

sharew9_corona_main_test

Questions

Page 1

CAA001_

Some time ago, we sent you an invitation letter, which also included a data protection statement. Have you received the statement?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 2

CAA102_

In this case, I will then summarise the most important points of the statement for you. Furthermore, I will be pleased to answer any question regarding the protection of your data that you may have.

Prof. Marvin Formosa from the University of Malta in cooperation with SHARE-ERIC are responsible for the implementation of the survey. We, EMCS, are commissioned to carry out the interviews.

The purpose of the study is to provide scientists with data on health, socio-economic status and social and family networks to address their research questions in relation to the process of population ageing.

Participating in this interview is voluntary and the information is kept confidential. We will not record the conversation. During the interview, I will enter your answers in a computer. They will be stored together with a code number only. I.e., your contact details and names are strictly stored separately from the information provided by you during the interview. Your contact details and names will be stored until the end of the SHARE study's last wave of data collection only. After the collection of the individual interviews, they will be compiled and later on be used only for research purposes in different analyses, without the individual researcher knowing your identity. The results of the analyses will be presented in an anonymised form only.

If we should come to any question you don't want to answer, just let me know and I will go on to the next question. Non-participation will not lead to any disadvantages for you. You can also withdraw consent at any time with effect for the future. Furthermore, you have several other data protection rights. In the next step, I will tell you how you can receive more information about your rights.

It is very important for us to make sure that you understood all the information – therefore, please ask any questions that you may still have now.

Do you agree to participate in this study?

IWER: Answer all questions of Respondent.

Answer type: Radiobuttons

Categories:

1. Yes, Respondent consented to participate.
2. No, Respondent refused to participate. No interview possible.

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CAA103_

Thank you. For further information, you can contact us by calling 27772777. Furthermore, we can send the data protection statement to you again. Do you want us to send you the statement once more?

IWER: Provide R sufficient time to note the telephone number.

Answer type: Radiobuttons

Categories:

1. Yes, R wants the data protection statement to be sent again
2. No, R has received information to R's satisfaction

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CAA104_

If you have questions regarding the data protection statement, I will be pleased to answer them. Let me stress that participating in this interview is voluntary and that the information is kept confidential. We will not record the conversation. Instead, during the interview, I will enter your answers in a computer. Your answers will be used only for research purposes in different analyses, without the individual researcher knowing your identity. If we should come to any question you don't want to answer, just let me know and I will go on to the next question.

It is very important for us to make sure that you understood all the information – therefore, please ask any questions that you may still have now.

Do you agree to participate in this study?

IWER: Answer all questions of Respondent.

Answer type: Radiobuttons

Categories:

1. Data protection statement has been provided; Respondent consented to participate.
2. Data protection statement has been provided; Respondent refused to participate. No interview possible.

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CAA105_

IWER: Are you sure that Respondent has refused to participate?

Answer type: Radiobuttons

Categories:

1. Yes, R refused. Terminate interview.
2. No, R consented. Continue interview.

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CADN042_

IWER: Note sex of respondent (ask if unsure).

Answer type: Radiobuttons

Categories:

1. Male
2. Female

Page 7

CADN002_

In which month were you born?

Answer type: Integer

Page 8

CADN003_

In which year were you born?

Answer type: Integer

Page 9

CAS140_

Many people feel older or younger than they actually are. What age do you currently feel?

IWER: Write the age in years.

Answer type: Integer

Page 10

CAHO100_

IWER: Are you interviewing the first respondent in this household?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 11

CAHO037_

How would you describe the area where you live?

IWER: READ OUT.

Answer type: Radiobuttons

Categories:

1. A big city
2. The suburbs or outskirts of a big city
3. A large town
4. A small town
5. A rural area or village

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CAHO136_

What type of building does your household live in?

IWER: READ OUT.

Answer type: Radiobuttons

Categories:

1. A free standing one family house
2. An attached one or two family house, such as row or block of two houses
3. An apartment building with multiple families
4. Nursing home or assisted living facility

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CAHO032_

How many rooms do you have for your household members' personal use, including bedrooms but excluding kitchen, bathrooms, and hallways and any rooms you may let or sublet?

IWER: Do not count boxroom, cellar, attic etc.

Answer type: Integer

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CAA010_

Now I have a set of questions about your health.

Answer type: None

Page 15

CAPH003_

Would you say your health is excellent, very good, good, fair, or poor?

Answer type: Radiobuttons

Categories:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

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CAH102_

If you compare your health now to three months ago, would you say your health has improved, stayed about the same, or worsened?

Answer type: Radiobuttons

Categories:

1. Improved
2. About the same
3. Worsened

Page 17

CAH004_

Do you have any of the following illnesses or health conditions? Please answer yes or no to each category:

IWER: With this we mean that a doctor has told you that you have this condition, and that you are either currently being treated for or bothered by this condition.

IWER: READ OUT.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAH004_1 Hip fracture?

CAH004_2 Diabetes or high blood sugar?

CAH004_3 High blood pressure or hypertension?

CAH004_4 A heart attack including myocardial infarction or coronary thrombosis or any other heart problem including congestive heart failure?

CAH004_5 Chronic lung disease such as chronic bronchitis or emphysema?

CAH004_6 Cancer or malignant tumor, including leukemia or lymphoma, but excluding minor skin cancers?

CAH004_7 Any other illness or health condition?

Categories:

1. Yes

5. No

-1. Don't know

-2. Refusal

Page 18

CAPH105_

For the past six months at least, to what extent have you been limited because of a health problem in activities people usually do?

IWER: READ OUT.

Answer type: Radiobuttons

Categories:

1. Severely limited

2. Limited, but not severely

3. Not limited

Page 19

CAPH089_

For the past six months at least, have you been bothered by any of the following health conditions? Please answer yes or no to each category:

IWER: READ OUT.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAPH089_1 Falling down

CAPH089_2 Fear of falling down

CAPH089_3 Dizziness, faints or blackouts

CAPH089_4 Fatigue

Categories:

1. Yes

- 5. No
- 1. Don't know
- 2. Refusal

Page 20

CAH006_

Do you regularly take prescription drugs?

Answer type: Radiobuttons

Categories:

- 1. Yes
- 5. No

Page 21

CAH007_

Do you take any of the following medicine? Please answer yes or no to each category: Medicine for...

IWER: READ OUT.

Question type: Table

Answer type: Radiobuttons

Subquestions:

- CAH007_1 High blood cholesterol?
- CAH007_2 High blood pressure?
- CAH007_3 Coronary or cerebrovascular diseases?
- CAH007_4 Other heart diseases?
- CAH007_5 Diabetes?
- CAH007_6 Chronic bronchitis?
- CAH007_7 Asthma?

Categories:

- 1. Yes
- 5. No
- 1. Don't know
- 2. Refusal

Page 22

CAH110_

During the last three months, did you ever leave your home?

Answer type: Radiobuttons

Categories:

- 1. Yes

5. No

Page 23

CAH111_

During the last three months, how often did you do each of the following activities? Several times a week, about once a week, less than once a week, or not at all?

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAH111_3 Meeting with more than 5 people from outside your household?

CAH111_6 Go shopping? (Not only for enjoyment, but also for basic needs)

CAH111_7 Go to a post office, bank, or a public office?

CAH111_8 Go to a restaurant or pub?

CAH111_11 Use public transportation?

Categories:

1. Several times a week
2. About once a week
3. Less than once a week
4. Not at all
- 1. Don't know
- 2. Refusal

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CAH113_

During the last three months, did you pay special attention to keeping distance to others when you went outside your home? Was it always, often, sometimes, or never?

Answer type: Radiobuttons

Categories:

1. Always
2. Often
3. Sometimes
4. Never

Page 25

CAH116_

Did you pay special attention to covering cough and sneeze more frequently, about the same, or less frequently during the last three months, as compared to the first wave of the pandemic?

Answer type: Radiobuttons

Categories:

1. More frequently
2. About the same
3. Less frequently

Page 26

CAC140_

On a typical day during the last three months, on average, how many people from outside your household were in close proximity to you for at least 15 minutes?

IWER: Close proximity means less than 2 meter distance.

Answer type: Integer

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CAC142_

Since the outbreak of COVID-19, have you travelled abroad for more than 48 hours?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

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CAC143_

Since the outbreak of Corona, how many times did you travel abroad for more than 48 hours?

Answer type: Integer

Page 29

CAH017_

Did you take any drugs or medicine as a prevention against COVID-19?

IWER: Drugs or medicine can include vitamins or common dietary supplements.

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 30

CAHC117_

Have you been vaccinated against COVID-19?

IWER: Code "yes" if R received at least one vaccination against Covid-19.

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 31

CAHC118_

Do you want to get vaccinated against COVID-19?

IWER: READ OUT.

Answer type: Radiobuttons

Categories:

1. Yes, I already have a vaccination scheduled
2. Yes, I want to get vaccinated
3. No, I do not want to get vaccinated
4. I'm still undecided

Page 32

CAHC884_

In the last 12 months, did you get a flu vaccination?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

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CAHC119_

Did you have a pneumonia vaccination within the last six years, that is a pneumococcal vaccine?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 34

CAH020_

In the last month, have you felt nervous, anxious, or on edge?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 35

CAH121_1

Was that less so, about the same, or more so than during the first wave?

Answer type: Radiobuttons

Categories:

1. Less so
2. About the same
3. More so

Page 36

CAH121_2

Was that less so or about the same as during the first wave?

Answer type: Radiobuttons

Categories:

1. Less so
2. About the same

Page 37

CAMH002_

In the last month, have you been sad or depressed?

IWER: If participant asks for clarification, say 'by sad or depressed, we mean miserable, in low spirits, or blue'.

Answer type: Radiobuttons

Categories:

1. Yes
5. No

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CAMH113_1

Was that less so, about the same, or more so than during the first wave?

Answer type: Radiobuttons

Categories:

1. Less so
2. About the same
3. More so

Page 39

CAMH113_2

Was that less so or about the same as during the first wave?

Answer type: Radiobuttons

Categories:

1. Less so
2. About the same

Page 40

CAMH007_

Have you had trouble sleeping recently?

IWER: DO NOT READ OUT.

Answer type: Radiobuttons

Categories:

1. Trouble with sleep or recent change in pattern
2. No trouble sleeping

Page 41

CAMH118_1

Was that less so, about the same, or more so than during the first wave?

Answer type: Radiobuttons

Categories:

1. Less so
2. About the same
3. More so

Page 42

CAMH118_2

Was that less so or about the same as during the first wave?

Answer type: Radiobuttons

Categories:

1. Less so
2. About the same

Page 43

CAMH037_

How often do you feel lonely? Often, some of the time, or hardly ever or never?

Answer type: Radiobuttons

Categories:

1. Often
2. Some of the time
3. Hardly ever or never

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CAMH148_

Has that been less so, about the same, or more so than during the first wave?

Answer type: Radiobuttons

Categories:

1. Less so
2. About the same
3. More so

Page 45

CAC001_

Now I will ask you about whether you, someone in your family or among your neighbours and friends has been affected by the Corona illness.

Answer type: None

Page 46

CAC102_

^FL_SincelongC;, did you or anyone close to you experience symptoms that you would attribute to the Covid illness, e.g. cough, fever, or difficulty breathing, or loss of sense of taste or smell?

IWER: Respondent can think of people who live close, and people who are close in an emotional sense, like family members.

Answer type: Radiobuttons

Categories:

1. Yes
5. No

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CAC103_

Who was it? Please tell me their relationship to you.

IWER: Check all that applies and enter the number of persons in the checkbox on the right.

IWER: PROBE: 'Any others?'

Answer type: Checkboxes

Categories:

1. Respondent
2. Spouse or partner
3. Parent
4. Child
5. Other household member
6. Other relative outside household
7. Neighbour, friend or colleague
8. Caregiver
97. Other

CAC103_3b

Question type: Inline textfield attached to code 3 of question "CAC103_"

CAC103_4b

Question type: Inline textfield attached to code 4 of question "CAC103_"

CAC103_5b

Question type: Inline textfield attached to code 5 of question "CAC103_"

CAC103_6b

Question type: Inline textfield attached to code 6 of question "CAC103_"

CAC103_7b

Question type: Inline textfield attached to code 7 of question "CAC103_"

CAC103_8b

Question type: Inline textfield attached to code 8 of question "CAC103_"

CAC103_97b

Question type: Inline textfield attached to code 97 of question "CAC103_"

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CAC104_

^FL_SinceC;, have you or anyone close to you been tested for the COVID-19 and the result was positive, meaning that the person had the COVID-19 disease?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 49

CAC105_

Who was tested positive? Please tell me their relationship to you.

IWER: Check all that applies and enter the number of persons in the checkbox on the right.

IWER: PROBE: 'Any others?'

Answer type: Checkboxes

Categories:

1. Respondent
2. Spouse or partner
3. Parent
4. Child
5. Other household member
6. Other relative outside household

7. Neighbour, friend or colleague
8. Caregiver
97. Other

CAC105_3b

Question type: Inline textfield attached to code 3 of question "CAC105_"

CAC105_4b

Question type: Inline textfield attached to code 4 of question "CAC105_"

CAC105_5b

Question type: Inline textfield attached to code 5 of question "CAC105_"

CAC105_6b

Question type: Inline textfield attached to code 6 of question "CAC105_"

CAC105_7b

Question type: Inline textfield attached to code 7 of question "CAC105_"

CAC105_8b

Question type: Inline textfield attached to code 8 of question "CAC105_"

CAC105_97b

Question type: Inline textfield attached to code 97 of question "CAC105_"

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CAC120_

Have you experienced any long-term or lingering effects that you attribute to your COVID-19 illness?

IWER: Check all that apply.

IWER: READ OUT.

Answer type: Checkboxes

Categories:

1. Fatigue
2. Cough, congestion, shortness of breath
3. Loss of taste or smell
4. Headache
5. Body aches, joint pain
6. Chest or abdominal pain
7. Diarrhoea, nausea

8. Confusion
97. Other
98. No symptoms at all

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CAC122_

Did you or do you currently take any drugs to alleviate these symptoms?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 52

CAC130_

How many times have you been tested for COVID-19?

IWER: Please count both positive and negative tests of any kind.

IWER: Read out.

Answer type: Radiobuttons

Categories:

1. Not at all
2. Only once
3. 2-5 times
4. 6-10 times
5. More than 10 times

Page 53

CAC131_

Did you have to pay anything out-of-pocket for any of these tests?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 54

CAC110_

^FL_SinceC;, have you or anyone close to you been hospitalized due to an infection from the Covid-19?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 55

CAC111_

Who was hospitalized? Please tell me their relationship to you.

IWER: Check all that applies and enter the number of persons in the checkbox on the right.

IWER: PROBE: 'Any others?'

Answer type: Checkboxes

Categories:

1. Respondent
2. Spouse or partner
3. Parent
4. Child
5. Other household member
6. Other relative outside household
7. Neighbour, friend or colleague
8. Caregiver
97. Other

CAC111_3b

Question type: Inline textfield attached to code 3 of question "CAC111_"

CAC111_4b

Question type: Inline textfield attached to code 4 of question "CAC111_"

CAC111_5b

Question type: Inline textfield attached to code 5 of question "CAC111_"

CAC111_6b

Question type: Inline textfield attached to code 6 of question "CAC111_"

CAC111_7b

Question type: Inline textfield attached to code 7 of question "CAC111_"

CAC111_8b

Question type: Inline textfield attached to code 8 of question "CAC111_"

CAC111_97b

Question type: Inline textfield attached to code 97 of question "CAC111_"

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CAC113_

^FL_SinceC;, has anyone close to you died due to an infection from the COVID-19?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 57

CAC114_

I am very sorry. Can you tell me who that was?

IWER: Check all that applies and enter the number of persons in the check box on the right.

Answer type: Checkboxes

Categories:

2. Spouse or partner
3. Parent
4. Child
5. Other household member
6. Other relative outside household
7. Neighbour, friend or colleague
8. Caregiver
97. Other

CAC114_3b

Question type: Inline textfield attached to code 3 of question "CAC114_"

CAC114_4b

Question type: Inline textfield attached to code 4 of question "CAC114_"

CAC114_5b

Question type: Inline textfield attached to code 5 of question "CAC114_"

CAC114_6b

Question type: Inline textfield attached to code 6 of question "CAC114_"

CAC114_7b

Question type: Inline textfield attached to code 7 of question "CAC114_"

CAC114_8b

Question type: Inline textfield attached to code 8 of question "CAC114_"

CAC114_97b

Question type: Inline textfield attached to code 97 of question "CAC114_"

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CAQ105_

^FL_SincelongC;, did you forgo medical treatment because you were afraid to become infected by the COVID-19?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 59

CAQ106_

Which type of medical treatment did you forgo? Please answer yes or no to each category. Did you forgo...

IWER: READ OUT.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAQ106_1 Check up at a general practitioner?

CAQ106_2 Check up at a specialist, including a dentist?

CAQ106_3 A planned medical treatment, including an operation?

CAQ106_4 Physiotherapy, psychotherapy, rehabilitation?

CAQ106_97 Some other type of medical treatment?

Categories:

1. Yes
5. No
- 1. Don't know
- 2. Refusal

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CAQ110_

^FL_SinceC;, did you have a medical appointment scheduled, which the doctor or medical facility decided to postpone due to Corona?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

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CAQ111_

Which type of medical treatment had to be postponed? Please answer yes or no to each category:

IWER: READ OUT.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAQ111_1 Check up at a general practitioner?

CAQ111_2 Check up at a specialist, including a dentist?

CAQ111_3 A planned medical treatment, including an operation?

CAQ111_4 Physiotherapy, psychotherapy, rehabilitation?

CAQ111_97 Some other type of medical treatment?

Categories:

1. Yes
5. No
- 1. Don't know
- 2. Refusal

Page 62

CAQ115_

^FL_SinceC;, did you ask for an appointment for a medical treatment and did not get one?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 63

CAQ116_

Which type of medical treatment were you denied? Please answer yes or no to each category. Were you denied...

IWER: READ OUT.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAQ116_1 Check up at a general practitioner?

CAQ116_2 Check up at a specialist, including a dentist?

CAQ116_3 A planned medical treatment, including an operation?

CAQ116_4 Physiotherapy, psychotherapy, rehabilitation?

CAQ116_97 Some other type of medical treatment?

Categories:

1. Yes

5. No

-1. Don't know

-2. Refusal

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CAQ130_

Have you had your deferred appointment or treatment by now?

IWER: READ OUT.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAQ130_1 Check up at a general practitioner?

CAQ130_2 Check up at a specialist, including a dentist?

CAQ130_3 A planned medical treatment, including an operation?

CAQ130_4 Physiotherapy, psychotherapy, rehabilitation?

CAQ130_97 Some other type of medical treatment?

Categories:

1. Yes

5. No

-1. Don't know

-2. Refusal

Page 65

CAQ125_

^FL_SinceC;, were you treated in a hospital?

Answer type: Radiobuttons

Categories:

1. Yes

5. No

Page 66

CAQ127_

How satisfied were you with the way you were treated? Very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Answer type: Radiobuttons

Categories:

1. Very satisfied

2. Somewhat satisfied

3. Somewhat dissatisfied

4. Very dissatisfied

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CAQ128_

Why were you dissatisfied?

IWER: Let R mention all reasons and check all that applies.

Answer type: Checkboxes

Categories:

1. Long waiting time

2. Overcrowded

3. Doctor and nurses did not have time for me

4. Shortage of equipment and supplies

5. Insufficient safety measures against infections

97. Other

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CAQ120_

^FL_SinceC;, did you go to a doctor's office or a medical facility other than a hospital?

Answer type: Radiobuttons

Categories:

1. Yes

5. No

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CAQ121_

Was this related to Corona?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 70

CAQ122_

How satisfied were you with the way you were treated? Very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Answer type: Radiobuttons

Categories:

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

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CAQ123_

Why were you dissatisfied?

IWER: Let R mention all reasons and check all that applies.

Answer type: Checkboxes

Categories:

1. Long waiting time
2. Overcrowded
3. Doctor and nurses did not have time for me
4. Shortage of equipment and supplies
5. Insufficient safety measures against infections
97. Other

Page 72

CAQ118_

Since the outbreak of Corona, how many remote medical consultations over the phone, computer, or any other

electronic means, did you have, if any, with or without video?

Answer type: Integer

Page 73

CAQ119_

Was that less so, about the same, or more so as compared to before the outbreak of Corona?

Answer type: Radiobuttons

Categories:

1. Less so
2. About the same
3. More so

Page 74

CAW001_

I now turn to the work consequences of the Corona crisis, first to your work situation.

Answer type: None

Page 75

CAEP005_

Which of the following best describes your **current** employment situation?

IWER: Code only one.

IWER: Only if Respondent is in doubt then refer to the following: 1. Retired (retired from own work, including semi-retired, partially retired, early retired, pre-retired). Retired refers to retired from own work only. Recipients of survivor pensions who do not receive pensions from own work should not be coded as retired. If they do not fit in categories 2 through 5, they should go into other.

IWER: READ OUT.

Answer type: Radiobuttons

Categories:

1. Retired
2. Employed or self-employed (including working for family business)
3. Unemployed
4. Permanently sick or disabled
5. Homemaker
97. Other

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CAW102_

^FL_SincelongC;, have you become unemployed, furloughed, laid off, or had to close your business?

IWER: Business closure can be both temporarily or permanently.

Answer type: Radiobuttons

Categories:

1. Yes
5. No
99. Does not apply (e.g., Retired, Permanently sick or disabled, Homemaker)

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CAW103_

How long **in total** were you unemployed, furloughed, laid off or had to close your business?

*IWER: Number in **weeks** in total. If several episodes, please add them up.*

Count 4 weeks for each full month; count 1 for part of one week.

Answer type: Integer

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CAEP100_

Did you retire after the outbreak of COVID-19?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

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CAEP101_

When did you retire?

Question type: Mixed table

Subquestions:

CAEP101_2 Month (1-12):

Answer type: Integer

CAEP101_1 Year:

Answer type: Integer

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CAEP102_

Did you retire as planned, earlier, or later than planned?

Answer type: Radiobuttons

Categories:

1. As planned
2. Earlier than planned
3. Later than planned

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CAEP103_

Was this due to the outbreak of COVID-19?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 82

CAW110_

During the pandemic some people worked at home, some at their usual work place and others at some other workplace. How would you describe your work situation ^FL_sinces;? Please answer yes or no to each category.

IWER: Code all that apply.

IWER: Read out.

Answer type: Checkboxes

Categories:

1. Worked from home
2. Worked at the usual work place outside the home
3. Worked elsewhere, at a different work place

Page 83

CAW111_

Where did you mainly work?

Answer type: Radiobuttons

Categories:

1. Worked mainly from home
2. Worked mainly at the usual work place outside the home
3. Worked mainly elsewhere

Page 84

CAW117_

How safe did you feel health-wise at your work place? Was it very safe, somewhat safe, somewhat unsafe, or very unsafe?

Answer type: Radiobuttons

Categories:

1. Very safe
2. Somewhat safe
3. Somewhat unsafe
4. Very unsafe

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CAW121_

Did you work shorter hours ^{^FL_sincelongs};

IWER: This only relates to the time when R actually worked. Working shorter hours can refer to both temporary or permanent changes in R's working hours.

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 86

CAW122_

What was the lowest number of hours worked in a single week?

IWER: This only relates to the time when R actually worked.

Answer type: Integer

Page 87

CAW123_

In which month and year was that?

IWER: If R mentions only one month, then enter this month and the year in the section "Begin of first occurrence" and leave the second section empty. If R mentions a period of time or several months then fill in both sections.

Question type: Mixed table

Subquestions:

CAW123_header1 *Begin of first occurrence:*

Answer type: None

CAW123_1 *Month (1-12):*

Answer type: Integer

CAW123_2 *Year:*

Answer type: Integer

CAW123_header2

Last occurrence:

Answer type: None

CAW123_3 *Month (1-12):*

Answer type: Integer

CAW123_4 *Year:*

Answer type: Integer

Page 88

CAW124_

Did you work longer hours ^FL_sincelongs;? Please include overtime.

IWER: Working longer hours can refer to both temporary or permanent changes in R's working hours.

Answer type: Radiobuttons

Categories:

1. Yes

5. No

Page 89

CAW125_

What was the highest number of hours worked in a single week?

Answer type: Integer

Page 90

CAW126_

In which month and year was that?

IWER: If R mentions only one month, then enter this month and the year in the section "Begin of first occurrence" and leave the second section empty. If R mentions a period of time or several months then fill in both sections.

Question type: Mixed table

Subquestions:

CAW126_header1 *Begin of first occurrence:*

Answer type: None

CAW126_1 Month (1-12):

Answer type: Integer

CAW126_2 Year:

Answer type: Integer

CAW126_header2

Last occurrence:

Answer type: None

CAW126_3 Month (1-12):

Answer type: Integer

CAW126_4 Year:

Answer type: Integer

Page 91

CAE103_

^FL_SincelongC;, did you receive additional **financial support that was due to the Corona crisis** from your employer, the government, relatives, friends, and/or others?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 92

CAE104_

Who gave you this financial support?

IWER: Check all that applies.

IWER: Probe: "Any others?"

Answer type: Checkboxes

Categories:

1. Employer
2. Government
3. Relatives
4. Friends
97. Others

Page 93

CAE114_

Which type of support was this?

IWER: Check all that apply.

Answer type: Checkboxes

Categories:

1. Wage guarantee fund
2. Unemployment benefits
3. Social assistance
4. Other

Page 94

CAE001_

IWER: Are you interviewing the first respondent in this household?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 95

CAE002_

I now want to ask you about your household's financial situation.

Answer type: None

Page 96

CAE100_

Has your monthly household income been the same every month ^FL_sincelongs;?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 97

CAE105_

What was the highest overall monthly income, after taxes and contributions, that your entire household had, including any financial support you may have received, ^FL_sinces;?

IWER: Enter an amount in Euro.

Answer type: Integer

Page 98

CAE106_

In which month and year was that?

IWER: If R mentions only one month, then enter this month and the year in the section "Begin of first occurrence" and leave the second section empty. If R mentions a period of time or several months then fill in both sections.

Question type: Mixed table

Subquestions:

CAE106_header1 *Begin of first occurrence:*

Answer type: None

CAE106_1 Month (1-12):

Answer type: Integer

CAE106_2 Year:

Answer type: Integer

CAE106_header2

Last occurrence:

Answer type: None

CAE106_3 Month (1-12):

Answer type: Integer

CAE106_4 Year:

Answer type: Integer

Page 99

CAE107_

What was the lowest overall monthly income, after taxes and contributions, that your entire household had, including any financial support you may have received, ^FL_sinces;?

IWER: Enter an amount in Euro.

Answer type: Integer

Page 100

CAE108_

In which month and year was that?

IWER: If R mentions only one month, then enter this month and the year in the section "Begin of first occurrence" and leave the second section empty. If R mentions a period of time or several months then fill in both sections.

Question type: Mixed table

Subquestions:

CAE108_header1 *Begin of first occurrence:*

Answer type: None

CAE108_1 Month (1-12):

Answer type: Integer

CAE108_2 Year:

Answer type: Integer

CAE108_header2

Last occurrence:

Answer type: None

CAE108_3 Month (1-12):

Answer type: Integer

CAE108_4 Year:

Answer type: Integer

Page 101

CAE109_

Considering when your overall monthly household income was at its lowest ^{^FL_sinces;}, which types of income were lower than in a normal month before the Corona crisis?

IWER: Code all that apply.

IWER: READ OUT.

Answer type: Checkboxes

Categories:

1. Earnings
2. Pension
3. Business income
4. Income from rent
5. Income from interest, dividends
6. Support from family or relatives
7. Support from the government
8. Other, please specify:
98. (Spontaneous) None of these

CAE110_

Question type: Inline textfield attached to code 8 of question "CAE109_"

Page 102

CASR006_

Please think back to when you were around 45 years old. Suppose you could re-do your spending and saving from then to now, would you...

IWER: READ OUT.

Answer type: Radiobuttons

Categories:

1. spend less and save more over the years?
2. spend and save about the same over the years?
3. spend more and save less over the years?

Page 103

CACO107_

Thinking of your household's total monthly income ^FL_sinces;, would you say that your household has been able to make ends meet with great difficulty, with some difficulty, fairly easily, or easily?

Answer type: Radiobuttons

Categories:

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

Page 104

CAE111_

^FL_SinceC;, did you ever need to postpone regular payments such as rent, mortgage and loan payments, and/or utility bills?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 105

CAE112_

^FL_SinceC;, did you ever need to dip into your savings to cover the necessary day-to-day expenses?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

9. *I had no savings (spontaneous only)*

Page 106

CAE120_

In case your household would lose all earnings and business income, for how many months could you live on your savings?

IWER: Answer in number of months.

Answer type: Integer

Page 107

CAS001_

I would now like to hear about the kinds and frequency of contacts that you had with your family and friends from outside your home.

Answer type: None

Page 108

CAS103_

During the last three months, how often did you have personal contact, that is, face to face, with the following people from outside your home? Was it daily, several times a week, about once a week, less often, or never?

IWER: Read out each relationship and check the appropriate answer.

If respondent does not have any living parents, children, grandchildren or relatives, code 'Not applicable'.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAS103_1 Own children:

CAS103_5 Own grandchildren:

CAS103_2 Own parents:

CAS103_3 Other relatives:

CAS103_4 Other non-relatives like neighbours, friends, or colleagues:

Categories:

1. Daily
2. Several times a week
3. About once a week
4. Less often
5. Never

99. *Not applicable*

-1. *Don't know*

-2. Refusal

Page 109

CAS104_

During the last three months, how often did you have contact by phone, email or any other electronic means with the following people from outside your home? (Was it daily, several times a week, about once a week, less often, or never?)

IWER: Read out each relationship and check the appropriate answer.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAS104_1 Own children:

CAS104_2 Own parents:

CAS104_3 Other relatives:

CAS104_4 Other non-relatives like neighbours, friends, or colleagues:

Categories:

1. Daily
2. Several times a week
3. About once a week
4. Less often
5. Never

-1. Don't know

-2. Refusal

Page 110

CAS110_

Since the outbreak of corona, have you helped the following people outside your home to obtain necessities, e.g. food, medications, or emergency household repairs? Please answer yes or no to each category.

IWER: Read out each relationship and check the appropriate answer.

If respondent does not have any living parents, children, or relatives, code 'Not applicable'.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAS110_1 Own children:

CAS110_2 Own parents:

CAS110_3 Other relatives:

CAS110_4 Other non-relatives like neighbours, friends, or colleagues:

Categories:

1. Yes
5. No
99. Not applicable
- 1. Don't know

-2. *Refusal*

Page 111

CAS111_1

Compared to the first wave of the pandemic, how often did you help your **own children** to obtain necessities in the last three months, e.g. food, medications, or emergency household repairs? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 112

CAS111_2

Compared to the first wave of the pandemic, how often did you help your **own parents** to obtain necessities in the last three months, e.g. food, medications, or emergency household repairs? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 113

CAS111_3

Compared to the first wave of the pandemic, how often did you help your **other relatives** to obtain necessities in the last three months, e.g. food, medications, or emergency household repairs? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 114

CAS111_4

Compared to the first wave of the pandemic, how often did you help **other non-relatives like neighbours, friends, or colleagues** to obtain necessities in the last three months, e.g. food, medications, or emergency household repairs? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 115

CAS112_

Since the outbreak of corona, have you provided personal care to the following people outside your home? Please answer yes or no to each category.

IWER: Read out each relationship and check the appropriate answer.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAS112_1 Own children:

CAS112_2 Own parents:

CAS112_3 Other relatives:

CAS112_4 Other non-relatives like neighbours, friends, or colleagues:

Categories:

1. Yes
5. No
- 1. Don't know
- 2. Refusal

Page 116

CAS113_1

Compared to the first wave of the pandemic, how often did you provide personal care to your **own children** in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 117

CAS113_2

Compared to the first wave of the pandemic, how often did you provide personal care to your **own parents** in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 118

CAS113_3

Compared to the first wave of the pandemic, how often did you provide personal care to your **other relatives** in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 119

CAS113_4

Compared to the first wave of the pandemic, how often did you provide personal care to **other non-relatives like neighbours, friends, or colleagues** in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 120

CAS115_

During the last three months, did you do any volunteering activity?

Answer type: Radiobuttons

Categories:

1. Yes

5. No

Page 121

CAS116_

Was it less often, about the same, or more often than the volunteering that you did during the first wave of the pandemic?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 122

CAS120_

Since the outbreak of corona, were you helped by the following people from outside your home to obtain necessities, e.g. food, medications or emergency household repairs? Please answer yes or no to each category.

IWER: Read out each relationship and check the appropriate answer.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAS120_1 Own children:

CAS120_2 Own parents:

CAS120_3 Other relatives:

CAS120_4 Other non-relatives like neighbours, friends, or colleagues:

Categories:

1. Yes
5. No
- 1. Don't know
- 2. Refusal

Page 123

CAS121_1

Compared to the first wave of the pandemic, how often were you helped by your **own children** to obtain necessities in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same

3. More often

Page 124

CAS121_2

Compared to the first wave of the pandemic, how often were you helped by your **own parents** to obtain necessities in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 125

CAS121_3

Compared to the first wave of the pandemic, how often were you helped by your **other relatives** to obtain necessities in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 126

CAS121_4

Compared to the first wave of the pandemic, how often were you helped by **other non-relatives like neighbours, friends, or colleagues** to obtain necessities in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 127

CAS125_

During the last three months, did you regularly receive home care, provided by someone not living in your

household?

IWER: Care providers may be professionals, relatives, or friends.

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 128

CAS130_

During the last three months, did you regularly receive home care provided by the following people from outside your home? Please answer yes or no to each category.

IWER: Read out each relationship and check the appropriate answer.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAS130_1 Own children:

CAS130_2 Own parents:

CAS130_3 Other relatives:

CAS130_4 Other non-relatives like neighbours, friends, or colleagues:

CAS130_5 Professional care providers:

Categories:

1. Yes
5. No
- 1. Don't know
- 2. Refusal

Page 129

CAS131_1

Compared to the first wave of the pandemic, how often did you receive home care from your **own children** in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 130

CAS131_2

Compared to the first wave of the pandemic, how often did you receive home care from your **own parents** in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 131

CAS131_3

Compared to the first wave of the pandemic, how often did you receive home care from your **other relatives** in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 132

CAS131_4

Compared to the first wave of the pandemic, how often did you receive home care from **other non-relatives like neighbours, friends, or colleagues** in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 133

CAS131_5

Compared to the first wave of the pandemic, how often did you receive home care from **professional care providers** in the last three months? Less often, about the same, or more often?

Answer type: Radiobuttons

Categories:

1. Less often
2. About the same
3. More often

Page 134

CAS126_

During the last three months, did you face difficulties in getting the amount of home care that you need?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 135

CAS127_

Which difficulties were they?

IWER: Let R mention all difficulties and check all that apply.

Answer type: Checkboxes

Categories:

1. I had to pay more to get the help I need.
2. People who provided care to me came less regularly to my home.
3. People who provided care to me could not come to my home.
4. I could not go to the places I needed to for receiving care, e.g. to family members, friends, or care facilities.
5. Other difficulties, please specify:

CAS150_

Question type: Inline textfield attached to code 5 of question "CAS127_"

Page 136

CAIT104_

Since the outbreak of COVID-19, have you used the Internet, for e-mailing, searching for information, making purchases, or for any other purpose at least once?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 137

CAIT105_

In general, is your Internet connection adequate?

Answer type: Radiobuttons

Categories:

1. Yes
5. No

Page 138

CAIT106_

Nowadays, many things can be done online, that is, via the Internet. Since the outbreak of Corona, have you used the Internet more often, about the same, less often, or not at all for the following online activities?

IWER: Read out.

Question type: Table

Answer type: Radiobuttons

Subquestions:

CAIT106_3 Searching for information on health-related issues

CAIT106_4 Getting information about government services (for example for benefits, taxes, or passports)

CAIT106_5 Managing finances, such as online banking, paying bills, or paying taxes

CAIT106_6 Buying or selling goods or services online

Categories:

1. More often
2. About the same
3. Less often
4. Not at all
- 1. Don't know
- 2. Refusal

Page 139

CAF001_

We now come to the end of the interview. These were a lot of questions about a hard time. But even during hard times there are some good things in life. What was your most uplifting experience since the outbreak of Corona, in other words, something that inspired hope or happiness?

IWER: DO NOT READ OUT. Let respondent answer and choose appropriate option.

Answer type: Radiobuttons

Categories:

1. Named something right-away
2. Hesitated to name something
3. Did not name anything

Page 140

CAF002_

Finally, what is it that you are looking most forward to doing once Corona abates?

IWER: DO NOT READ OUT. Let respondent answer and choose appropriate option.

Answer type: Radiobuttons

Categories:

1. Named something right-away
2. Hesitated to name something
3. Did not name anything

Page 141

CAF003_

Thank you very much for your kind cooperation. Stay healthy!

Answer type: None

Page 142

CAF006_

*IWER: Note the **first name** of Respondent (ask if unsure). If Respondent does not wish to provide a first name, please enter their initials.*

*Do **not** use any last names.*

Answer type: String

Page 143

CAF004_

IWER: Please enter any remarks about this interview you want to tell us.

Answer type: Text

Page 144

CAF005_

IWER CHECK: Who answered the questions?

Answer type: Radiobuttons

Categories:

1. Respondent only
 2. Respondent and proxy
 3. Proxy only
-

Variables

FL_sinces

Assign variable: String

FL_sincelongs

Assign variable: String

CAA808_

Sum variable: Numeric

Cal_CAQ130_1

Sum variable: Numeric

Cal_CAQ130_2

Sum variable: Numeric

Cal_CAQ130_3

Sum variable: Numeric

Cal_CAQ130_4

Sum variable: Numeric

Cal_CAQ130_97

Sum variable: Numeric

home

Assign variable: String

outcome

Assign variable: String

FL_SinceC

Assign variable: String

FL_lastiwmnth

Assign variable: String

FL_SincelongC

Assign variable: String

Routing

```

if (1 = 1) {
    assign(home,
'http://localhost:8080/app/index.html#/households/^^hhid;/markthehousehold/^^pidcom;/134')
}
if (iviewmonthCA = 1) {
    assign(FL_lastiwmnth, 'January')
} elseif (iviewmonthCA = 2) {
    assign(FL_lastiwmnth, 'February')
} elseif (iviewmonthCA = 3) {
    assign(FL_lastiwmnth, 'March')
} elseif (iviewmonthCA = 4) {
    assign(FL_lastiwmnth, 'April')
} elseif (iviewmonthCA = 5) {
    assign(FL_lastiwmnth, 'May')
} elseif (iviewmonthCA = 6) {
    assign(FL_lastiwmnth, 'June')
} elseif (iviewmonthCA = 7) {
    assign(FL_lastiwmnth, 'July')
} elseif (iviewmonthCA = 8) {
    assign(FL_lastiwmnth, 'August')
} elseif (iviewmonthCA = 9) {
    assign(FL_lastiwmnth, 'September')
} elseif (iviewmonthCA = 10) {
    assign(FL_lastiwmnth, 'October')
} elseif (iviewmonthCA = 11) {
    assign(FL_lastiwmnth, 'November')
} elseif (iviewmonthCA = 12) {
    assign(FL_lastiwmnth, 'December')
} else {
    assign(FL_lastiwmnth, '{empty}')
}
if (iviewyearCA != 0 && iviewyearCA is response) {
    assign(FL_SincelongC, 'Since your last interview in ^FL_lastiwmnth; ^iviewyearCA;')
    assign(FL_sincelongs, 'since your last interview in ^FL_lastiwmnth; ^iviewyearCA;')
    assign(FL_SinceC, 'Since your last interview')
    assign(FL_sinces, 'since your last interview')
} else {
    assign(FL_SincelongC, 'Since July 2020')
    assign(FL_sincelongs, 'since July 2020')
    assign(FL_SinceC, 'Since July 2020')
    assign(FL_sinces, 'since July 2020')
}
CAA001_
if (CAA001_ = 5) {
    CAA102_
    if (CAA102_ = 1) {
        CAA103_
    }
} elseif (CAA001_ = 1) {
    CAA104_
}
if (CAA102_ = 2 || CAA104_ = 2) {
    CAA105_
}
if (CAA102_ = 1 || CAA104_ = 1 || CAA105_ = 2) {
    CADN042_
    CADN002_ (dk,rf)
    CADN003_ (dk,rf)
    calculate(CAA808_, _current_date[y] - CADN003_)
    CAS140_ (dk,rf)
    if (mn104 = 1) {
        CAHO100_
        if (CAHO100_ = 1) {
            CAHO037_ (dk,rf)
            CAHO136_ (dk,rf)
            CAHO032_ (dk,rf)
        }
    }
}
}

```



```

CAA010_ (response)
CAPH003_ (dk,rf)
CAH102_ (dk,rf)
CAH004_
CAPH105_ (dk,rf)
CAPH089_
CAH006_ (dk,rf)
if (CAH006_ = 1) {
  CAH007_
}
CAH110_ (dk,rf)
if (CAH110_ = 1) {
  CAH111_
  CAH113_ (dk,rf)
}
CAH116_ (dk,rf)
CAC140_ (dk,rf)
CAC142_ (dk,rf)
if (CAC142_ = 1) {
  CAC143_ (dk,rf)
}
CAH017_ (dk,rf)
CAHC117_ (dk,rf)
if (CAHC117_ = 5) {
  CAHC118_ (dk,rf)
}
CAHC884_ (dk,rf)
CAHC119_ (dk,rf)
CAH020_ (dk,rf)
if (CAH020_ = 1) {
  CAH121_1 (dk,rf)
} elseif (CAH020_ = 5) {
  CAH121_2 (dk,rf)
}
CAMH002_ (dk,rf)
if (CAMH002_ = 1) {
  CAMH113_1 (dk,rf)
} elseif (CAMH002_ = 5) {
  CAMH113_2 (dk,rf)
}
CAMH007_ (dk,rf)
if (CAMH007_ = 1) {
  CAMH118_1 (dk,rf)
} elseif (CAMH007_ = 2) {
  CAMH118_2 (dk,rf)
}
CAMH037_ (dk,rf)
if (CAMH037_ is response) {
  CAMH148_ (dk,rf)
}
CAC001_ (response)
CAC102_ (dk,rf)
if (CAC102_ = 1) {
  CAC103_ (dk,rf)
}
CAC104_ (dk,rf)
if (CAC104_ = 1) {
  CAC105_ (dk,rf)
}
if ((1 in CAC103_) || (1 in CAC105_)) {
  CAC120_ (dk,rf)
  if ((98 in CAC120_) && (count(CAC120_) > 1)) {
CAC120_)
    check('You cannot select \'No symptoms at all\' together with any other answer.',
    if (98 ni CAC120_) {
      CAC122_ (dk,rf)
    }
  }
}
CAC130_ (dk,rf)
if (CAC130_ > 1) {
  CAC131_ (dk,rf)
}
CAC110_ (dk,rf)
if (CAC110_ = 1) {
  CAC111_ (dk,rf)
}
CAC113_ (dk,rf)
if (CAC113_ = 1) {
  CAC114_ (dk,rf)
}
CAQ105_ (dk,rf)
if (CAQ105_ = 1) {
  CAQ106_
}
CAQ110_ (dk,rf)

```

```

if (CAQ110_ = 1) {
  CAQ111_
}
CAQ115_ (dk,rf)
if (CAQ115_ = 1) {
  CAQ116_
}
if (CAQ106_1 = 1 || CAQ111_1 = 1 || CAQ116_1 = 1) {
  calculate(Cal_CAQ130_1, 1)
} else {
  calculate(Cal_CAQ130_1, 0)
}
if (CAQ106_2 = 1 || CAQ111_2 = 1 || CAQ116_2 = 1) {
  calculate(Cal_CAQ130_2, 1)
} else {
  calculate(Cal_CAQ130_2, 0)
}
if (CAQ106_3 = 1 || CAQ111_3 = 1 || CAQ116_3 = 1) {
  calculate(Cal_CAQ130_3, 1)
} else {
  calculate(Cal_CAQ130_3, 0)
}
if (CAQ106_4 = 1 || CAQ111_4 = 1 || CAQ116_4 = 1) {
  calculate(Cal_CAQ130_4, 1)
} else {
  calculate(Cal_CAQ130_4, 0)
}
if (CAQ106_97 = 1 || CAQ111_97 = 1 || CAQ116_97 = 1) {
  calculate(Cal_CAQ130_97, 1)
} else {
  calculate(Cal_CAQ130_97, 0)
}
if (Cal_CAQ130_1 = 1 || Cal_CAQ130_2 = 1 || Cal_CAQ130_3 = 1 || Cal_CAQ130_4 = 1 ||
  Cal_CAQ130_97 = 1) {
  CAQ130_
}
CAQ125_ (dk,rf)
if (CAQ125_ = 1) {
  CAQ127_ (dk,rf)
  if (CAQ127_ = 3 || CAQ127_ = 4) {
    CAQ128_ (dk,rf)
  }
}
CAQ120_ (dk,rf)
if (CAQ120_ = 1) {
  CAQ121_ (dk,rf)
  CAQ122_ (dk,rf)
  if (CAQ122_ = 3 || CAQ122_ = 4) {
    CAQ123_ (dk,rf)
  }
}
CAQ118_ (dk,rf)
if (CAQ118_ > 0) {
  CAQ119_ (dk,rf)
}
CAW001_ (response)
CAEP005_ (dk,rf)
CAW102_ (dk,rf)
if (CAW102_ = 1) {
  CAW103_ (dk,rf)
}
if (CAEP005_ = 1) {
  CAEP100_ (dk,rf)
  if (CAEP100_ = 1) {
    CAEP101_ (dk,rf)
    CAEP102_ (dk,rf)
    if (CAEP102_ = 2 || CAEP102_ = 3) {
      CAEP103_ (dk,rf)
    }
  }
}
} elseif (CAEP005_ = 2) {
  CAW110_ (dk,rf)
  if (count(CAW110_) > 1) {
    CAW111_ (dk,rf)
  }
  if ((2 in CAW110_) || (3 in CAW110_)) {
    CAW117_ (dk,rf)
  }
  CAW121_ (dk,rf)
  if (CAW121_ = 1) {
    CAW122_ (dk,rf)
    if (CAW122_ is response) {
      CAW123_ (dk,rf)
    }
  }
}
CAW124_ (dk,rf)

```

```

    if (CAW124_ = 1) {
      CAW125_ (dk,rf)
      if (CAW125_ is response) {
        CAW126_ (dk,rf)
      }
    }
  }
CAE103_ (dk,rf)
if (CAE103_ = 1) {
  CAE104_ (dk,rf)
  if ((1 in CAE104_) || (2 in CAE104_)) {
    CAE114_ (dk,rf)
  }
}
CAE001_
if (CAE001_ = 1) {
  CAE002_ (response)
  CAE100_ (dk,rf)
  if (CAE100_ = 5) {
    CAE105_ (dk,rf)
    if (CAE105_ is response) {
      CAE106_ (dk,rf)
    }
    CAE107_ (dk,rf)
    if (CAE107_ is response) {
      CAE108_ (dk,rf)
    }
    CAE109_ (dk,rf)
    if ((98 in CAE109_) && (count(CAE109_) > 1)) {
      check('You cannot select \'None of these\' together with any other answer.',
CAE109_)
    }
  }
  if (CAA808_ > 59 && CAA808_ < 80 && CADN003_ is response) {
    CASR006_ (dk,rf)
  }
  CACO107_ (dk,rf)
  if (CACO107_ = 1 || CACO107_ = 2) {
    CAE111_ (dk,rf)
    CAE112_ (dk,rf)
    if (CAE112_ != 9) {
      CAE120_ (dk,rf)
    }
  }
}
CAS001_ (response)
CAS103_
if (CAS103_1 != 99 || CAS103_2 != 99 || CAS103_3 != 99 || CAS103_4 != 99) {
  CAS104_
}
CAS110_
if (CAS110_1 = 1) {
  CAS111_1 (dk,rf)
}
if (CAS110_2 = 1) {
  CAS111_2 (dk,rf)
}
if (CAS110_3 = 1) {
  CAS111_3 (dk,rf)
}
if (CAS110_4 = 1) {
  CAS111_4 (dk,rf)
}
if (CAS110_1 != 99 || CAS110_2 != 99 || CAS110_3 != 99 || CAS110_4 != 99) {
  CAS112_
  if (CAS112_1 = 1) {
    CAS113_1 (dk,rf)
  }
  if (CAS112_2 = 1) {
    CAS113_2 (dk,rf)
  }
  if (CAS112_3 = 1) {
    CAS113_3 (dk,rf)
  }
  if (CAS112_4 = 1) {
    CAS113_4 (dk,rf)
  }
}
CAS115_ (dk,rf)
if (CAS115_ = 1) {
  CAS116_ (dk,rf)
}
if (CAS110_1 != 99 || CAS110_2 != 99 || CAS110_3 != 99 || CAS110_4 != 99) {
  CAS120_
  if (CAS120_1 = 1) {
    CAS121_1 (dk,rf)
  }
}

```

```
    }
    if (CAS120_2 = 1) {
      CAS121_2 (dk,rf)
    }
    if (CAS120_3 = 1) {
      CAS121_3 (dk,rf)
    }
    if (CAS120_4 = 1) {
      CAS121_4 (dk,rf)
    }
  }
CAS125_ (dk,rf)
if (CAS125_ = 1) {
  CAS130_
  if (CAS130_1 = 1) {
    CAS131_1 (dk,rf)
  }
  if (CAS130_2 = 1) {
    CAS131_2 (dk,rf)
  }
  if (CAS130_3 = 1) {
    CAS131_3 (dk,rf)
  }
  if (CAS130_4 = 1) {
    CAS131_4 (dk,rf)
  }
  if (CAS130_5 = 1) {
    CAS131_5 (dk,rf)
  }
  CAS126_ (dk,rf)
  if (CAS126_ = 1) {
    CAS127_ (dk,rf)
  }
}
CAIT104_ (dk,rf)
if (CAIT104_ = 1) {
  CAIT105_ (dk,rf)
  CAIT106_
}
CAF001_ (dk,rf)
CAF002_ (dk,rf)
CAF003_ (response)
}
CAF006_
CAF004_
CAF005_
if (CAA105_ = 1) {
  assign(outcome, '219')
} elseif (CAA105_ != 1 && CAF005_ is response) {
  assign(outcome, '131')
} else {
  assign(outcome, '134')
}
}
```
