

# National Health Survey

## Household questionnaire

| 1 |

### 1. Section identification data

Province _____	_ _
Section N° _____	_ _ _ _ _ _
Municipality _____	
District/Section _____	
Year/Quarter/Week _____	_ _ _ _ _ _ _ _

### 2. Identification of the dwelling and household

Dwelling order N° \_\_\_\_\_ |\_|\_|  
Household number within the dwelling \_\_ |\_|

### 3. Identification of the Informant

Name and order number of the Informant \_\_\_\_\_ |\_|\_|

### 4. Complementary to the identification

Household contact telephone number \_\_\_\_\_ |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

#### Nature, characteristics and purpose

**The National Health Survey** is a nationwide statistical investigation, designed for the purpose of obtaining data on the health status, the use of health services, prevention, risk factors etc. of the population.

#### Legislation

**Statistical secrecy.** The personal information obtained by the **statistical services**, both directly from the informants as well as from administrative sources, will be the object of protection and are covered by the statistical secret (Article 13.1 of the Law on the Public Statistical Services, dated the 9th of May 1989, LFEP). All statistical personnel will have the obligation of preserving the statistical secret (Article 17.1 of the LFEP).

**Obligation of providing data.** This survey forms part of the National Statistical Plan and, therefore, in accordance with Law 13/1996 this Questionnaire is compulsory, except for questions 8 to 13 in section 6. The statistical services may be able to request data from all physical and legal persons, national and foreign, residents in Spain (Article 10.1 of the LFEP).

All physical and legal persons that provide data, both if their collaboration is compulsory as well as if it is voluntary, **must** respond in a true, exact and complete manner within the stipulated term to questions outlined in due form by the statistical services (Article 10.2 of the LFEP).

**(Law 12/1989 on the Public Statistical Services)**

## 5. Composition of the household

**Interviewer:** A household is defined as a group of persons which **habitually reside** in the family dwelling and consume and/or share foods or other goods **within the same budget**.

Therefore, if two or more human groups with **differentiated budgets** (dwelling with sub-letted residents, or shared by groups of persons with independent economies) reside in the dwelling, then consider that **each one** of these groups form a **household**, and carry out the Health Survey for each one.

Exceptionally, domestic service and guests never form an independent household

### 5.1. Identification of the household members present or absent (Not included are persons employed in the household, nor guests, if any)

\*Ask which of those persons present or temporarily absent **reside** in the dwelling forming part of this household and list them in column 1.

\*For all the persons listed in column 1 complete columns 2 to 5 of this table, to determine whether or not they are household members. (To complete column 5 consult the identification rules for household members that appear at the foot of the table).

\*For persons considered **household members** complete column 6.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
<b>Name</b>	<b>Do you habitually reside</b> or consider residing the greater part of the year in the dwelling with this household?	<b>You habitually reside in:</b> 1. A different family dwelling and you intend to return to the household before the end of one year. 2. In a group establishment and you intend to return to the household before the end of one year. 3. In a family dwelling or group establishment and you do not intend to return to the household before the end of one year.	<b>Do you participate in the household budget?</b>	<b>Are you a household member?</b>  <i>(Consult the rules for the identification of household members that appear at the foot of the table (1))</i>	<b>Solely for household members:</b>  <b>Age</b> in completed years
_____	YES <input type="checkbox"/> 1 → go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	[[[
_____	YES <input type="checkbox"/> 1 → go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	[[[
_____	YES <input type="checkbox"/> 1 → go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	[[[
_____	YES <input type="checkbox"/> 1 → go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	[[[
_____	YES <input type="checkbox"/> 1 → go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	[[[

## 5.1. Identification of the household members present or absent (continuation)

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
<b>Name</b>	<b>Do you habitually reside</b> or consider residing the greater part of the year in the dwelling with this household?	<b>You habitually reside in:</b> 1. A different family dwelling and you intend to return to the household before the end of one year. 2. In a group establishment and you intend to return to the household before the end of one year 3. In a family dwelling or group establishment and you do not intend to return to the household before the end of one year.	<b>Do you participate in the household budget?</b>	<b>Are they a household member?</b> <i>(Consult the rules for the identification of household members that appear at the foot of the table (1))</i>	<b>Solely for household members:</b> <b>Age</b> in completed years
_____	YES <input type="checkbox"/> 1 →go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→END	[[ ]]
_____	YES <input type="checkbox"/> 1 →go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→END	[[ ]]
_____	YES <input type="checkbox"/> 1 →go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→END	[[ ]]
_____	YES <input type="checkbox"/> 1 →go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→END	[[ ]]
_____	YES <input type="checkbox"/> 1 →go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→END	[[ ]]

### (1) Rules for the identification of household members

Column 2	Column 3	Column 4	Column 5	
YES		YES	Household member	Column 2 <b>YES</b> and column 4 <b>NO</b> , includes those persons wrongly classified due to an error, given that they are either members of another household within the dwelling, or they are household employees or resident guests
YES		NO	Not a household member	
NO	1 or 2	YES	Household member	Column 2 <b>NO</b> , column 3 code. <b>1</b> or <b>2</b> and column 4 <b>YES</b> , includes household members absent due to studies, work, etc.
NO	3	YES	Not a household member	
NO	1, 2 or 3	NO	Not a household member	

**Special case:** persons who reside in various households but in none the greater part of the year, are considered **members** of that household in which they are residents at the time of the survey.

## 5.2. Identification of the main breadwinner

Tell me the name of the **household member** 16 years of age or over who **regularly contributes the most to the household's budget**.

If the person who contributes the most to the budget is not a member of the household, indicate the name of the household member to whom are directed the monetary transfers forwarded by the person that contributes the most income. If they are directed to a minor, indicate the name of the household member 16 years of age or over who is responsible for said minor.

Mr./Ms.: \_\_\_\_\_

## 5.3. Identification of other persons residents in the dwelling with this household: household employees and permanent guests.

\* Ask if **household employees** (domestic services, carers, chauffeurs, etc.) or less than 6 (**5 or fewer**) **permanent guests** reside in this household, and in the affirmative, list these persons in column 1. If the number of permanent guests exceeds five (**6 or more**) do not list same in column 1.

\* For all those persons listed in column 1 complete columns 2, 3 and 4 of this table, to determine whether or not they are **residents** of the household.

\*For **resident household employees and resident guests**, complete column 5.

Column 1	Column 2	Column 3	Column 4	Column 5
<b>Name</b>	<b>Indicate whether:</b> 1. Person employed in the household 2. Permanent guest	<b>Solely for guests</b> <b>Do you participate in the budget of another household?</b> (for example students)	<b>Do you habitually reside</b> or consider residing the greater part of the year in the dwelling with this household?	<b>Only resident household employees and resident guests</b>  Age in completed years
_____ _____	<input type="checkbox"/> 1 → go to column 4 <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 → END NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 → resident person NO <input type="checkbox"/> 6 → END	[[[
_____ _____	<input type="checkbox"/> 1 → go to column 4 <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 → END NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 → resident person NO <input type="checkbox"/> 6 → END	[[[
_____ _____	<input type="checkbox"/> 1 → go to column 4 <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 → END NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 → resident person NO <input type="checkbox"/> 6 → END	[[[
_____ _____	<input type="checkbox"/> 1 → go to column 4 <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 → END NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 → resident person NO <input type="checkbox"/> 6 → END	[[[
_____ _____	<input type="checkbox"/> 1 → go to column 4 <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 → END NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 → resident person NO <input type="checkbox"/> 6 → END	[[[

## 5.4. Summary of the composition of the household

Household formed by members of the household \_\_\_\_\_  1

Household formed by household members, persons employed and/or guests (5 or less) which do not participate in another household's budget \_\_\_\_\_  2

Household formed by household members, persons employed and/or guests (6 or more) that do not participate in another household's budget \_\_\_\_\_  3 → n° of guests |\_\_|

## 5.5. Assignment of order numbers to the household members and other persons resident in the dwelling with this household, according to their age

*Interviewer: consult sections 5.1, 5.2 and 5.3 and transcribe to **Table A** the names of the persons **16 years of age and over** who are **members of the household**, always commencing with the **main breadwinner** and subsequently the name of the **other persons resident** in the dwelling with this household, if any. Assign them correlative order numbers commencing with **01** (which logically corresponds to the main breadwinner).*

*Analogously, transcribe to **Table B** the name of persons **under the age of 16**, if any. Assign them correlative order numbers always commencing with **51**.*

**TABLE A**  
Persons 16 years of age or over

Name	Order N°
_____	0 1
_____	0 2
_____	0 3
_____	0 4
_____	0 5
_____	0 6
_____	0 7
_____	0 8
_____	0 9
_____	1 0
_____	1 1
_____	1 2
_____	1 3
_____	1 4
_____	1 5

**TABLE B**  
Persons under 16

Name	Order N°
_____	5 1
_____	5 2
_____	5 3
_____	5 4
_____	5 5
_____	5 6
_____	5 7
_____	5 8
_____	5 9
_____	6 0
_____	6 1
_____	6 2
_____	6 3
_____	6 4
_____	6 5

## 6. Data on household persons: household members and other persons resident in the dwelling with this household.

*Interviewer:* Transcribe from Section 5, question 5.5, the name and order number of the persons that appear in **Table A** always commencing with the main breadwinner and subsequently the name and order number of those listed in **Table B**. Complete this table for each person.

Name and order number of the household members and other persons resident in the household	Name _____ Order N°  0 1	Name _____ Order N°	Name _____ Order N°	Name _____ Order N°
<b>1. Date of birth</b>  1. Month _____ — 2. Year _____ 3. Age _____	         	         	         	         
<b>2. Sex</b> 1. Male _____ 6. Female _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
<b>3. Nationality</b> 1. Spanish _____ 6. Foreign _____  <i>Interviewer: record the corresponding foreign nationality code(1)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →
<b>4. Marital status</b> 1. Single _____ 2. Married _____ 3. Widowed _____ 4. Legally separated _____ 5. Divorced _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>5. Although not married, do you currently live with your partner?</b>  1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
<b>6. What is your relationship with main breadwinner?</b> <i>Interviewer: record the code of the relationship with the main breadwinner which corresponds (2)</i>	0 1			

### (1) Foreign nationality codes

1. A European Union country
2. Other European country
3. Canada or U.S.A.
4. Other American country
5. An Asian country
6. An African country
7. An Oceania country

Name _____	Name _____	Name _____	Name _____	Name _____
Order n°    _ _	Order N°    _ _	Order n°    _ _	Order n°    _ _	Order n°    _ _
_   _ _   _	_   _ _   _	_   _ _   _	_   _ _   _	_   _ _   _
<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
<input type="checkbox"/> 1 <input type="checkbox"/> 6 →  _	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →  _	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →  _	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →  _	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →  _
<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
_	_	_	_	_

**(2) Codes of the relationship with the main breadwinner**

- 01. Main breadwinner
- 02. Spouse or partner of the main breadwinner
- 03. Son/daughter of the main breadwinner and/or of their spouse or partner
- 04. Son-in-law or daughter-in-law of the main breadwinner and/or of their spouse or partner
- 05. Father or mother of the main breadwinner
- 06. Father or mother of the spouse or partner of the main breadwinner
- 07. Brother/sister of the main breadwinner
- 08. Brother/sister of the main breadwinner's spouse or partner

- 09. Grandchild of the main breadwinner and/or of their spouse or partner
- 10. Grandfather/grandmother of the main breadwinner and/or of their spouse or partner
- 11. Another relative of the main breadwinner
- 12. Another relative of the spouse or partner of the main breadwinner
- 13. Resident persons employed in the household
- 14. Permanent guests
- 15. Other type of relationship

## 6. Data on household persons: household members and other persons resident in the dwelling with this household

Name and order number of the household members and other persons resident in the household	Name	Name	Name	Name
	Order N°  0 1	Order n°	Order n°	Order n°
<b>7. What type or types of health coverage do you possess as holder or beneficiary?</b>	<b>YES NO</b>	<b>YES NO</b>	<b>YES NO</b>	<b>YES NO</b>
1. Social Security Regime with health care provided by the National Health System	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
2. Public Mutual Society Regime (MUFACE, ISFAS, MUNPAL) with health care provided by the National Health System_____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
3. Public Mutual Society Regime (MUFACE, ISFAS, MUNPAL) with health care provided by said system, or contracted with private companies_____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
–	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
4. Compulsory collective affiliation Mutual Society Regime (ONCE, Telefónica, etc.)_____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
5. Private affiliation Mutual Society or independent health care entities, with individual or collective voluntary affiliation_	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
6. Other forms of coverage by means of periodic payments which facilitate access to some type of health care (medical contract, etc.)_____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
7. Without any type of contribution regime whatsoever but with health care provided by the National Health System._____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
8. Without any type of contribution regime whatsoever but with health care provided by a NGO._____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
<b>8. Do you have difficulty in carrying out daily activities?</b> (leaving home, getting dressed, personal hygiene, eating, etc.)				
1. No difficulty_____	<input type="checkbox"/> 1→go to 14	<input type="checkbox"/> 1→go to 14	<input type="checkbox"/> 1→go to 14	<input type="checkbox"/> 1→go to 14
2. Moderate difficulty_____	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Severe difficulty_____	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Absolute difficulty_____	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4





## 6. Data on household persons: household members and other persons resident in the dwelling with this household

Name and order number of the household members and other persons resident in the household	Name _____ Order N° <u>  01  </u>	Name _____ Order n° <u>  _ _  </u>	Name _____ Order n° <u>  _ _  </u>	Name _____ Order n° <u>  _ _  </u>
<b>9. Due to said difficulty, do you require any type of assistance or care from other persons in order to carry out daily activities?</b> 1. YES _____ 2. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ go to 12	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ go to 12	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ go to 12	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ go to 12
<b>10. Do you receive the assistance that you require from other persons?</b> 1. YES _____ 6 NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ go to 12	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ go to 12	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ go to 12	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ go to 12
<b>11. Which person or persons is/are responsible for caring for you and what is their relationship with you?</b>  <i>Interviewer: record the code of the relationship of the carer with the person being cared for (3)</i>  <b>Persons resident in the household which:</b>  1. Are not paid for this care  Relationship of carer with the person being cared for _____ <u>  _ _  </u> <u>  _ _  </u>  2. Are paid for this care  Relationship of carer with the person being cared for _____ <u>  _ _  </u> <u>  _ _  </u>  <b>Persons not residents in the household which:</b>  3. Are not paid for this care.  Relationship of carer with the person being cared for _____ <u>  _ _  </u> <u>  _ _  </u>  4. Are paid for this care.  Relationship of carer with the person being cared for _____ <u>  _ _  </u> <u>  _ _  </u>				

(3) Codes of the relationship of the carer with the person being cared for (for example, if a person is cared for by their daughter and a neighbour, record codes 02 and 10)

- |                             |   |
|-----------------------------|---|
| 01. Spouse or partner       | 08. Another relative (brother/sister, son-in-law, uncle/aunty, etc.)          |
| 02. Daughter                | 09. Persons employed in the household dedicated mainly to the care of persons |
| 03. Son                     | 10. Persons employed in the household dedicated mainly to other tasks         |
| 04. Daughter-in-law         | 11. Neighbours and friends  |
| 05. Mother                  | 12. Social services   |
| 06. Father                  | 13. Volunteers (parish, Red Cross, etc.)                                      |
| 07. Grandfather/grandmother | 14. Other type of relationship  |



## 6. Data on household persons: household members and other persons resident in the dwelling with this household

Name and order number of the household members and other persons resident in the household	Name _____ Order N°  0 1	Name _____ Order n°	Name _____ Order n°	Name _____ Order n°
<p><b>12. What type of problem is the cause of your difficulty for carrying out these daily activities?</b></p> <p>1. Physical _____ <input type="checkbox"/>1</p> <p>2. Mental _____ <input type="checkbox"/>2</p> <p>3. Both types _____ <input type="checkbox"/>3</p>				
<p><b>13. How long will this problem last?</b></p> <p><i>Interviewer: record how long the interviewee has been suffering this problem, as well as how much longer they expect it to last</i></p> <p>1. Less than 6 months _____ <input type="checkbox"/>1</p> <p>2. Between 6 mths. and one year _____ <input type="checkbox"/>2</p> <p>3. Between one and five years _ _____ <input type="checkbox"/>3</p> <p>4. More than five years _____ <input type="checkbox"/>4</p>				
<p><b>14. Interviewer record if the person is:</b></p> <p>1. 10 years of age or over _____ <input type="checkbox"/>1</p> <p>6. Under the age of 10 _____ <input type="checkbox"/>6 →END of table 6 for this person</p>				

Name _____	Name _____	Name _____	Name _____	Name _____
Order n°    _ _	Order n°    _ _	Order n°    _ _	Order n°    _ _	Order n°    _ _
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person

## 6. Data on household persons: household members and other persons resident in the dwelling with this household

Name and order number of the household members and other persons resident in the household	Name	Name	Name	Name
	Order N° <u>  01  </u>	Order n° <u>  </u>	Order n° <u>  </u>	Order n° <u>  </u>
<p><b>15. What is the highest level of general education and/or professional training that you have completed?</b></p> <p><i>Interviewer: show the interviewee the Card: Level of studies completed and record the corresponding response.</i></p> <p>1. Illiterate due to physical or mental problems _____ <input type="checkbox"/> 1</p> <p>2. Illiterate for other reasons __ <input type="checkbox"/> 2</p> <p>3. Without studies _____ <input type="checkbox"/> 3</p> <p>4. Primary education or equivalent _____ <input type="checkbox"/> 4</p> <p>5. First cycle general secondary education _____ <input type="checkbox"/> 5</p> <p>6. 2nd stage 2nd level professional education _____ <input type="checkbox"/> 6</p> <p>7. Second cycle general secondary education _____ <input type="checkbox"/> 7</p> <p>8. Higher professional education _____ <input type="checkbox"/> 8</p> <p>9. 1st cycle university studies or equivalent _____ <input type="checkbox"/> 9</p> <p>10. 2nd and 3rd cycle university studies or equivalent _____ <input type="checkbox"/> 10</p>				
<p><b>16. Interviewer record if the person is:</b></p> <p>1. 16 years of age or over _____ <input type="checkbox"/> 1</p> <p>6. Under the age of 16 _____ <input type="checkbox"/> 6 →END of table 6 for this person</p>				

Name _____	Name _____	Name _____	Name _____	Name _____
Order n°    _ _	Order n°    _ _	Order n°    _ _	Order n°    _ _	Order n°    _ _
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person

## 6. Data on household persons: household members and other persons resident in the dwelling with this household

Name and order number of the household members and other persons resident in the dwelling with this household	Name _____ Order N° <u>011</u>	Name _____ Order n° <u>  </u>	Name _____ Order n° <u>  </u>	Name _____ Order n° <u>  </u>
<p><b>17. In relation with the economic activity, in which of the following situations did you find yourself last week?</b> Various options may be selected. If you found yourself in various situations, you must follow the flow of that situation that is assigned the lowest order number.</p> <p>1. Working _____ <input type="checkbox"/> 1</p> <p>2. Employed but temporarily absent _____ <input type="checkbox"/> 2</p> <p>3. Unemployed who has previously worked _____ <input type="checkbox"/> 3</p> <p>4. Retired by age or perceiving a contributory retirement pension _____ <input type="checkbox"/> 4</p> <p>5. Receiving a contributory disability pension _____ <input type="checkbox"/> 5</p> <p>6. Pensioner (who has previously worked) receiving a pension other than a retirement or disability pension (widower, orphans, etc.) _____ <input type="checkbox"/> 6</p> <p>7. Pensioner (who has not previously worked) receiving a pension other than a retirement or disability pension (widower, orphans, etc.) _____ <input type="checkbox"/> 7</p> <p>8. Receiving a non contributory old age / retirement pension _____ <input type="checkbox"/> 8</p> <p>9. Receiving a non-contributory disability pension _____ <input type="checkbox"/> 9</p> <p>10. Studying _____ <input type="checkbox"/> 10</p> <p>11. Mainly dedicated to housework (non economic activity) _____ <input type="checkbox"/> 11</p> <p>12. Dedicated to voluntary work (NGO, parish church, etc.) _____ <input type="checkbox"/> 12</p> <p>13. A different situation without exercising at present any economic activity: (independently wealthy, receiving some type of public or private aid, etc.) _____ <input type="checkbox"/> 13</p> <p>14. Unemployed seeking first employment _____ <input type="checkbox"/> 14</p>	<p><input type="checkbox"/> 1 } go to 18</p> <p><input type="checkbox"/> 2 } go to 18</p> <p><input type="checkbox"/> 3 } go to 20</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 } go to 20</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11 } go to 19</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14 →END of table 6 for this person</p>	<p><input type="checkbox"/> 1 } go to 18</p> <p><input type="checkbox"/> 2 } go to 18</p> <p><input type="checkbox"/> 3 } go to 20</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 } go to 20</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11 } go to 19</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14 →END of table 6 for this person</p>	<p><input type="checkbox"/> 1 } go to 18</p> <p><input type="checkbox"/> 2 } go to 18</p> <p><input type="checkbox"/> 3 } go to 20</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 } go to 20</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11 } go to 19</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14 →END of table 6 for this person</p>	<p><input type="checkbox"/> 1 } go to 18</p> <p><input type="checkbox"/> 2 } go to 18</p> <p><input type="checkbox"/> 3 } go to 20</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 } go to 20</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11 } go to 19</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14 →END of table 6 for this person</p>



Name _____	Name _____	Name _____	Name _____	Name _____
Order n°	Order n°	Order n°	Order n°	Order n°
<input type="checkbox"/> 1 ] →go to 18 <input type="checkbox"/> 2 ] <input type="checkbox"/> 3 ] <input type="checkbox"/> 4 ] <input type="checkbox"/> 5 ] →go to 20 <input type="checkbox"/> 6 ] <input type="checkbox"/> 7 ]  <input type="checkbox"/> 8 ] <input type="checkbox"/> 9 ] <input type="checkbox"/> 10 ] <input type="checkbox"/> 11 ] →go to 19 <input type="checkbox"/> 12 ] <input type="checkbox"/> 13 ] <input type="checkbox"/> 14 →END of table 6 for this person	<input type="checkbox"/> 1 ] →go to 18 <input type="checkbox"/> 2 ] <input type="checkbox"/> 3 ] <input type="checkbox"/> 4 ] <input type="checkbox"/> 5 ] →go to 20 <input type="checkbox"/> 6 ] <input type="checkbox"/> 7 ]  <input type="checkbox"/> 8 ] <input type="checkbox"/> 9 ] <input type="checkbox"/> 10 ] <input type="checkbox"/> 11 ] →go to 19 <input type="checkbox"/> 12 ] <input type="checkbox"/> 13 ] <input type="checkbox"/> 14 →END of table 6 for this person	<input type="checkbox"/> 1 ] →go to 18 <input type="checkbox"/> 2 ] <input type="checkbox"/> 3 ] <input type="checkbox"/> 4 ] <input type="checkbox"/> 5 ] →go to 20 <input type="checkbox"/> 6 ] <input type="checkbox"/> 7 ]  <input type="checkbox"/> 8 ] <input type="checkbox"/> 9 ] <input type="checkbox"/> 10 ] <input type="checkbox"/> 11 ] →go to 19 <input type="checkbox"/> 12 ] <input type="checkbox"/> 13 ] <input type="checkbox"/> 14 →END of table 6 for this person	<input type="checkbox"/> 1 ] →go to 18 <input type="checkbox"/> 2 ] <input type="checkbox"/> 3 ] <input type="checkbox"/> 4 ] <input type="checkbox"/> 5 ] →go to 20 <input type="checkbox"/> 6 ] <input type="checkbox"/> 7 ]  <input type="checkbox"/> 8 ] <input type="checkbox"/> 9 ] <input type="checkbox"/> 10 ] <input type="checkbox"/> 11 ] →go to 19 <input type="checkbox"/> 12 ] <input type="checkbox"/> 13 ] <input type="checkbox"/> 14 →END of table 6 for this person	<input type="checkbox"/> 1 ] →go to 18 <input type="checkbox"/> 2 ] <input type="checkbox"/> 3 ] <input type="checkbox"/> 4 ] <input type="checkbox"/> 5 ] →go to 20 <input type="checkbox"/> 6 ] <input type="checkbox"/> 7 ]  <input type="checkbox"/> 8 ] <input type="checkbox"/> 9 ] <input type="checkbox"/> 10 ] <input type="checkbox"/> 11 ] →go to 19 <input type="checkbox"/> 12 ] <input type="checkbox"/> 13 ] <input type="checkbox"/> 14 →END of table 6 for this person

## 6. Data on household persons: household members and other persons resident in the dwelling with this household

Name and order number of the household members and other persons resident in the dwelling with this household	Name _____ Order N° 0 1	Name _____ Order n°	Name _____ Order n°	Name _____ Order n°
<b>Interviewer:</b> For persons that carry out or carried out various jobs simultaneously, questions 18 to 23 will always refer to their main employment.				
<b>18. What type of working day do you usually have in your current main job?</b>  1. Split working day 2. Continuous morning working day _____ 3. Continuous afternoon working day_ 4. Continuous night working day_ 5. Reduced working day _____ 6. Shifts _____ 7. Another type _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 →go to 20 <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"/> 3 →go to 20 <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"/> 3 →go to 20 <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"/> 3 →go to 20 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
<b>19. Even in the event that you were not working last week, have you ever previously worked?</b>  1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 6 →END of table 6 for this person
<b>Interviewer:</b> For persons who have chosen option 7 in question 17: Pensioner (who has not previously worked) currently perceiving a pension other than a retirement or disability pension (widows, orphanhood, etc.), record the data for questions 20 to 23 referring to the last employment held by the person who generated said pension.				
<b>20. What is/was the occupation, profession or trade that you carry out or carried out in your last employment?</b>  Detail your <b>occupation</b> as much as possible, describing your <b>professional category or level of your job post</b> (for example, welder, machinist, chef in charge of the kitchen, post office public servant, automobile mechanic, primary school teacher, etc.)  <b>Interviewer:</b> subsequently consult the National Classification of Occupations and record the corresponding code.	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____



## 6. Data on household persons: household members and other persons resident in the dwelling with this household

Name and order number of the household members and other persons resident in the dwelling with this household	Name	Name	Name	Name
	Order N° <u>  011  </u>	Order n° <u>  __  </u>	Order n° <u>  __  </u>	Order n° <u>  __  </u>
<p><b>21. What is/was the professional situation in the occupation that you carry out or carried out in your last employment?</b></p> <p>1. Employer (businessperson or professional with wage earners)_____</p> <p>2. Businessperson without wage earners, or independent worker_____</p> <p>3. Family worker (without regulated remuneration in the family company or business) _____</p> <p>4. Fixed wage earner (with salary, on commission, wage, etc., permanently employed)_____</p> <p>5 Temporary wage earner or intern (with salary, on commission, wage, etc., temporarily employed)._____</p> <p>6. Member of a cooperative_____</p> <p>7. Another situation_____</p>	<p><input type="checkbox"/>1</p> <p><input type="checkbox"/>2</p> <p><input type="checkbox"/>3</p> <p><input type="checkbox"/>4</p> <p><input type="checkbox"/>5</p> <p><input type="checkbox"/>6</p> <p><input type="checkbox"/>7</p>	<p><input type="checkbox"/>1</p> <p><input type="checkbox"/>2</p> <p><input type="checkbox"/>3</p> <p><input type="checkbox"/>4</p> <p><input type="checkbox"/>5</p> <p><input type="checkbox"/>6</p> <p><input type="checkbox"/>7</p>	<p><input type="checkbox"/>1</p> <p><input type="checkbox"/>2</p> <p><input type="checkbox"/>3</p> <p><input type="checkbox"/>4</p> <p><input type="checkbox"/>5</p> <p><input type="checkbox"/>6</p> <p><input type="checkbox"/>7</p>	<p><input type="checkbox"/>1</p> <p><input type="checkbox"/>2</p> <p><input type="checkbox"/>3</p> <p><input type="checkbox"/>4</p> <p><input type="checkbox"/>5</p> <p><input type="checkbox"/>6</p> <p><input type="checkbox"/>7</p>
<p><b>22. Where do/did you work at your last employment?</b></p> <p>1.Public administration_____</p> <p>2.Public company_____</p> <p>3.Private company_____</p> <p>4.Private non profit organisation_____</p> <p>5.Domestic service_____</p> <p>6. Others_____</p>	<p><input type="checkbox"/>1</p> <p><input type="checkbox"/>2</p> <p><input type="checkbox"/>3</p> <p><input type="checkbox"/>4</p> <p><input type="checkbox"/>5</p> <p><input type="checkbox"/>6</p>	<p><input type="checkbox"/>1</p> <p><input type="checkbox"/>2</p> <p><input type="checkbox"/>3</p> <p><input type="checkbox"/>4</p> <p><input type="checkbox"/>5</p> <p><input type="checkbox"/>6</p>	<p><input type="checkbox"/>1</p> <p><input type="checkbox"/>2</p> <p><input type="checkbox"/>3</p> <p><input type="checkbox"/>4</p> <p><input type="checkbox"/>5</p> <p><input type="checkbox"/>6</p>	<p><input type="checkbox"/>1</p> <p><input type="checkbox"/>2</p> <p><input type="checkbox"/>3</p> <p><input type="checkbox"/>4</p> <p><input type="checkbox"/>5</p> <p><input type="checkbox"/>6</p>

Name _____	Name _____	Name _____	Name _____	Name _____
Order n°	Order n°	Order n°	Order n°	Order n°
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

## 6. Data on household persons: household members and other persons resident in the dwelling with this household

Name and order number of the household members and other persons resident in the household	Name _____ Order n°  0 1	Name _____ Order n°	Name _____ Order n°	Name _____ Order n°
<p><b>23. What is/was the activity of the company or organisation in which you work or worked in your last employment?</b></p> <p>Be as precise as possible (Manufactures sporting articles, postal services, car hire, electricity, etc.).</p> <p><b>Interviewer:</b> subsequently consult the Classification of Economic Activities and record the corresponding code.</p>	_____ _____ _____ 	_____ _____ _____ 	_____ _____ _____ 	_____ _____ _____ 

## 7. Care of children

### 7.1. Interviewer: record if children 14 years of age or under reside in the household

YES \_\_\_\_\_  1  
 NO \_\_\_\_\_  6 → go to 8.1

### 7.2. Who usually cares for children 14 years of age or under? (Various options may be selected)

**Interviewer:** Consult the Codes of the relationship of the carer with the child being cared for (4) and record the corresponding code.

#### Persons resident in the household which:

1. Are not paid for this care  
 Relationship of carer with the child being cared for \_\_\_\_\_ | | | | | |

2. Are paid for this care  
 Relationship of carer with the child being cared for \_\_\_\_\_ | | | | | |

#### Non resident persons in the household that:

3. Are not paid for this care  
 Relationship of carer with the child being cared for \_\_\_\_\_ | | | | | |

4. Are paid for this care  
 Relationship of carer with the child being cared for \_\_\_\_\_ | | | | | |

#### (4) Codes of the relationship of the carer with the child being cared for

- |                    |   |
|--------------------|---|
| 01. Mother         | 06 Other relatives  |
| 02. Father         | 07. Persons employed in the household dedicated mainly to the care of persons |
| 03. Grandmother    | 08. Persons employed in the household dedicated mainly to other tasks         |
| 04. Grandfather    | 09. Neighbours or friends   |
| 05. Brother/sister | 10 Other type of relationship   |

Name _____	Name _____	Name _____	Name _____	Name _____
Order n°	Order n°	Order n°	Order n°	Order n°
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## 8. Work at home

### 8.1. Who mainly handles household tasks such as cleaning, cooking, ironing, etc.?

**Interviewer:** Consult the codes of the relationship with main breadwinner (5) that appears below and record the corresponding reply. You must record one sole response referring to the person who mainly handles household tasks.

**Person resident in the household that:**

1. Is not paid for this work.  
Relationship with the main breadwinner \_\_\_\_\_ | | |
2. Is paid for this work.  
Relationship with the main breadwinner \_\_\_\_\_ | | |

**Person not a resident in the household that:**

3. Is not paid for this work. \_\_\_\_\_ | | |  
Relationship with the main breadwinner \_\_\_\_\_
4. Is paid for this work. \_\_\_\_\_ | | |  
Relationship with the main breadwinner \_\_\_\_\_

**(5) Codes of the relationship with the main breadwinner**

- |  |  |
|--|--|
| <b>01.</b> Main breadwinner  | <b>06.</b> Other relatives                   |
| <b>02.</b> Spouse or partner of the main breadwinner   | <b>07.</b> Persons employed in the household |
| <b>03.</b> Son/daughter, son-in-law or daughter in-law of the main breadwinner and/or of their spouse or partner | <b>08.</b> Other type of relationship        |
| <b>04.</b> Father or mother of the main breadwinner or of their spouse or partner                                |  |
| <b>05.</b> Brother/sister of the main breadwinner or of their spouse or partner                                  |  |

## 9. Income of the household members

**Interviewer:** this section *exclusively* includes regular income of the **household members**. Do not include therefore, income of the resident persons employed in the household nor the income of the permanent guests.

### 9.1. Do the members of your household currently receive regular income from the sources indicated below?

	YES	NO
1. Freelance work _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Work for others _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Contributory pensions (retirement, disability, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Non-contributory pensions (old age, disability, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Subsidies and unemployment benefits _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Benefits for caring for a child _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Other subsidies and regular social benefits (social insertion salary, family assistance, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. Income from property and capital (rents, dividends, interests, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
9. Other regular income _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

**Interviewer:** check the responses given to question 9.1

If all the responses are **NO** → END

If there is one sole **YES** response → go to question 9.3

If there is more than one **YES** response → go to 9.2

### 9.2. What is the main source of regular income of the household?

**Interviewer:** record in the space reserved for said purpose the main household income and record in the following box the number assigned to this main source in question 9.1

Main source \_\_\_\_\_ | |

### 9.3. What is the monthly amount of this household income, adding all the sources (if there is more than one) and deducting retentions on account for taxes, social security contributions and other similar payments? Indicate the interval where this income is included

**Interviewer:** record the corresponding interval in **total amount** of net monthly income listed in question 9.1. You must record **the sum** of the regular income presently received by all the **household members**, irrespective of whether or not they provide this income in its totality or in part to cover household expenses.

\* In the calculation of the amount of this monthly income it will be necessary to take into account:

- For income for **working for others**, it is necessary to add to the monthly amount the proportion of regular income that is not paid on a monthly basis (extraordinary payments and other extraordinary income that is regularly received).

- For income for **freelance work**, it is necessary to deduct from the monthly income all deductible expenses.

Less than 360 Euros _____	<input type="checkbox"/> 1	From 1,201 to 1,800 _____	<input type="checkbox"/> 5
From 361 to 600 Euros _____	<input type="checkbox"/> 2	From 1,801 to 3,600 Euros _____	<input type="checkbox"/> 6
From 601 to 900 Euros _____	<input type="checkbox"/> 3	From 3,601 to 6,000 Euros _____	<input type="checkbox"/> 7
From 901 to 1,200 Euros _____	<input type="checkbox"/> 4	More than 6,000 Euros _____	<input type="checkbox"/> 8

## 10. Reserved for the Interviewer

### 10.1 Selection and identification of the subject of the interview of the Adults Questionnaire

**Interviewer:** using the Adult Selection Table identify the subject of the interview of the Adults Questionnaire, record their name and order number and hold the interview with said person.

Name: \_\_\_\_\_

Order Number | |

### 10.2. Selection and identification of the subject of the interview of the Minors Questionnaire

**Interviewer:** If minors under the age of 16 reside in the household, using the Minors Selection Table, identify the subject of the interview of the Minors Questionnaire, record their name and order number and hold the interview with the informant.

Name: \_\_\_\_\_

Order Number | 5 |

If exceptionally the order number of the minor selected commences with 6, cross out the number 5 and record the appropriate order number.