

All data obtained for the household is confidential and its protection is guaranteed by Act no. 89/1995 Sb., on the state statistical service, as amended.

Person ID	Presence or absence in a household			Questionnaire C (per person)		
	Personal status	1. sample person 2. co-resident	Location where the person moved sample	Results of questionnaire C	Method of completion	Proxy ID
	P3.3	P3.4	P3.5	P4.1	P4.2	P4.3
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal status
1 current household member
2 moved into
3 newly born
4 moved out
5 died
6 still moved out
7 not a part of the interviewed HH

Location where the person moved
1 other private household within the country
2 collective household or institution
3 outside the country
4 not found

Results of questionnaire C
1 completely filled
2 partially filled - income data missing
3 partially filled - income data included, other data missing
4 not filled
5 not applicable

Method of completion
1 in person with an interviewer
2 proxy

The interviewer records the date of the visit with the starting and ending time of the interview. Both is applied to all the questionnaires

day month

starting time : ending time :

P1. Data on dwelling interview

11 Dwelling interviewed

Dwelling not interviewed due to:

21 refusal to cooperate in the survey (unwillingness to disclose information)

22 unable to participate (old age, health reasons)

23 language barrier

24 refusal to cooperate (other reasons)

31 household members not reached

32 not responding (not opening the door, etc.)

33 unusual reasons (e.g. weather factors - flooding)

34 absence of an interviewer

Not applicable (1st wave only) dwelling not interviewed due to:

41 empty flat

42 recreational facility

43 administrative building (offices, shops, etc.)

44 the house does not contain a flat of this number

45 the house does not exist

46 the address does not exist

Not applicable (2nd to 4th wave)

51 household moved within the country

52 household moved to a collective household or institution within the country

53 household moved outside the country

54 no member of the household is alive

55 panel person no longer a member of the household

A1 Identification data

1. Area

2. Pagina

3. Number of administrative district

4. Wave of the survey

5. Current number of households (for completed interview only)

6. Interviewer ID

Municipality:

P2. Dwelling type

1. detached house

2. semi-detached or terraced house

3. flat in a building with less than 10 dwellings

4. flat in a building with more than 10 dwellings

5. other

Comments:

Number of questionnaires

A flat B HH

C persons M Module

Persons involved in the survey

	Date	Name	Signature
Interviewer handed over			
Transcriber			

Data on persons

The following persons are **enrolled**:

In households that are included in the **first year** of the survey, persons who usually live in the selected dwelling and whose intended length of stay in the household is longer than 12 months are enrolled. Persons who are temporarily absent but are not members of any other household, have a clear financial link to the selected household and whose absence does not exceed 12 months shall also be enrolled. The exception is persons studying or working away from home, for whom the length of absence does not matter, but they must have close financial ties to the selected household.

In households that are included in the survey **repeatedly**, all persons from the previous wave of the survey are recorded, both current household members and those who have moved away and died. New arrivals and births who are co-resident with the HH originally surveyed at the previous wave are also enrolled.

Persons who are only temporarily present but have their own household elsewhere (e.g. visitors, persons renting elsewhere) and persons who are absent for a long period of time, whose absence is longer than 12 months, are **not enrolled**. When a household is revisited, persons who do not live in the original household, i.e. members of another separate household that does not contain any panel person, are not enrolled.

Person ID	Name/description of a person	Relationship to the reference person		Relationship to a different person		Sex	Date of birth			Country of birth		Nationality		Country of birth of father		Country of birth of mother		Long-term outside Czechia	
		Description	code	To which person? ID	code		1. male 2. female	year (last two digits)		month	Czechia	other Czechia	Czechia	other	Czechia	other	Czechia	other	1. yes 2. no
P3.1	P3.2	A1				A2	A3	A4	A5	A6.1		A6.2		A6.3		A6.4		A6.5	
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			

A1 Relationship to the reference person

- 1 Reference person
- 2 Partner, husband/wife
- 3 Son, daughter
- 4 Son-in-law, daughter-in-law
- 5 Grandson, Granddaughter
- 6 Father, mother
- 7 Father-in-law, mother-in-law
- 8 Grandfather, grandmother
- 9 Brother, sister
- 10 Uncle, aunt
- 11 Nephew, niece
- 12 Cousin
- 13 Brother-in-law, sister-in-law
- 14 Close relationship to a different person in the HH
- 15 Does not have a close relationship to a reference person or any other member of the HH

A5 Marital status

- 1 never married
- 2 married
- 3 widowed
- 4 divorced

Data on the household's joint financial management

Do all members listed have a joint financial management?

1. yes 2. no

The interviewer must write down all persons normally living in the apartment. The interviewer then finds out whether they are having a joint financial management household. If all registered persons do not financially manage together, indicate the persons who financially manage together within the dwelling/house, i.e. they form a single household (HH). E.g. 1 + 2 + 3, 4 + 5, 6

Person ID	HH 1	HH 2	HH 3	HH 4

Choice of one HH within a dwelling (1st wave only)

If there is more than one HH within the dwelling, the interviewer must choose which one to interview.

- Rules:
- 1.) HH with multiple members is interviewed
 - 2.) when the number of members is the same, the HH with a child is interviewed
 - 3.) if the number of members is the same, the age of the persons is further determined and the "younger" household is interviewed

B8. TRANSFERS BETWEEN HOUSEHOLDS

B8 State the amount of income/expenses that you or someone else in your household received or provided on a regular (recurring) basis in the last calendar year. For lump sums, enter the total for the entire year. Please also try to estimate the value of gifts received or given for the whole of the last calendar year.

	no transfers		received in CZK	provided in CZK
1. alimony and child support	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> A		
2. other recurrent cash transfers (support for students, relatives in other households, repayment of loans from persons outside the household)	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> A		
3. lump sums and unusual payments (cash gifts for Christmas, birthdays, weddings, births, etc.)	<input type="checkbox"/>	A		
4. transfers in kind (products received/donated from own production or business, free meals outside the household, products and services received/donated)	<input type="checkbox"/>	A		

B9. STATE SOCIAL SUPPORT AND SOCIAL WELFARE

B9 Did your household receive any of the following social benefits in the last calendar year? Please indicate the number of months you have received them for and the monthly amount or the amount for the whole year.

	did not receive		number of months	amount in CZK	number of months	amount in CZK
1. child support	<input type="checkbox"/>	M				
2. foster care benefits	<input type="checkbox"/>	M				
3. housing benefits	<input type="checkbox"/>	M				
4. benefits of assistance in material need	<input type="checkbox"/>	M				
5. birth grant	<input type="checkbox"/>	A				
6. funeral grant	<input type="checkbox"/>	A				
7. other social benefits	<input type="checkbox"/>	A				

B10. CARE FOR CHILDREN UNDER 12 (born in 2011 and later)

no children under 12 in the HH

Child's ID	Is the child attending school?		B10 How is the care of children under 12 provided in your household (other than by the parents themselves or foster carers)? How many hours per week does your child spend in these facilities or in the care of another person?					
	yes	no	1. preschool facility	2. compulsory schooling	3. after-school day-care within the school	4. day-care centre	5. nanny, au-pair	6. grandparents, relatives, friends
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						

Thank you very much for participating in this survey

On the follow-up visit, the interviewer will first check with the respondent that the dwelling is of the same size and layout as in the previous year's survey, i.e. no major changes in the number of rooms and size of the dwelling have been made. The interviewer will also check that there has been no change in the method of heating or the type of fuel used. They will also ask if there has been any change in the legal relationship of the household to the dwelling or in the number of households living in the dwelling (merging/division of households).

such change occurred ↓ no such change occurred → B1.5

B1. HOUSING

B1.1 What is the number of rooms available to the household?

number of rooms

B1.2 What is the total area of your flat?

area in m²

B1.3 What is the prevailing form of heating of your house/flat and source of energy or fuel type used for heating?

	1 district heating, block or house boiler-room	2 own central heating	3 local heating (for separate rooms)
Heating method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B1.4. Main energy source, type of fuel	1. electricity	<input type="checkbox"/>	<input type="checkbox"/>
	2. natural gas	<input type="checkbox"/>	<input type="checkbox"/>
	3. LP gas	<input type="checkbox"/>	<input type="checkbox"/>
	4. coal	<input type="checkbox"/>	<input type="checkbox"/>
	5. firewood	<input type="checkbox"/>	<input type="checkbox"/>
	6. solid biofuel (pellet fuel, briquet)	<input type="checkbox"/>	<input type="checkbox"/>
	7. heat pump	<input type="checkbox"/>	<input type="checkbox"/>
	8. solar thermal collector	<input type="checkbox"/>	<input type="checkbox"/>
	9. photovoltaics	<input type="checkbox"/>	<input type="checkbox"/>
	10. fuel oil	<input type="checkbox"/>	<input type="checkbox"/>
	11. other fuel, please specify ↓	<input type="checkbox"/>	<input type="checkbox"/>

B1.5 What is your tenure status in relation to this household?

Ownership	1. flat in an own house	<input type="checkbox"/>	→ B1.6
	2. private ownership of a flat	<input type="checkbox"/>	
	3. cooperative flat	<input type="checkbox"/>	
Other forms	4. rented flat (tenancy, sublease)	<input type="checkbox"/>	→ B1.11
	5. tenant, free rent (e.g. a family member)	<input type="checkbox"/>	→ B1.12

B1 Identification data

1. Area	
2. Pagina	
3. HH ID	

Owners

B1.6 Do you currently pay a mortgage or other loan (e.g. from a savings account) on this house/apartment?

1. yes 2. no → B1.12

B1.7 What is the total monthly payment of your mortgage/loan including principal and interest?

monthly payment in CZK

B1.8 What was the initial amount of your mortgage/loan, i.e. the principal amount?

amount in CZK

B1.9 In which year did you take out your mortgage/loan?

year

B1.10 For how many years was your mortgage/loan arranged?

total repayment period in years

↳ B1.12

Tenants

B1.11 Do you pay rent at a reduced price?

1. yes 2. no

Market price

B1.12 Try to estimate the market price of the apartment/house you live in. It is used to estimate current housing prices in the Czech Republic.

amount in CZK

B2. HOUSING COSTS

B2 List the costs of your main household according to individual expenditure items:			
	does not pay	included in item 1 or 2	amount in CZK
monthly - current			
1 rent	<input type="checkbox"/>		<input type="text"/>
2 payment for the use of the flat	<input type="checkbox"/>		<input type="text"/>
3 repair fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4 services shared by the whole house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5 electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6 central heating and hot water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7 district heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8 water and sewer charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
annual - last calendar year			
9 municipal waste collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10 fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
11 home insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12 other expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

B2.13 To what extent is your total housing cost a financial burden on you?	
1. a heavy burden	<input type="checkbox"/>
2. somewhat a burden	<input type="checkbox"/>
3. not a burden at all	<input type="checkbox"/>

B3. HOUSEHOLD EQUIPMENT

B3 Indicate which of the following items you have in your household. If you do not have the item, provide further explanation.			
	do have	do not have	
		cannot afford	other reason
1. computer/laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. tumble dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4. RENTAL INCOME

B4.1 In the past calendar year, did you or someone else in your household have income from renting real estate (apartment, house, non residential premises, land), or movable property (cars, etc.)?	
1. yes <input type="checkbox"/>	2. no <input type="checkbox"/> → B5.1

B4.2 Indicate the amount of rental income after deducting costs (maintenance, repairs, loan interest, insurance and other fees)? Indicate what type of amount you are reporting.	
rental income in CZK	<input type="text"/>
1. monthly gross income <input type="checkbox"/>	→ B5.1
2. monthly net income <input type="checkbox"/>	
3. annual gross income <input type="checkbox"/>	
4. annual net income <input type="checkbox"/>	
5. unaware of the exact amount <input type="checkbox"/> ↓	

B4.3 Can you give an estimate of the total <u>annual gross</u> amount of your rental income in CZK?			
1. less than 20 000 <input type="checkbox"/>	4. 100 001 - 200 000 <input type="checkbox"/>		
2. 20 001 - 50 000 <input type="checkbox"/>	5. 200 001 - 500 000 <input type="checkbox"/>		
3. 50 001 - 100 000 <input type="checkbox"/>	6. 500 001 and more <input type="checkbox"/>		

B5. PROPERTY TAXES

B5.1 Did you or anyone else in your household pay property tax in the last calendar year? Take into account your main home or any other property (e.g. cottage, other flat, field).		
1. yes <input type="checkbox"/> ↓ B5.2	3. no <input type="checkbox"/>	→ B6.1
2. yes, included in rent/payment for the use of the flat <input type="checkbox"/>		

B5.2 Indicate the amount you had to pay (in CZK)	
main housing	other real estate
<input type="text"/>	<input type="text"/>
total amount <input type="checkbox"/>	
unaware of the exact amount <input type="checkbox"/> ↓	unaware of the exact amount <input type="checkbox"/> ↓
interval code <input type="checkbox"/>	interval code <input type="checkbox"/>
1. less than 1 000	4. 3 001 - 4 000
2. 1 001 - 2 000	5. 4 001 - 5 000
3. 2 001 - 3 000	6. 5 001 and more

Comments:

B6. FINANCIAL SITUATION

B6.1 Can your household itself face unexpected financial expense of 15 600 CZK from its own resources?	
1. yes <input type="checkbox"/>	2. no <input type="checkbox"/>

B6.2 Can your household afford services or products listed below?		
	yes	no
1. paying for one week annual holiday away from home	<input type="checkbox"/>	<input type="checkbox"/>
2. having a meal with meat, chicken, fish or vegetarian equivalent every second day	<input type="checkbox"/>	<input type="checkbox"/>
3. sufficiently heating the flat	<input type="checkbox"/>	<input type="checkbox"/>
4. replacing worn-out furniture	<input type="checkbox"/>	<input type="checkbox"/>

B6.3 Are you repaying any loans from purchases of goods or services on hire purchase or leasing or consumer credit? Don't include housing-related loans.	
1. ano <input type="checkbox"/>	2. ne <input type="checkbox"/> → B6.5

B6.4 What is the financial burden of the repayment of debts from hire purchases or loans?	
1. a heavy burden <input type="checkbox"/>	
2. somewhat a burden <input type="checkbox"/>	
3. not a burden at all <input type="checkbox"/>	

B6.5 At any time in the last 12 months, has your household run into such financial problems that it has been unable to pay any of the following payments on time?				
	yes, once	yes, twice or more	no	not applicable
1. arrears on rental payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. arrears on utility bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. arrears on mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. arrears on hire purchase instalments or other loan payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B6.6 Is your household able to make ends meet based on the household's total monthly income?			
1. with great difficulty <input type="checkbox"/>	4. fairly easily <input type="checkbox"/>		
2. with difficulty <input type="checkbox"/>	5. easily <input type="checkbox"/>		
3. with some difficulty <input type="checkbox"/>	6. very easily <input type="checkbox"/>		

B6.7 What is the change in the household income compared to previous year?	
1. increased <input type="checkbox"/>	→ B6.10
2. remained more or less the same <input type="checkbox"/>	
3. decreased <input type="checkbox"/> → B6.9	

B6.8 State the main reason for <u>increase</u> in income.	
1. indexation/re-evaluation of salary	<input type="checkbox"/>
2. increased working time	<input type="checkbox"/>
3. comeback to job market (illness, parenthood, parental leave, child care or taking care of a person with illness or disability)	<input type="checkbox"/>
4. starting or changed job	<input type="checkbox"/>
5. change in household composition	<input type="checkbox"/>
6. increase in social benefits	<input type="checkbox"/>
7. other	<input type="checkbox"/>

L-B6.10

B6.9 State the main reason for <u>decrease</u> in income.	
1. reduced working time, wage or salary (same job), including self-employment (involuntary)	<input type="checkbox"/>
2. parenthood/ parental leave /child care/ taking care of a person with illness or disability	<input type="checkbox"/>
3. changed job	<input type="checkbox"/>
4. lost job/unemployment/ bankruptcy of (own) enterprise	<input type="checkbox"/>
5. became unable to work because of illness or disability	<input type="checkbox"/>
6. divorce / partnership ended / other change in household composition	<input type="checkbox"/>
7. retirement	<input type="checkbox"/>
8. cut in social benefits	<input type="checkbox"/>
9. other	<input type="checkbox"/>

B6.10 What is your expectation of the household income in the <u>next 12 months</u> ?	
1. increasing	<input type="checkbox"/>
2. remaining the same	<input type="checkbox"/>
3. decreasing	<input type="checkbox"/>

B7. CONSUMPTION OF OWN PRODUCTION

B7 Estimate the quantity of products that your household has consumed over the whole past calendar year from your own production (do not include consumption for animal feed).	
1. meat and meat products (kg)	<input type="text"/>
2. egg (pcs)	<input type="text"/>
3. potatoes (kg)	<input type="text"/>
4. fruit, vegetables (kg)	<input type="text"/>
5. wood from own forest (CZK)	<input type="text"/>
6. other (CZK)	<input type="text"/>
no consumption of own production <input type="checkbox"/>	

Based on the answers to question C2, check the appropriate option and proceed according to the routing:

1. line A or B contains code 1, 2 or 3 in the current month	<input type="checkbox"/>	→ C6
2. line A contains code 5 in the current month	<input type="checkbox"/>	→ C3
3. in the current month, line A is coded 4, 6 to 9 or 0 and line B is either blank or coded 4, 6 to 9	<input type="checkbox"/>	→ C4

C3. UNEMPLOYED

C3 Are you currently registered with the Labour Office and receiving unemployment benefits?

1. I am registered and receiving benefits	<input type="checkbox"/>
2. I am registered and not receiving benefits	<input type="checkbox"/>
3. I am not registered	<input type="checkbox"/>

C4. NON-WORKING

C4 Have you ever been employed or run a business?

1. yes, regular activity of at least 6 months	<input type="checkbox"/>
2. yes, occasional short-term work and temporary jobs	<input type="checkbox"/>
3. no	<input type="checkbox"/>

→ C8.4

C5. FORMER OCCUPATION

C5.1 Describe the main activity of the local unit of the company or organisation where you last worked.

C5.2 What kind of work (profession) did you do? Describe your last main occupation in as much detail as possible.

C5.3 What was your position in your last main job?

1. employee	<input type="checkbox"/>
2. associate	<input type="checkbox"/>
3. self-employed with employees	<input type="checkbox"/>
4. self-employed without employees	<input type="checkbox"/>
5. family worker	<input type="checkbox"/>

C6. CURRENT OCCUPATION

C6.1 Describe the main activity of the local unit of the company or organisation where you currently work.

C6.2 What kind of work (profession) do you do? Describe your current main occupation in as much detail as possible.

C6.3 What is your position in your current main job?

1. employee	<input type="checkbox"/>	→ C6.6
2. associate	<input type="checkbox"/>	
3. self-employed with employees	<input type="checkbox"/>	
4. self-employed without employees	<input type="checkbox"/>	
5. family worker	<input type="checkbox"/>	

C6.4 What type of employment contract do you have in your job?

1. permanent written contract	<input type="checkbox"/>
2. fixed-term written contract	<input type="checkbox"/>
3. agreement on work activity contract	<input type="checkbox"/>
4. agreement on work performance contract	<input type="checkbox"/>
5. verbal agreement, no contract	<input type="checkbox"/>

C6.5 Do you have supervisory responsibility in your current main job?

1. yes	<input type="checkbox"/>	2. no	<input type="checkbox"/>
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C6.6 What is the number of hours usually worked per week in your:

main job	<input type="text" value=""/>	<input type="text" value=""/>
C6.7 other job (if applicable)	<input type="text" value=""/>	<input type="text" value=""/>

C6.8 What is the number of years spent in paid work as employee or self-employed since your first regular job?

number of years	<input type="text" value=""/>	<input type="text" value=""/>
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C18. HEALTH

C18.1 How do you perceive your health in general?

1. very good	<input type="checkbox"/>	4. bad	<input type="checkbox"/>
2. good	<input type="checkbox"/>	5. very bad	<input type="checkbox"/>
3. fair	<input type="checkbox"/>		

C18.2 Do you have any long-standing illness or long-standing health problem? (illnesses or health problems which have lasted, or are expected to last, for 6 months or more).

1. yes	<input type="checkbox"/>
2. no	<input type="checkbox"/>

C18.3 Are you limited because of a health problem in activities people usually do?

1. severely limited	<input type="checkbox"/>
2. limited but not severely	<input type="checkbox"/>
3. not limited at all	<input type="checkbox"/>

→ C18.5

C18.4 Have you been limited for at least the past 6 months?

1. yes	<input type="checkbox"/>	2. no	<input type="checkbox"/>
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C18.5 Was there any time during the last 12 months when you really needed a dental examination or treatment?

1. yes	<input type="checkbox"/>
2. no	<input type="checkbox"/>

→ C18.8

C18.6 Did you have a dental examination or treatment each time you really needed?

1. yes	<input type="checkbox"/>
2. no	<input type="checkbox"/>

→ C18.8

C18.7 What was the main reason for unmet need for dental examination or treatment?

1. could not afford to (too expensive or not covered by the insurance fund)	<input type="checkbox"/>
2. waiting list	<input type="checkbox"/>
3. could not take time because of work, care for children or for others	<input type="checkbox"/>
4. too far to travel/no means of transportation	<input type="checkbox"/>
5. fear of doctors/hospitals/examination/treatment	<input type="checkbox"/>
6. wanted to wait and see if problem got better on its own	<input type="checkbox"/>
7. did not know any good specialist	<input type="checkbox"/>
8. other reason	<input type="checkbox"/>

C18.8 Was there any time during the last 12 months when you really needed a medical examination or treatment (excluding dental)?

1. yes	<input type="checkbox"/>
2. no	<input type="checkbox"/>

→ C19.1

C18.9 Did you have a medical examination or treatment each time you really needed?

1. yes	<input type="checkbox"/>
2. no	<input type="checkbox"/>

→ C19.1

C18.10 What was the main reason for unmet need for medical examination or treatment?

1. could not afford to (too expensive or not covered by the insurance fund)	<input type="checkbox"/>
2. waiting list	<input type="checkbox"/>
3. could not take time because of work, care for children or for others	<input type="checkbox"/>
4. too far to travel/no means of transportation	<input type="checkbox"/>
5. fear of doctors/hospitals/examination/treatment	<input type="checkbox"/>
6. wanted to wait and see if problem got better on its own	<input type="checkbox"/>
7. did not know any good specialist	<input type="checkbox"/>
8. other reason	<input type="checkbox"/>

C19. PERSONAL ATTITUDE

C19.1 Overall, how satisfied are you with your life these days? Please answer on a scale of 0 to 10, where 0 means not at all satisfied and 10 means completely satisfied.

1. satisfaction	<input type="text" value=""/>	<input type="text" value=""/>
2. unable to assess	<input type="checkbox"/>	

C19.2 To what extent do you trust other people? Please answer 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.

1. trust	<input type="text" value=""/>	<input type="text" value=""/>
2. unable to assess	<input type="checkbox"/>	

C15. INCOME TAXES

C15.1 Did you have any taxable income in the last calendar year on which you (or your employer) paid tax?

1. yes

2. no → **C15.3**

C15.2 Are you claiming the following tax reliefs for 2023 from your employer or on your tax return?

1. for a dependent child	number of children	<input type="text"/>
2. for a disabled dependent child (ZTP-P)	number of children	<input type="text"/>
3. for a spouse		<input type="checkbox"/>
4. for a disabled spouse (ZTP-P)		<input type="checkbox"/>
5. for a disability pension recipient (1 st and 2 nd degree)		<input type="checkbox"/>
6. for a disability pension recipient (3 rd degree)		<input type="checkbox"/>
7. for a disability identification card holder (ZTP-P)		<input type="checkbox"/>
8. student discount		<input type="checkbox"/>
9. charitable purposes (gift/donation)		<input type="text"/>
10. interest on housing finance loans		<input type="text"/>
11. supplementary pension insurance		<input type="text"/>
12. life insurance		<input type="text"/>
13. trade union contributions		<input type="text"/>
14. tax loss deduction		<input type="text"/>
15. other reliefs stated in §34 (reinvestment, science)		<input type="text"/>
16. child placement (nursery fees)		<input type="text"/>

C15.3 Have you had certain amounts regularly deducted from your wages, pension or social benefits in the last calendar year due to distraint or insolvency proceedings? If yes, please indicate the number of months and the monthly amount of these deductions.

1. yes number of months
monthly amount in CZK

2. no

C16. SUPPLEMENTARY PENSION INSURANCE

C16.1 Did you make any contributions to your supplementary pension scheme in the last calendar year? If yes, please indicate the number of months and the monthly amount of your (own) contributions in the last calendar year.

1. yes number of months
monthly amount in CZK

2. no

C16.2 Did you receive a regular pension from your supplementary pension scheme in the last calendar year? If yes, please indicate the number of months and the monthly amount of pension received.

1. yes number of months
monthly amount in CZK

2. no

C17. MATERIAL CONDITIONS

C17.1 Do you have at least two pairs of properly fitting shoes, suitable for daily activities including a pair of all-weather shoes?

1. yes 2. no, cannot afford 3. no, other reason

C17.2 Please indicate whether you do the following. For those activities you do not carry out, indicate why.

	yes	no	
		cannot afford	other reason
1. replacing worn-out clothes by some new (not-second hand) clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. getting-together with friends/family/relatives for a drink or a meal at home or elsewhere (restaurant, pub) at least once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. participating regularly in a leisure activity (that costs money) outside home (e.g. sport, cinema, concert)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. spending a small amount of money each week on yourself for your own pleasure (e.g. going to the movies, buying a book)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C8.4 What is your usual economic status?

1. employed

2. unemployed

3. retirement/disability pension

4. unable to work due to health reasons

5. student, pupil

6. fulfilling domestic tasks (including maternity and parental leave)

7. other

Identification data	1. Pagina	<input type="text"/>
	2. ID/ description of a person	<input type="text"/>

Persons under 70 years of age only

C8.5 Have you been unemployed in the last 5 years? If yes, please indicate the duration of your most recent unemployment spell.

1. yes → duration in months

2. no

INCOME IN 2023

C9. INCOME FROM EMPLOYMENT

C9.1 Did you have income from employment in the last calendar year? In addition to income from your main job, please indicate any income from other employment, agreement work and other occasional work.

1. yes 2. no → **C11**

C9.2 Please indicate how much your gross or net income from employment was in the last calendar year (according to the items listed). You can either give your regular monthly (average) income or your total annual income including all allowances and special income.

		number of months	amount in CZK	number of months	amount in CZK
main employment	gross <input type="checkbox"/>	M	<input type="text"/>	<input type="text"/>	<input type="text"/>
	net <input type="checkbox"/>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
other employment	gross <input type="checkbox"/>	M	<input type="text"/>	<input type="text"/>	<input type="text"/>
	net <input type="checkbox"/>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
agreement on work performance contract	gross <input type="checkbox"/>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
	net <input type="checkbox"/>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
agreement on work activity contract	gross <input type="checkbox"/>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>
	net <input type="checkbox"/>	A	<input type="text"/>	<input type="text"/>	<input type="text"/>

C9.3 Did you receive any of the following as extra income in the last calendar year? Enter the gross or net amount of this additional income for the entire last calendar year.

		amount in CZK
1. overtime pay, bonuses (extra pay, payment by results, sales commissions, 13th month pay)	gross <input type="checkbox"/> net <input type="checkbox"/>	<input type="text"/>
2. severance pay	gross <input type="checkbox"/> net <input type="checkbox"/>	<input type="text"/>
3. clothing allowance	gross <input type="checkbox"/> net <input type="checkbox"/>	<input type="text"/>
4. per diem	net	<input type="text"/>
5. gratuity and other income	net	<input type="text"/>
6. not received any extra income/all additional income is already included in C9.2	<input type="checkbox"/>	<input type="text"/>

C10. EMPLOYER BENEFITS

C10.1 In the last calendar year, did your employer provide you with a car, van or other motor vehicle that you could also use for private purposes? If yes, please indicate the duration of use in months.

1. yes	<input type="checkbox"/>	duration	<input type="text"/>
2. did not provide / did not use	<input type="checkbox"/>		

C10.2 Did your employer provide you with meal allowances in the form of company meals or luncheon vouchers in the last calendar year? Estimate the monthly or annual amount of these benefits.

1. monthly	<input type="checkbox"/>	amount in CZK	<input type="text"/>
2. annual	<input type="checkbox"/>		<input type="text"/>
3. did not provide / did not use	<input type="checkbox"/>		

C10.3 Did your employer provide you with a pension or life insurance contribution?

1. yes	<input type="checkbox"/>	annual amount	<input type="text"/>
2. no	<input type="checkbox"/>		

C10.4 Did your employer provide you with any other benefits and non-monetary services, either free of charge or for partial payment? Estimate the annual amount (in CZK) of those you received in the last calendar year.

1. mobile phone, landline	<input type="text"/>
2. language courses	<input type="text"/>
3. fuel allowance, commuter benefits	<input type="text"/>
4. employee discount	<input type="text"/>
5. sport benefits, holiday benefits	<input type="text"/>
6. other benefits	<input type="text"/>

C11. INCOME FROM BUSINESS AND SELF-EMPLOYMENT

C11.1 Did you have any income from business or other self-employment in the last calendar year? If you have income as a cooperating person, please enter the amount broken down as a proportion of the total joint amount.

1. yes	<input type="checkbox"/>	→ C11.2	3. no	<input type="checkbox"/>	→ C12.1
2. yes, as a cooperating person	<input type="checkbox"/>	amount in CZK	<input type="text"/>	→ C12.1	

C11.2 What was your business profit (i.e. the difference between your income and expenses) in the last calendar year? Choose one of the following options to calculate your business income.

1. tax return - gross profit (tax base) in CZK	<input type="text"/>	2. own estimate - profit in CZK	gross <input type="text"/>	net <input type="text"/>
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Have you, either repeatedly, or on a one-off basis, withdrawn or used funds from your business income for private purposes? If yes, please indicate the number of months and regular monthly amounts in the case of recurrent withdrawals, and the annual total in the case of one-off withdrawals.

	no withdrawals	number of months	amount in CZK
C11.3 repeatedly	<input type="checkbox"/>	<input type="text"/>	monthly <input type="text"/>
C11.4 one-off	<input type="checkbox"/>		annual <input type="text"/>

C12. OTHER INCOME FROM EMPLOYMENT

C12.1 In the last calendar year, did you have income from contributions to newspapers, magazines, radio, television or social networks as small royalty payments not exceeding CZK 10,000 per month from the same payer? If yes, please indicate the annual total amount.

1. ano	<input type="checkbox"/>	→ total annual amount in CZK	<input type="text"/>	2. no	<input type="checkbox"/>
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C12.2 Did you have any other income from work in the last calendar year?

1. ano	<input type="checkbox"/>	→ total annual amount in CZK	<input type="text"/>	2. no	<input type="checkbox"/>
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C13. OTHER INCOME

C13 In the last calendar year, did you have any of the following income, either regular or one-off? Always give your net income for the year.

	no	annual amount in CZK
1. income from capital asset interest on bank accounts, deposits and certificates of deposit; shares in the profits of capital companies and cooperatives, dividends on shares; income from securities, bonds, debentures; income from foreign sources	<input type="checkbox"/>	<input type="text"/>
2. income from sales occasional home self-production; sale of agricultural goods as surplus from own production	<input type="checkbox"/>	<input type="text"/>
3. life insurance income insurance benefits in the event of reaching a certain age or in the event of the death of another person	<input type="checkbox"/>	<input type="text"/>
4. income from other types of insurance benefits from other types of insurance (accident, property, home, car, etc.)	<input type="checkbox"/>	<input type="text"/>
5. scholarships, bursaries, grants, apprentice pocket money merit-based, need-based, accommodation scholarship	<input type="checkbox"/>	<input type="text"/>
6. winnings from lotteries, betting, sports and other competitions	<input type="checkbox"/>	<input type="text"/>
7. financial inheritance	<input type="checkbox"/>	<input type="text"/>
8. other incomes compensation for property injustice (restitution), financial compensation and reparation; compensation for vacating a dwelling; state aid and interest on building savings (only in the case of one-off payments)	<input type="checkbox"/>	<input type="text"/>

C14. SOCIAL BENEFITS

C14 Did you receive any of the following types of social benefits in the last calendar year? Indicate the number of months received and the monthly amount. Please also indicate the number of days of sickness or attendance allowance if less than 1 month.

	no	months	amount in CZK	months	amount in CZK
1. unemployment benefits	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
requalification	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. parental leave	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. care allowance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. severance pay, retiring allowance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sickness insurance benefits					
5. sickness benefit	<input type="checkbox"/>	number of days	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. attendance allowance	<input type="checkbox"/>	number of days	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. maternity leave benefit, paternity leave	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension insurance benefits					
Enter the amount of pension in January 2023 or in the 1st month of receipt and the total number of months of pension received in the previous calendar year.					
8. old-age pension	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. widow's and widower's pension	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. disability pension	<input type="checkbox"/>	degree of disability	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. orphan's pension	<input type="checkbox"/>	number of kids	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. entitlement benefit for persons with disability (mobility allowance, grant for special aid)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. other social benefits	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This year, the module questions are divided into several separate topics. The first is the health of children under 15, followed by the material and social conditions of children and care for children under 12. Another topic is home care for adults, public transport, social benefits, and discrimination of people.

MI Identification data	1. Area	<input type="text"/>
	2. Internal Number of household (pagina)	<input type="text"/>
	3. Person's number and description	<input type="text"/>

BM1. HEALTH OF CHILDREN UNDER 16 YEARS OF AGE

INTERVIEWER: Record children born between 2008 to 2024.	There are no children under 16 years of age <input type="checkbox"/> in the household. → BM4.
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BM1.1 How would you describe your child's/children's health in general? (Temporary health issues should not be considered.)

BM1.2 Is your child/children limited because of a health problem in activities most children of the same age usually do?

BM1.3 Has your child/children been limited for at least the past 6 months?

Child's ID	Child's name	Child's health (BM1.1)	Limitations in activities (BM1.2)	Limitation duration (BM1.3)	Codes for BM1: 1 Very good 2 Good 3 Fair (neither good or bad) 4 Bad 5 Very bad
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Codes for BM2: 1 Severely limited 2 Limited but not severely 3 Not limited at all → BM1.4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Codes for BM1.3 1 Yes 2 No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BM1.4 Was there any time during the past 12 months when your child/children really needed medical examination or treatment (excluding dental visit but for some reason you have not visited a pediatrician /specialist

1. Yes, this occurred at least once <input type="checkbox"/>	→ BM1.6
2. No, the child was/children were always examined and treated every time they really needed it <input type="checkbox"/>	
3. None of the kids required medical attention <input type="checkbox"/>	

BM1.6 Was there any time during the past 12 months when your child /children really needed dental examination or treatment , but for some reason you have not visited a dentist/orthodontist

1. Yes, this occurred at least once <input type="checkbox"/>	→ BM2.
2. No, the child was/children were always examined and treated every time they really needed it <input type="checkbox"/>	
3. None of the kids required dental care <input type="checkbox"/>	

BM1.5 What was the main reason for not having a medical examination or treatment?

1. Could not afford to, too expensive, not cover by the insurance <input type="checkbox"/>
2. Waiting list, lengthy to get an appointment <input type="checkbox"/>
3. Unable to take time off work or from caring for other children or of other person <input type="checkbox"/>
4. Too far to travel or no means of transportation <input type="checkbox"/>
5. Other reason <input type="checkbox"/>

BM1.7 What was the main reason for not having a dental examination or treatment?

1. Could not afford to, too expensive, not cover by the insurance <input type="checkbox"/>
2. Waiting list, lengthy to get an appointment <input type="checkbox"/>
3. Unable to take time off work or from caring for other children or of other person <input type="checkbox"/>
4. Too far to travel or no means of transportation <input type="checkbox"/>
5. Other reason <input type="checkbox"/>

BM2. MATERIAL AND SOCIAL CONDITIONS OF CHILDREN UNDER 16 YEARS OF AGE

Record if your child has/children have the following items:			
	Yes	No	
		Cannot afford it	Other reason
BM2.1 Some new (not second-hand) clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BM2.2 Two pairs of properly fitting shoes (including a pair of all-weather shoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BM2.3 Books at home suitable for their age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BM2.4 Outdoor leisure equipment (bike, roller skates, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BM2.5 Games, toys (building kits, board/computer/educational games, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record if your child has/children have the following eating habits:			
	Yes	No	
		Cannot afford it	Other reason
BM2.6 Eat(s) fruit or vegetable at least once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BM2.7 Eat(s) meat, chicken or fish (or vegetarian equivalent) at least once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record if your child is/children are taking part in the following activities:			
	Yes	No	
		Cannot afford it	Other reason
8. Regular leisure activities (swimming, sport, playing an instrument, youth organisations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Celebrations on special occasions (birthdays, name days, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Invite friends round to play or eat from time to time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Go(es) on holiday away from home at least one week per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Do(es) your child/children participate in school trips and school events that cost money/you have to pay for?	<input type="checkbox"/>
1. Yes	<input type="checkbox"/>
2. No, we cannot afford it	<input type="checkbox"/>
3. No, other reason	<input type="checkbox"/>
4. no children are attending school	<input type="checkbox"/> → BM3.

13. Does your child/children attending school in your household have a suitable place to study or do homework (calm, with enough space and light
1. Yes <input type="checkbox"/>
2. No <input type="checkbox"/>

Notes:

BM3. CARE FOR CHILDREN UNDER 12 YEARS OF AGE

There are no children under 12 years of age in the household → **BM4.**

- BM3.1 Is your child [child's name] attending after-school day-care within the school or day-care centre?
 BM3.2 Does your child [child's name] need any or more formal childcare services provided by professional care workers than he/she currently receive?
 BM3.3 What is the main reason for not making use of any formal childcare services or for not making use of more childcare services than received at present?
 BM3.4 Does your household pay for or contribute to the cost of formal childcare services?
 BM3.5 Is your household able to afford to pay for any childcare services provided to all children?

Child's ID	Name of the child	School day-care, day-care centre	Unmet need?	Reason of unmet need	Payment	Financial burden
		1. Yes 2. No	1. Yes 2. No	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	1. Yes 2. No	BM4.
		BM3.1	BM3.2	BM3.3	BM3.4	BM3.5
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerning all children in the household
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BM4. HOME CARE FOR ADULTS

BM4.1 Is there anyone currently living in your household who needs help due to long-term physical or mental ill-health, infirmity or because of old age? This excludes those who only require help temporarily, for example, during recovery.

1. Yes 2. No → **CM.1**

BM4.2 Does the person (these persons) concerned receive any home care services provided by professional health or care workers?

1. Yes 2. No

BM4.3 Does anybody in your household need more home care services provided by professional health or care workers than they currently receive?

1. Yes 2. No → **BM4.5**

BM4.4 Please state the main reason for not receiving home care services provided by professional health or care workers, or for not receiving more care services than received at present.

1. Cannot afford it
 2. Refused by person needing such services
 3. No such care services available
 4. Quality of the services available not satisfactory
 5. Other reasons

INTERVIEWER: If question BM4.2 is answered **no** (code 2), following two questions are not answered and the block of questions **CM1** is moved on.

BM4.5 You mentioned that you or someone in your household uses home care services provided by professional health or care workers. How are these funded?

1. Fully paid by private or public health insurance/social security → **CM1.**
 2. Partially paid by the user/household
 3. Fully paid by the user/household
 4. Don't know

BM4.6 Is your household able to afford to pay for home care services provided by professional health or care workers?

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

CM1. PUBLIC TRANSPORT for all persons aged 16 or over

CM1.1 During the last 12 months, how often did you use public transport (bus, tram, train, underground/metro, etc.)?

1. Daily	<input type="checkbox"/>	→ CM1.3
2. Every week (not every day)	<input type="checkbox"/>	
3. Every month (not every week)	<input type="checkbox"/>	
4. Less than once a month	<input type="checkbox"/>	
5. Never	<input type="checkbox"/>	

CM1.2 What is the main reason for not using public transport, or not using it more often?

1. It is too expensive	<input type="checkbox"/>
2. No public transport available in the area	<input type="checkbox"/>
3. Physical access too difficult	<input type="checkbox"/>
4. Frequency too low or inconvenient schedules	<input type="checkbox"/>
5. Travel time too long	<input type="checkbox"/>
6. Safety or security concerns	<input type="checkbox"/>
7. Other reason (e.g. don't want, don't need)	<input type="checkbox"/>

CM1.3 To what extent were the costs of public transport a financial burden during the last 12 months?

1. Heavy burden	<input type="checkbox"/>
2. Somewhat burden	<input type="checkbox"/>
3. Not a burden at all	<input type="checkbox"/>
4. Other member has already answered	<input type="checkbox"/>

CM2. SOCIAL BENEFITS only for working persons aged 16 or over

CM2.1 If you lost your current main job, would you have the right to receive unemployment benefits?

1. Yes	<input type="checkbox"/>	3. Don't know	<input type="checkbox"/>
2. No	<input type="checkbox"/>		

CM2.2 If you were unable to work because of sickness or injury, would you be entitled to sick pay (sickness benefit) from your social protection scheme?

1. Yes	<input type="checkbox"/>	3. Don't know	<input type="checkbox"/>
2. No	<input type="checkbox"/>		

CM3. DISCRIMINATION for all persons aged 16 or over

Discrimination is the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, sexual orientation, religion, belief, disability, etc.

CM3.1 In the last 12 months, have you personally felt discriminated against when in contact (in person, over the phone or via email) with any administrative offices or public services, even if it was only once (for example: job centre, police, health and social services)?

1. Yes	<input type="checkbox"/>	→ CM3.3
2. No	<input type="checkbox"/>	
3. I have not been in contact with any administrative offices or public services	<input type="checkbox"/>	

CM3.2 What was the main reason you personally felt discriminated against when in contact with administrative offices or public services?

1. Age (too young/ too old)	<input type="checkbox"/>
2. Sex	<input type="checkbox"/>
3. Disability or long-term health problem	<input type="checkbox"/>
4. Immigrant or ethnic origin	<input type="checkbox"/>
5. Other reason (e.g. sexual orientation, religion, outward appearance, etc.)	<input type="checkbox"/>

CM3.3 In the last 5 years, have you personally felt discriminated against (even only once) when trying to rent or buy residential property (house, apartment)?

1. Yes	<input type="checkbox"/>	→ CM3.5
2. No	<input type="checkbox"/>	
3. I was not trying to rent or buy an apartment or a house in the last 5 years	<input type="checkbox"/>	

CM3.4 What was the main reason why you have personally felt discriminated against when trying to rent or buy a residential property (house, apartment) in the last 5 years?

1. Age (too young/ too old)	<input type="checkbox"/>
2. Sex	<input type="checkbox"/>
3. Disability or long-term health problem	<input type="checkbox"/>
4. Immigrant or ethnic origin	<input type="checkbox"/>
5. Other reason (e.g. sexual orientation, religion, outward appearance, etc.)	<input type="checkbox"/>

CM3.5 In the last 12 months, have you personally felt discriminated against (even only once), either as a parent/guardian or as a student, when in contact with somebody from an educational institution (school/college/university)?

1. Yes	<input type="checkbox"/>	→ CM3.7
2. No	<input type="checkbox"/>	
3. I was not in contact with anyone from school/college/university either as a parent/guardian or as a student	<input type="checkbox"/>	

CM3.6 What was the main reason why you personally felt discriminated against when in contact with somebody from an educational institution?

1. Age (too young/ too old)	<input type="checkbox"/>
2. Sex	<input type="checkbox"/>
3. Disability or long-term health problem	<input type="checkbox"/>
4. Immigrant or ethnic origin	<input type="checkbox"/>
5. Other reason (e.g. sexual orientation, religion, outward appearance, etc.)	<input type="checkbox"/>

CM3.7 In the last 12 months, have you personally felt discriminated against (even only once) in public spaces, for example in a shop, café or restaurant, or when using leisure or sports facilities, etc.?

1. Yes	<input type="checkbox"/>	→ The end
2. No	<input type="checkbox"/>	
3. I have not been to these places in the last year	<input type="checkbox"/>	

CM3.8 What was the main reason why you personally felt discriminated against in the public spaces, for example in a shop, café or restaurant, or using leisure or sports facilities, etc.?

1. Age (too young/ too old)	<input type="checkbox"/>
2. Sex	<input type="checkbox"/>
3. Disability or long-term health problem	<input type="checkbox"/>
4. Immigrant or ethnic origin	<input type="checkbox"/>
5. Other reason (e.g. sexual orientation, religion, outward appearance, etc.)	<input type="checkbox"/>

Thank you very much for participating in this survey