

AJ09K

**TIME USE SURVEY
2009 - 2010**

Individual Questionnaire

RESPONDENT
 1 RESPONDENT PERSONALLY
 2 PROXY
 3 NONRESPONSE

RESPONDENT'S AGE:

- 10 TO 14 YEARS → O1
 15+ YEARS → A1

Gainful work

15+ YEARS

A1

**(H 1.) First I will ask you about work-related matters this/next week (WEEK ON WHICH WEEKDAY RECORDS ARE KEPT) beginning on Monday ___/___ and ending on Sunday ___/___.
 Will you work this/next week for at least one hour in a paid job either as an employee, entrepreneur, self-employed person or farmer?**

- 1 YES → T1
 2 NO → A2
 9 DNK → A2

IF ON HOLIDAY ALL WHOLE WEEK OR TEMPORARILY ABSENT FROM WORK, CHOOSE "NO" AS ANSWER.

VOLUNTEER WORK OR CARING FOR A RELATIVE IS NOT PAID WORK.

IF NOT WORKING (A1 = 2, 9):

A2

(H2.) And will you work this/next week without pay in a company or a farm owned by a family member?

- 1 YES → T 1
 2 NO → A 3
 9 DNK → A 3

IF ON HOLIDAY ALL WEEK OR TEMPORARILY ABSENT FROM WORK, CHOOSE "NO" AS ANSWER.

IF NOT WORKING THIS/NEXT WEEK (A2 = 2, 9):

A3

(H3.) Do you have a job from which you are absent for the whole week?

- 1 YES → A4a
 2 NO → E 1a (NON-EMPLOYED)

ALWAYS TICK "YES" IF HAS A VALID EMPLOYMENT CONTRACT EVEN IF A LONG ABSENCE IS CONCERNED, SUCH AS MATERNITY, PATERNITY OR PARENTAL LEAVE, FULL-TIME CHILDCARE LEAVE, JOB ALTERNATION LEAVE, STUDY LEAVE, ETC.

AN UNPAID FAMILY WORKER CAN ALSO BE TEMPORARILY ABSENT FROM WORK.

IF TEMPORARILY ABSENT FROM WORK (A3=1):

A4a

(H 4.) For what reason are you absent from work or otherwise on leave for the whole of this week/next week? Is the main reason:

- 1 ANNUAL HOLIDAY OR LEAVE IN LIEU OF HOLIDAY PAY
 2 OWN ILLNESS OR ACCIDENT
 3 LOOKING AFTER OWN CHILDREN OR SOME OTHER RELATIVE (incl. maternity leave before the child's birth) ->A4b
 4 DAY OR WEEK OFF (e.g. in period-based work, shift work, part-time work, part-time retirement, as paid time-off to compensate for loss of earnings due to shortened working hours, time off to compensate for overtime, seasonal work)
 5 LAID OFF (wage or salary earner) -> E1a

- 6 LACK OF WORK OR ORDERS DUE TO PRODUCTION REASONS
 7 STRIKE OR LOCKOUT
 8 STUDY LEAVE ->A4c
 9 MILITARY SERVICE OR COMMUNITY SERVICE -> **THE INTERVIEW ENDS**
 10 SOME OTHER REASON (e.g. unpaid leave of absence for some other reason) -> **A4c**

KEEP ASKING UNTIL A SUITABLE ALTERNATIVE IS FOUND.

IF SEVERAL REASONS FOR ABSENCE, SELECT THE ONE HAVING CAUSED THE HIGHEST NUMBER OF HOURS OF ABSENCE.

NB EXCLUDE LEAVES ON WEEKENDS OR MID-WEEK HOLIDAYS.

IF LOOKING AFTER A CHILD OR SOME OTHER RELATIVE (A4a = 3):

A4b Are you this/next week:

- 1 ON MATERNITY OR PATERNITY LEAVE -> T1
 2 ON PARENTAL LEAVE (incl. so-called daddy month) -> T1
 3 ON FULL-TIME CHILDCARE LEAVE FROM WORK
 4 OR OTHERWISE LOOKING AFTER CHILDREN OR SOME OTHER RELATIVE?

A4c. How many months have you been continuously absent from work by Sunday _ _:

- 1 0 to 3 months -> T1
 2 Over 3 months? -> E1a
 9 DNK -> T1

An estimate if does not remember or know exactly.

EMPLOYED (A1 = 1 or A2 = 1 or A4a = 1, 2, 4, 6, 7 or A4b = 1, 2 or A4c= 1, 9):

The next questions concern the main job.

T1 (T14.) Are you (in your main job):

- 1 A wage or salary earner
 2 A farmer (incl. forestry, gardening, etc.)
 3 Some other entrepreneur
 4 Self-employed or a freelancer
 5 Working without pay on the farm of a family member
 6 Or working without pay in a company owned by a family member?
 7 Other
 9 DNK

WAGE OR SALARY EARNER OR ASSISTING FAMILY MEMBER (T1=1, 5, 6, 7 or 9)

T2 (T10.) What is the name of your place of work (or establishment)?

ENTREPRENEUR (T1=2, 3 or 4)

What is the name of your business?

.....

WAGE OR SALARY EARNER OR ASSISTING FAMILY MEMBER (T1=1, 5, 6, 7 or 9)

T3 a. (T11.a.) In which municipality is your place of work located?

ENTREPRENEUR (T1=2, 3 or 4)

In which municipality is your business or farm located?

.....

EMPLOYED (T1=1, 2, 3, 4, 5, 6, 7, 9)

T3 b. What is the street address or other more accurate address of your place of work?

.....

WAGE OR SALARY EARNER OR ASSISTING FAMILY MEMBER (T1=1, 5, 6, 7 or 9)

T4 (T12.) What is the branch of industry of your place of work?

ENTREPRENEUR (T1=2, 3 or 4)

What is the branch of industry of your business?

.....

TOL |_|_|_|_|
TYTYY |_|

T5a (T13.a) What is your occupation at this place of work? (Name of place of work from T2)

Occupational title:

.....OCCUPATIONAL CODE |_|_|_|_|_|

ASKED IF EMPLOYED AND T5A=UNKNOWN

T5b (T13. b) What are your main job tasks?

.....

PROXIES -> E6

 ENTREPRENEUR OR ASSISTING FAMILY MEMBER -> T10
WAGE AND SALARY EARNER (T1 = 1, 7, 9):

T6 (T15.) Is your current employment relationship:

- 1 Permanent (valid until further notice)
 2 Or fixed-term or temporary?
 9 DNK

T7 (T 16.) Do you work in your (main) job:

WORKING HOURS ARE COMPARED TO REGULAR WORKING HOURS IN THE FIELD OR OCCUPATION CONCERNED.

- 1 Full-time
 2 Or part-time?

T8 (T 17.) Do you have a fixed starting and finishing time of work or can you influence your working time by at least thirty minutes?

- 1 FIXED STARTING AND FINISHING TIME
 2 CAN INFLUENCE STARTING AND/OR FINISHING TIME, E.G. FLEXIBLE WORKING TIME
 9 DNK

T9a (T 18.) I will list different kinds of working hours. What kind of working hours do you have:

- 1 A daytime job (from 6 am to 6 pm)
 2 A regular evening job
 3 A regular night job

- 4 A two-shift work not including night work
5 A two-shift work including night work
6 A three-shift work
7 Or some other mode of working hours?

T9b Do you do period-based work in your main job?

- 1 Yes
2 No

WAGE AND SALARY EARNER (T1=1, 7, 9):

T10 (T 19.) What are your regular or usual weekly working hours (in your main job)? Please include any regular overtime hours you work, both unpaid and paid.

ENTREPRENEUR OR ASSISTING FAMILY MEMBER (T1 =2-6)

How many hours do you usually work per week?

|_|_| HOURS PER WEEK

NO REGULAR WORKING HOURS BECAUSE THEY VARY FROM ONE WEEK TO THE NEXT

SELF-EMPLOYED OR ASSISTING FAMILY MEMBER -> T13

WAGE AND SALARY EARNER:

T11 (T 20.) (M) In your present life situation, what would be the best suited number of working hours for you, assuming that the length of working time also influences earnings?

ON AVERAGE |_|_|_| HOURS PER WEEK
DNK

T12 (T 21.) What is your holiday entitlement or how many days of paid annual leave do you have per year?

(Refers to weekdays. Saturdays are counted as days off.)

|_|_|_| DAYS PER YEAR

NO HOLIDAY ENTITLEMENT
DNK

NON-EMPLOYED (A 3 = 2 OR 5 or A4c=2:

E1a. (E 40.) During the last four weeks, have you been looking for gainful work, made preparations to start your own business or been waiting for an agreed job to start? Seeking of part-time work or short fixed-term work is also taken into consideration.

- 1 Has looked for work → **E2**
 2 Waited for an agreed job to start → **E1b**
 3 No, has not looked for work or waited for a previously agreed job to start → **E6**
 EOS → **E6**

E1b. Are you going to start a new job within three months?

- 1 Yes → **E4**
 2 No → **E6**

E2. (E41.) Are you primarily seeking work:

- 1 As an employee
 2 Or as an entrepreneur or self-employed person?
 9 DNK

E3.(E42.) I will next list various ways of seeking work. Which of them have you used during the last four weeks:

- | | YES | NO |
|--|----------------------------|----------------------------|
| a. Have you contacted the employment exchange office to find work? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Have you contacted a private labour recruitment company (labour rental or agency office)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Have you contacted employers directly? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Have you asked about jobs from friends, relatives, trade unions or elsewhere? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Have you browsed job advertisements, e.g. in the press, on the Internet, on teletext or on notice boards? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| L f. Did you post job advertisements or reply to them? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Have you had a job interview or been to an aptitude test? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| ASKED IF E2=2 or 9, ENTER 'NO' FOR OTHERS | | |
| h. Have you looked for land, premises or equipment for a business? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i. Have you applied for financing, permits, licences or similar to start a business? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| ASKED IF THERE ARE NO 'YES' ANSWERS TO QUESTIONS a to i | | |
| j. Have you been waiting for information from the labour exchange office? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| k. Have you been waiting for the results of an application for work? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| l. Have you tried to find a job in some other ways? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

E4. (E43.) If a suitable job were found now, would you be able to start within about two weeks?

- | | | | |
|--------------------------|---|-----|-------------|
| <input type="checkbox"/> | 1 | YES | =UNEMPLOYED |
| <input type="checkbox"/> | 2 | NO | -> E 6 |
| <input type="checkbox"/> | 9 | DNK | -> E 6 |

UNEMPLOYED (E4 = 1):

E5. (H 50.) When did you start looking for a job?

REFERS TO THE LATEST PERIOD OF UNEMPLOYMENT

DATE |_|_|||_|_|||_|_|_|_|_|

15+ YEARS:

E6. (E60.) Which of the following do you primarily feel you are?

- | | | | |
|--------------------------|---|--|-----------------------|
| <input type="checkbox"/> | 1 | Employed, self-employed, entrepreneur | |
| <input type="checkbox"/> | 2 | Unemployed or laid off | |
| <input type="checkbox"/> | 3 | A student, a schoolchild | -> O2 |
| <input type="checkbox"/> | 4 | On old age pension (retired on the basis of age, years of service or private pension insurance or on unemployment pension) | |
| <input type="checkbox"/> | 5 | On disability pension or otherwise chronically ill | |
| <input type="checkbox"/> | 6 | Looking after your own household, own family members | |
| <input type="checkbox"/> | 7 | In military or community service | -> THE INTERVIEW ENDS |
| <input type="checkbox"/> | 8 | Does something else | |
| <input type="checkbox"/> | 9 | DNK | |

MAIN ACTIVITY IS THE ACTIVITY ON WHICH MOST TIME IS USED OR FROM WHICH MOST INCOME IS RECEIVED.

Studying

OTHERS THAN STUDENTS (# E6=3):

O1. (O 65.) **Next I will ask about studying. Are you at the moment possibly studying in some educational institution or on a course?**

- 1 STUDYING
2 NOT STUDYING → V1

IF STUDYING (O1=1) OR A SCHOOLCHILD/ STUDENT (E6=3):

O2. (O 66.) **Is it:**

- 1 Lower level of comprehensive school
2 Upper level of comprehensive school
3 Upper secondary general school
4 Education leading to a vocational qualification (also apprenticeship training)
5 Education leading to a polytechnic degree
6 Education leading to a university degree
7 Labour market training (other than leading to a qualification)
8 Occupation or job-related training
9 Or some other studying? What?

.....
 SELECT THE MOST IMPORTANT ONE IF SEVERAL

IF EMPLOYED WHO IS STUDYING: employed (A1=1 or A2=1 or A4a=1,2,4,6,7 or A4b=1,2 or A4c=1,9)
 studying O1=1

O3. (O 67.) **On which do you spend more time per week, studies or gainful work?**

- 1 STUDIES
2 GAINFUL WORK

PROXIES -> R4a

Voluntary work

AGED 10 TO 14 →V2

15+ YEARS

V1. (V 70.) Do you have positions of trust or responsibility in some organisation, council, parish, school or elsewhere?

- 1 YES
 2 NO

ALL:

V2. (V 71.) The next question concerns voluntary work. It is work for the benefit of an organisation or group without pay. It may involve secretarial work, fund-raising, physical exercise instruction, friendship service or other organised activities.

Associations and groups of various types are listed on this card.

A. During the last four weeks, have you worked on behalf of some organisation or group?

IF NOT: B. What about during the last 12 months?

CARD 2

	A. During four weeks?		B. During 12 months?	
	YES	NO	YES	NO
a. Sports or physical exercise club	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Youth, schoolchildren's or student organisation or group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Social and health organisation (e.g. Finnish Red Cross, Mannerheim League for Child Welfare, Unicef, Heart and Cancer Association, disabled organisation, unemployed association, war veterans, international child sponsorship)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. General citizens' organisation (e.g. Lions, Rotary, Zonta, Soroptimists)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Religious association or parish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Neighbourhood association, village committee, housing association	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Parent-teacher association for school or day care centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Political party or organisation or professional association (also women's and youth organisations)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Women's or men's organisation or group (except party-political and professional)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Pensioner association	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Agricultural and home advisory organisations (e.g. Martha Organisation, 4H Organisation, Rural Women's Advisory Organisation)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. Nature or environmental association or group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. Cultural or arts organisation or circle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
n. Special interest organisation or group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

(e.g. weaving and woodwork, collecting, motoring club)

o. Some other organisation, association or group 1 2 1 2
 (Automobile and Touring Club of Finland's Road Service, friendship association, family association, human rights organisation)

V3. (V 72.) Several ways of helping friends, relatives or neighbours are listed on this card..
A. During the last four weeks, have you given help to another household without pay or for a small compensation for:

CARD 3

	Yes	No	B. Who have you helped during the last four weeks? ENTER ALTERNATIVE NUMBER
a. Child-care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
b. Food preparation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
c. Cleaning, tidying up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
d. Watering plants?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
e. Shopping and errands?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
f. Care for elderly or sick?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
g. Repairing or construction?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
h. Car or bicycle services?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
i. Work in the yard, gardening or shovelling snow?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
j. Woodcutting or carrying water?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
k. Taking care of pets or walking them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
l. Transport or removals?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
m. Other help, e.g. filling in forms, making clothes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __
n. Computer or digital TV use and updating?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __

1 OWN OR SPOUSE'S PARENTS
 2 OWN OR SPOUSE'S ADULT CHILDREN
 3 OWN OR SPOUSE'S UNDERAGE CHILDREN LIVING ELSEWHERE
 4 OWN OR SPOUSE'S SIBLINGS
 5 OWN OR SPOUSE'S GRANDCHILDREN
 6 OTHER RELATIVES
 7 NEIGHBOURS, FRIENDS, CO-WORKERS
 8 OTHER PEOPLE

Leisure-time hobbies

ALL:

H1. (H 80.) The next questions concern leisure-time hobbies.
A. During the last 12 months, have you been to:

CARD 4

YES: B. How many times?

NO: C. Or sometimes before?

		YES: B. How many times?					NO: C. Or sometimes before?	
		1	2	3-5	6-9	10+	Yes, has sometimes been	No, has never been
YES	NO							
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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H5.	(H 85.)	YES	NO
a.	Do you at the moment play some instrument?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Do you take singing lessons, belong to a choir or a singing group or a band?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Do you belong to any drama club or amateur theatre?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Are you interested in drawing, painting, porcelain painting, sculpture or other visual arts?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Do you take an interest in photography?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Do you take an interest in video photography?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

H6. CARD 6	(H 86.) How often do you use the computer for leisure purposes:
<input type="checkbox"/> 1	Every day
<input type="checkbox"/> 2	Several days a week
<input type="checkbox"/> 3	Once or twice a week
<input type="checkbox"/> 4	At least once a month
<input type="checkbox"/> 5	A few times a year or less often
<input type="checkbox"/> 6	Never? --> H8
<input type="checkbox"/> 9	DNK

IF USES THE COMPUTER:			
H7.	(H 87.) Do you use the computer for:	YES	NO
a.	Playing games?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Processing photographs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Drawing, creating or processing images (not photos)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Listening and managing music?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Watching television? (Requires a TV card installed inside the computer or a small external device.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Watching films (on DVDs)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

ALL:	
H8. CARD 6	How often do you use the Internet or are personally online to email, Internet pages, notice boards, bank:
<input type="checkbox"/> 1	Every day
<input type="checkbox"/> 2	Several days a week
<input type="checkbox"/> 3	Once or twice a week
<input type="checkbox"/> 4	At least once a month
<input type="checkbox"/> 5	A few times a year or less often
<input type="checkbox"/> 6	Never? --> H12
<input type="checkbox"/> 9	DNK

IF HAS USED THE INTERNET:

H9. Do you use the Internet/web connections for personal purposes for:

- | | YES | NO |
|--|----------------------------|----------------------------|
| a. Banking? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Attending to matters with public authorities? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Making purchases, ordering tickets or other services? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Information search? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Email? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Writing messages to chat groups, news groups or discussion forums online? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Sending instant messages (e.g. Messenger)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. Internet calls (e.g. Skype)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i. Reading blogs? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| j. Keeping your own blog? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| k. Reading online papers or news services? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| l. Listening to the radio? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| m. Watching TV programmes or films? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| n. Listening to music online or downloading to the computer or other device? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| o. Playing games? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| p. Studying or related information search? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| q. Contacts between school and home? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

H10. Are you a registered user of social network services (e.g. Facebook, MySpace, IRC-Gallery)?

1 2

H11. Do you watch videos and other contents sent by users on the web (e.g. YouTube, Flickr)?

1 2

KAIKKI:

H12. Do you play games by means of game machines or consoles: These include PlayStation, Nintendo, Xbox, Sega, etc.

1 2

H13. (H 88.) A. During the last four weeks, have you been engaged in the following modes of physical exercise:

PHYSICAL EDUCATION AT SCHOOL NOT INCLUDED

IF YES: B. How many times during the last four weeks?

	Yes	No	B. How many times?
a. Walking incl. Nordic walking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
b. Running, jogging?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
c. Cycling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
d. Swimming, water running?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
e. Instructed exercises, e.g. aerobics?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
f. Exercises at home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
g. Gym exercises?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
h. Dancing, such as ballet, modern dance, oriental dance or folk dancing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
i. Football, basketball, ice hockey, floorball or other team game?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
j. Tennis, badminton, table tennis, bowling or other individual ball game?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
k. Skiing, downhill skiing or skating?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____
l. Some other mode of physical exercise?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____

AGED 10 TO 14 → S1

15+ YEARS:

H14(M).

Please answer using the card:

CARD 7

	always a routine and a duty	sometimes also a pleasure and a hobby	always a pleasure and a hobby?	ACTIVITY NOT IN HOUSE-HOLD	NEVER PARTICIPATES IN WORK CONCERNED
a. Is cooking for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Is cleaning for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Are laundry and care for textiles for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Is gardening for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Is shopping for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Are home repairs for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H15 (M). Do you feel you are too much responsible for domestic work:

1 Yes, often

2 Yes, occasionally

3 Yes, but seldom

4 Not at all?

H16.(M) To what extent do you agree or disagree with the following statements:

	KORTTI 8				
	Fully agree	More or less agree	More or less disagree	Fully disagree	Don't know
a. Generally people can be trusted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
b. I trust most of the people who live in the same area?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
c. People like me have no say over what the government says?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

Health

ALL:

S1.(M) (S 90 (M)) Next a few questions about your health.

Which of the following alternatives best describes your present state of health:

- 1 Very good
- 2 Good
- 3 Fair
- 4 Bad
- 5 Or very bad?
- 9 DNK

S2a.

What is your height? _____ cm

S2b.

How much do you weigh? _____ kg (ECHP and Health 2000)

S3. (S 91.) Do you have any chronic physical or mental problem, illness or disability?

- 1 YES
- 2 NO -> R1, IF AGED 75 OR UNDER AND
- 9 DNK -> S6, IF AGED OVER 75
- REFUSES TO ANSWER -> " "

IF ILLNESS OR DISABILITY (S3=1):

S4. (S 92.) Are you hampered in your daily activities by this illness or disability?

- 1 YES
- 2 NO → R1, IF AGED 75 OR UNDER AND
- 9 DNK → S6, IF AGED 75+

IF ILLNESS HAMPERS:

S5.(M) (S 93) (M) Are you hampered:

- 1 Severely
- 2 Or to some extent?
- 9 DNK

IF AGED UNDER 75 --> R1

AGED OVER 75 OR IF HAMPERED BY ILLNESS OR DISABILITY (S3=1 AND S4=1) :

S6. (S 94.) Can you climb stairs without difficulty?

- 1 YES
 2 NO
 9 DNK

S7. (S 95.) Does your condition allow you to manage without help from others in:

- | | YES | NO |
|--------------------------|----------------------------|----------------------------|
| a. Food shopping? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Food preparation? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Cleaning, tidying up? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Dressing? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Washing yourself? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Time use

ALL:

R1.(M) (A 100 (M)) How often do you feel rushed? Do you feel rushed:

- 1 All the time
 2 From time to time
 3 Or hardly ever? -> R4a
 9 DNK -> R4a

R2.(M) (A 101(M)) Are there any such things you would like to do on ordinary weekdays but which you cannot do due to lack of time?

- 1 YES
 2 NO → R4a

IF LACKS TIME:

R3.(M) (A 102 (M)) If you had more time on weekdays, what would you primarily like to do?

_____ SF CODES |__|__|__|

Biographical information

AGED 10 TO 14 → THE INTERVIEW ENDS

AGED 15 → R7

AGED 16+:

R4a. (R 110.) What is your present marital status?

Are you:

- 1 Unmarried

- 2 Married (or in a registered partnerships) → R5 if a woman and has children aged under 18, otherwise R6
- 3 Separated
- 4 Widowed and not remarried
- 5 Or divorced and not remarried?

AGED 16+, NOT MARRIED:

- R4b. **Are you at the moment cohabiting?** 1 YES ->
 2 NO ->

if yes: R5 if a woman and children aged under 18, R6 if 18+, otherwise R7
 if not: R6 if 18+, otherwise R7.

WOMAN, MARRIED OR COHABITING, HAS CHILDREN AGED UNDER 18

[K1: FAMILY RELATIONSHIP EXITS=2]

- R5. Your household has ___ children. Are all these children common to you and your spouse?
- 1 YES
- 2 NO

AGED 18+:

- R6. Do you have children aged under 18 who do not live with you but to whom you are in contact?
- 1 YES
- 2 NO

AGED 15+:

- R7. (R 111.) The next question concerns your general basic education.**
Have you completed:
- 1 Matriculation examination or upper secondary general school's leaving certificate
- 2 Comprehensive or lower secondary school
- 3 Elementary school, folk high school or part of lower secondary school or part of comprehensive school
- 4 Or less than elementary school?
- DNK

CHOOSE THE FIRST ONE TO WHICH ANSWERS "YES".

METHOD OF FILLING IN THE FORM

- 1 PERSONAL FACE-TO-FACE INTERVIEW
- 2 TELEPHONE INTERVIEW