

					Household-ID					Person-ID			
1	2	0								0			

Interview Date: / /

Interviewer ID: _____

Respondent's **First Name**: _____

"50+ in Europe"

The Survey of Health, Ageing and Retirement in Europe

2006

Self-Administered Questionnaire



How to FILL IN this questionnaire

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

Please 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

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

(Please tick one box in each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	▼	▼	▼	▼	▼
a) I pursue my goals with lots of energy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) In uncertain times, I usually expect the best	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) I'm always optimistic about my future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) I hardly ever expect things to go my way	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) I still find ways to solve a problem if others have given up	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) I rarely count on good things happening to me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) Given my previous experiences I feel well prepared for my future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

(Please tick one box in each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	▼	▼	▼	▼	▼
a) Parents' duty is to do their best for their children even at the expense of their own well-being.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) Grandparents' duty is to be there for grandchildren in cases of difficulty (such as divorce of parents or illness).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) Grandparents' duty is to contribute towards the economic security of grandchildren and their families.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) Grandparents' duty is to help grandchildren's parents in looking after young grandchildren.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

3. In your opinion, who – the family or the State -- should bear the responsibility for each of the following...:

(Please tick one box in each row)

	Totally family ▼	Mainly family ▼	Both equally ▼	Mainly state ▼	Totally state ▼
a) Financial support for older persons who are in need?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) Help with household chores for older persons who are in need such as help with cleaning, washing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) Personal care for older persons who are in need such as nursing or help with bathing or dressing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

4. There are sometimes important questions about which we have a disagreement with persons close to us, and which therefore may lead to conflicts. Please tell us how often, if at all, you experience conflict with each of the following persons. (Please tick one box in each row)

→ If your parents are no longer alive or if you don't have any parents-in-law, partner, or children, etc., tick "Does not Apply".

	Often	Some-times	Rarely	Never	Does not Apply
a) Parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
b) Parents-in-law	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
c) Partner/spouse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
d) Children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
e) Other family members	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
f) Friends, coworkers, acquaintances	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈

5. How often do you experience conflicts with your children or children-in-law over the education and bringing up of your grandchild(ren)? (Please tick one box)

→If you don't have any children or grandchildren, tick "Does not Apply"

	Often	Sometimes	Rarely	Never	Does not Apply
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈

6. Do you or did you ever share a household with a husband, wife or partner?

<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₅ No	→	Go to question 8.
---	--	---	-------------------

↓

7. Who in the couple takes or took the main responsibility for the following tasks... (Please tick one box in each row)

	Myself only	Myself mainly	Myself and my partner equally	My partner mainly	My partner only	Does Not Apply
a) Bringing up children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
b) Earning money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
c) Cooking, cleaning the house, laundry and ironing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
d) Caring for elderly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈

8. In the following, we are interested in aspects of medical advice. How often does your usual source of care (doctor or nurse)... (Please tick one box in each row)

	At every visit ▼	At some visits ▼	Never ▼
a) ...ask how much physical activity you do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) ...tell you that you should get regular exercise?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c) ...ask you about falling down?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d) ...check your balance or the way you walk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e) ...ask you about any drugs you take, either bought over-the-counter or drugs prescribed by another doctor?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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

	Strongly encouraged ▼	Rather encouraged ▼	Rather discouraged ▼	Strongly discouraged ▼
a) ...physical health problems , such as pain, reduced mobility, etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) ... emotional, nervous or psychic problems , such as stress, sadness, anxiety, etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) ...sensitive health problems , such as sexual life, incontinence problems, etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) ...social problems that influence your health , such as family, work problems, etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

10. In general, how often does your usual source of care (doctor or nurse)...
(Please tick one box in each row)

	Always ▼	Mostly ▼	Rarely ▼	Never ▼
a) ...explain to you the results of medical exams (laboratory, radiology, etc.)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) ...explain to you different treatment options?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) ...listen to your opinion and take your preferences into account to chose treatments?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

11. The following questions are about prevention. In the past 12 months...
(Please tick one box in each row)

	Yes ▼	No ▼
a) ...have you had a flu vaccination?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
b) ...has a doctor or nurse checked your blood pressure?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
c) ...has a doctor or nurse checked your blood cholesterol?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
d) ...has a doctor or nurse checked your blood sugar (for diabetes screening)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅

12. In the last two years, have you had an eye exam performed by an eye care professional such as an ophthalmologist or optometrist?

₁ Yes

₅ No

13. *If you are a woman:* In the last two years, have you had a mammogram (x-ray of the breast)?

₁ Yes

₅ No

₈ Does not apply (for men)

14. Do you currently have one or more of the following pets in your household?
(Please tick all that apply)

	Yes	No
	▼ ₁	▼ ₅
a) Dog	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
b) Cat	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
c) Bird	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
d) Fish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
e) Other pets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅

15. Finally, please state your sex and birth year:

a) I am...

Male	<input type="checkbox"/> ₁
Female	<input type="checkbox"/> ₂

b) I was born in (year)

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