

Agency Logo	

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Interview Date: / / /
Interviewer ID:
Respondent's First Name:

"50+ in Europe"

The Survey of Health, Ageing and Retirement in Europe

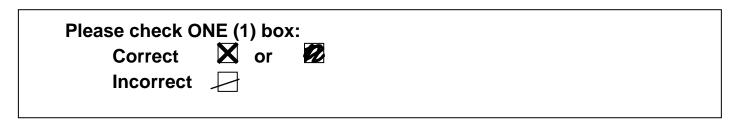
2006

Self-Administered Questionnaire

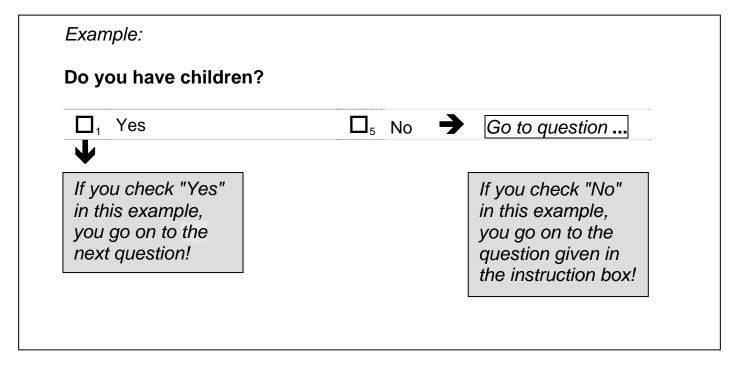


How to FILL IN this questionnaire

Most of the questions on the following pages can be answered by simply checking the box below or alongside the answer that applies to you.



Please proceed question by question. Skip questions only if there is an explicit instruction to do so.



How to RETURN this Questionnaire

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to him or her. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can. If you need a replacement envelope, please call [national survey agency] at [toll-free telephone number].

PLEASE START THE QUESTIONNAIRE AT QUESTION 1 ON THE NEXT PAGE

ALL YOUR ANSWERS WILL REMAIN CONFIDENTIAL. THANK YOU AGAIN FOR YOUR HELP

1. First, we list some statements that people have used to describe their lives
and how they feel. Please tell us how much you agree or disagree with each
statement for you personally.

(Please tick one box in each row)

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a)	I pursue my goals with lots of energy		\square_2	\square_3	\square_4	
b)	In uncertain times, I usually expect the best		\square_2	\square_3	\square_4	\square_5
c)	I'm always optimistic about my future		\square_2	\square_3	\square_4	\square_5
d)	I hardly ever expect things to go my way		\square_2	\square_3	\square_4	\square_5
e)	I still find ways to solve a problem if others have given up	□₁	\square_2	\square_3	\square_4	\square_5
f)	I rarely count on good things happening to me		\square_2	\square_3	\square_4	\square_5
g)	Given my previous experiences I feel well prepared for my future		\square_2	\square_3	\square_4	\square_5

2. The following statements are related to the duties people may have in their family. Please tell us how much you agree or disagree with each statement.

(Please tick one box in each row)

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
		lacksquare	lacktriangle	lacktriangle	lacktriangle	lacktriangle
a)	Parents' duty is to do their best for their children even at the expense of their own well-being.	\square_1	\square_2	\square_3	\square_4	
b)	Grandparents' duty is to be there for grandchildren in cases of difficulty (such as divorce of parents or illness).	\square_1	\square_2	\square_3	\square_4	\square_5
c)	Grandparents' duty is to contribute towards the economic security of grandchildren and their families.	\square_1	\square_2	\square_3	\square_4	\square_5
d)	Grandparents' duty is to help grandchildren's parents in looking after young grandchildren.	\square_1	\square_2	\square_3	\square_4	

	sponsibility for each of the follo ease tick one box in each row)	owing:					
			Totally family	Mainly family	Both equally	Mainly state	Totally state
a)	Financial support for older persons need?	s who are in			V	▼	
b)	Help with household chores for old who are in need such as help with washing?	•		\square_2	\square_3	\square_4	
c)	Personal care for older persons w need such as nursing or help with dressing?			\square_2	\square_3	\square_4	\square_5
dis	There are sometimes important agreement with persons close inflicts. Please tell us how ofter following persons. (Please tick	to us, and n, if at all, yo	which tou	herefoi erience	re may l	ead to	ach of
	If your parents are no longer aliver children, etc., tick "Does not App		on't hav	e any pa	arents-ir	<mark>ı-law, p</mark>	artner,
		Often	Some- times	Rare	ly N	ever	Does not Apply
a)	Parents	\square_1	\square_2		3	\square_4	\square_8
b)	Parents-in-law	\square_1	\square_2		3	\square_4	
c)	Partner/spouse	\square_1	\square_2		3	\square_4	
d)	Children	\square_1	\square_2		3	\square_4	
e)	Other family members				3	\square_4	□ ₈

3. In your opinion, who – the family or the State -- should bear the

 \square_1

 \square_2

 \square_3

 \square_4

 \square_8

Friends, coworkers,

acquaintainces

f)

5. How often do you experience over the education and bringin box)		_				
→If you don't have any children or	<mark>grandchil</mark>	<mark>ldren, tic</mark>	<mark>k "Does i</mark>	not Apply	<mark>/"</mark>	
	Often	Some	· Ra	rely	Never	Does not Apply
			<u> </u>	\beth_3	\square_4	
6. Do you or did you ever share	a househ □₅	old with		and, wife	- 	iner?
7. Who in the couple takes or to tasks (Please tick one box in each		ain respo	onsibilit	y for the	followi	ng
	Myself only	Myself mainly	Myself and my partner equally	My partner mainly	My partner only	Does Not Apply
a) Bringing up children				\square_4	\square_5	
b) Earning money	\square_1			\square_4	\square_5	
c) Cooking, cleaning the house, laundry and ironing	\square_1		\square_3	\square_4	\square_5	
d) Caring for elderly		\square_2	\square_3	\square_4	\square_5	

8. In the	following	, we are	interested	d in aspec	cts of m	edical	advice.	How	often
does yo	ur usual s	source o	f care (do	ctor or nu	rse) (Please	tick one	box ii	n each
row)									

		At every visit	At some visits	Never
a)	ask how much physical activity you do	\square_1	\square_2	\square_3
b)	tell you that you should get regular exercise?	\square_1	\square_2	\square_3
c)	ask you about falling down?	\square_1	\square_2	\square_3
d)	check your balance or the way you walk	\square_1	\square_2	\square_3
e)	ask you about any drugs you take, either bought over-the-counter or drugs prescribed by another doctor?	□₁	\square_2	\square_3

9. How much do you feel encouraged to talk with your usual source of care (doctor or nurse) about... (Please tick one box in each row)

		Strongly encouraged	Rather encouraged	Rather discouraged	Strongly discouraged
a)	physical health problems, such as	Π,			
	pain, reduced mobility, etc emotional, nervous or psychic	1			— 4
b)	problems , such as stress, sadness, anxiety, etc.	$oldsymbol{\sqcup}_1$	□ ₂	⊔ ₃	L ₄
c)	sensitive health problems, such as sexual life, incontinence problems, etc.		\square_2	\square_3	\square_4
d)	social problems that influence your health, such as family, work problems, etc.		\square_2	\square_3	\square_4

`	In general, how often does your uso ase tick one box in each row)	uai souice	of care ((doctor or	nurse)
		Always	Mostly	Rarely	Never
a)	explain to you the results of medical exams (laboratory, radiology, etc.)?			\square_3	\square_4
b)	explain to you different treatment options?		\square_2	\square_3	\square_4
c)	listen to your opinion and take your preferences into account to chose treatments?	□₁		\square_3	\square_4
	The following questions are about ase tick one box in each row)	prevention	. In the	past 12 i	months
				Ye	es No
a)	have you had a flu vaccination?				I ₁
b)	has a doctor or nurse checked your bloc	od pressure?			I_1 \square_5
c)	has a doctor or nurse checked your bloc	d cholestero	?		I_1 \square_5
d)	has a doctor or nurse checked your bloc screening)?	od sugar (for o	diabetes		\square_1
	In the <u>last two years,</u> have you had an fessional such as an ophthalmologist	_		d by an ey	e care
prof	Yes				

<u>, </u>		. ,	
(Please tick all that apply)			
	Yes N	<u>o</u>	
	▼ ₁ ▼	<mark>7 -</mark> 5 -	
a) Dog	□₁ □] ₅	
b) Cat	□₁ □	<mark>]₅</mark>	
c) Bird	U₁ C	<mark>]₅</mark> _	
d) Fish] ₅	
e) Other pets		<mark>]</mark> 5	
a) I am			
Male	\Box		
Female	— 1		
o) I was born in (year)			
o) I was born in (year)			

14. Do you currently have one or more of the following pets in your household?

Thank you very much for taking the time to answer our questions. Please give the questionnaire to the interviewer or post it back in the envelope provided.