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# Euromodule Towards a European Welfare Survey

## Questionnaire

31 / 03 / 1999

English Version

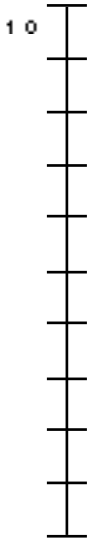
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## Part 1

### Core Questions

- <Germany> indicates example for country name
  - Left column: numbering
  - Right column: filter question
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| Housing  |  |                           |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
|--|--|---------------------------|--------------------------|----------------------|--------------------------|----------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| 1  | <p>How many rooms has your apartment/your house? I mean, without kitchen, bathroom, corridor, storage rooms, and sublet rooms.</p> <p>Number of rooms: _____, _____,</p>   |                           |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| 2  | <p>How is your apartment equipped? Does it have the following amenities?</p> <table border="0"> <thead> <tr> <th></th> <th>yes</th> <th>no</th> </tr> </thead> <tbody> <tr> <td>a) A separate kitchen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) A bath or shower</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) An indoor flushing toilet</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) Hot running water</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) Central heating or electric storage heaters</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f) A place to sit outside, e.g. balcony, terrace or garden</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                           | yes                      | no                   | a) A separate kitchen    | <input type="checkbox"/>         | <input type="checkbox"/> | b) A bath or shower         | <input type="checkbox"/> | <input type="checkbox"/> | c) An indoor flushing toilet | <input type="checkbox"/> | <input type="checkbox"/> | d) Hot running water | <input type="checkbox"/> | <input type="checkbox"/> | e) Central heating or electric storage heaters | <input type="checkbox"/> | <input type="checkbox"/> | f) A place to sit outside, e.g. balcony, terrace or garden | <input type="checkbox"/> | <input type="checkbox"/> |  |
|  | yes  | no                        |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| a) A separate kitchen                                      | <input type="checkbox"/>   | <input type="checkbox"/>  |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| b) A bath or shower  | <input type="checkbox"/>   | <input type="checkbox"/>  |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| c) An indoor flushing toilet                               | <input type="checkbox"/>   | <input type="checkbox"/>  |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| d) Hot running water                                       | <input type="checkbox"/>   | <input type="checkbox"/>  |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| e) Central heating or electric storage heaters             | <input type="checkbox"/>   | <input type="checkbox"/>  |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| f) A place to sit outside, e.g. balcony, terrace or garden | <input type="checkbox"/>   | <input type="checkbox"/>  |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| 3  | <p>Please tell me, which item on this list applies to the housing conditions of your household? (show list)</p> <table border="0"> <tbody> <tr> <td>• renter of an apartment,</td> <td><input type="checkbox"/></td> </tr> <tr> <td>• renter of a house,</td> <td><input type="checkbox"/></td> </tr> <tr> <td>• own or family owned apartment,</td> <td><input type="checkbox"/></td> </tr> <tr> <td>• own or family owned house</td> <td><input type="checkbox"/></td> </tr> <tr> <td>• other?</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>  | • renter of an apartment, | <input type="checkbox"/> | • renter of a house, | <input type="checkbox"/> | • own or family owned apartment, | <input type="checkbox"/> | • own or family owned house | <input type="checkbox"/> | • other?                 | <input type="checkbox"/>     |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| • renter of an apartment,                                  | <input type="checkbox"/>   |                           |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| • renter of a house,                                       | <input type="checkbox"/>   |                           |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| • own or family owned apartment,                           | <input type="checkbox"/>   |                           |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| • own or family owned house                                | <input type="checkbox"/>   |                           |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| • other?   | <input type="checkbox"/>   |                           |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |
| 4  | <p>Please tell me, by means of this list, how satisfied you are - all in all - with your apartment or house?</p> <p>In case you are completely satisfied, please answer "10". If you are completely dissatisfied, please answer "0". If you are neither completely satisfied nor completely dissatisfied, please choose one of the options between "1" and "9".</p> <p>(show scale)</p> <div style="text-align: right;"> <p>10</p>  </div>  |                           |                          |                      |                          |                                  |                          |                             |                          |                          |                              |                          |                          |                      |                          |                          |  |                          |                          |  |                          |                          |  |

| Household Composition and Demography |   |  |
|--------------------------------------|---|--|
| 5                                    | <p>The next questions refer to your household. How many people live in your household including yourself? We mean everyone who lives here normally even if he/she is absent at the moment, e.g. in the hospital or on vacation. Please also include the children.</p> <p>Number: .....</p> <p>(excluding paid employees and persons who pay for rent)</p>   |  |
| 6                                    | <p>How many of them are under 18 years?</p> <p>Number: .....</p>  |  |
| 7                                    | <p>Gender</p> <ul style="list-style-type: none"> <li>• male <input type="checkbox"/></li> <li>• female <input type="checkbox"/></li> </ul>  |  |
| 8                                    | <p>In which year are you born?</p> <p>..... year</p>  |  |
| 9                                    | <p>Were both your parents &lt;country&gt; citizens when you were born?</p> <ul style="list-style-type: none"> <li>• both &lt;country&gt; citizens <input type="checkbox"/></li> <li>• one non-&lt;country&gt; <input type="checkbox"/></li> <li>• both non-&lt;country&gt; <input type="checkbox"/></li> </ul>  |  |
| 10                                   | <p>Did you vote in the last general parliamentary election?</p> <ul style="list-style-type: none"> <li>• yes <input type="checkbox"/></li> <li>• no <input type="checkbox"/></li> <li>• no right to vote <input type="checkbox"/></li> </ul>  |  |
| 11                                   | <p>Type of Community</p> <ul style="list-style-type: none"> <li>• large city <input type="checkbox"/></li> <li>• suburb of large city <input type="checkbox"/></li> <li>• middle-size city <input type="checkbox"/></li> <li>• small city <input type="checkbox"/></li> <li>• village <input type="checkbox"/></li> <li>• rural area <input type="checkbox"/></li> </ul> <p>(filled up by interviewer, according to the classification of national polling)</p> |  |

| Social relations                                    |  |                          |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
|---|--|--------------------------|-----|----|----------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| 12  | <p>Are you currently a member of an organisation or association?<br/>Please look at this list and tell me if you are a member of a:</p> <table border="0"> <thead> <tr> <th></th> <th>yes</th> <th>no</th> </tr> </thead> <tbody> <tr> <td>a) trade union</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) political party</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) neighbourhood association</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) environmental association</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) charity association</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f) church related association</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>g) cultural group like music or theatre group</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>h) sports club or leisure club</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>i) other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>j) not a member of any organisation or association?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          | yes | no | a) trade union | <input type="checkbox"/> | <input type="checkbox"/> | b) political party | <input type="checkbox"/> | <input type="checkbox"/> | c) neighbourhood association | <input type="checkbox"/> | <input type="checkbox"/> | d) environmental association | <input type="checkbox"/> | <input type="checkbox"/> | e) charity association | <input type="checkbox"/> | <input type="checkbox"/> | f) church related association | <input type="checkbox"/> | <input type="checkbox"/> | g) cultural group like music or theatre group | <input type="checkbox"/> | <input type="checkbox"/> | h) sports club or leisure club | <input type="checkbox"/> | <input type="checkbox"/> | i) other | <input type="checkbox"/> | <input type="checkbox"/> | j) not a member of any organisation or association? | <input type="checkbox"/> | <input type="checkbox"/> |  |
|   | yes  | no                       |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| a) trade union                                      | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| b) political party                                  | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| c) neighbourhood association                        | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| d) environmental association                        | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| e) charity association                              | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| f) church related association                       | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| g) cultural group like music or theatre group       | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| h) sports club or leisure club                      | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| i) other  | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| j) not a member of any organisation or association? | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| 13  | <p>Thinking now of close friends – not your husband, or wife, or partner, or family members – but people you feel fairly close to. Do you have a close friend with whom you can discuss intimate and important matters?</p> <ul style="list-style-type: none"> <li>• Yes <input type="checkbox"/></li> <li>• No <input type="checkbox"/></li> </ul>  |                          |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| 14  | <p>And how many close friends do you have?</p> <p>..... number of friends</p>  |                          |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| 15  | <p>How often do you contact your close friends?</p> <ul style="list-style-type: none"> <li>• Nearly daily <input type="checkbox"/></li> <li>• At least one a week <input type="checkbox"/></li> <li>• At least once a month <input type="checkbox"/></li> <li>• Infrequently <input type="checkbox"/></li> </ul>   |                          |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |
| 16  | <p>Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?</p> <ul style="list-style-type: none"> <li>• Most people can be trusted <input type="checkbox"/></li> <li>• Can't be too careful <input type="checkbox"/></li> </ul>   |                          |     |    |                |                          |                          |                    |                          |                          |                              |                          |                          |                              |                          |                          |                        |                          |                          |                               |                          |                          |   |                          |                          |                                |                          |                          |          |                          |                          |   |                          |                          |  |

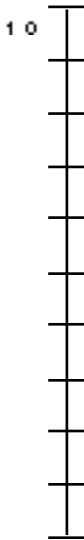
| 17                                      | <p>In all countries there are differences or even conflicts between different social groups. In your opinion, how much conflict is there between...</p> <table border="0"> <thead> <tr> <th></th> <th>very strong</th> <th>strong</th> <th>only weak</th> <th>no conflicts</th> </tr> </thead> <tbody> <tr> <td>a) poor and rich people?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) the unemployed and people with jobs?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Management and workers?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) young people and older people?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) men and women?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f) &lt;Germans&gt; and immigrants?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• very strong conflicts</li> <li>• strong conflicts</li> <li>• only weak conflicts</li> <li>• no conflicts</li> </ul> |   | very strong              | strong                   | only weak | no conflicts | a) poor and rich people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) the unemployed and people with jobs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Management and workers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) young people and older people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) men and women? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) <Germans> and immigrants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|---|--|---|--------------------------|--------------------------|-----------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|   | very strong  | strong  | only weak                | no conflicts             |           |              |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |                            |                          |                          |                          |                          |                                   |                          |                          |                          |                          |                   |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| a) poor and rich people?                | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |           |              |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |                            |                          |                          |                          |                          |                                   |                          |                          |                          |                          |                   |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| b) the unemployed and people with jobs? | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |           |              |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |                            |                          |                          |                          |                          |                                   |                          |                          |                          |                          |                   |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| c) Management and workers?              | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |           |              |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |                            |                          |                          |                          |                          |                                   |                          |                          |                          |                          |                   |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| d) young people and older people?       | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |           |              |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |                            |                          |                          |                          |                          |                                   |                          |                          |                          |                          |                   |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| e) men and women?                       | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |           |              |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |                            |                          |                          |                          |                          |                                   |                          |                          |                          |                          |                   |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| f) <Germans> and immigrants?            | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |           |              |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |                            |                          |                          |                          |                          |                                   |                          |                          |                          |                          |                   |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| 18                                      | <p>At present, are you...</p> <ul style="list-style-type: none"> <li>• single <input type="checkbox"/></li> <li>• married and living with your spouse <input type="checkbox"/></li> <li>• married but separated from your spouse <input type="checkbox"/></li> <li>• widowed <input type="checkbox"/></li> <li>• or divorced? <input type="checkbox"/></li> </ul> <p>(only record actual marital status)</p>   | <p>19</p> <p>20</p> <p>19</p> <p>19</p> <p>19</p> |                          |                          |           |              |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |                            |                          |                          |                          |                          |                                   |                          |                          |                          |                          |                   |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| 19                                      | <p>Do you live with a partner?</p> <ul style="list-style-type: none"> <li>• Yes <input type="checkbox"/></li> <li>• No <input type="checkbox"/></li> </ul>   |   |                          |                          |           |              |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |                            |                          |                          |                          |                          |                                   |                          |                          |                          |                          |                   |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |

## Standard of Living

| 20   | <p>There are different views/opinions about what one needs for a decent living. What is your opinion: What items on this list should every household in your country be able to afford? What could be renounced, what is desirable but not necessarily needed, and what is absolutely necessary?</p> <ul style="list-style-type: none"> <li>• could be renounced</li> <li>• desirable</li> <li>• necessary</li> </ul> <p>(show list)</p> <table border="0"> <thead> <tr> <th></th> <th>could be<br/>renounced</th> <th>desirable</th> <th>necessary</th> </tr> </thead> <tbody> <tr> <td>a) An apartment in which every household member has his own room</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) WC and bath or shower in the apartment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Garden, balcony or terrace</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) One week vacational travel per year</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> 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| c) Garden, balcony or terrace                                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
| d) One week vacational travel per year                           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
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| f) Phone   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
| g) To be able to buy new clothes regularly                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
| h) To be able to replace worn-out furniture                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
| i) To have on average one cooked meal per day                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
| j) To be able to invite friends for dinner once a month          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
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| l) Car   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
| m) Television  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
| n) Washing machine   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
| o) Dishwasher  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |           |           |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |   |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |
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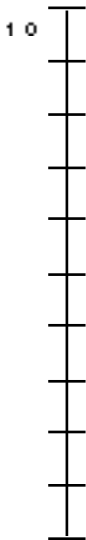
| 21   | <p>Now if you consider your own living conditions, what do you have or can do? What don't you have or can't do because you cannot afford it? What don't you have or do out of other reasons?</p> <ul style="list-style-type: none"> <li>• I have or do it</li> <li>• I can not afford it</li> <li>• I don't have or don't do it out of other reasons</li> </ul> <p>(show list)</p> <table border="0"> <thead> <tr> <th></th> <th>I have or<br/>do it</th> <th>I can not<br/>afford it</th> <th>I don't<br/>have or<br/>do it out<br/>of other<br/>reasons</th> </tr> </thead> <tbody> <tr> <td>a) An apartment in which every household member has his own room</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) WC and bath or shower in the apartment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Garden, balcony or terrace</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) One week vacational travel per year</td> <td><input 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|--|--|--------------------------|--|------------------------|--|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|--|
|  | I have or<br>do it   | I can not<br>afford it   | I don't<br>have or<br>do it out<br>of other<br>reasons |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| a) An apartment in which every household member has his own room | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| b) WC and bath or shower in the apartment                        | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| c) Garden, balcony or terrace                                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| d) One week vacational travel per year                           | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| e) Subscription to a newspaper                                   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| f) Phone   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| g) Buy new clothes regularly                                     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| h) Replace worn-out furniture                                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| i) Have on average one cooked meal per day                       | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| j) Invite friends for dinner once a month                        | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| k) Take the family out for dinner once a month                   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| l) Car   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| m) Television  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| n) Washing machine   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| o) Dishwasher  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| p) Save at least (50 Euro)* per month                            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| q) Private pension plan  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| r) Video-recorder  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |
| s) Computer  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                               |                        |  |  |                          |                          |                          |   |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |                                |                          |                          |                          |          |                          |                          |                          |                              |                          |                          |                          |                               |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |        |                          |                          |                          |               |                          |                          |                          |                    |                          |                          |                          |               |                          |                          |                          |                                       |                          |                          |                          |                         |                          |                          |                          |                   |                          |                          |                          |             |                          |                          |                          |  |

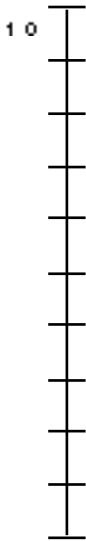


|    |   |  |
|----|---|--|
| 22 | <p>If you were asked to choose one of these five names for your social class, which would you say you belong to?</p> <ul style="list-style-type: none"> <li>• lower class <input type="checkbox"/></li> <li>• working class <input type="checkbox"/></li> <li>• middle class <input type="checkbox"/></li> <li>• upper middle class <input type="checkbox"/></li> <li>• upper class <input type="checkbox"/></li> </ul> |  |
| 23 | <p>What is about your standard of living? I mean goods and services which one can buy like housing, cloth, food, cars, vacation, travel. How satisfied are you, overall, with your standard of living?</p> <div style="text-align: right;">  </div>   |  |

| Income |  |  |
|--------|--|--|
| 24     | <p>Would you please tell me, what the monthly net income of your household is. I mean the total income of all household members, after deduction of taxes and contributions. Please do not forget additional incomes, like for instance housing or child allowances.</p> <p>&lt;currency&gt; .....</p>   |  |
| 25     | <p>(If refused, emphasize anonymity, and show list with income categories, country specific)</p> <p>reference number .....</p>   |  |
| 26     | <p>If you compare your household's present financial situation to that of one year ago, would you say the situation today has...</p> <ul style="list-style-type: none"> <li>• Clearly improved <input type="checkbox"/></li> <li>• Improved somewhat <input type="checkbox"/></li> <li>• Remained the same <input type="checkbox"/></li> <li>• Deteriorated somewhat <input type="checkbox"/></li> <li>• Clearly deteriorated? <input type="checkbox"/></li> </ul> |  |
| 27     | <p>Is your household able to make ends meet...</p> <ul style="list-style-type: none"> <li>• with great difficulty, <input type="checkbox"/></li> <li>• with some difficulty, <input type="checkbox"/></li> <li>• fairly easily, <input type="checkbox"/></li> <li>• very easily? <input type="checkbox"/></li> </ul>   |  |
| 28     | <p>Taking everything into account, how satisfied are you with your household income? Please use the scale from 0 to 10.</p> <div style="text-align: right;"> <p>10</p> </div>  |  |

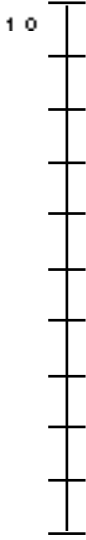
| Health   |  |                          |     |    |   |                          |                          |  |                          |                          |                                   |                          |                          |   |                          |                          |  |                          |                          |  |
|--|--|--------------------------|-----|----|---|--------------------------|--------------------------|--|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| 29   | <p>Are you hampered in your daily activities by any chronic physical or mental health problem, illness or disability?</p> <ul style="list-style-type: none"> <li>• Yes, severely <input type="checkbox"/></li> <li>• Yes, to some extent <input type="checkbox"/></li> <li>• No <input type="checkbox"/></li> </ul>  |                          |     |    |   |                          |                          |  |                          |                          |                                   |                          |                          |   |                          |                          |  |                          |                          |  |
| 30   | <p>Do you need to take medicine regularly? I mean real medicine, not vitamin pills.</p> <ul style="list-style-type: none"> <li>• Yes <input type="checkbox"/></li> <li>• No <input type="checkbox"/></li> </ul>  |                          |     |    |   |                          |                          |  |                          |                          |                                   |                          |                          |   |                          |                          |  |                          |                          |  |
| 31   | <p>Please answer the following questions simply by saying "yes" or "no".</p> <table border="0"> <thead> <tr> <th></th> <th>yes</th> <th>no</th> </tr> </thead> <tbody> <tr> <td>a) Do you often get spells of complete exhaustion or fatigue?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) Do you usually feel unhappy or depressed?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Do you often shake or tremble?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) Are you constantly keyed up and jittery?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) Do frightening thoughts again and again come back in your mind?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          | yes | no | a) Do you often get spells of complete exhaustion or fatigue? | <input type="checkbox"/> | <input type="checkbox"/> | b) Do you usually feel unhappy or depressed? | <input type="checkbox"/> | <input type="checkbox"/> | c) Do you often shake or tremble? | <input type="checkbox"/> | <input type="checkbox"/> | d) Are you constantly keyed up and jittery? | <input type="checkbox"/> | <input type="checkbox"/> | e) Do frightening thoughts again and again come back in your mind? | <input type="checkbox"/> | <input type="checkbox"/> |  |
|  | yes  | no                       |     |    |   |                          |                          |  |                          |                          |                                   |                          |                          |   |                          |                          |  |                          |                          |  |
| a) Do you often get spells of complete exhaustion or fatigue?      | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |   |                          |                          |  |                          |                          |                                   |                          |                          |   |                          |                          |  |                          |                          |  |
| b) Do you usually feel unhappy or depressed?                       | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |   |                          |                          |  |                          |                          |                                   |                          |                          |   |                          |                          |  |                          |                          |  |
| c) Do you often shake or tremble?                                  | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |   |                          |                          |  |                          |                          |                                   |                          |                          |   |                          |                          |  |                          |                          |  |
| d) Are you constantly keyed up and jittery?                        | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |   |                          |                          |  |                          |                          |                                   |                          |                          |   |                          |                          |  |                          |                          |  |
| e) Do frightening thoughts again and again come back in your mind? | <input type="checkbox"/>   | <input type="checkbox"/> |     |    |   |                          |                          |  |                          |                          |                                   |                          |                          |   |                          |                          |  |                          |                          |  |
| 32   | <p>Now I have some questions about your health. All in all, how satisfied are you with your health? Please use the scale from 0 to 10.</p> <div style="text-align: right;"> <p>10</p> </div>   |                          |     |    |   |                          |                          |  |                          |                          |                                   |                          |                          |   |                          |                          |  |                          |                          |  |

| Education and Work |   |                     |
|--------------------|---|---------------------|
| 33                 | <p>What educational degree do you have? Please tell me only the highest general educational degree you have.</p> <p>.....</p> <p>(Educational degrees, country specific, to be coded afterwards according to ISCED; see additional sheet)</p>   |                     |
| 34                 | <p>How satisfied are you with your education?</p> <div style="text-align: right;">  </div>  |                     |
| 35                 | <p>Now we have some questions concerning your occupation. Are you currently working for pay either</p> <ul style="list-style-type: none"> <li>• full-time, <input type="checkbox"/></li> <li>• part-time, <input type="checkbox"/></li> <li>• or are you only occasionally employed, <input type="checkbox"/></li> <li>• are you not employed at all, <input type="checkbox"/></li> <li>• or are you in military service? <input type="checkbox"/></li> </ul> | <p>42</p> <p>44</p> |
| 36                 | <p>Please classify your present occupational status</p> <p>.....</p> <p>list occupational status (see end of core part)</p>   |                     |

|    |  |  |
|----|--|--|
| 37 | Please name your present job<br><br>.....<br><br>(ISCO classification)   |  |
| 38 | What type of professional education or training is usually necessary for the job that you do?<br><br>(show list) <ul style="list-style-type: none"> <li>• no vocational education or particular training <input type="checkbox"/></li> <li>• no vocational education, but fairly lengthy training at the workplace <input type="checkbox"/></li> <li>• no vocational education, but certain courses <input type="checkbox"/></li> <li>• vocational training, non-university <input type="checkbox"/></li> <li>• university education <input type="checkbox"/></li> </ul> |  |
| 39 | How many hours do you normally work per week?<br><br>..... hours per week  |  |
| 40 | Taking everything into consideration, how satisfied or dissatisfied are you with your present job? Please use the scale from 0 to 10. <div style="text-align: right; margin-top: 100px;">           10<br/>  </div>   |  |

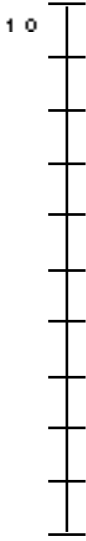
|    |   |    |
|----|---|----|
| 41 | <p>In case you would lose your present job, how difficult would it be to find an equivalent job?</p> <ul style="list-style-type: none"> <li>easy <input type="checkbox"/></li> <li>difficult <input type="checkbox"/></li> <li>practically impossible <input type="checkbox"/></li> </ul>   | 46 |
| 42 | <p>On this list you find several reasons for not being employed. What applies best to your current situation:</p> <ul style="list-style-type: none"> <li>retired <input type="checkbox"/></li> <li>early retirement <input type="checkbox"/></li> <li>permanently disabled, sick <input type="checkbox"/></li> <li>in school, university <input type="checkbox"/></li> <li>retraining <input type="checkbox"/></li> <li>unemployed <input type="checkbox"/></li> <li>homemaker <input type="checkbox"/></li> <li>others <input type="checkbox"/></li> </ul> |    |
| 43 | <p>Have you ever been employed?</p> <ul style="list-style-type: none"> <li>yes <input type="checkbox"/></li> <li>no <input type="checkbox"/></li> </ul>   | 49 |
| 44 | <p>Please classify your last occupational status</p> <p>.....</p> <p>list occupational status (see end of core part)</p>  |    |
| 45 | <p>Please name your last job?</p> <p>.....</p> <p>(ISCO classification)</p>   |    |
| 46 | <p>Have you ever experienced spells of unemployment during the last five years?</p> <ul style="list-style-type: none"> <li>yes <input type="checkbox"/></li> <li>no <input type="checkbox"/></li> </ul>   | 49 |
| 47 | <p>How often have you been unemployed during the last five years?</p> <p>..... (number of spells)</p>   |    |
| 48 | <p>In the last five years, how often have you been unemployed for more than 6 month?</p> <p>..... (number of long-term spells)</p>  |    |

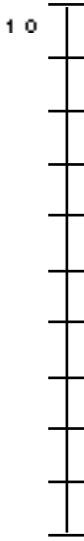
## Personal Environment and Personal Safety

| 49                           | <p>Overall, how satisfied are you with the neighbourhood in which you live?<br/>Please use again this scale (0-10).</p> <div style="text-align: right; margin-right: 50px;">  </div>   |                          |     |    |                      |                          |                          |                              |                          |                          |                        |                          |                          |                       |                          |                          |  |
|------------------------------|---|--------------------------|-----|----|----------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--|
| 50                           | <p>How safe do you feel if you are walking around in this area at night? Do you feel</p> <ul style="list-style-type: none"> <li>• very safe, <span style="float: right;"><input type="checkbox"/></span></li> <li>• rather safe, <span style="float: right;"><input type="checkbox"/></span></li> <li>• rather unsafe, <span style="float: right;"><input type="checkbox"/></span></li> <li>• very unsafe? <span style="float: right;"><input type="checkbox"/></span></li> </ul>   |                          |     |    |                      |                          |                          |                              |                          |                          |                        |                          |                          |                       |                          |                          |  |
| 51                           | <p>Have you yourself during the last 12 months been subjected to any of the following incidents?</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">yes</th> <th style="text-align: center;">no</th> </tr> </thead> <tbody> <tr> <td>a) get things stolen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b) be harassed or threatened</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c) get sexual molested</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d) be beaten and hurt</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> |                          | yes | no | a) get things stolen | <input type="checkbox"/> | <input type="checkbox"/> | b) be harassed or threatened | <input type="checkbox"/> | <input type="checkbox"/> | c) get sexual molested | <input type="checkbox"/> | <input type="checkbox"/> | d) be beaten and hurt | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                              | yes   | no                       |     |    |                      |                          |                          |                              |                          |                          |                        |                          |                          |                       |                          |                          |  |
| a) get things stolen         | <input type="checkbox"/>  | <input type="checkbox"/> |     |    |                      |                          |                          |                              |                          |                          |                        |                          |                          |                       |                          |                          |  |
| b) be harassed or threatened | <input type="checkbox"/>  | <input type="checkbox"/> |     |    |                      |                          |                          |                              |                          |                          |                        |                          |                          |                       |                          |                          |  |
| c) get sexual molested       | <input type="checkbox"/>  | <input type="checkbox"/> |     |    |                      |                          |                          |                              |                          |                          |                        |                          |                          |                       |                          |                          |  |
| d) be beaten and hurt        | <input type="checkbox"/>  | <input type="checkbox"/> |     |    |                      |                          |                          |                              |                          |                          |                        |                          |                          |                       |                          |                          |  |





| 54  | <p>And how satisfied are you, generally speaking, with the environmental situation in our country ? Please use the scale from 0 to 10.</p> <div style="text-align: right; margin-top: 100px;">  </div>   |                          |                                |                          |                                |              |   |                          |                          |                          |                          |                         |                          |                          |                          |                          |                                  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
|---|---|--------------------------|--------------------------------|--------------------------|--------------------------------|--------------|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <p>Indicators of Subjective Well-Being (Global Measures)</p>                        |   |                          |                                |                          |                                |              |   |                          |                          |                          |                          |                         |                          |                          |                          |                          |                                  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| 55  | <p>Now I want to read to you several statements dealing with general problems of life. Please tell me, by help of this list, if you</p> <ul style="list-style-type: none"> <li>• completely agree,</li> <li>• somewhat agree,</li> <li>• somewhat disagree,</li> <li>• or not agree at all with the statement:</li> </ul> <table border="0" style="width: 100%; margin-top: 20px;"> <thead> <tr> <th></th> <th style="text-align: center;">com-<br/>pletely<br/>agree</th> <th style="text-align: center;">some-<br/>what<br/>agree</th> <th style="text-align: center;">some-<br/>what<br/>dis-<br/>agree</th> <th style="text-align: center;">not<br/>agree</th> </tr> </thead> <tbody> <tr> <td>a) I cannot influence most of today's problems,</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b) I often feel lonely,</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c) I don't really enjoy my work,</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d) Life has become so complicated today that I almost can't find my way,</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e) I am very optimistic about the future,</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f) In order to get ahead nowadays you are forced to do things that are not correct.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> |                          | com-<br>pletely<br>agree       | some-<br>what<br>agree   | some-<br>what<br>dis-<br>agree | not<br>agree | a) I cannot influence most of today's problems, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) I often feel lonely, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) I don't really enjoy my work, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Life has become so complicated today that I almost can't find my way, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) I am very optimistic about the future, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) In order to get ahead nowadays you are forced to do things that are not correct. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|   | com-<br>pletely<br>agree  | some-<br>what<br>agree   | some-<br>what<br>dis-<br>agree | not<br>agree             |                                |              |   |                          |                          |                          |                          |                         |                          |                          |                          |                          |                                  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| a) I cannot influence most of today's problems,                                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |                                |              |   |                          |                          |                          |                          |                         |                          |                          |                          |                          |                                  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| b) I often feel lonely,   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |                                |              |   |                          |                          |                          |                          |                         |                          |                          |                          |                          |                                  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| c) I don't really enjoy my work,  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |                                |              |   |                          |                          |                          |                          |                         |                          |                          |                          |                          |                                  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| d) Life has become so complicated today that I almost can't find my way,            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |                                |              |   |                          |                          |                          |                          |                         |                          |                          |                          |                          |                                  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| e) I am very optimistic about the future,   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |                                |              |   |                          |                          |                          |                          |                         |                          |                          |                          |                          |                                  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| f) In order to get ahead nowadays you are forced to do things that are not correct. | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |                                |              |   |                          |                          |                          |                          |                         |                          |                          |                          |                          |                                  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |

|    |  |  |
|----|--|--|
| 56 | <p>What do you mean, how satisfied are you at present with your life in general?</p> <div style="text-align: right;">  </div>   |  |
| 57 | <p>Taking all things together, how would you say things are these days – would you say you are</p> <ul style="list-style-type: none"> <li>• Very happy <input type="checkbox"/></li> <li>• Pretty happy <input type="checkbox"/></li> <li>• Not too happy <input type="checkbox"/></li> <li>• Very unhappy these days? <input type="checkbox"/></li> </ul> |  |

## List *occupational status*

Country specific, German example:

- 10 Unskilled worker
- 11 Semi-skilled worker
- 12 Skilled worker
- 13 Foreman in manual work
- 14 Master craftsman
- 21 Non-manual employee, low qualification
- 22 Non-manual employee, medium qualification
- 23 Non-manual employee, high qualification
- 24 Managing position
- 30 Civil servant, lower level
- 31 Civil servant, medium-level
- 32 Civil servant, higher level
- 34 Military service
- 40 Farmer
- 50 Professional
- 53 Self-employed
- 56 Helping family member
- 60 Apprenticeship
- 64 Trainee

## List *main occupation of respondent (ISCO)*

### Legislators, senior officials and managers

- 11. Legislators and senior officials
- 12. Corporate managers
- 13. General managers

### Professionals

- 21. Physical, mathematical and engineering science professionals
- 22. Life science and health professionals
- 23. Teaching professionals
- 24. Other professionals

### Technicians and associated Professionals

- 31. Physical and engineering science associate professionals
- 32. Life Science and health associate professionals
- 33. Teaching associate professionals
- 34. Other associate professionals

### Clerks

- 41. Office clerks
- 42. Customer services clerks

### Service workers and shop and market sales workers

- 51. Personal and protective service workers
- 52. Models, sales persons and demonstrators

### Skilled agricultural and fishery workers

- 61. Market-oriented skilled agricultural and fishery workers
- 62. Subsistence agricultural and fishery workers

### Craft and related trade workers

- 71. Extraction and building trade workers
- 72. Metal, machinery and related trade workers
- 73. Precision, handicraft, printing and related trade workers
- 74. Other craft and related trades workers

### Plant and machine operators and assemblers

- 81. Stationary-plant and related operators
- 82. Machine operators and assemblers
- 83. Drivers and mobile-plant operators

## Elementary occupations

- 91. Sales and services elementary occupations
- 92. Agricultural, fishery and related labourers
- 93. Labourers in mining, construction, manufacturing and transport

## Armed forces

. armed forces

97. no occupation

98. don't know

. Inapplicable

Note: The respondent's main occupation is the job at which the respondent spends most of the time or if the respondent spends an equal amount of time on two jobs, it is the one from which the respondent earns the most money. For a respondent who is currently working, code current occupation. For a respondent who is retired or not currently working, code last occupation.

Coding conventions shall employ the first two-digits of 1988 ISCO / ILO International Standard Classification of Occupations Code from the International Labour Office, CH-1211, Geneva 22, Switzerland.

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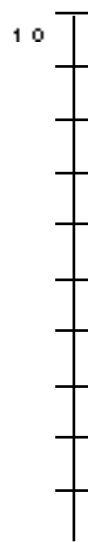
## Part 2

### Optional Questions

- <Germany> indicates example for country name
  - Left column: numbering
  - Right column: filter question
-

| Quality of Society |  |                          |                          |                                |                                |
|--------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------------|
| 58                 | <p>What do you mean? In what degree the following freedoms, rights, life-chances and securities are realized in &lt;country&gt;?<br/>Are they...</p> <ul style="list-style-type: none"> <li>• fully realized,</li> <li>• rather realized,</li> <li>• rather not realized or</li> <li>• not at all realized?</li> </ul> | fully<br>rea-<br>lized   | rather<br>rea-<br>lized  | rather<br>not<br>rea-<br>lized | not<br>at all<br>rea-<br>lized |
|                    | a) Freedom of political participation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | b) Freedom to choose for yourself<br>your occupation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | c) Protection of environment   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | d) Protection of private property  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | e) Just and fair distribution of wealth  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | f) Equality of men and women   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | g) Equality of life chances<br>regardless of origin  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | h) Freedom of free speech<br>always and everywhere   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | i) Freedom of religion/faith   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | j) Protection from crime   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | k) Social security   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | l) Solidarity with the poor and needy  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    | m) Chance to get a job   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       |
| 59                 | <p>What do you mean? Will today's young generation compared with their parents later have a higher, a lower or the same standard of living?</p> <ul style="list-style-type: none"> <li>• higher standard of living,</li> <li>• lower standard of living,</li> <li>• same standard of living,</li> </ul>                |                          |                          | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    |  |                          |                          | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                    |  |                          |                          | <input type="checkbox"/>       | <input type="checkbox"/>       |

|    |   |  |
|----|---|--|
| 60 | <p>How satisfied are you with the health insurance, unemployment insurance, and the pension insurance fund in &lt;country&gt;, what is generally called the "social security system"?</p> |  |
| 61 | <p>Taking everything into account, how satisfied are you with the democratic institutions in our country? Please use the scale from 0 to 10.</p>  |  |





The living conditions among European countries differ quite a lot today, and we would like to get your personal evaluation. Please use these ladders, where the highest field represents very good living conditions and the lowest field stands for very bad living conditions.

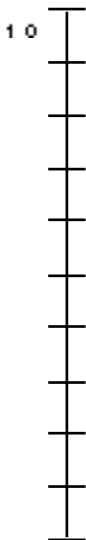
(show ladders)

- First, the <Federal Republic of Germany>. Where on this ladder would you classify the living conditions in <Germany>.
- In comparison to < Germany>, where on the second ladder would you classify the living conditions in Poland?
- Where on the third ladder would you classify the living conditions in France?
- ...in Italy?
- ...in Spain?
- ...in the Netherlands?
- ...in Switzerland?
- ...in Hungary?
- ... in Sweden?

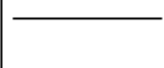
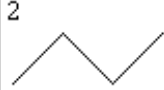
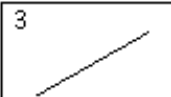


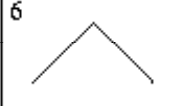
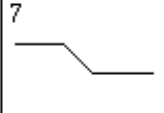
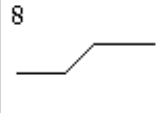
|                             | <Germany><br>(a) | Poland<br>(b) | France<br>(c) | Italy<br>(d) | Spain<br>(e) | The Netherlands<br>(f) | Switzerland<br>(g) | Hungary<br>(h) | Sweden<br>(i) |
|-----------------------------|------------------|---------------|---------------|--------------|--------------|------------------------|--------------------|----------------|---------------|
| very good living conditions |                  |               |               |              |              |                        |                    |                |               |
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|                             |                  |               |               |              |              |                        |                    |                |               |
| very bad living conditions  |                  |               |               |              |              |                        |                    |                |               |

| 63   | <p>Please show how much you agree or disagree with each statement:</p> <ul style="list-style-type: none"> <li>strongly agree</li> <li>agree</li> <li>disagree</li> <li>strongly disagree</li> </ul> <table border="0"> <thead> <tr> <th></th><th>strongly agree</th><th>agree</th><th>dis-agree</th><th>strongly disagree</th></tr> </thead> <tbody> <tr> <td>a) Nobody takes care of what happens to the others.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>b) People are usually selfish and want to misuse the other.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>c) If I do good to somebody, I can hope he/she will treat me well similarly.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>   |                          | strongly agree             | agree                      | dis-agree                  | strongly disagree          | a) Nobody takes care of what happens to the others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) People are usually selfish and want to misuse the other.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) If I do good to somebody, I can hope he/she will treat me well similarly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
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|  | strongly agree   | agree                    | dis-agree                  | strongly disagree          |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| a) Nobody takes care of what happens to the others.                          | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| b) People are usually selfish and want to misuse the other.                  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| c) If I do good to somebody, I can hope he/she will treat me well similarly. | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| Exclusion and Integration  |  |                          |                            |                            |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| 64   | <p>One may have the feeling to be integrated and included into normal social life or to be rather excluded. In your view how important are the following items for being integrated and included into social life. Are they</p> <ul style="list-style-type: none"> <li>very important,</li> <li>important,</li> <li>not so important,</li> <li>or unimportant?</li> </ul> <table border="0"> <thead> <tr> <th></th><th>very im-<br/>por-<br/>tant</th><th>im-<br/>por-<br/>tant</th><th>not so im-<br/>por-<br/>tant</th><th>un-<br/>im-<br/>por-<br/>tant</th></tr> </thead> <tbody> <tr> <td>a) To be in a respectable occupation</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>b) Not to be restricted or handicapped in one's working capabilities</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>c) To be able to operate a computer</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>d) To master a foreign language</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>e) To have a driver's license</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>f) To have an occupational training</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>g) To have friends</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>h) Not to have chronic illness or handicaps</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>i) To have one's own family and children</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>j) To engage in voluntary activities</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>k) To engage in political activities</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>l) To have a higher education</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>m) To have the &lt;German&gt; citizenship</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>n) To have one's own personal income</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> |                          | very im-<br>por-<br>tant   | im-<br>por-<br>tant        | not so im-<br>por-<br>tant | un-<br>im-<br>por-<br>tant | a) To be in a respectable occupation                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Not to be restricted or handicapped in one's working capabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) To be able to operate a computer  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) To master a foreign language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) To have a driver's license | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) To have an occupational training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) To have friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Not to have chronic illness or handicaps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) To have one's own family and children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j) To engage in voluntary activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k) To engage in political activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l) To have a higher education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m) To have the <German> citizenship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n) To have one's own personal income | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|  | very im-<br>por-<br>tant   | im-<br>por-<br>tant      | not so im-<br>por-<br>tant | un-<br>im-<br>por-<br>tant |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| a) To be in a respectable occupation   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| b) Not to be restricted or handicapped in one's working capabilities         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| c) To be able to operate a computer  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| d) To master a foreign language  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| e) To have a driver's license  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| f) To have an occupational training  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| g) To have friends   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| h) Not to have chronic illness or handicaps                                  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| i) To have one's own family and children                                     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| j) To engage in voluntary activities   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| k) To engage in political activities   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| l) To have a higher education  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| m) To have the <German> citizenship  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |
| n) To have one's own personal income   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   |                            |                            |   |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |                                 |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                    |                          |                          |                          |                          |   |                          |                          |                          |                          |  |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                               |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                                      |                          |                          |                          |                          |  |

|    |   |          |
|----|---|----------|
| 65 | <p>Considering your contacts with other people – friends, relatives and people at your workplace – which of these statements fit your situation:</p> <ul style="list-style-type: none"> <li>• I never feel lonely <input type="checkbox"/></li> <li>• Sometimes I feel lonely, but I don't see that as a problem <input type="checkbox"/></li> <li>• Sometimes I feel lonely, and generally I would like to associate more with other people than I am doing now <input type="checkbox"/></li> <li>• I often feel lonely <input type="checkbox"/></li> <li>• I always feel lonely <input type="checkbox"/></li> </ul>   |          |
| 66 | <p>Are your parents or one of your parents still alive?</p> <ul style="list-style-type: none"> <li>• yes <input type="checkbox"/></li> <li>• no <input type="checkbox"/></li> </ul>   | 68<br>67 |
| 67 | <p>Do you have children?</p> <ul style="list-style-type: none"> <li>• yes <input type="checkbox"/></li> <li>• no <input type="checkbox"/></li> </ul>  | 69<br>70 |
| 68 | <p>a) How often do you see or visit your parents or one of your parents?</p> <ul style="list-style-type: none"> <li>• They/she/he live in the same household <input type="checkbox"/></li> <li>• Daily <input type="checkbox"/></li> <li>• At least several times a week <input type="checkbox"/></li> <li>• At least once a week <input type="checkbox"/></li> <li>• At least once a month <input type="checkbox"/></li> <li>• Several times a year <input type="checkbox"/></li> <li>• Less often <input type="checkbox"/></li> </ul> <p>b) And how often do you talk on the phone with your parents or one of your parents?</p> <ul style="list-style-type: none"> <li>• They/she/he live in the same household <input type="checkbox"/></li> <li>• Daily <input type="checkbox"/></li> <li>• At least several times a week <input type="checkbox"/></li> <li>• At least once a week <input type="checkbox"/></li> <li>• At least once a month <input type="checkbox"/></li> <li>• Several times a year <input type="checkbox"/></li> <li>• Less often <input type="checkbox"/></li> </ul> | 70       |

|  |   |  |
|--|---|--|
| 69   | <p>a) How often do you see or visit your child/children?</p> <ul style="list-style-type: none"> <li>• They live in the same household <input type="checkbox"/></li> <li>• Daily <input type="checkbox"/></li> <li>• At least several times a week <input type="checkbox"/></li> <li>• At least once a week <input type="checkbox"/></li> <li>• At least once a month <input type="checkbox"/></li> <li>• Several times a year <input type="checkbox"/></li> <li>• Less often <input type="checkbox"/></li> </ul> <p>b) And how often do you talk on the phone with your child/children?</p> <ul style="list-style-type: none"> <li>• They live in the same household <input type="checkbox"/></li> <li>• Daily <input type="checkbox"/></li> <li>• At least several times a week <input type="checkbox"/></li> <li>• At least once a week <input type="checkbox"/></li> <li>• At least once a month <input type="checkbox"/></li> <li>• Several times a year <input type="checkbox"/></li> <li>• Less often <input type="checkbox"/></li> </ul> |  |
| Objective Living Conditions and Subjective Well-being: Additional Indicators |   |  |
| 70   | <p>Job and leisure time can be of different importance. How important is your job, what applies best to you? Please use the scale from 0 to 10. In case your job is absolutely important, please answer „10“. If it is not important at all, please answer „0“.</p> <p>How important is your leisure time? Please use the scale from 0 to 10.</p> <p>[only to employed respondents, use filter]</p> <div style="text-align: right; margin-top: 100px;">  </div>  |  |

| 71  | <p>And now let us talk about your personal future with respect to the next two to three years. I am going to read you several different aspects and would like you to tell me whether you are...</p> <ul style="list-style-type: none"> <li>• optimistic,</li> <li>• more optimistic than pessimistic,</li> <li>• more pessimistic than optimistic,</li> <li>• pessimistic about them:</li> </ul> <table border="0" data-bbox="272 436 1319 1070"> <thead> <tr> <th></th><th data-bbox="853 436 925 499">opti-<br/>mistic</th><th data-bbox="965 436 1037 629">more<br/>opti-<br/>mistic<br/>than<br/>pessi-<br/>mistic</th><th data-bbox="1077 436 1149 629">more<br/>pessi-<br/>mistic<br/>than<br/>opti-<br/>mistic</th><th data-bbox="1209 436 1281 499">pessi-<br/>mistic</th></tr> </thead> <tbody> <tr> <td>a) further development of your income,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>b) (if employed) security of your job,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>c) development of your cost of living (clothing, rent etc.),</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>d) the environmental situation of where you live,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>e) your opportunities of political influence,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>f) your opportunities to promote in your occupational career?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> |   | opti-<br>mistic                                     | more<br>opti-<br>mistic<br>than<br>pessi-<br>mistic | more<br>pessi-<br>mistic<br>than<br>opti-<br>mistic | pessi-<br>mistic | a) further development of your income, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) (if employed) security of your job, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) development of your cost of living (clothing, rent etc.), | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) the environmental situation of where you live, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) your opportunities of political influence, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) your opportunities to promote in your occupational career? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|---|--|---|---|---|---|------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
|   | opti-<br>mistic  | more<br>opti-<br>mistic<br>than<br>pessi-<br>mistic | more<br>pessi-<br>mistic<br>than<br>opti-<br>mistic | pessi-<br>mistic                                    |   |                  |  |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| a) further development of your income,                        | <input type="checkbox"/>   | <input type="checkbox"/>                            | <input type="checkbox"/>                            | <input type="checkbox"/>                            |   |                  |  |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| b) (if employed) security of your job,                        | <input type="checkbox"/>   | <input type="checkbox"/>                            | <input type="checkbox"/>                            | <input type="checkbox"/>                            |   |                  |  |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| c) development of your cost of living (clothing, rent etc.),  | <input type="checkbox"/>   | <input type="checkbox"/>                            | <input type="checkbox"/>                            | <input type="checkbox"/>                            |   |                  |  |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| d) the environmental situation of where you live,             | <input type="checkbox"/>   | <input type="checkbox"/>                            | <input type="checkbox"/>                            | <input type="checkbox"/>                            |   |                  |  |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| e) your opportunities of political influence,                 | <input type="checkbox"/>   | <input type="checkbox"/>                            | <input type="checkbox"/>                            | <input type="checkbox"/>                            |   |                  |  |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| f) your opportunities to promote in your occupational career? | <input type="checkbox"/>   | <input type="checkbox"/>                            | <input type="checkbox"/>                            | <input type="checkbox"/>                            |   |                  |  |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |
| 72  | <p>And how do you, in general, evaluate your personal future?</p> <ul style="list-style-type: none"> <li>• optimistic, <input type="checkbox"/></li> <li>• more optimistic than pessimistic, <input type="checkbox"/></li> <li>• more pessimistic than optimistic, <input type="checkbox"/></li> <li>• pessimistic? <input type="checkbox"/></li> </ul>  |   |   |   |   |                  |  |                          |                          |                          |                          |  |                          |                          |                          |                          |  |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |  |

| 73                                    | <p>The areas of life which we have talked about so far might be of different importance for the well-being and satisfaction of people. Please tell me for the following areas if they are</p> <ul style="list-style-type: none"> <li>• very important,</li> <li>• important,</li> <li>• not very important,</li> <li>• unimportant</li> </ul> <p>for your well-being and satisfaction:</p> <table border="0"> <thead> <tr> <th></th><th>very<br/>impor-<br/>tant</th><th>impor-<br/>tant</th><th>not<br/>very<br/>impor-<br/>tant</th><th>un-<br/>impor-<br/>tant</th></tr> </thead> <tbody> <tr> <td>a) work,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>b) family,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>c) income,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>d) love and affection,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>e) influence on political decisions,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>f) successful career,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>g) leisure time,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>h) faith,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>i) health,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>j) protection of natural environment,</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>k) protection against crime.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> |                          | very<br>impor-<br>tant        | impor-<br>tant           | not<br>very<br>impor-<br>tant | un-<br>impor-<br>tant | a) work, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) family, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) income, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) love and affection, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) influence on political decisions, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) successful career, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) leisure time, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) faith, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) health, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j) protection of natural environment, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k) protection against crime. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
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|                                       | very<br>impor-<br>tant  | impor-<br>tant           | not<br>very<br>impor-<br>tant | un-<br>impor-<br>tant    |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| a) work,                              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| b) family,                            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| c) income,                            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| d) love and affection,                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| e) influence on political decisions,  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| f) successful career,                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| g) leisure time,                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| h) faith,                             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| i) health,                            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| j) protection of natural environment, | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| k) protection against crime.          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |
| 74                                    | <p>Considering the course of your personal living conditions since 1990 up to now: What picture on this list would be most appropriate? Please give only the number.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">1</div>  </div> <div style="width: 33%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">2</div>  </div> <div style="width: 33%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">3</div>  </div> <div style="width: 33%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">4</div>  </div> <div style="width: 33%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">5</div>  </div> <div style="width: 33%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">6</div>  </div> <div style="width: 33%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">7</div>  </div> <div style="width: 33%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">8</div>  </div> </div> </div>  |                          |                               |                          |                               |                       |          |                          |                          |                          |                          |            |                          |                          |                          |                          |            |                          |                          |                          |                          |                        |                          |                          |                          |                          |                                      |                          |                          |                          |                          |                       |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |            |                          |                          |                          |                          |                                       |                          |                          |                          |                          |                              |                          |                          |                          |                          |  |

|    |   |  |
|----|---|--|
| 75 | <p>Now we would like you to consider your general living conditions once more. On the following scheme you see a series of ladders. The highest field of every ladder represents the best living conditions you can imagine; the lowest field represents the worst living conditions you can imagine.</p> <p>(show ladders)</p> <p>a) First to your current living conditions. Where, on this ladder, would you locate your current living conditions?</p> <p>b) What are your personal future expectations? What do you expect, where on the second ladder would you classify the life you will lead in five years from now?</p> <p>c) Now please recall how it has been five years ago? Where would you classify your living conditions five years ago?</p> <p>d) Nearly everyone has an opinion as to what he or she is entitled to. What do you think, where on the fourth ladder would you classify the living condition you feel you are entitled to.</p> <p>e) And where would you classify the living condition of the people in your neighbourhood?</p> <p>f) And where on the sixth ladder would you classify the living condition of your friends?</p> <div style="text-align: center; margin: 20px 0;"> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Current<br/>Living<br/>Conditions<br/>(=today)</span> <span>Living<br/>Conditions<br/>in 5 years</span> <span>Living<br/>Conditions<br/>5 years ago</span> <span>Living<br/>Conditions ..<br/>entitled to</span> <span>Living<br/>Conditions<br/>neighbourhood</span> <span>Living<br/>Conditions<br/>friends</span> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: x-small;">Best<br/>Living<br/>Conditions</div> <div style="border: 1px solid black; width: 20px; height: 150px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: x-small;">Worst<br/>Living<br/>Conditions</div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 150px;"></div> <div style="border: 1px solid black; width: 20px; height: 150px;"></div> <div style="border: 1px solid black; width: 20px; height: 150px;"></div> <div style="border: 1px solid black; width: 20px; height: 150px;"></div> <div style="border: 1px solid black; width: 20px; height: 150px;"></div> <div style="border: 1px solid black; width: 20px; height: 150px;"></div> </div> </div> </div> |  |
| 76 | <p>Do you work in public service/public sector?</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <div style="text-align: right;"> <input type="checkbox"/><br/> <input type="checkbox"/> </div> </div>   |  |