

Household ID								Resp. ID			
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Interview date / /

Interview ID _____

First Name/Initials: _____

„50+ in Europe“
**The Survey of Health,
Ageing and Retirement in Europe**
2017
Self-Administered Questionnaire

A – Retired



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

Please check ONE (1) box:

Correct or
Incorrect

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

Example:

Do you have children?

₁ Yes

₅ No



[Go to question ...](#)



If you check "Yes" in this example, you go on to the next question!

If you check "No" in this example, you go on to the question given in the instruction box!

How to RETURN this Questionnaire

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

PLEASE START THE QUESTIONNAIRE AT QUESTION 1 ON THE NEXT PAGE

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

A. Credit and loans

1. What do you generally think of credit and loans? Do you regard borrowing money as a good or bad idea?

(Please cross one box)

Good idea	Sometimes good and sometimes bad idea	Bad idea
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

2. People borrow money for various reasons. Do you consider it appropriate or inappropriate for a person like you to borrow for:

(Please cross one box on each line)

		Appropriate	Inappropriate
a)	Holidays	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b)	Living expenses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c)	Buying a luxury fur coat or jewellery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d)	Buying a car	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e)	Educational courses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f)	Gifts to loved ones for Christmas, wedding or birthdays	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

3. Do you personally have any *credit or debit cards*? That is cards for borrowing money and banking cards for your personal bank account. *(Please cross one box)*

Yes	No	Not sure
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

4. If you personally sold all your property and paid your loans and debts, would you have any money left?

(Please cross one box)

Yes	No	Not sure
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B. Local activities

1. In what form do you take interest in the affairs at your place of residence, in your town or village?

(You can cross several options.)

I follow the municipal newsletter	<input type="checkbox"/> ₁
I follow information in the daily press	<input type="checkbox"/> ₂
I follow municipal notice boards	<input type="checkbox"/> ₃
I follow information on the Internet	<input type="checkbox"/> ₄
I have discussions with neighbours	<input type="checkbox"/> ₅
I take part in the local council meetings	<input type="checkbox"/> ₆
I don't follow; I'm not interested	<input type="checkbox"/> ₇
I follow in a different manner	<input type="checkbox"/> ₈

2. Did you vote in the last local elections of 2014?

(Please cross one box)

Yes	No
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

3. If there were local elections tomorrow, would you go and vote?

(Please cross one box)

Yes	No	Don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

4. And have you ever stood as a candidate in any local elections?

(Please cross one box)

Yes	No
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

5. People have different opinions on how they can influence affairs in their village or town. What's your opinion? Do you agree or disagree with the following statements?

(Please cross one box on each line.)

		Agree	Disagree
a)	What people like me think makes little difference.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b)	People like me feel left out of local affairs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c)	While people can vote in local elections, they have little influence on local decision-making.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

6. Do you think your village or town is definitely thriving, rather thriving, rather declining or definitely declining?

(Please cross one box)

Definitely thriving	Rather thriving	Rather declining	Definitely declining
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

C. Sleep

1. The following questions are related to your sleep. How many days in the last month ...
(Cross only one box on each line)

	never	1-3 days	4-7 days	8-14 days	15-21 days	22-31 days
a) did you find it difficult to get to sleep?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) did you wake up several times a night?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) did you wake up too early?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) did you wake up after your usual length of sleep feeling tired and exhausted?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e) did you take sleeping pills (prescription or over-the-counter?)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

2.

How many hours per night do you usually sleep on weekdays?	hours
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D. Holidays

1. How often in the last 5 years did you take a holiday outside your home or holiday home?
(Please cross one box)

Never	1-2x	3-4x	5x and more
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

2. How many times in the last five years were you on holiday abroad?
(Please cross one box)

Never	1-2x	3-4x	5x and more
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

3. How often in the last 5 years did you travel by plane (excluding business trips)?
(Please cross one box)

Never	1-2x	3-4x	5x and more
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

E. Democratic values

1. There are various ways of running a state. During your lifetime, you have experienced at least two political regimes, each having its advantages and disadvantages. For each of the following statements, choose whether you agree or disagree.

(Please cross only one box on each line.)

	Yes	No
a) The opposition only holds government back from making important decisions.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) The state should provide people with security; everyone should have the right to work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Each individual should be able to express his/her views freely, whatever they are.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) The government should adopt measures to reduce people's income inequalities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Through voting in elections I can influence the course of our country's development.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) For a person like me it makes no difference whether or not s/he lives in democracy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g) The market environment is harmful; it brings out the worst in people.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

2. Please indicate whether you agree or disagree with the following statements.

(Please cross only one box on each line.)

	Yes	No
a) The Czech Republic should leave the European Union	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) The Czech Republic should leave NATO	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) The break-up of the Soviet Union was a mistake	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Germany represents a security threat for the Czech Republic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) European Union will break up in the next 10 years	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) Economic migrants take jobs away from Czech workers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g) Czech Republic should adopt Euro as its currency	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h) Czech Republic contributes to European Union more than it gets from it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i) The Schengen free movement area should be abolished	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j) Thanks to EU membership we are better off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

F. Internet

1. Do you use the Internet?

(Please cross one box)

Yes	No
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂ Proceed to section G below

2. Did you do the following activities on the Internet in the last 30 days?

(Please cross only one box on each line)

		Yes	No
a)	I wrote blogs.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b)	I wrote discussion comment(s) on articles or blogs I found interesting.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c)	I was active on social networks (e.g. Facebook, Twitter, etc.) – I wrote statuses, published photos or texts, responded to other users.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d)	I used the Internet for activities such as information search, shopping, Internet banking, etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e)	I downloaded films videos, music.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f)	I followed news (read articles on news servers, watched online news channels, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g)	I played games (card games, logical games, Minecraft, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

3. Please indicate whether you agree or disagree with the following statements.

(Please cross only one box on each line)

		Agree	Disagree	Not sure
a)	I have someone online with whom I can consult important decisions.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b)	When I feel lonely, there are a few people online that I can talk to.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c)	Socializing online gives me a chance to talk to so far unknown people.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d)	Thanks to socializing online I take interest in what is happening outside my home.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

G. Cultural capital

1. How often did you engage in the following activities in the last 12 months?

(Please cross only one box on each line.)

		Several times a month	About once a month	Several times a year	Once a year or less	Never
a)	Visiting a museum	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b)	Going to see a theatre play	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c)	Attending a sports match	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d)	Going to a concert of classical music, opera or ballet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e)	Going to a concert of other than classical music	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f)	Visiting historical monuments, castles and chateaux	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g)	Borrowing books in public library	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. How well do you know the following languages?

(Cross only one box on each line)

		Fluently	Actively	Passively	Can't use
a)	English	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b)	German	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c)	Russian	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d)	Another language	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

3. How many fiction books did you read in the last 12 months?

Number of books	<input type="checkbox"/> ₁ Don't know
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4. How many books do you approximately have at home? (1 meter of shelf contains about 50 books)

Number of books	<input type="checkbox"/> ₁ Don't know
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H. Injuries

1. Please answer each question yes, no, doesn't apply to me, or I don't use:

(Please cross one box on each line)

		Yes	No	Doesn't apply to me/ I don't use
a)	Do you have rugs on the floor of your home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b)	Do you use an anti-slip bathroom mat when taking a bath/shower?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c)	Is your bath/shower fitted with grab bars?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d)	Do you go swimming to places unsupervised by a lifeguard?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e)	Do you self-administer your medication?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f)	Have you ever been hurt by your pet in such a way that you had to seek medical treatment? (this only concerns own domestic animals)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g)	When crossing the street, do you use marked pedestrian crossings only?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h)	Do you carry or use reflexive elements (retro reflector, patch, band...) under lower visibility?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i)	Do you use a helmet whenever cycling?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j)	Do you use a pill box for your medication?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k)	Do you keep your medication stored in a locked cupboard or drawer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l)	Do you have some medication stored freely in the fridge?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

2. In which room do you keep your medication?

(You can cross several options)

In the kitchen	<input type="checkbox"/> ₁
In the bedroom	<input type="checkbox"/> ₂
In the bathroom	<input type="checkbox"/> ₃
Elsewhere	<input type="checkbox"/> ₄

I. Retirement

1. By what percentage do you think your old age pension would **DECREASE** if you retired a year **BEFORE** reaching the retirement age?

My pension would decrease by %

2. By what percentage do you think your old age pension would **INCREASE** if you worked full-time another year **AFTER** reaching the retirement age and claimed full old age pension while working?

My pension would increase by %

3. Imagine that you could choose **AGAIN** the way how to retire.

Under the current laws and regulations, would it be more profitable if you ...

(Note: If you do not know the current laws and regulations, please answer what you think)

(Please cross one box in each row)

		It would be advantageous for me	It would not be advantageous for me	I do not know
a)	... choose early retirement?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b)	... start receiving old age pension exactly at the retirement age?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c)	... postpone retirement for later than the legal retirement age and receive a higher old-age pension later when you will choose to retire?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d)	... at the legal retirement age choose a partial (half) pension and continue to work and receive a higher old-age pension later when you will choose to retire?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

4. Choose one of the following options:

(Please cross one box)

a) I receive full old age pension and I also work	<input type="checkbox"/> ₁
b) I receive partial (half) old age pension and I also work	<input type="checkbox"/> ₂
c) I receive full old age pension and I do not work	<input type="checkbox"/> ₃
d) I receive an early retirement pension	<input type="checkbox"/> ₄
e) Other situation	<input type="checkbox"/> ₅

J. Sex

Now we would like to ask you about some circumstances related to your sexual activities.

By sex or sexual activity we mean any mutual and voluntary activity involving sexual contact.

Over the last 12 months, how often did you have sex with your husband/wife, partner or acquaintance?

(Please cross one box)

I didn't have any sex	Once a month or less often	Twice or three times a month	Once or twice a week	Three times a week or more often	I don't want to respond
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

K. History

1. How many years in total did you live with one parent only? Please write only the number of years until the time you were 18.

a)	I always lived with both parents	<input type="checkbox"/> ₁
b)	I only lived with mother for a total of years
c)	I only lived with father for a total of years
d)	I never lived with parents	<input type="checkbox"/> ₁

2. Settlement of the Sudetenland

		Yes (in the year)	No
a)	Did your family move to the territory of the former Sudetenland during its settlement after World War II?	<input type="checkbox"/> ₁ In the year	<input type="checkbox"/> ₂
b)	If yes, until which year did you live on the territory of the former Sudetenland, (if until now, write 2017)	Until the year	

L.
1. At the end we would like to ask you to state your gender and year of birth:

a) I am...

Man	<input type="checkbox"/>	1
Woman	<input type="checkbox"/>	2

b) Born in year

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Thank you very much for your time and your answers.

Please give the completed form tot the interviewer or send it by mail in the envelope.

SC&C spol. s r.o.

Studie SHARE

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