

AJ09K

**TIME USE SURVEY
2009 - 2010**

Household Questionnaire

1 Persons living at the same address, sharing meals, and sharing household budget are considered as members of the same household in this survey.

Who are the members of your household?

What is the relationship of MM to NN?

Member No	First name	Date of birth	Sex	Relationship to										
				1	2	3	4	5	6	7	8	9	10	
1				■	■	■	■	■	■	■	■	■	■	■
2				■	■	■	■	■	■	■	■	■	■	■
3				■	■	■	■	■	■	■	■	■	■	■
4				■	■	■	■	■	■	■	■	■	■	■
5				■	■	■	■	■	■	■	■	■	■	■
6				■	■	■	■	■	■	■	■	■	■	■
7				■	■	■	■	■	■	■	■	■	■	■
8				■	■	■	■	■	■	■	■	■	■	■
9				■	■	■	■	■	■	■	■	■	■	■
10				■	■	■	■	■	■	■	■	■	■	■

Date of birth: ddmmyyyy

Sex: 1 Male 2 Female

Relationship:

1 married/cohabiting partner, live-in partner

2 child (own or spouse's, adopted)

3 sibling

4 mother or father

5 grandchild

6 grandparent

7 son or daughter-in-law

8 other relative

9 not related (also a foster child)

HOUSEHOLD HAS CHILDREN AGED UNDER 10 → K 2

OTHERS → K 4

Day care

IF THE FAMILY HAS CHILDREN AGED UNDER 8:

2 Are any of your children in day care outside home (in a day-care centre or organised family day care or looked after by a relative or neighbour) or do you have a childminder at home?

- 1 YES → K 3A
 2 NO → K 3C

IF CHILDREN IN DAY CARE:

3 A. Is (child's name) in municipal or private day care?

B. Is he/she in full-time or part-time care?

ASK FOR EACH CHILD

- | | A. | | | B. IF CHILD IN DAY CARE | |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Municipal | Private | NOT IN
DAY CARE | Full-time care | Part-time care |
| Child 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Child 2, etc. | | | | | |

IF CHILDREN AGED 7 TO 9 (ASK SEPARATELY FOR ALL):

3 C. In addition to comprehensive school is (child's name) in schoolchildren's morning or afternoon care?

- 1 YES
2 NO

Housing

ALL:

4 The next questions concern your permanent place of residence.

Is your present accommodation:

- 1 A detached house
 2 A semi-detached or terraced house
 3 A block of flats
 4 Or some other accommodation?

5 How many rooms does your household have in your own use, not counting in kitchen, bathroom or toilet?

|_|_| rooms

7 The next question relates to construction. Are you at the moment building a new building, such as a house, a free-time residence, a sauna or an outbuilding?

REFERS TO CONSTRUCTION SUBJECT TO BUILDING PERMIT.
PREMISES USED FOR BUSINESS NOT INCLUDED.

- 1 YES
 2 NO
 9 DNK

8 Are you at the moment making basic repairs to your residential building, free-time residence, sauna or outbuilding?

REFERS TO EXTENSIVE REPAIRS WHICH USUALLY REQUIRE PERMIT.

- 1 YES
 2 NO
 9 DNK

9 Do you have a garden or a garden plot?

- 1 YES
 2 NO

**10 Next I will ask about pets.
Does your family have:**

- | | Yes | No |
|--------------------|----------------------------|----------------------------|
| a. A dog? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. A cat? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. A riding horse? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Other pets? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**11 Which of the following devices does your household or one of its members have in use?
(Also concerns use at free-time residence)**

a, d, i, l, o and p IF YES: How many?

Do you have:	Yes	No	How many?
a. A passenger car or a van?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__
b. A holiday home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
c. A landline telephone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
d. A mobile phone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__
e. A microwave oven?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
f. A dishwasher?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
g. A washing machine?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
h. A freezer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
i. A television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__
j. A cable TV connection?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
k. Own satellite dish (satellite antenna)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
l. A DVD player or a video recorder? (Also a Blu-ray player)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__
m. A recording digital converter box? (Equipped with a hard disc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
n. A game console, e.g. PlayStation, Xbox, Nintendo, etc.?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
o. A portable MP3 player (also mobile phone MP3)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__
p. A computer (a desktop PC, laptop or palmtop)? (Excluding game consoles such as PlayStation, Nintendo, Xbox, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__
q. Do you have Internet access at home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

Help received by households

I

12 Think back to the last four weeks.

A. Reply with the help of this card whether you have received help for household-related work from some friend, relative, neighbour or other private person. Have you received help during the last four weeks for: (GIVE CARD 1 AND LIST ONE BY ONE)

B. Or have you bought these services from some company, municipality or organisation during the last four weeks? (DO NOT LIST)

a and g IF YES: C. How many times have you received help for childcare/care of elderly or sick?

CARD 1

	A. Received help?			B. Bought a service?		
	Yes	No	C. Times	Yes	No	C. Times
a. Childcare?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ ___	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ ___
b. Food preparation ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
c. Cleaning, tidying up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
d. Laundry or ironing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
e. Watering plants?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
f. Shopping or errands?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
g. Care of elderly or sick?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ ___	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ ___
h. Repairing or construction?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
i. Car or bicycle service?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
j. Work in the yard, gardening or shovelling snow?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
k. Woodcutting or carrying water?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
l. Taking care of pets or walking them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
m. Transport or removals?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
n. Computer or digital TV use and updating?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
o. Other help, e.g. filling in forms, making clothes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	

Who answered to the questions of the Household Questionnaire?

Member number ___ ___