<input type="checkbox"/>	
	<p> SHOW CARD AND CODE</p> <p>1 : maintaining order in the nation 2 : giving people more say in important government decisions 3 : fighting rising prices 4 : protecting freedom of speech</p>		
<div style="border: 1px solid black; display: inline-block; padding: 2px;">BORN BEFORE 1964</div> --> 7.8.			



7.7. YOUNG ADULTS

<p>771.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p> 	<p><i>If they were to happen, would you consider the following changes to be a good or a bad thing?</i></p> <p><i>less emphasis on money and material possessions</i></p> <p><i>decrease in the importance of work in our lives</i></p> <p><i>more emphasis on the development of technology</i></p> <p><i>greater emphasis on the development of the individual</i></p> <p><i>greater respect for authority</i></p> <p><i>more emphasis on family life</i></p> <p><i>a simple and more natural lifestyle</i></p> <p>SHOW CARD AND CODE</p> <p>1 : bad</p> <p>2 : rather bad</p> <p>3 : neither bad nor good</p> <p>4 : rather good</p> <p>5 : good</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>772.</p> 	<p><i>Which of the following statements comes closest to your own opinion about working?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : the better they pay, the more I work; the less they pay, the less I work</p> <p>2 : I always give the utmost, irrespective of the payment</p> <p>3 : I have to work to gain a living; I would not do it if I did not have to</p> <p>4 : I like to work, but it must not interfere with the rest of my life</p> <p>5 : I like work; it is the most important thing in my life</p>	<input type="checkbox"/>	
<p>773.</p>	<p><i>Thinking about having a child of your own, how do you see this for yourself?</i></p> <p>READ ALOUD AND CODE</p> <p>1 : without a steady partner</p> <p>2 : within marriage</p> <p>3 : unmarried, but with a partner</p>	<input type="checkbox"/>	
<p>774.</p> 	<p><i>Which of the following statements <u>best describes</u> your views on parents' responsibilities towards their children?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : it is the parent's duty to do their best for their children even at the expense of their own well-being</p> <p>2 : parents have a life of their own and should not be asked to sacrifice their own well-being for the sake of their children</p>	<input type="checkbox"/>	

775.	<p><i>Which of the following statements comes closest to your own opinion about the direction of your life course?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : nothing is yet decided in my life, all possibilities remain open</p> <p>2 : I can start my life afresh if I wish to do so</p> <p>3 : it is probably difficult to begin my life course over again</p> <p>4 : it is almost impossible to redirect my life course</p> <p>5 : I have already had the best part of my life</p>	<input type="checkbox"/>	
------	--	--------------------------	--

776.	<p><i>Some movements and groups are looking for public support. To what extent do you approve or disapprove of a groups or movements for ...</i></p> <p>a. ... ecology or nature protection?</p> <p>b. ... anti-nuclear energy?</p> <p>c. ... disarmament?</p> <p>d. ... human rights (at home or abroad)? <input type="checkbox"/></p> <p>e. ... women's rights? <input type="checkbox"/></p> <p>f. ... anti-apartheid? <input type="checkbox"/></p> <p>SHOW CARD AND CODE</p> <p>1 : strongly disapprove</p> <p>2 : disapprove somewhat</p> <p>3 : neither approve nor disapprove</p> <p>4 : approve somewhat</p> <p>5 : strongly approve</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
------	--	--	--

777.	<p><i>To what extent do you agree or disagree with the following statements ?</i></p> <p>a. <i>Self-confidence and personal strength are sufficient to be succesful in life</i></p> <p>b. <i>The future is too uncertain to plan far ahead</i></p> <p>c. <i>One should distinguish oneself from others</i></p> <p>d. <i>People are seldom responsible for what happens to them</i></p> <p>e. <i>Better to take what life has to offer, as one cannot read the future</i></p> <p>f. <i>Life is only about money and power; everything else are is just fine words</i></p> <p>g. <i>Most of my plans for the future are very vague</i></p> <p>h. <i>Those unable to make a living are useless</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
------	---	--	--

<p>i.</p> <p>j.</p> 	<p><i>Better to live day by day and let the future take care of itself</i></p> <p><i>People hold their lives largely in their own hands</i></p> <p>SHOW CARD AND CODE</p> <p>1 : strongly disagree</p> <p>2 : disagree</p> <p>3 : neither disagree nor agree</p> <p>4 : agree</p> <p>5 : strongly agree</p>	<input data-bbox="1075 76 1131 136" type="checkbox"/> <input data-bbox="1075 141 1131 201" type="checkbox"/>	
<p>7.8</p>	<p>EXIT</p>		
<p>781.</p> 	<p><i>If you would be asked to participate again in this kind of research, would you be willing to do so?</i></p> <p>SHOW CARD AND CODE</p> <p>1 : no</p> <p>2 : rather no</p> <p>3 : doubt</p> <p>4 : rather yes</p> <p>5 : yes</p>	<input data-bbox="1075 1243 1131 1303" type="checkbox"/>	
<p>782.</p>	<p>NOTE TIME (HH/MM)</p>	<input data-bbox="1075 1375 1131 1435" type="checkbox"/> <input data-bbox="1134 1375 1190 1435" type="checkbox"/> <input data-bbox="1193 1375 1249 1435" type="checkbox"/> <input data-bbox="1252 1375 1308 1435" type="checkbox"/>	

A. EVALUATION OF THE INTERVIEW

A.	<p>WAS IT DIFFICULT OR EASY TO GET COOPERATION FOR THIS INTERVIEW?</p> <p>CODE</p> <p>1 : with difficulty 2 : rather with difficulty 3 : neither difficult nor easy 4 : rather easily 5 : easily</p>	<input type="checkbox"/>
B.	<p>WERE THERE OTHER PERSONS PRESENT DURING THE INTERVIEW? IF YES, WHO?</p> <p>CODE</p> <p>1 : no 2 : yes, partner 3 : yes, child/ren 4 : yes, partner and child/ren 5 : yes, other people</p>	<input type="checkbox"/>
C.	<p>WAS THE INTERVIEWEE <u>INFLUENCED</u> BY ANYBODY OR ANYTHING DURING THE INTERVIEW?</p> <p>CODE</p> <p>1 : no 2 : yes,</p> <p>NOTE</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>
D.	<p>HOW DO YOU <u>EVALUATE</u> THE INTERVIEW SITUATION?</p> <p>CODE</p> <p>1 : tense 2 : rather tense 3 : neither tense nor relaxed 4 : rather relaxed 5 : relaxed</p>	<input type="checkbox"/>

H.	<p>PLEASE SPECIFY IF THERE WERE ANY <u>SPECIAL FEATURES</u> OF THE INTERVIEW-SITUATION.</p> <p>NOTE</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
I.	<p>PLEASE SPECIFY IF THERE WAS RECENTLY ANY <u>SPECIAL EVENT</u> IN THE LIFE OF THE INTERVIEWEE THAT <u>INFLUENCED</u> THE INTERVIEW SITUATION.</p> <p>NOTE</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
J.	<p>PLEASE SPECIFY IF THERE WAS ANY <u>SPECIAL EVENT</u> IN THE LIFE OF THE INTERVIEWEE THAT WAS NOT COVERED IN THE QUESTIONNAIRE, BUT IS <u>RELEVANT</u>.</p> <p>NOTE</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	