



SURS Litostrojska cesta 54, SI-1000 Ljubljana

National Statistics Act (OJ RS, No. 45/95 and No. 9/01)
Annual Program of Statistical Surveys (OJ RS, No. 118/2023)
Participation is voluntary.

PLEASE READ:

The sample questionnaire is only for information which data are collected in this survey.

Questionnaire for the statistical survey Living Conditions, 2024

Field and telephone survey

Part 1: Household identification and register of persons

Attempts to establish contact with the selected person and "their" household - FIELD SURVEY
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TER1

Does the selected person [Name Surname (year)] reside at the address from the list?

1. Yes
2. No
3. It is not possible to obtain information about the selected person
4. Area inaccessible during the survey period (due to flooding, no road, etc.)

TER1a

Why not?

1. Because they immediately refused to cooperate
2. I was not able to contact anyone
3. Obstructed access to the dwelling (intercom, fence, etc.)
4. Because it is not possible to determine the address (e.g. no house number, etc.)

REPEATED SURVEY

TER2

Does [Name Surname (year)] live in the same dwelling as during the last survey [date]?

1. Yes
2. No, lives in another dwelling

TER4

Enter why [Name Surname (year)] does not live at the address you have on the list?

1. They moved
2. They died
3. Person not known at the address

TER5

Enter where [Name Surname (year)] moved.

1. To another private household in Slovenia
2. The selected person moved to a group household or institution (e.g. nursing home)
3. The selected person moved abroad
4. It is not possible to obtain the address or the selected person moved to an unknown place

TER6

Enter whether the household resides at this address according to the SILC definition.

1. This address is inhabited by a household according to the SILC definition
2. No household according to the SILC definition

TER7

Enter whether the household will participate in the survey?

1. Yes
2. No

TER8

Enter why the household will not participate in the survey?

1. Household refuses to participate
2. Household is absent
3. Household is not able to participate (illness, death in the family, etc.)
4. Does not understand the language
5. Other reasons

TER11

Enter another reason for non-response. Select option "5" in the previous question only in cases where the reason does not correspond to any of options 1 to 4!

TER9

Why do they refuse?

1. Too busy, lack of time
2. Due to too frequent participation
3. Because they refuse the survey in principle, without giving a reason
4. Because they have been in the survey for too long
5. For other reasons

TER10

Enter another reason for refusal. Select option "5" in the previous question only in cases where the reason does not correspond to any of options 1 to 4!

Attempts to contact the selected person and "their" household - TELEPHONE SURVEY

TEL1

Good morning/afternoon/evening. My name is [interviewer's first and family name]. I am calling on behalf of the Statistical Office of the Republic of Slovenia regarding the survey Living Conditions, as your household was informed by a notification letter. Could I please talk to Mr./Ms. [name, surname (year of birth)] who responded last year?

1. Yes
2. No

TEL6

Could I please talk to you or to any other adult from your household?

1. Yes
2. No

TEL7

Are you acquainted with the content of the letter that was sent to you?

1. Yes
2. No

TEL8

I have to inform you about the content of this letter:

With this survey, we want to find out **the quality of life in Slovenia**. We are interested in the actual situation and changes in the living conditions of the population.

The survey is conducted in line with the National Statistics Act (OJ RS, No. 45/95 and No. 9/01), on the basis of the Annual Programme of Statistical Surveys (OJ RS, No. 118/2023) and on the basis of the Regulation of the European Parliament and of the Council (EC) No. [2019/1700].

Survey participation is voluntary.

All data you will provide will be carefully protected (in line with the Personal Data Protection Act).

For additional information regarding personal data protection, we are available at dpo.surs@gov.si, and regarding the survey at anketni-studio.surs@gov.si.

1. Continue
2. End

TEL2

Does Mr./Ms. [Name and surname of the selected person (year of birth)] live in your household?

1. Yes
2. No

TEL3

Do you live at the same address as last year [date]?

[Address]

1. Yes
2. No

TEL4

Do you also live in the same dwelling as last year [date]?

1. Yes
2. No

TEL5

Enter whether the household will participate in the survey?

1. Yes
2. No

Set of questions for Non-response
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T1_NR

Enter the reason for non-participation of the selected person or of their household:

1. Relocation of the selected person
2. Because the entire household is absent (at the time of data collection)
3. Inability to participate
4. The selected person has died
5. Refusal to participate
6. Unknown

T2_NR

Where did they move to?

1. The selected person moved to another private household in Slovenia
2. The selected person moved to another dwelling at the same address
3. The selected person moved to a group household or institution (e.g. nursing home)
4. The selected person moved abroad

T3_NR**Why do they refuse?**

1. Too busy, lack of time
2. Due to too frequent participation
3. Because they refuse the survey in principle, without giving a reason
4. Rough refusal (without the possibility of re-polling)
5. Due to acquaintance with the mandatory elements of the letter
6. For other reasons

T4_NR**Who refuses?**

1. Informant
2. Selected person
3. Did not learn who refused to participate

T5_NR**Enter the reason for not being able to participate:**

1. Sickness, disability
2. Language problem
3. Other (e.g. death in the family, etc.)

Part 1 REGISTER OF PERSONS

Section A: FORMATION OF THE HOUSEHOLD AND RELATIONS BETWEEN MEMBERS

GA2 (SURS)

First, I will ask some questions about your household.

How many people usually live in your household? Please include yourself.

| ____ | ____ |

AA9 (SURS)

Name

AA10 (SURS)

Surname

AA2_NOVI (RB110)

Does any other person live in this household?

1. Yes

2. No

Date of birth (SURS)

AA11

Day

AA12

Month

AA13

Year

AA14

Age of person

AA16 (RB090)

Gender

1. Male

2. Female

AA30

What is the relationship between [Name Surname (year)] and the selected person [Name Surname (year)]?

1. Husband/wife
2. Cohabiting partner
3. Son/daughter
4. Father/mother
5. Father-in-law/mother-in-law
6. Grandfather/grandmother
7. Son-in-law/daughter-in-law
8. Cohabiting partner of the selected person's son/daughter
9. Grandson/granddaughter
10. Brother/sister
11. Nephew/niece
12. Other relative
13. No relative

AA19 (RB240)

Who is the spouse/partner of [Name Surname (year)] in this household?

AA17 (RB220)

Who is the father of [Name Surname (year)] in this household?

AA18 (RB230)

Who is the mother of [Name Surname (year)] in this household?

REPEATED SURVEY¹

AA1 (RB110, RB120)

Is **[Name Surname (year)]** still a member of your household?

1. Yes, a member of the household
2. No, moved elsewhere in Slovenia
3. No, moved abroad
4. No, moved to a group household (e.g. nursing home)
5. Died
6. Yes, a member of the household - changed name or surname

REPEATED SURVEY - in case of relocation of the selected person

AA1 (RB110, RB120)

Is **[Name Surname (year)]** still a member of your household?

1. Yes, a member of the household
6. Yes, a member of the household - changed name or surname
7. No, was a member of my former household
8. No, moved (elsewhere in Slovenia, abroad, nursing home)
9. No, died

AA4 (RB110)

Has anyone...

1. moved into the household?
2. been born since the previous survey in this household?
3. *already been in this household last year, when we interviewed you [date]*

EMPLOYMENT STATUS

AB1b (PL032)

How would you describe the current status of **[Name Surname (year)]**?

1. Employee
2. Self-employed
3. Farmer
4. Other form of work (contract, copyright, occasional)
5. Family worker on a farm, in a family enterprise
6. Unemployed
7. Pupil, student
8. Retired
9. Unable to work due to long-standing health problems
10. Fulfilling domestic tasks
11. Preschool child
12. Other inactive person

AB40b (PL211A - PL211L)

What about **2023**? Which of the following statuses applied to **[Name Surname (year)]**?

1. Employee
2. Self-employed
3. Farmer
4. Other form of work (contract, copyright, occasional)
5. Family worker on a farm, in a family enterprise
6. Unemployed
7. Pupil, student
8. Retired
9. Fulfilling domestic tasks

¹ Repeated means that the household has already participated in the survey, so we do not ask all the questions again. We ask certain things differently, or we just check them. Therefore, in this list, these questions are specifically marked with an inscription and/or italics. All other questions are the same for both the first and repeated surveys.

10. Unable to work due to long-standing health problems
11. Other inactive person

AB41b- AB51a (PL211A - PL211L)

How many months was [Name Surname (year)] in 2023 ...

1. ...employee
2. ...self-employed
3. ...farmer
4. ...other form of work (contract, copyright, occasional)
5. ...family worker on a farm, in a family enterprise
6. ...unemployed
7. ...pupil, student
8. ...retired
9. ... fulfilling domestic tasks
10. ... unable to work due to long-standing health problems
- 11....other inactive person

AB57 (PL271)

Was [Name Surname (year)] unemployed for at least one month in the last 5 years?

1. Yes
2. No

AB58 (PL271)

How many consecutive months was [Name Surname (year)] last unemployed?

| __ | __ |

QUESTIONS FOR PERSONS CURRENTLY IN EMPLOYMENT

AB2 (PL145) (PL031)

Does [Name Surname (year)] work...

1. full time?
2. part time?

AB56 (PL141)

Is [Name Surname (year)] employed...

1. permanently?
2. for a fixed term?

AB56a (PL141)

Does [Name Surname (year)] have a...

1. written contract or
2. verbal contract?

ASP12 (PL150)

Does [Name Surname (year)] have supervisory responsibilities or other employees, e.g. they are a head of unit, shift leader, manager, CEO, etc.?

1. Yes
2. No

AB3 (PL040A)

Does [Name Surname (year)] employ workers?

1. Yes
2. No

AB7 (PL060)

How many hours per week does [Name Surname (year)] work in the main, including overtime (if they work overtime regularly)?

| __ | __ | hours per week

AB8 (PL100)

Does [Name Surname (year)] do any other work for pay or profit in addition to the main job or employment?

1. Yes
2. No

AB9 (PL100)

How many hours per week does [Name Surname (year)] work in a second or third jobs?

| __ | __ | hours per week

QUESTIONS FOR CURRENTLY INACTIVE PERSONS

AB30a (PL016)

Has [Name and surname (year)] ever been working for payment or profit which lasted at least 3 months? Mandatory traineeship doesn't count.

Student or casual work also counts if done regularly, at least one hour a week, and seasonal work if done for multiple seasons/years.

1. Yes
2. No

AB30b (PL016)

Has [Name and surname (year)] ever performed occasional work (which lasted less than 3 months)?

1. Yes
2. No

AB59a (PL111B)

What is the name of the enterprise, organisation, etc., where [Name and surname (year)] last worked?

For students who are still working at the time of the survey, consider current work.

Example 1: Bakery Peki, d.o.o.

Example 2: Family farm.

AB59b (PL111B)

What services were provided there or what was produced there?

We are interested in the main activity of the enterprise, organisation, etc.

Example 1: Baking, production and sale of bakery products.

Example 2: Cattle breeding, production and sale of milk and milk products.

AB60a (PL051B)

What was the title of the job that [Name and surname (year)] last held?

For students who are still working at the time of the survey, consider current work.

Example 1: Maintenance manager.

Example 2: Farmer.

AB60b (PL051B)

Describe the job that [Name and surname (year)] had at that time.

For students who are still working at the time of the survey, consider current work.

Example 1: Cleaning services in the production of bakery products.

Example 2: Cattle breeding, production and sale of milk and milk products.

AB34 (PL040B)

What was the employment status of [Name and surname (year)] at the last job?

For all students, choose answer 5. 'Work under a work contract, copyright contract, student referral.'

1. Employed
2. Self-employed (including farmer), employed workers
3. Self-employed (including farmer), did not employ workers
4. Unpaid family worker
5. Work under a work contract, copyright contract, student referral

ASP17 (PL200)

How many years does [Name and surname (year)] spend in a regular paid job excluding periods of inactivity (unemployment, training, etc.)?

When temporarily absent from a job because of maternity leave, injury or temporary disability, slack work for technical or economic reasons, etc., the related period is to be taken into account when computing the number of years spent in paid work.

| ____ | ____ | years

EDUCATION

AB52 (PE041)

What is the highest level of education achieved by [Name and surname (year)]?

No school education means that the person didn't finish even one year of elementary education.

1. No school education
2. Basic education or less
3. Upper secondary education
4. Tertiary education

Part 2: Household Questions

Section B: BUILDING AND DWELLING PROPERTIES

GB21 (HH010)

In what kind of building is the dwelling in which you live?

1. In an individual detached house
2. In a terraced house or semi-detached house
3. In a multi-dwelling building with fewer than 10 dwellings
4. In a multi-dwelling building with 10 dwellings or more
5. Other kind of accommodation (e.g. residential container, fire station, office building, etc.)

REPEATED SURVEY

GB3 (SURS)

Have you increased or decreased your dwelling since the last survey [date]?

Change in the number of rooms or in the floor area of the dwelling.

1. Yes
2. No

GB5 (HH030)

How many rooms in the dwelling does your household have?

| ____ | ____ | rooms

GB19 (HH030)

Does the kitchen in your dwelling measure at least 6 m²?

1. Yes
2. No
3. The dwelling does not have a kitchen

GB20 (HH030)

Do you also use the kitchen in your dwelling as a dining room, living room, study, etc.?

1. Yes
2. No, the kitchen is only for cooking and preparing meals

GB14 (HH081)

Do you have a bath or a shower in the dwelling?

1. Yes, we have our own bath or shower
2. Yes, we share it
3. No

GB15 (HH091)

Do you have a flush toilet in your dwelling?

1. Yes, we have our own flush toilet
2. Yes, we share it
3. No

GB16 (SURS)

Do you have central heating in your dwelling?

The dwelling has central heating if it has a central heating device (either oil, gas, solid fuels, etc.) or if the apartment is heated through built-in installations with steam, hot water from a central heating plant, special boilers, or floor installations).

1. Yes
2. No

GB16a (SURS)

Do you have air conditioning in your dwelling?

Ordinary fans are not considered air conditioners.

1. Yes
2. No

GB16b (HC070)

Do you consider that the dwelling's cooling system and thermal insulation are adequate to keep the dwelling comfortably cool during the summer?

When answering, do not take into account whether the household can financially afford a sufficiently cool dwelling in summer.

1. Yes
2. No

GB16c (HC060)

Do you consider that the dwelling's heating system and thermal insulation are adequate to keep the dwelling comfortably warm during the winter?

When answering, do not take into account whether the household can financially afford a sufficiently warm dwelling in winter.

1. Yes
2. No

GB9 (HH040)

Do you have a leaking roof problem in the dwelling where you live?

3. Yes
4. No

GB17 (HH040)

Do you have problems with damp walls/floors or foundations in your dwelling?

1. Yes
2. No

GB18 (HH040)

Do you have problems with rot in window frames or floors in your dwelling?

1. Yes
2. No

GB10 (HS160)

Is your dwelling too dark?

A normal day is considered, which is not dark because of the weather, e.g. cloudiness.

1. Yes
2. No

Section C: DWELLING OWNERSHIP

REPEATED SURVEY

GC1 (HH021)

Is your household still the owner of this dwelling as it was in the last survey [date]?

1. Yes
2. No

GC2 (HH021)

Are you still renting your dwelling as it was in the last survey [date]?

1. Yes
2. No

GC3 (HH021)

Is your household still a user of the dwelling as it was in the last survey [date]?

1. Yes
2. No

GC19 (HH021)

What is the accommodation tenure status of your household?

1. You are an owner/co-owner of the dwelling
2. You are a tenant/subtenant in the dwelling owned by a private individual
3. You are a tenant/subtenant in the dwelling owned by a legal person
4. You are a user of the dwelling without paying rent (e.g. dwelling owned by parents, relatives, institutions, etc.)

Section D: HOUSING COSTS - Homeowners and users

GD26 (HH070)

Does your household pay housing costs on one bill (cold water, sewage, waste collection and/or heating/hot water)?

1. Yes
2. No

GD27 (HH070)

How much did you pay for these housing costs in the last month?

| ____ | ____ | ____ | ____ | EUR

GD28 (HH070)

Are **cold-water costs included in the total amount?**

1. Yes
2. No

GD29 (HH070)

Are sewage costs included in the total amount?

1. Yes
2. No

GD30 (HH070)

Are waste collection costs included in the total amount?

1. Yes
2. No

GD31 (HH070)

Are building management, cleaning and similar costs included in the total amount?

1. Yes
2. No

GD32 (HH070)

How much did you pay in the last month for building management, cleaning and the like?

| ____ | ____ | ____ | ____ | EUR

GD34 (HH070)

Are heating costs (payment for gas, heating oil, firewood, etc.) and hot water also included in the total amount?

1. Yes
2. No

GD4 (HH070)

Does your household pay² for cold water?

Even if the household pays for water, sewage and waste collection on a joint bill - mark the answer 'Yes'.

1. Yes
2. No

GD5 (HH070)

How much do you pay per month for cold water?

If the household pays water, sewage and waste collection costs on a joint bill, enter the total amount under water costs and in the next two questions (sewage and waste collection costs) indicate that they are included in water costs.

| ____ | ____ | ____ | ____ | EUR

² We ask about the housing costs in different ways; individually, for each type of cost, or for the sum of the costs on one bill (GD26), depending on whether the household lives in a one- or multi-dwelling building.

GD6 (HH070)

Does your household pay for sewage?

1. Yes
2. No
3. Yes, the amount is included in the cost of water

GD7 (HH070)

How much do you pay per month for sewage?

| ____ | ____ | ____ | ____ | EUR

GD8 (HH070)

Does your household pay for waste collection?

1. Yes
2. No
3. Yes, the amount is included in the cost of water

GD9 (HH070)

How much do you pay per month for waste collection?

| ____ | ____ | ____ | ____ | EUR

GD10 (HH070)

Does your household pay for electricity?

1. Yes
2. No

GD11 (HH070)

How much do you pay per month for electricity?

| ____ | ____ | ____ | ____ | EUR

GD13 (HH070)

Did your household pay for heating and hot water (gas, heating oil, firewood, etc.) in 2023?

1. Yes
2. No
3. Heating costs are already included in electricity costs

GD14 (HH070)

How much did you pay in 2023 for heating and hot water?

| ____ | ____ | ____ | ____ | EUR

GD14a

Were heating costs in 2023 about the same as in 2022?

1. Yes
2. No

GD35

How much did you consume in 2023 for heating and hot water³ ...

GD35 (HH070)

fuel oil - in l (litres)?

GD36 (HH070)

purchased firewood - in m³ (cubic meters)?

GD37 (HH070)

own firewood - in m³ (cubic meters)?

GD38 (HH070)

coal - in t (tonnes)?

GD39 (HH070)

natural gas in Sm³ (standard cubic meters)?

³ In case the household does not know the amount, questions follow as to how many individual energy sources they used for heating and hot water in the past year.

GD41 (HH070)
wood pellets, briquettes - in t (tons)?
GD40 (HH070)
other - what?

GD19 (HH070)
Because you did not know the separate costs, how much are the total monthly costs for water, sewage, waste collection and electricity?
| ____ | ____ | ____ | ____ | EUR

GD12 (HH070)
Does your household pay into the mandatory reserve fund?
1. Yes
2. No

GD15 (HH070)
Did your household pay for home insurance in 2023?
1. Yes
2. No

GD16 (HH070)
How much did you pay in 2023 for home insurance?
| ____ | ____ | ____ | ____ | EUR

GD17 (HH070)
Did your household incur regular maintenance and repair costs in 2023?
Only consider regular maintenance as maintenance and repairs. This is e.g. painting walls, changing faucets, repairing electrical installations, etc.
Investment works are not taken into account - e.g. enlargement of the dwelling, changing the roof, chimney, windows. In multi-dwelling buildings, do not take into account the maintenance of common areas (corridors, staircases, etc.) and the maintenance covered by the reserve fund manager.
1. Yes
2. No

GD18 (HH070)
How much did you pay in 2023 for regular maintenance and repairs?
| ____ | ____ | ____ | ____ | EUR

Section E: MORTGAGE LOANS – homeowners

REPEATED SURVEY

GE20 (HH021, HH070, HH071, HY100)

Are you still repaying the mortgage for this dwelling as you stated in the last survey [date]?

1. Yes
2. No

GE3 (HH021, HH070, HH071, HY100)

Are you or any other member of your household repaying the mortgage for this dwelling?

A mortgage loan is a housing loan secured by a mortgage. Only the mortgage for this dwelling/house in which they currently live is considered!

If they have another loan secured by a mortgage (e.g. for another dwelling/house, cottage, business building), it is not taken into account here!

1. Yes
2. No

GE4 (HH070, HH071, HY100)

What is the monthly instalment?

| ____ | ____ | ____ | ____ | EUR per month

GE5 (HH070, HH071, HY100)

Which year did you take out the loan?

| ____ | ____ | ____ | ____ | year

GE6 (HH070, HH071, HY100)

What was the initial loan amount (principal) in thousand EUR?

| ____ | ____ | ____ |, | ____ | thousand EUR

GE7 (HH070)

How many months is the total loan repayment period?

| ____ | ____ | ____ | months

GE8 (HH070)

What is the loan interest rate in %?

| ____ | ____ |, | ____ | ____ |%

GE10 (HS011)

In the past 12 months, has the household been unable to pay a mortgage due to financial difficulties (it is not considered late if you were able to borrow the repayment money)?

1. Yes
2. No

GE19 (HS011)

How many times did you miss paying your mortgage, in the past 12 months?

1. Once
2. Twice or more

GE29 (HH021, HH070, HH071, HY100)

Are you still paying off at least one loan for this dwelling, as you stated in the last survey [date]?

1. Yes
2. No

GE21 (HH021, HH071, HY100)

Are you or any other member of your household repaying any other loan for this dwelling?

A housing loan for this dwelling can be obtained from a bank, savings institution, relatives, friends, etc. However, it is not considered if they already have a loan for another dwelling, weekend property, or business premises. The mortgage loan for this dwelling (as described earlier) is also not taken into account.

1. Yes
2. No

GE21st

How many such loans are you repaying?

The source of loans for this dwelling can be a bank or other financial institution, family, friends, etc. Loans for other properties do not count. Mortgage for this dwelling doesn't count (already covered before).

___ number

You can enter a maximum of two housing loans (those with the highest value - principal).

GE22a, GE22b (HH070, HH071, HY100)

What is the monthly instalment?

| ___ | ___ | ___ | ___ | EUR per month

GE23a, GE23b (HH070, HH071, HY100)

Which year did you take out the loan?

| ___ | ___ | ___ | ___ | year

GE24a, GE24a (HH070, HH071, HY100)

What was the initial loan amount (principal) in thousand EUR?

| ___ | ___ | ___ |, | ___ | thousand EUR

GE25a, GE25b (HH070)

How many months is the total loan repayment period?

| ___ | ___ | ___ | months

GE26a, GE26b (HH070)

What is the loan interest rate in %?

| ___ | ___ |, | ___ | ___ | %

GE27 (HS011)

In the past 12 months, has the household been unable to pay a loan due to financial difficulties (it is not considered late if you were able to borrow the repayment money)?

1. Yes
2. No

GE28 (HS011)

How many times did you miss paying your loan, in the past 12 months?

1. Once
2. Twice or more

Section F: HOUSING COSTS AND RENT - Tenants

GF34 (HH070)

Does your household pay housing costs on one bill (cold water, sewage, waste collection and/or heating/hot water)?

1. Yes
2. No

GF35 (HH070)

How much did you pay for these housing costs in the last month?

| ____ | ____ | ____ | ____ | EUR

GF36 (HH070)

Are cold-water costs included in the total amount?

1. Yes
2. No

GF37 (HH070)

Are sewage costs included in the total amount?

1. Yes
2. No

GF38 (HH070)

Are waste collection costs included in the total amount?

1. Yes
2. No

GF39 (HH070)

Are building management, cleaning and similar costs included in the total amount?

1. Yes
2. No

GF40 (HH070)

How much did you pay in the last month for building management, cleaning and the like?

| ____ | ____ | ____ | ____ | EUR

GF42 (HH070)

Are heating costs (payment for gas, heating oil, firewood, etc.) and hot water also included in the total amount?

1. Yes
2. No

GF2 (HH070)

Does your household pay⁴ for cold water?

Even if the household pays for water, sewage and waste collection on a joint bill - mark the answer 'Yes'.

1. Yes
2. No

GF3 (HH070)

How much do you pay per month for cold water?

If the household pays water, sewage and waste collection costs on a joint bill, enter the total amount under water costs and in the next two questions (sewage and waste collection costs) indicate that they are included in water costs.

| ____ | ____ | ____ | ____ | EUR

⁴ Same note as for part D. Only that part F is for tenants. If they live in a multi-dwelling building, we ask for the costs on a common bill (GF34), otherwise for each type of cost separately.

GF4 (HH070)

Does your household pay for sewage?

1. Yes
2. No
3. Yes, the amount is included in the cost of water

GF5 (HH070)

How much do you pay per month for sewage?

| ____ | ____ | ____ | ____ | EUR

GF6 (HH070)

Does your household pay for waste collection?

1. Yes
2. No
3. Yes, the amount is included in the cost of water

GF7 (HH070)

How much do you pay per month for waste collection?

| ____ | ____ | ____ | ____ | EUR

GF8 (HH070)

Does your household pay for electricity?

1. Yes
2. No
3. Yes, the amount is included in the cost of water

GF9 (HH070)

How much do you pay per month for electricity?

In a multi-apartment building, do not take into account common electricity for lighting, elevators, etc.

| ____ | ____ | ____ | ____ | EUR

GF11 (HH070)

Did your household pay for heating and hot water (gas, heating oil, firewood, etc.) in 2023?

1. Yes
2. No
3. Heating costs are already included in electricity costs

GF12 (HH070)

How much did you pay in 2023 for heating and hot water?

| ____ | ____ | ____ | ____ | EUR

GF12a (HH070)

Were heating costs in 2023 about the same as in 2022?

1. Yes
2. No

How much did you consume in 2023 for heating and hot water⁵ ...

GF43 (HH070)

heating oil - in l (litres)?

GF44 (HH070)

purchased firewood - in m³ (cubic meters)?

GF45 (HH070)

own firewood - in m³ (cubic meters)?

GF46 (HH070)

coal - in t (tonnes)?

GF47 (HH070)

natural gas in Sm³ (standard cubic meters)?

⁵ In case the household does not know the amount, questions follow as to how many individual energy sources were used for heating and hot water in the past year.

GF49 (HH070)
wood pellets, briquettes - in t (tons)?

GF48 (HH070)
other - what?

GF10 (HH070)
Does your household pay into the mandatory reserve fund?

1. Yes
2. No

GF17 (HH070)
Because you did not know the individual costs, how much are the total monthly costs for water, sewage, waste collection and electricity?
| ____ | ____ | ____ | ____ | EUR

GF13 (HH070)
Did your household pay for home insurance in 2023?

1. Yes
2. No

GF14 (HH070)
How much did you pay in 2023 for home insurance?
| ____ | ____ | ____ | ____ | EUR

GF15 (HH070)
Did your household incur regular maintenance and repair costs in 2023?
Only consider regular maintenance as maintenance and repairs. This is e.g. painting walls, changing faucets, repairing electrical installations, etc.
Investment works are not taken into account - e.g. enlargement of the dwelling, changing the roof, chimney, windows. In multi-dwelling buildings, do not take into account the maintenance of common areas (corridors, staircases, etc.) and the maintenance covered by the reserve fund manager.

1. Yes
2. No

GF16 (HH070)
How much did you pay in 2023 for regular maintenance and repairs?
| ____ | ____ | ____ | ____ | EUR

GF22 (HH060)
What was the last monthly rent for the dwelling without the costs of electricity, water, heating and operation and other housing costs?

If they do not know the amount, press CTRL+K – 'do not know' and enter in the next question the monthly rent including costs.

If the rent is subsidised by the state/municipality, the full amount of the rent (together with the subsidised amount) is entered here.

| ____ | ____ | ____ | ____ | EUR

GF23 (HH060)
What was the monthly rent including costs?

| ____ | ____ | ____ | ____ | EUR

GF24 (HH060)
Is the cost of water included in the rent?

1. Yes
2. No

GF25 (HH060)
Are sewage costs included in the rent?

1. Yes
2. No

GF26 (HH060)

Is the cost of waste collection included in the rent?

1. Yes
2. No

GF27 (HH060)

Are electricity costs included in the rent?

1. Yes
2. No

GF28 (HH060)

Is the cost of the reserve fund included in the rent?

1. Yes
2. No

GF29 (HH060)

Is the cost of heating, hot water included in the rent?

1. Yes
2. No

GF30 (HH060)

Is the cost of insuring the dwelling included in the rent?

1. Yes
2. No

GF31 (HH060)

Are regular maintenance and repair costs included in the rent?

1. Yes
2. No

GF32 (HS010, HS011)

In the past 12 months, has the household been unable to pay an instalment of the rent due to financial difficulties (it is not considered late if you were able to borrow the repayment money)?

1. Yes
2. No

GF33 (HS010, HS011)

How many times did you miss paying the rent instalment, in the past 12 months?

1. Once
2. Twice or more

Section H: AVAILABILITY OF DURABLE CONSUMER AND OTHER GOODS⁶

GH30 (HD080)

Does your household replace furniture (beds, sofa, kitchen cabinets, cupboards, etc.) when it wears out or is damaged?

It is also taken into account if the household buys used furniture.

1. Yes
2. No

GH38 (HD080)

Why not?

1. Can't afford it for financial reasons
2. For other reasons

REPEATED SURVEY

GH27 (HS080, HS090, HS100, HS110)

Does your household still have a car and computer as you stated in the last survey [date]?

1. Yes
2. No

GH3 (HS090)

Does your household have a computer (desktop, laptop, tablet)?

Work computers used by the household for private purposes are also taken into account.

1. Yes
2. No

GH4 (HS090)

Why not?

1. Can't afford it for financial reasons
2. For other reasons

GH7 (HS110)

Does your household have a car or van that you use for private purposes?

Company cars used by the household for private purposes are also taken into account.

1. Yes
2. No

GH8 (HS110)

Why not?

1. Can't afford it for financial reasons
2. For other reasons

GH15 (SURS, PD080)

Does any member of your household have access to the Internet at home via a computer (desktop, laptop), tablet or mobile phone or other devices?

Internet access via a fixed Internet connection as well as via mobile telephone networks (data transmission) or public Wi-Fi is taken into account.

1. Yes
2. No

GH28 (SURS, PD080)

Why not?

1. Do not want the Internet, do not need it
2. Can't afford it for financial reasons
3. Other reasons

⁶ Questions about material deprivation were introduced in 2014 and became primary, meaning they are included in the questionnaire every year. Most questions in this section are directed to all members aged 16 or older. If only one of them lacks certain things or goods, a question follows for each individual member. If the answer is 'no', the reason for it follows. Since 2017, the wording for some questions was slightly modified.

GH29 (PD080)

Does each member of your household use the Internet for personal use at home, e.g. to search for information, e-mail, social networks, e-banking, online shopping, etc.?

Examples of personal use of the Internet include reading online news, using online services related to travel and booking accommodation, watching videos on the Internet, listening to music via the Internet, etc.

We ask only for persons aged 16 or more: NAME1, NAME2...

1. Yes

2. No

AH1 (PD080)

Does [Name Surname year] use the Internet for personal use at home, e.g. to search for information, e-mail, social networks, e-banking, online shopping, etc.?

Examples of personal use of the Internet include reading online news, using online services related to travel and booking accommodation, watching videos on the Internet, listening to music via the Internet, etc.

1. Yes

2. No

AH2 (PD080)

Why not?

1. They do not want it or do not need it

2. They can't afford it for financial reasons

3. For other reasons

GH22 (HS040)

Can all members of your household afford to go for a week's annual holiday away from home, including stays in a second dwelling or with relatives/friends?

1. Yes

2. No

GH23 (HS050)

Can you afford meat or an equivalent vegetarian meal at least every second day in your household?

1. Yes

2. No

GH24 (HS060)

Can your household afford unexpected expenses in the amount of EUR 830 from its own resources?

This does not include coverage of expenses by credit card or by using bank limits.

1. Yes

2. No

GH25 (HH050)

Can your household afford to keep its home adequately warm?

1. Yes

2. No

GH32 (PD020)

Can each member of your household replace worn-out clothes by buying something new?

Do not consider buying used clothes.

We ask only for persons aged 16 or more: NAME1, NAME2...

1. Yes

2. No

AH3 (PD020)

Can [Name Surname (year)] replace worn-out clothing by buying something new?

1. Yes

2. No

AH4 (PD020)

Why not?

1. Can't afford them for financial reasons
2. For other reasons

GH33 (PD030)

Does each member of your household have at least two pairs of suitable shoes (for different weather conditions, in good condition, etc.)?

1. Yes
2. No

AH5 (PD030)

Does [Name Surname (year)] have at least two pairs of suitable shoes (for different weather conditions, in good condition, etc.)?

1. Yes
2. No

AH6 (PD030)

Why not?

1. Can't afford them for financial reasons
2. For other reasons

GH34 (PD050)

Does each member of your household get-together with friends or relatives for a drink or lunch/dinner at least once a month?

Socializing with food or drink both at home and in a bar or restaurant is considered.

We ask only for persons aged 16 or more: NAME1, NAME2...

1. Yes
2. No

AH7 (PD050)

Does [Name Surname (year)] get-together with friends or relatives for a drink or lunch/dinner at least once a month?

Socializing with food or drink both at home and in a bar or restaurant is considered.

1. Yes
2. No

AH8 (PD050)

Why not?

1. Can't afford it for financial reasons
2. For other reasons

GH35 (PD070)

Does each member of your household spend a small amount of money on their own almost every week, e.g. for coffee, cake, magazine, going to the movies, etc.?

We ask only for persons aged 16 or more: NAME1, NAME2...

1. Yes
2. No

AH9 (PD070)

Does [Name Surname (year)] spend a small amount of money on himself/herself almost every week, e.g. for coffee, cake, magazine, going to the movies, etc.?

1. Yes
2. No

AH10 (PD070)

Why not?

1. Can't afford this for financial reasons
2. For other reasons

AH11 (PD060)

Does **[Name Surname (year)]** regularly participate in paid leisure activities e.g. recreation, going to the cinema, concerts, sports events, theatre, various courses, etc.?

As regular participation is considered at least a few times a year, but it is a subjective assessment of the respondent.

1. Yes
2. No

AH12 (PD060)

Why not?

1. Can't afford this for financial reasons
2. For other reasons

Section Module: MATERIAL DEPRIVATION OF CHILDREN

MOTR_M1 (HD100)

Text1⁷ – one child

The following questions refer to the children in your household who are aged up to 16 years.

Does **[name of the child]** have some new clothes that have not been previously worn?

Text2 – more than one child

Does each child [name of the child1, name of the child2, ...] have some new (not second-hand) clothes?

Some new clothes means that you have bought – even a few months ago – at least some new clothing for the child that has not been worn by other children before, or the clothes were not purchased from a second-hand clothing store.

1. Yes
2. No

MOTR_M2 (HD100)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M3 (HD110)

Does each child [name of the child1, name of the child2, ...] have at least two pairs of properly fitting shoes (including a pair of all-weather shoes)?

1. Yes
2. No

MOTR_M4 (HD110)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M5 (HD120)

Does each child [name of the child1, name of the child2, ...] have fruits and vegetables once a day?

Also consider if the child has access to fruits and vegetables outside home (e.g. kindergarten, school). Fruits and vegetables can be fresh or frozen. Fruit and vegetable juices are not considered.

1. Yes
2. No

MOTR_M6 (HD120)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M7 (HD140)

Does each child [name of the child1, name of the child2, ...] have one meal with meat, chicken or fish (or equivalent vegetarian) once a day? Including if the child has such a meal available outside the home (e.g. kindergarten, school).

1. Yes
2. No

MOTR_M8 (HD140)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

⁷ All the questions in this section refer to all children in the household who are up to 16 years old. The question format is adapted if there is only once child in the household (text1) or more than one child (text2). All subsequent questions are formulated only for text2.

MOTR_M9 (HD150)

Does each child [name of the child1, name of the child2, ...] have books at home suitable for their age (excluding school books)?

1. Yes
2. No

MOTR_M10 (HD150)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M11 (HD160)

Does each child [name of the child1, name of the child2, ...] have outdoor leisure equipment (bicycle, roller skates, etc.)?

At least one suitable for the child's age and abilities is sufficient.

1. Yes
2. No

MOTR_M12 (HD160)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M13 (HD170)

Does each child [name of the child1, name of the child2, ...] have indoor games (educational baby toys, building blocks, board games, computer games, etc.)?

At least one toy or game suitable for the child's age and knowledge is sufficient.

1. Yes
2. No

MOTR_M14 (HD170)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M15 (HD180)

Does each child [name of the child1, name of the child2, ...] participate in a regular leisure activity (swimming, playing an instrument, youth organisations, etc.)?

1. Yes
2. No

MOTR_M16 (HD180)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M17 (HD190)

Does each child [name of the child1, name of the child2, ...] have celebrations on special occasions (birthdays, name days, religious events)?

1. Yes
2. No

MOTR_M18 (HD190)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M19 (HD200, Mod14_21)

Does each child [name of the child1, name of the child2, ...] invite friends round for playing or eating time to time?

1. Yes
2. No

MOTR_M20 (HD200)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M21 (HD240)

Does each child [name of the child1, name of the child2, ...] go on holiday away from home at least 1 week per year including stays in a second dwelling or with friends/relatives?

1. Yes
2. No

MOTR_M22 (HD240)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M23(HD210)

Does each child attending school [name of the child1, name of the child2, ...] participate in school trips and school events that cost money?

1. Yes
2. No

MOTR_M24 (HD210)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

MOTR_M25 (HD220)

Does each child attending school [name of the child1, name of the child2, ...] have a suitable place to study or do homework?

1. Yes
2. No

MOTR_M26 (HD220)

Why not?

1. Can't afford it for financial reasons
2. Other reasons

Section K: CHILDREN AND CHILDCARE

AK5 (RL010)

Is **[Name Surname (year)]** usually attending kindergarten?

If the child is currently not in kindergarten only because of holidays, parental leave or illness, select the answer "Yes".

1. Yes
2. No, because they were not enrolled in the kindergarten at that time

AK6 (RL010)

How many hours per week is **[Name Surname (year)]** usually in the kindergarten?

If the child is ill or on holiday, consider the normal week during the last 4 weeks when the child was in care in kindergarten.

Round the number of hours to the whole number.

If the care lasts less than 1 hour a week, round to 1.

Do not take into account clubs and other sports or cultural activities that do not take place during childcare!

|__|__| hours

AK7 (RL020)

Is **[Name Surname (year)]** attending primary and lower secondary school?

If the child is absent only due to holidays, illness or isolation, select the answer "Yes".

1. Yes
2. No

AK8 (RL020)

How many hours per week is **[Name Surname (year)]** usually in primary and lower secondary school, if you do not take into account the extended stay before or after school? Also consider the time of organised transportation to and from school.

If the child is currently ill on holiday, take into account the usual week in the last 4 weeks when the child was in school.

Take into account the actual number of hours (not school hours) when the child is in and lower secondary school, along with lunch and dinner.

Round the number of hours to the whole number.

If the care lasts less than 1 hour a week, round it to 1.

Do not take into account clubs and other sports and cultural activities that do not take place during childcare!

|__|__| hours

AK9 (RL030)

Is **[Name Surname (year)]** attending extended stay or care before or after school?

If the child is currently absent only due to holidays or illness, select the answer "Yes."

1. Yes
2. No

AK10 (RL030)

How many hours per week is **[Name Surname (year)]** usually in extended stay or care before or after school?

If the child is currently ill or on holiday, take into account the usual week during the last 4 weeks when the child was in extended stay or care before or after class.

Round the number of hours to the whole number.

If the care lasts less than 1 hour a week, round to 1.

Do not take into account clubs and other sports or cultural activities that do not take place during childcare!

|__|__| hours

MOTR_D1 (RC370)

Does [Name Surname (year)] get meals (lunch, snack, etc.) in extended stay or care before or after school?

1. Yes
2. No

MOTR_D2 (RC370)

Does your household pay for or contribute to the cost of meals for your child [Name Surname (year)]?

1. Yes
2. No

MOTR_D3 (RC370)

Does your household pay for or contribute to other cost of extended stay or care before or after school for [Name Surname (year)]?

1. Yes
2. No

MOTR_D4 (RC380)

Does your child [Name Surname (year)] need any more extended stay or care before or after school than they currently receive?

1. Yes
2. No

MOTR_D5 (RC390)

What is the main reason for [Name Surname (year)] not making use of extended stay or care before or after school more than received at present?

1. Cannot afford it
2. No places available
3. Places available, but not nearby
4. Places available, but opening hours not suitable
5. Places available, but quality of services available not satisfactory
6. Other reasons

MOTR_D6 (RC380)

Currently, [Name Surname (year)] does not participate in extended stay or care before or after school. Would you like them to be included in such a form of care?

1. Yes
2. No

MOTR_D7 (RC390)

What is the main reason for [Name Surname (year)] not participating in extended stay or care before or after school?

1. Cannot afford it
2. No places available
3. Places available, but not nearby
4. Places available, but opening hours not suitable
5. Places available, but quality of services available not satisfactory
6. Other reasons

AK11 (RL040)⁸

Does [Name Surname (year)] - (preschool child) attend any other form of organised childcare, e.g. ciciban hours, fairy tale hours, day care, care in special day centres, etc.?

Does [Name Surname (year)] - primary school attend any other form of organised childcare, e.g. care on weekends, care in special day centres, etc.?

Private babysitters are not considered.

Organised, supervised childcare is considered, even just a few hours a day.

⁸ Different text questions for preschool and school children

If the child currently is not in another form of organised care only because of holidays or illness, select the answer "Yes".

If the child is not in this form of organised childcare regularly, but only a few times a year during the holidays, select the answer "No".

1. Yes
2. No

AK12 (RL040)

How many hours per week is [Name Surname (year)] usually in another form of organised care?

If the child is currently ill or on holiday, consider the normal week when the child was in another form of organised care during the last 4 weeks.

Round the number of hours to the whole number.

If the care lasts less than 1 hour a week, round to 1.

Do not take into account clubs and other sports or cultural activities that do not take place during childcare!

| ____ | ____ | hours

MOTR_D8 (RC370)

Do you have any cost of another form of organised care for [Name Surname (year)]? Cost of lunch and other costs are included.

1. Yes
2. No

MOTR_D9 (RC380)

Would you like [Name Surname (year)] to be included in another form of organised care more than they currently receive?

1. Yes
2. No

MOTR_D10 (RC390)

What is the main reason for [Name Surname (year)] not making use of another form of organised care more than received at present?

1. Cannot afford it
2. No places available
3. Places available, but not nearby
4. Places available, but opening hours not suitable
5. Places available, but quality of services available not satisfactory
6. Other reasons

MOTR_D11 (RC380)

Currently, [Name Surname (year)] does not participate in another form of organised care. Would you like them to be included in such a form of care?

1. Yes
2. No

MOTR_D12 (RC390)

What is the main reason for [Name Surname (year)] not participating in another form of organised care?

1. Cannot afford it
2. No places available
3. Places available, but not nearby
4. Places available, but opening hours not suitable
5. Places available, but quality of services available not satisfactory
6. Other reasons

AK13 (RL050)

Is [Name Surname (year)] in private care with a babysitter (i.e. paid child-minder)?

If the child is currently not in private care with a babysitter only because of holidays or illness, select the answer "Yes".

1. Yes
2. No

AK14 (RL050)

How many hours per week is [Name Surname (year)] usually in the care of a babysitter?

If the child is currently ill or on holiday, consider the normal week when the child was in the care of a babysitter during the last 4 weeks.

Round the number of hours to the whole number.

If the care lasts less than 1 hour a week, round to 1.

| ____ | ____ | hours

AK15 (RL060)

Do grandparents, other relatives, friends, neighbours usually care for [Name Surname (year)]'?

If the child is currently not cared for by grandparents or other relatives, etc., due to holidays or illness, select the answer "Yes".

1. Yes
2. No

AK16 (RL060)

How many hours per week is [Name Surname (year)] usually cared for without payment by grandparents, relatives, etc. (except parents or guardians)?

If the child is currently ill or on holiday, consider the normal week when the child was in the care of grandparents, relatives, etc. during the last 4 weeks.

Round the number of hours to the whole number.

If the care lasts less than 1 hour a week, round to 1.

| ____ | ____ | hours

MOTR_D13⁹ (HC040)

Does your household pay the cost of extended stay or care before or after school (meals, other material cost)?

Does your household pay the cost of another form or organised care?

Does your household pay the cost of extended stay or care before or after school (meals, other material cost)?

1. With great difficulty
2. With difficulty
3. With some difficulty
4. Fairly easily
5. Easily
6. Very easily

⁹ Different text depending on which form of organized care household are covering costs for.

Section Module: CHILDREN'S HEALTH

The following questions are about the health of each of your children under the age of 16.

MOTR_Z1 (RCH010)

How would you describe [Name Surname (year)] health in general. Is it...

1. Very good
2. Good
3. Fair (neither good nor bad)
4. Bad
5. Very bad

MOTR_Z2 (RCH020)

Is [Name Surname (year)] limited because of a health problem in activities most children of the same age usually do?

1. Yes
2. No

MOTR_Z3 (RCH020)

Has [Name Surname (year)] been limited for at least the past 6 months?

1. Yes
2. No

MOTR_Z4 (RCH020)

To what extent is [Name Surname (year)] limited because of health problems?

1. Severely limited
2. Limited, but not severely

MOTR_Z5 (HCH030)

Text1¹⁰ – 1 child

Think about all the examinations or treatments [name of the child1] has undergone in the past 12 months that seemed important for their health. Consider both, those they have already had and those they may need but haven't had yet or haven't attended.

Was there any time during the past 12 months when [name of the child1] really needed dental examination or treatment?

1. Yes (at least once my child really needed at least once dental examination or treatment)
2. No (my child did not need any dental examination or treatment)

Text2 – more than 1 child

Think about all the examinations or treatments [name of the child1, name of the child2, ...] have undergone in the past 12 months that seemed important for their health. Consider both, those they have already had and those they may need but haven't had yet or haven't attended.

Was there any time during the past 12 months when [name of the child1, name of the child2, ...] really needed dental examination or treatment?

1. Yes (at least one of my children really needed at least once dental examination or treatment)
2. No (none of my children needed any dental examination or treatment)

MOTR_Z6 (HCH030)

Did your children [name of the child1, name of the child2, ...] have a dental examination or treatment each time it was really needed?

It doesn't matter whether the children had the examination or treatment through a national healthcare system or private services.

1. Yes, my children had a dental examination or treatment each time they needed
2. No, there was at least one occasion when at least one of my children did not have a dental examination or treatment

¹⁰ The structure of the question is adapted if there is only one child in the household (text1) or more than one child (text2). All the following questions are formulated only for text2.

MOTR_Z7 (HCH040)

What was the main reason for not having a dental examination or treatment?

1. Could not afford to (too expensive)
2. Waiting list or the time needed to obtain appointment was too long
3. Could not take the time because of work, care or other children or of other persons
4. Too far to travel or no means of transportation
5. Other reason

MOTR_Z8 (HCH040)

Please, specify? _____

MOTR_Z10 (HCH010)

Was there any time during the past 12 months when any of your children [name of the child1, name of the child2, ...] really needed medical examination or treatment? Consider both general practitioner, pediatrician and specialists such as ophthalmologists, allergists, cardiologists, orthopedists, etc.

Specialists also include surgeons, dermatologists, pulmonologists, ENT specialists. Take into account both preventive, regular check-ups and urgent examinations that were important for the children's health. Also consider consultations conducted over the phone or via email.

1. Yes (at least one of my children really needed at least once medical examination or treatment)
2. No (none of my children needed any medical examination or treatment)

MOTR_Z11 (HCH010)

Did your children [name of the child1, name of the child2, ...] have a medical examination or treatment each time it was really needed?

It doesn't matter whether the children had the examination or treatment through a national healthcare system or private services.

Also consider consultations conducted over the phone or via email.

1. Yes, my children had a medical examination or treatment each time they needed
2. No, there was at least one occasion when at least one of my children did not have a medical examination or treatment

MOTR_Z12 (HCH020)

What was the main reason for not having a medical examination or treatment?

1. Could not afford to (too expensive)
2. Waiting list or the time needed to obtain appointment was too long
3. Could not take the time because of work, care or other children or of other persons
4. Too far to travel or no means of transportation
5. Other reason

MOTR_Z13 (HCH020)

Please, specify? _____

Section J: FINANCIAL SITUATION OF THE HOUSEHOLD

GJ4 (HS140)

What kind of financial burden are for you all the costs associated with the dwelling - any housing or mortgage loan, rent, insurance, costs for electricity, water, gas, heating, etc.?

1. A heavy burden
2. A slight burden
3. Not a burden at all

GJ5 (HS021)

In the past 12 months, has the household been in arrears, i.e. has been unable to pay the utilities, water, electricity, heating costs, etc., on time due to financial difficulties?

1. Yes
2. No

GJ8 (HS021)

How many times did you miss housing-related expenses in the last 12 months?

1. Once
2. Twice or more times

GJ10 (HS150)

Do you or anyone else in your household have any credit that is not related to the purchase of this dwelling, e.g. any consumer credit - such as for a car, furniture, vacation, etc., - that you have taken out with a bank?

Leasing for a car, motorcycle or other technical equipment is also taken into account.
Credit for another dwelling, a cottage, is also taken into account.

1. Yes
2. No

GJ11 (HS150)

What kind of financial burden is repaying these loans for you?

1. A heavy burden
2. A slight burden
3. Not a burden at all

GJ12 (HS031)

In the past 12 months, has the household been in arrears on repayment deadline of these loans due to financial difficulties?

1. Yes
2. No

GJ13 (HS031)

How many times did you miss payment in the last 12 months?

1. Once
2. Twice or more times

GJ14 (HS150)

Do you or anyone else in your household have any instalment purchases from a goods or service provider, e.g. to buy household appliances, furniture, heating oil, holidays, etc.?

Instalment purchases with debit or credit cards are also taken into account.

1. Yes
2. No

GJ15 (HS150)

What kind of financial burden is it for you to repay instalment purchases?

1. A heavy burden
2. A slight burden
3. Not a burden at all

GJ16 (HS031)

In the last 12 months, has the household been in arrears on a payment deadline for purchases due to financial difficulties?

1. Yes
2. No

GJ17 (HS031)

How many times did you miss a payment in the last 12 months?

1. Once
2. Twice or more

GJ6 (HS120)

In your opinion, how does your household make ends meet, considering all monthly expenditure paid and income received by your household?

1. With great difficulty
2. With difficulty
3. With some difficulty
4. Fairly easily
5. Easily
6. Very easily

MG_DOSTOP1 (HC300)

Has any member of your household regularly used public transport (bus, train, school transport) in the past 12 months?

Do not consider taxis or carpooling.

Also consider people who use public transport for free (e.g. school-age children, pensioners).

Regular use of public transport means at least once a month.

1. Yes
2. No

MG_DOSTOP2 (HC300)

To what extent were the costs of public transport a financial burden during the past 12 months?

If all members of the household use public transport for free, choose the answer 'Not a burden at all'

1. A heavy burden
2. A slight burden
3. Not a burden at all

Section M: OTHER BENEFITS AND SUPPORT BY CHARITIES IN 2023

AM10 (PY080)

Did **[Name Surname (year)]** in 2023 receive a supplementary pension, e.g. from pension vouchers?

The supplementary pension is paid in the form of a monthly annuity. Beneficiaries had to pay into Pillar 3 of voluntary supplementary pension insurance for at least ten years (saving in bonds, shares, investments in mutual funds, investment insurance or anything that allows one to save money for a supplementary pension).

1. Yes
2. No

AM8 (PY080)

What was the total annual amount received in 2023 paid as a supplementary pension for **[Name Surname (year)]**?

| ____ | ____ | ____ | ____ | ____ | EUR

AM11 (PY080)

What was the approximate annual amount paid as a supplementary pension for **[Name Surname (year)]** in 2023?

1. up to EUR 200
2. up to EUR 400
3. up to EUR 800
4. up to EUR 1,600
5. up to EUR 3,200
6. more than EUR 3,200

GM6 (HY060)

In 2023, did your household receive financial assistance from institutions or organisations such as the Red Cross, Caritas, Rotary Club, Lions Club, etc.?

Financial assistance includes payment of bills (rent, housing costs, heating, electricity, etc.), payment of health services, insurance, purchase of new clothes, footwear, payment of kindergarten, lunches, school lunches, outdoor schools, holidays for socially disadvantaged children.

Scholarships are not considered!

1. Yes
2. No

GM7 (HY060)

What was the total annual amount of financial assistance in 2023?

| ____ | ____ | ____ | ____ | ____ | EUR

GM8 (HY060)

Can you estimate the total annual amount of financial assistance received in 2023? Was it...

1. up to EUR 40
2. up to EUR 125
3. up to EUR 420
4. up to EUR 1,250
5. up to EUR 2,100
6. more than EUR 2,100

GM9 (SURS)

In 2023, did your household receive any material assistance from institutions or organisations such as the Red Cross, Caritas, Rotary Club, Lions Club, etc.?

Material assistance includes food packages, laundry detergent, second-hand clothing and footwear, kitchen utensils, bedding, hygiene items, school supplies, children's equipment.

1. Yes
2. No

Section N: CASH TRANSFERS BETWEEN HOUSEHOLDS in 2023

GN1 (HY130)

Was any member of your household in 2023 regularly paying or giving money to someone who does not live in your household, e.g. children who do not live with you, ex-spouse, elderly relative, etc.?

Example: child support, maintenance allowance, payment of housing costs, loans to persons who are not members of your household, etc.

Do not consider one-off gifts such as birthday gifts, etc.

1. Yes

2. No

GN2 (HY130)

What was this amount in 2023?

| ____ | ____ | ____ | ____ | ____ | EUR

GN5 (HY130)

Can you estimate the amount? Is it...

1. up to EUR 500

2. up to EUR 1,000

3. up to EUR 2,000

4. up to EUR 5,000

5. more than EUR 5,000

GN3 (HY080)

Was any of the members of your household regularly receiving money from people outside your household in 2023, e.g. child support, maintenance allowance, etc.?

Also consider paying for housing or repaying loans paid for your household by people who are not members of your household.

Do not consider one-off gifts such as birthday gifts, etc.

1. Yes

2. No

GN4 (HY080)

What was this amount in 2023?

| ____ | ____ | ____ | ____ | ____ | EUR

GN8 (HY130)

Can you estimate the amount? Is it...

1. up to EUR 500

2. up to EUR 1,000

3. up to EUR 2,000

4. up to EUR 5,000

5. more than EUR 5,000

Section R: EMPLOYMENT BENEFITS AND OFFICIAL CAR USED FOR PRIVATE PURPOSES in 2023

AR18 (PY010)

Did the employer of [Name Surname (year)] pay food allowance in cash or vouchers or transport allowance in 2023?

1. Yes
2. No

AR10 (SURS)

Did the employer pay all salaries in 2023 to [Name Surname (year)]?

These are all salaries that should be paid in 2023. The salary is usually paid retroactively, e.g. for December, the salary is paid in January of the following year.

Only salaries for the months when the person was employed and actually worked are taken into account (do not take into account maternity and longer sick leave or other benefits paid by the health insurance or the relevant ministry).

We are not interested in holiday allowance.

1. Yes
2. No

AR11 (SURS)

How many salaries were not paid in 2023 for [Name Surname (year)]?

| ____ | ____ ||

AT1 (PY021)

Did [Name Surname (year)] in 2023 have a company car that they used for private purposes?

1. Yes
2. No

Section P: LIFE AND VOLUNTARY PENSION INSURANCE in 2023

Life insurance - paid by the employer

AP24 (PY030)

Did the employer pay life insurance for [Name Surname (year)] in 2023?

Life insurance is insurance where a person is insured in the event of death.

It is only taken into account if the person's life insurance is paid by the employer! This is not accident insurance or unit-linked insurance!

For self-employed and persons with the status of a farmer, the employer paid life insurance if the person paid it through their company.

1. Yes
2. No

AP6 (PY030)

How much did the employer pay per month for life insurance for [Name Surname (year)] in 2023?

| ____ | ____ | ____ | ____ | EUR

AP7 (PY030)

How much, approximately?

1. up to EUR 40
2. up to EUR 125
3. up to EUR 210
4. up to EUR 420
5. more than EUR 420

AP8 (PY030)

For how many months in 2023?

| ____ | ____ | months

Supplementary/voluntary pension insurance - paid by the employer

AP25 (PY030)

Did the employer pay supplementary pension insurance for [Name Surname (year)] in 2023?

The purpose of supplementary/voluntary pension insurance is to provide a person in the period after retirement with ADDITIONAL social security, a higher pension.

Consider only employer contributions (often collective insurance).

Employees in public administration are paid this insurance by their employer.

For self-employed and persons with the status of a farmer, the employer paid voluntary pension insurance if the person paid it through their company.

1. Yes
2. No

AP12 (PY030)

How much did the employer pay per month for supplementary pension insurance for [Name Surname (year)] in 2023?

| ____ | ____ | ____ | ____ | EUR

AP13 (PY030)

How much, approximately?

1. up to EUR 40
2. up to EUR 125
3. up to EUR 210
4. up to EUR 420
5. more than EUR 420

AP14 (PY030)

For how many months in 2023?

| ____ | ____ | months

Supplementary/voluntary pension insurance - paid by the person or another member of the household

AP26 (PY035)

Did [Name Surname (year)] pay (or was paid for by another member of the household) supplementary pension insurance in 2023 - in order to receive a higher pension?

The purpose of supplementary/voluntary pension insurance is for a person to secure ADDITIONAL social security, a higher pension by paying contributions in the period after retirement.

Consider saving in bonds, stocks, mutual investment fund, unit-linked insurance, both individual and collective insurance.

Do not consider voluntary/supplementary health insurance!

1. Yes

2. No

AP18 (PY035)

How much did [Name Surname (year)] pay per month for supplementary pension insurance or did another member of the household pay for it in 2023?

| ____ | ____ | ____ | ____ | EUR

AP19 (PY035)

How much, approximately?

1. up to EUR 40

2. up to EUR 125

3. up to EUR 210

4. up to EUR 420

5. more than EUR 420

AP20 (PY035)

For how many months in 2023?

| ____ | ____ | months

Section V: FARM HOUSEHOLD

GV1 (PY050)

Does your household have a farm?

A farm is owned by a household that earns income by selling crops from agricultural activities.

1. Yes
2. No

GV2 (PY050)

How many hectares of agricultural land (excluding forest) do you use (own or leased)?

| ____ | ____ | ____ |, | ____ | ha

GV3 (PY050)

What was the annual income from agricultural activity in 2023?

Consider income or profits intended for personal household consumption and savings.

| ____ | ____ | ____ | ____ | ____ | EUR

GV4 (PY050)

What was the approximate income from agricultural activity in 2023?

Consider income or profits intended for personal household consumption and savings.

1. up to EUR 420
2. up to EUR 830
3. up to EUR 1,250
4. up to EUR 2,100
5. up to EUR 3,100
6. up to EUR 4,200
7. up to EUR 8,300
8. up to EUR 21,000
9. more than EUR 21,000

Section U: CONSUMPTION FROM OWN PRODUCTION in 2023

REPEATED SURVEY

GU6 (HY170)

Does the amount of garden, orchard or other crops (meat, dairy products, etc.) in 2023 SIGNIFICANTLY differ from the amount of crops harvested in 2022?

1. Yes
2. No
3. *We no longer have a garden or home-grown crops*

GU4 (HY170)

Did your household have a GARDEN in 2023 where it grew VEGETABLES for its own consumption?

Vegetables are e.g. lettuce, peas, beans, tomatoes, peppers, cucumbers, zucchini, onions, garlic, carrots, etc.

Also consider potatoes.

1. Yes
2. No

GU5 (HY170)

What was the area of the garden in m² that your household used in 2023 to grow vegetables for its own consumption?

Consider only the area of the garden that you used for consumption at home. If you were selling vegetables, this is not taken into account here.

| ____ | ____ | ____ | m²

GU19 (HY170)

In 2023, did your household have fruit trees on which you grew FRUIT for your own consumption?

1. Yes
2. No

GU51 (HY170)

How many fruit trees (e.g. apple, pear, cherry, plum, etc.) did you have for growing fruit for your own consumption in 2023?

Consider only the fruit trees you used for the fruit consumed at home. If you were selling fruit or fruit products, this is not taken into account here.

| ____ | ____ | number of trees

GU52 (HY170)

Can you tell the approximate number?

1. 1–5 trees
2. 6–10 trees
3. 11–15 trees
4. 16–20 trees
5. more than 20 trees

GU27 (HY170)

Did your household produce and consume MEAT and MEAT PRODUCTS in 2023?

1. Yes
2. No

GU53 (HY170)

Please indicate which of the following meat products you produced and consumed in 2023:

Multiple answers possible.

1. Beef
2. Veal
3. Pork
4. Poultry
5. Sheep, goat, rabbit meat, etc.

6. Offal, lard, blood sausages, cracklings
7. Salami, sausages, prosciutto and other meat products

GU37 (HY170)

Did your household produce and consume OTHER PRODUCTS, such as e.g. milk, eggs, honey, and beverages in 2023?

1. Yes
2. No

GU54 (HY170)

Please indicate which of the following products/produce you produced and consumed in 2023:

Multiple answers possible.

1. Milk and milk products
2. Eggs
3. Honey
4. Flour
5. Wine
6. Brandy, mead
7. Most, juice
8. Other products (oil, vinegar, etc.)

GU1 (PY050)

In 2023, did your household have products from its own workshop, company, store or did your household use any of its services (e.g. hairdresser, tailor, lawyer, etc.)?

1. Yes
2. No

GU2 (PY050)

What was the value of products from your own workshop, company, store or the value of services provided in 2023?

| ____ | ____ | ____ | ____ | ____ | EUR

Section Y: NET MONTHLY HOUSEHOLD INCOME

GY1 (SURS-EUROSTAT)

What is the monthly net income of your household, i.e. income of all household members together (in EUR)?

Consider income and receipts of all household members:

- Income from employment (earnings, food and transport allowance)
- Income from self-employment or agricultural activity, pensions, unemployment benefits
- Scholarships, child and parental benefits, alimony and other cash benefits

Do not deduct loans (e.g. housing, car, etc.) from the monthly net income.

|_|_|_|_|_|_| EUR

GY2 (SURS)

Perhaps you could indicate total monthly net income of your household with one of the following classes.

1. up to EUR 650
2. up to EUR 900
3. up to EUR 1.300
4. up to EUR 1.600
5. up to EUR 2000
6. up to EUR 2.400
7. up to EUR 3000
8. up to EUR 3.700
9. up to EUR 4.800
10. more than EUR 4.800

Mod19_28 (HI010)

Now we are interested in your opinion about the change of your household's income.

In the past 12 months, how has the total net income of all members of your household changed?

The household should also take into account if the number of household members and/or (work) activity has changed.

1. Income increased
2. Income remained more or less the same
3. Income decreased

Mod19_29 (SURS)

To what extent did income increase in the last 12 months?

1. Slightly
2. Very

Mod19_30 (SURS)

To what extent did income decrease in the last 12 months?

1. Slightly
2. Very

Mod19_31 (HI020)

What was the main reason why the total net income of all members of your household increased in the last 12 months?

If there were several reasons for the increase in income, consider the most important reason for the increase.

1. Adjustment of earnings on the basis of law
2. Increase in earnings
3. Longer working hours
4. Return to the labour market after illness, parenthood, parental leave, childcare, care of a sick or disabled person
5. New employment or change of employment
6. Change in the number of household members (e.g. marriage)
7. Increase in social benefits (e.g. getting a child benefit, social assistance, etc.)
8. Other

Mod19_32 (HI030)

What was the main reason why the total net income of all members of your household decreased in the last 12 months?

If there were several reasons for the decrease in income, consider the most important reason for the decrease.

1. Decrease in earnings
2. Shorter working hours
3. Parenthood, parental leave, childcare, care of a sick or disabled person
4. Change of employment
5. Loss of work, unemployment or bankruptcy of (own) enterprise
6. Becoming unable to work due to illness or disability
7. Divorce, termination of partnership, other change in the number of household members
8. Retirement
9. Reduction of social benefits (e.g. losing a child benefit, social assistance)
10. Other

Mod19_33 (HI040)

How do you think the total net income of all members of your household will change in the next 12 months?

1. Income will increase
2. Income will remain approximately the same
3. Income will decrease

Section Z – Module: ACCESS TO SERVICES

MG_DOSTOP3 (HC190)

Is there anyone currently living in your household who needs help due to long-term physical or mental illness, infirmity or because of old age?

This excludes those who only require help temporarily, for example, during recovery.

A long-term health problem lasts or is expected to last at least six months.

Help refers to home care that may include healthcare and/or life assistance. Healthcare at home could include e.g. medical treatment, care for an injury, pain management or therapy. Life assistance includes help with daily tasks such as meal preparation, medication reminders, laundry, light housekeeping, shopping, transport, and companionship.

1. Yes
2. No

MG_DOSTOP4 (HC200)

Are any of the members receiving health care at home, e.g. wound care, blood collection, blood pressure measurement, pain relief, administration of medication, injections, by a visiting nurse or midwife? Health care can also be provided by a family member's caregiver, usually a parent who receives partial compensation for lost income.

Do not consider the help of other household members, friends, relatives, neighbours who provide such help on a voluntary basis or this is not their job!

1. Yes
2. No

MG_DOSTOP5a (HC200)

Are any of the members receiving help at home, such as help in feeding, washing, dressing, moving around, preparing for sleep, changing incontinence pads, by professional care workers?

It is also taken into account if help is provided by a family member who receives partial compensation for lost income.

Do not consider the help of other household members, friends, relatives, neighbours who provide such help on a voluntary basis or this is not their job!

1. Yes
2. No

MG_DOSTOP5b (HC200)

Are any of the members receiving help at home, such as preparing and serving meals, delivering meals, helping with household chores, shopping, transportation services, socializing, by professional care workers?

It is also taken into account if help is provided by a family member who receives partial compensation for lost income.

Do not consider the help of other household members, friends, relatives, neighbours who provide such help on a voluntary basis or this is not their job!

1. Yes
2. No

MG_DOSTOP6 (HC221)

Does your household pay or pay extra for healthcare services?

Health care at home includes wound care, blood sampling, blood pressure measurement, pain relief, administration of medications, injections, etc.

The costs of equipment (e.g. for physiotherapy), orthopaedic aids, purchase of medicines, creams, bandages, etc., are not taken into account.

1. No, the services are fully covered by the health or social insurance
2. Yes, we pay for part of the services ourselves, the rest is co-financed
3. Yes, we fully pay for the services ourselves

MG_DOSTOP7¹¹ (HC221)

Does your household pay or partially pay for social care services at home, e.g. help in feeding, washing, dressing, moving around, preparing for sleep, changing incontinence pads?

Most home care services are co-financed from public funds.

Does your household pay or partially pay for social care services at home, e.g. preparing and serving meals, delivering meals, helping with household chores, shopping, transportation services, socializing?

Most home care services are co-financed from public funds.

Does your household pay or partially pay for social care services at home, e.g. help in feeding, washing, dressing, moving around, preparing for sleep, changing incontinence pads, preparing and serving meals, delivering meals, helping with household chores, shopping, transportation services, socializing?

Most home care services are co-financed from public funds.

1. No, the services are fully covered by the health insurance or mandatory social insurance
2. Yes, we pay for part of the services ourselves, the rest is co-financed
3. Yes, we fully pay for the services ourselves (nothing is co-financed)

MG_DOSTOP8 (HC230)

Does your household cover the cost of health care at home, e.g. wound care, blood sampling, blood pressure measurement, pain relief, administration of medication, injections, by a visiting nurse or midwife?

Home healthcare includes wound care, blood sampling, blood pressure measurement, pain relief, administration of medication, injections, etc.

The cost of equipment (e.g. for physiotherapy), orthopaedic devices, purchase of medications, creams, bandages, etc., are not taken into account.

1. With great difficulty
2. With difficulty
3. With some difficulty
4. Fairly easily
5. Easily
6. Very easily

MG_DOSTOP9¹² (HC230)

Does your household cover the cost of social care services at home, e.g. help in feeding, washing, dressing, moving around, preparing for sleep, changing incontinence pads?

Does your household cover the cost of social care services at home, e.g. preparing and serving meals, delivering meals, helping with household chores, shopping, transportation services, socializing, etc.?

Does your household cover the cost of social care services at home, e.g. help with feeding, washing, dressing, moving around, preparing for sleep, changing incontinence pads, preparing and serving meals, delivering meals, helping with household chores, shopping, transportation services, socializing, etc.?

1. With great difficulty
2. With difficulty
3. With some difficulty
4. Fairly easily
5. Easily
6. Very easily

MG_DOSTOP12 (HC240)

Would someone in your household require health care at home on a larger scale, e.g. more often, more hours?

Health care at home includes wound care, blood sampling, blood pressure measurement, pain relief, administration of medications, injections, etc.

1. Yes
2. No

¹¹ Different text questions regarding the previous answer (MG_DOSTOP5a and/or MG_DOSTOP5b).

¹² Different text questions regarding the previous answer (MG_DOSTOP5a and/or MG_DOSTOP5b).

MG_DOSTOP16 (HC250)

Please state the main reason for not receiving health care at home on a larger scale?

1. Cannot afford it
2. The person who needs such help refuses more of such services
3. No such care services available
4. Quality of the services available not satisfactory
5. Other reasons

MG_DOSTOP13 (HC240)

Would someone in your household need help at home, e.g. help in feeding, dressing, washing moving around, preparing for sleep, changing incontinence pads, preparing and serving meals, delivering food, helping with household chores, shopping, transportation services, socializing on a larger scale, e.g. more often, more hours?

1. Yes
2. No

MG_DOSTOP17 (HC250)

Please state the main reason you are not receiving help at home, e.g. help with feeding, dressing, washing, moving around, preparing for sleep changing incontinence pads, preparing and serving meals, delivering food, helping with household chores, shopping, transportation services, socializing on a larger scale?

1. Cannot afford it
2. The person who needs such help refuses more of such services
3. No such care services available
4. The quality of such services is not satisfactory
5. Other reasons

MG_DOSTOP10 (HC240)

You are not currently receiving health care at home. Would you need nursing care at home by a visiting nurse or midwife?

Health care at home includes wound care, blood sampling, blood pressure measurement, pain relief, administration of medications, injections, etc.

1. Yes
2. No

MG_DOSTOP14 (HC250)

Please state the main reason for not receiving health care at home?

1. Cannot afford it
2. The person who needs such help refuses these services
3. No such care services available
4. Quality of the services available not satisfactory
5. Other reasons

MG_DOSTOP11 (HC240)

You are not currently receiving social home care services, e.g. help in feeding, dressing, washing, moving around, preparing for sleep, changing incontinence pads, preparing and serving meals, delivering food, helping with household chores, shopping, transportation services, socializing? Would you need such help by professional social care workers?

1. Yes
2. No

MG_DOSTOP15 (HC250)

Please state the main reason you are not receiving social home care services, e.g. help in feeding, dressing, moving around, preparing for sleep changing incontinence pads, preparing and serving meals, delivering food, helping with household chores, shopping, transportation services, socializing on a larger scale?

1. Cannot afford it
2. The person who needs such help refuses these services
3. No such care services available
4. Quality of the services available not satisfactory
5. Other reasons

GZ1 (HB070)

Who answered the questions for the household?

| ____ | ____ | number of the person

SAMPLE

Part 3: Questions for the selected person¹³

ASP1 (RB260, RB270)

The questions below will refer to the health of the selected person, i.e. to **[Name Surname (year)]**.

If the selected person is present, it is recommended that they answer the questions.

If the selected person does not want to answer or is absent, another person should answer for them.

Who will be answering?

1. Selected person alone **[Name Surname (year)]**
2. Person who has been answering so far
3. Other person

ASP21 (RB260, RB270)

Enter the person who will be answering.

| ____ | ____ | number of the person

ASP20's (SURS)

Why won't **[Name Surname (year)] be answering?**

1. Absent
2. Does not want to answer
3. Unable to answer (illness, doesn't understand the language)

¹³ The following questions relate to the selected person. If the selected person is temporarily absent, they do not want to answer or are not able to participate, the person who has already replied to the rest of the questionnaire, or other adult from the household gives the answers on behalf of the selected person.

Section AD: WELL-BEING

Questions for the person answering the survey¹⁴

AD1 (PW010, SURS)

Now the following questions about well-being for you: [Name Surname (year)]

How satisfied are you generally with your life? 0 means not at all satisfied and 10 completely satisfied.

Estimate how satisfied you are with your life in general.

- 0. Score 0: Not at all satisfied
- 1. Score 1
- 2. Score 2
- 3. Score 3
- 4. Score 4
- 5. Score 5
- 6. Score 6
- 7. Score 7
- 8. Score 8
- 9. Score 9
- 10. Score 10: Completely satisfied

AD4 (PW030, SURS)

How satisfied are you generally with financial situation of your household?

0 means not at all satisfied and 10 completely satisfied.

- 0. Score 0: Not at all satisfied
- 1. Score 1
- 2. Score 2
- 3. Score 3
- 4. Score 4
- 5. Score 5
- 6. Score 6
- 7. Score 7
- 8. Score 8
- 9. Score 9
- 10. Score 10: Completely satisfied

AD5 (PW160, SURS)

Overall, how satisfied are you with the personal relationships you have with relatives, friends, neighbours, colleagues at work, etc.?

Consider the people with whom you spend a lot of time, socialize, are in contact, are close to you, etc.

0 means not satisfied at all, and 10 means completely satisfied.

- 0. Score 0: Not at all satisfied
- 1. Score 1
- 2. Score 2
- 3. Score 3
- 4. Score 4
- 5. Score 5
- 6. Score 6
- 7. Score 7
- 8. Score 8
- 9. Score 9
- 10. Score 10: Completely satisfied

¹⁴ If the selected person is not responding, the name of the selected person is displayed in the question because the questions refer exclusively to the selected person.

AD6 (PW191, SURS)

How much do you trust other people, i.e. people you do not know personally?

Please rate on a scale from 0 to 10, where 0 means that in general you do not trust any other person and 10 that you feel most people can be trusted.

0. Score 0: Do not trust at all

1. Score 1

2. Score 2

3. Score 3

4. Score 4

5. Score 5

6. Score 6

7. Score 7

8. Score 8

9. Score 9

10. Score 10: Trust completely

SAMPLE

Section C: HEALTH

AC1 (PH010)

The following questions will relate to your¹⁵ health.

How is your health in general?

Ignore short-term health problems, e.g. colds, flu, etc.

1. Very good
2. Good
3. Medium
4. Poor
5. Very poor

AC2 (PH020)

Do you have any long-standing illness or long-standing health problem?

A long-term illness or long-term health problem is considered if it lasts or is expected to last for 6 months or more.

1. Yes
2. No

TAC3a (PH030)

Are you currently limited because of a health problem in activities people usually do?

We are interested in limitation due to physical, mental or emotional health problems and illnesses.

1. Yes
2. No

TAC3b (PH030)

Have you been limited for at least the past 6 months?

1. Yes
2. No

TAC3c (PH030)

To what extent are you limited because of a health problem during normal activities?

1. Severely limited
2. Limited but not severely

AC8 (PH060)

Now think of any examination or treatments in the last 12 months that you thought were important to your health. Consider both those that you already had, as well as those that you would need but have not yet had or you haven't attended yet.

Did you need a dental examination or treatment for yourself in the last 12 months?

Also consider an orthodontist.

Consider both preventive, regular, and emergency examination/treatment that you think were important to your health.

1. Yes (you needed a dental examination or treatment at least once)
2. No (you did not need any dental examination or treatment)

AC9 (PH060)

Did you receive a dental examination or treatment every time you needed it?

It doesn't matter if the examination or treatment was on a referral or at own expense.

1. Yes, you had a dental examination or treatment every time you needed it
2. No, at least once you did not have a dental examination or treatment

¹⁵ If the selected person is not the respondent, the name of the selected person is displayed in the question, because the questions refer exclusively to the selected person.

AC10 (PH070)

What was the main reason you did not have a dental examination or treatment?

If there are several reasons, the person must choose the main reason for the most important examination/treatment!

1. You could not afford the costs (too high costs or the costs are not covered by the insurance company)
2. Waiting period
3. You did not have time due to work, child care or care for other persons
4. Too far away or without transport
5. Fear of the dentist, examination, treatment
6. You wanted to wait for the condition to improve on its own
7. You did not know any good dentist
8. Other reasons

AC10a (PH070)

Which ones?

AC4 (PH040)

Did you ever need a medical examination or treatment for yourself in the last 12 months?

Consider both a general practitioner and specialists, e.g. ophthalmologist, gynecologist, cardiologist... Also consider the medical examination for work.

Specialists are: surgeon, allergist, orthopedist, urologist, ophthalmologist, psychiatrist, neurologist...

Also consider a medical examination or treatment in a clinic.

Consider both preventive, regular, and emergency examination/treatment that you think were important to your health.

Consultation by telephone or e-mail is also taken into account.

1. Yes (you needed a medical examination or treatment at least once)
2. No (you did not need any medical examination or treatment)

AC5 (PH040)

Did you receive a medical check-up or treatment every time you needed it?

It doesn't matter if the examination or treatment was on a referral or at own expense.

Consultation by telephone or e-mail is also taken into account.

1. Yes, you received a medical examination or treatment every time you needed it
2. No, at least once you did not receive a medical examination or treatment

AC6 (PH050)

What was the main reason why you did not receive a medical examination or treatment?

If there are several reasons, the person must choose the main reason for the most important examination/treatment!

1. You could not afford the costs (too high costs or the costs are not covered by the insurance company)
2. Waiting period
3. You did not have time due to work, child care or care other persons
4. Too far away or without transport
5. Fear of the doctor, examination, treatment
6. You wanted to wait for the condition to improve on its own
7. You didn't know any good doctor
8. Other reasons

AC6a (PH050)

Which ones?

Section E – Module: ACCESS TO SERVICES

MO_DOSTOP1 (PC280)

The following questions will relate to access to services¹⁶

How often did you use public transport (bus, train, school bus) during in the last 12 months?

If a person drives regularly for one part of the year and not at all for another part, what applies to most of the months of the year is taken into account.

For example, if a person uses the bus regularly for 5 months of the year, but not for the other 7 months, choose answer 4. "Less than once a month".

1. Every day
2. Every week (not every day)
3. Every month (not every week)
4. Less than once a month
5. Never

MO_DOSTOP2 (PC290)

What is the main reason for not using public transport, or not using it more often?

1. It is too expensive
2. No public transport available in the area
3. Physical access too difficult
4. Frequency too low or inconvenient schedules
5. Travel time too long
6. Safety or security concerns
7. Other reason

MO_DOSTOP3 (PC310)

Would you have the right to receive unemployment benefits if you lost your current job?

1. Yes
2. No
3. I do not know

MO_DOSTOP4 (PC320)

Would you be entitled to salary compensation in the case of a possible sick leave (due to illness, injury or to care for a family member)?

1. Yes
2. No
3. I do not know

Questions referring to feeling discriminated

MO_DOSTOP5a (PC330)

In the last 12 months, have you ever used the services of an administrative unit, local office or municipality, healthcare, social work centre, unemployment office, police, etc.? Consider the usage of services in person, by phone, email, or online.

1. Yes
2. No

MO_DOSTOP5b (PC330)

In the last 12 months, have you felt discriminated against when using the services of the administrative unit or other public services (healthcare, social work centre, unemployment office, police, etc.), even if it was only once?

Discrimination means unequal treatment compared to someone else because of different personal circumstances.

1. Yes

¹⁶ If the selected person is not responding, the name of the selected person is displayed in the question, because the question refers exclusively to the selected person.

2. No

MO_DOSTOP6 (PC330)

What was the main reason you personally felt discriminated against when in contact with administrative offices or public services?

Interviewer: Read the listed reasons below!

1. Age (too young/too old)
2. Sex (male/female)
3. Disability or long-term health problem
4. Race, skin colour, citizenship, ethnic origin or nationality
5. Religion/belief
6. Sexual orientation
7. Other reason (for example, income, profession, education level, outward appearance, etc.)

MO_DOSTOP7a (PC340)

In the last 5 years, have you tried to hire or buy an apartment or a house?

The construction of the house is also taken into account.

1. Yes
2. No

MO_DOSTOP7b (PC340)

In the last 5 years, have you felt discriminated against when renting or buying an apartment or a house, even if it was only once?

The construction of the house is also taken into account.

Discrimination means unequal treatment compared to someone else because of different personal circumstances.

1. Yes
2. No

MO_DOSTOP8 (PC340)

What was the main reason you personally felt discriminated against when renting or buying an apartment or a house?

1. Age (too young/too old)
2. Sex (male/female)
3. Disability or long-term health problem
4. Race, skin colour, citizenship, ethnic origin or nationality
5. Religion/belief
6. Sexual orientation
7. Other reason (for example, income, profession, education level, outward appearance, etc.)

MO_DOSTOP9a (PC350)

In the last 12 months, have you been as a student or as a parent or guardian in contact with a person from an educational institution, e.g. schools, colleges, universities?

Various courses and trainings are not taken into account.

If the person was not a student, or a parent or guardian of a student, the answer "No" is chosen.

1. Yes
2. No

MO_DOSTOP9b (PC350)

In the last 12 months, did you feel discriminated against when you were in contact with a person from an educational institution, even if it was only once (as a student or as a parent or guardian)?

Discrimination means unequal treatment compared to someone else because of different personal circumstances.

1. Yes
2. No

MO_DOSTOP10 (PC350)

What was the main reason you personally felt discriminated against when in contact with a person from an educational institution?

1. Age (too young/too old)
2. Sex (male/female)
3. Disability or long-term health problem
4. Race, skin colour, citizenship, ethnic origin or nationality
5. Religion/belief
6. Sexual orientation
7. Other reason (for example, income, profession, education level, outward appearance, etc.)

MO_DOSTOP11 (PC360)

In the last 12 months, have you felt discriminated against in public places, e.g. in a shop, cafe, restaurant, sports and leisure facilities, even if only once?

Discrimination means unequal treatment compared to someone else because of different personal circumstances.

1. Yes
2. No

MO_DOSTOP12 (PC360)

What was the main reason you personally felt discriminated against in public places?

1. Age (too young/too old)
2. Sex (male/female)
3. Disability or long-term health problem
4. Race, skin colour, citizenship, ethnic origin or nationality
5. Religion/belief
6. Sexual orientation
7. Other reason (for example, income, profession, education level, outward appearance, etc.)

Section G: TELEPHONE ACCESSIBILITY AND SURVEY DATA

Gtel1 (SURS)

Do you have a fixed or IP telephone connection in your household?

1. Yes
2. No

Gtel3 (SURS)

Is your phone [number from first wave]?

1. Yes
2. No

Gtel4 (SURS)

Can you tell me the telephone number of the fixed or IP telephone connection?

1. Yes
2. No

Gtel18 (SURS)

Telephone number: | _ | _ | _ | _ | _ | _ | _ | _ | _ |

Information on the mobile phone of the selected person

Gtel7 (SURS)

Is the mobile phone number [Name Surname (year) number printout]?

1. Yes
2. No

Gtel8 (SURS)

Does [Name Surname (year)] use a mobile phone?

Gtel10 (SURS)

Can you tell me the mobile phone number of [Name Surname (year)]?

1. Yes
2. No

Gtel19 (SURS)

Mobile phone number: | _ | _ | _ | _ | _ | _ | _ | _ | _ |

Data on the mobile phone of the person who answered the household questionnaire.

Gtel14 (SURS)

Does [Name Surname (year)] have a mobile phone?

This person was answering questions for the household, so I am interested in the cell phone information for him as well.

1. Yes
2. No

Gtel15 (SURS)

Can you tell me the mobile phone number of [Name Surname (year)]?

1. Yes
2. No

Gtel20 (SURS)

Mobile phone number: | _ | _ | _ | _ | _ | _ | _ | _ | _ |