Household ID										Resp. ID	
		-							-		

Interview date ☐☐ / ☐☐ / ☐☐

Interview ID _____

First Name/Initials: _____

„50+ in Europe“

The Survey of Health,

Ageing and Retirement in Europe

2019/2020

National Dropoff 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

A Human life extension

1. Scientists are currently discussing various ways of extending human life beyond its normal length, which means we would live longer than 100 or 120 years in the future. Many possible procedures and methods are being tested at present. To what extent do you approve of such efforts?
(Please cross one box)

Completely disapprove	Disapprove	Neither approve nor disapprove	Approve	Highly approve
□1	□2	□3	□4	□5

2. Do you use any of the following options intended to postpone the body ageing process?
(Please cross only one box in each line.)

	Yes	No
a) Anti-ageing cosmetic products (day/night anti-wrinkle products, skin firming creams, masks etc.)	□1	□2
b) Non-invasive aesthetic procedures (botox, photo-rejuvenation, laser liposuction etc.)	□1	□2
c) Invasive surgical procedures (neck and eyelid plastic surgery, facelift, etc.)	□1	□2
d) I use some other option	□1	□2

3. If you have previously undergone such an intervention or procedure or would consider doing so in the future, would any of the following things be a strong impulse in your decision making?
(Please cross only one box in each line.)

	Yes	No
a) Reaction of the environment (someone told me that it would do me good, that I need it)	□1	□2
b) My own feelings (feeling the need to make myself look younger in some way)	□1	□2
c) A doctor's recommendation	□1	□2

B TV, radio, reading, social media

1) How many hours do you watch TV on a normal day?	……	hours1
2) How many hours do you listen to the radio on a normal day?	……	hours2
3) How much time do you spend reading on a normal day?	……	hours3
4) How much time do you spend on internet on a normal day?	……	hours4
5) How much time do you spend on email, chat, Facebook or other social media on a normal day?	……	hours5

C Availability of healthcare

1. How much time do you spend travelling from your home to a primary healthcare facility:

(Please cross only one box on each line)

	0-14 minutes	15-29 minutes	30-44 minutes	45+ minutes	Not applicable
a) general practitioner	□1	□2	□3	□4	□5
b) dentist	□1	□2	□3	□4	□5
c) gynecologist	□1	□2	□3	□4	□5
d) pharmacy	□1	□2	□3	□4	□5
e) hospital / clinic	□1	□2	□3	□4	□5
f) ER	□1	□2	□3	□4	□5

2. Which means of transport do you normally use to travel from your home to a primary healthcare facility:

(Please cross only one box on each line)

	Walking	Car	Public transport	Other	Not applicable
a) general practitioner	□1	□2	□3	□4	□5
b) dentist	□1	□2	□3	□4	□5
c) gynecologist	□1	□2	□3	□4	□5
d) pharmacy	□1	□2	□3	□4	□5
e) hospital / clinic	□1	□2	□3	□4	□5
f) ER	□1	□2	□3	□4	□5

D Nutrition

1. How many full meals (main courses) do you eat per day?

(Please cross one box.)

a)	1 full meal.	□1
b)	2 full meals.	□1
c)	3 full meals.	□1

2. How many drinks (non-alcoholic drinks – 1 drink = 250ml) do you drink per day?

(Please cross one box)

a)	Fewer than 3 cups.	□1
b)	3 to 5 cups.	□1
c)	More than 5 cups.	□1

3. How do you evaluate the state of your nutrition?
(Please cross one box)

a)	I see myself as undernourished.	☐1
b)	I am not sure about the state of my nutrition.	☐1
c)	I see the state of my nutrition as problem-free.	☐1
d)	I see myself as obese / overweight	☐1

4. Do you weigh yourself regularly?
(Please cross one box)

a)	Yes, I weigh myself regularly.	☐1
b)	Yes, sometimes but not regularly.	☐1
c)	No, I do not weigh myself.	☐1

5. Does your general practitioner weigh you (find out your weight)?
(Please cross one box)

a)	Yes, s/he weighs me regularly during a check-up.	☐1
b)	Yes, s/he regularly asks me during a check-up.	☐1
c)	No, s/he does not find it out.	☐1

6. Does your general practitioner ask you about whether you have any eating problems (for example a lack of appetite, digesting problems, chewing or swallowing problems)?
(Please cross one box)

a)	Yes, I am asked regularly during a check-up.	☐1
b)	Only when I mention this issue myself.	☐1
c)	No, never.	☐1

7. Have you ever held a special diet? *(Please cross one box)*

a)	No, nothing of this kind was required.	☐1
b)	Yes, I have.	☐1

8. If yes, where did you get information about the diet?
(Please cross one or more boxes)

a)	From a general practitioner.	☐1
b)	From a nutrition therapist.	☐1
c)	From another specialist.	☐1
d)	I found this information myself.	☐1
e)	I have never had a special diet.	☐1
f)	None of the above	☐1

9. Have you ever met a nutrition therapist? *(Please cross one box)*

a)	No, I have never met one.	☐1
b)	Yes, in hospital during a hospital stay.	☐1
c)	Yes, I was referred to him/her by my general practitioner or another doctor.	☐1
d)	I sought a nutrition therapist myself	☐1

10. Did you pay for the consultation with a nutrition therapist?
(Please cross one box)

a) No, I did not need such a consultation.	□1
b) No, the consultation was paid from the health insurance	□1
c) Yes, I paid myself	□1

11. During the consultation, were you recommended a dietary supplements (like Chiorella, Young barley, Herbalife cocktails etc.)?
(Please cross one box)

a) No, I did not need such a consultation.	□1
b) No, they were not recommended	□1
c) Yes, they were recommended	□1

E Sexual life

The next couple of question are about sexuality. It is important for us to understand the role of sex at older ages. Let us remind you that you can skip any question you do not wish to answer.

1. Over the past 12 months, how often have you had sex with your spouse, partner or date?
(Please cross one box)

I haven't had any sex	Once a month or less often	Twice, three times a month	Once or twice a week	Three times a week and more
□1	□2	□3	□4	□5

2. With regard to the past 12 months, how important is sexual life to you?
(Please cross one box)

It isn't important at all	Little important	Quite important	Very important	Extremely important
□1	□2	□3	□4	□5

3. With regard to the past 12 months, how often you feel sexual desire? This means sexual appetite, planning of sex, frustration due to lack of sex, etc.
(Please cross one box)

Never	Rarely	Sometimes	Often	All the time
□1	□2	□3	□4	□5

4. How often in the past 12 months have you visited websites or other online applications for a purpose related to you sexual life (i.e. looking up information, following websites with sexual content)?
(Please cross one box)

Never	Once a month or less often	Twice, three times a month	Once or twice a week	Three times a week or more often	I do not use internet
□1	□2	□3	□4	□5	□6

5. Have you used an online dating agency within the past 30 days?
(Please cross one box)

Yes	No	I don't use the Internet
□1	□5	□9

F Law

1. Who would you ask for help if someone else owed you a substantial amount of money and did not want to pay it back? (You can cross several options.)

a)	No-one; I would handle it with the debtor on my own	□1
b)	My acquaintances, friends, relatives	□1
c)	I would seek advice online	□1
d)	A free civic / legal / financial advisory bureau	□1
e)	An attorney	□1
f)	A court	□1
g)	A municipal or another authority or a ministry	□1
h)	None of the above	□1

2. Imagine a non-profit organization wants to offer you free legal training. What would you like to learn about?

(You can cross several options.)

a)	Neighbour disputes and their resolution	□**1**
b)	How to defend oneself from "scam" (fraudulent dealers)	□1
c)	Last will and inheritance	□1
d)	Legal relations connected with a flat/house	□1
e)	How to conclude contracts	□1
f)	How make complaints about goods	□1
g)	None of the above	□1

3. Have you ever defended yourself actively as a consumer in any of the following ways?

(You can cross several options.)

a) I withdrew from a contract concluded online, over the phone or at a sales demonstration within the time limit of 14 days	□1
b) I have made a complaint to a trader	□1
c) I have sued a trader	□1
d) I took part in an out-of-court settlement of a consumer dispute	□1
e) I lodged a complaint with the Czech Trade Inspection Authority	□1
f) None of the above	□1

4. In what way have you provided for your assets and property in the event of your death?

(You can cross several options.)

a)	In no way	□1
b)	I have drawn up a will	□1
c)	I have drawn up a disinheritance deed	□1
d)	I have concluded an inheritance agreement	□1
e)	I have transferred most of my property onto someone	□1
f)	None of the above	□1

5. Have you ever been dissatisfied with your healthcare or has your doctor ever made a mistake?

(You can cross several options.)

a) It has never happened to me.	☐1
b) The doctor made a mistake, but I did nothing about it.	☐1
c) The doctor made a mistake so I transferred to another doctor/hospital.	☐1
d) The doctor made a mistake and I lodged a complaint with the head physician / the doctor's superior or the hospital management	☐1
e) The doctor made a mistake and I lodged a complaint with the Czech Medical Chamber.	☐1
f) The doctor made a mistake and I sued.	☐1
g) None of the above	☐1

G WRIT OF EXECUTION / REPOSSESSION

1. Have you ever faced repossession as a debtor? (By repossession we mean a writ of execution procedure conducted by a private bailiff or enforcement conducted by a court enforcement officer)

☐1 Yes	☐2 No ➔ Continue with questions **H** on the next page

2. In which year the bailiff began, or possibly ended all of the writs of execution?

a) The **first** writ of execution began	In year ……
b) The **last** writ of execution ended	In year …… / ☐1 still on-going

***3.* What has happened during the writ of execution?**

(You may cross more than one box)

a) My money or savings was seized	☐1
b) My property or assets, including real estate, was seized	☐1
c) My family and/or friends helped me	☐1
d) I had to take out took out more debt from financial institutions (banks)	☐1
e) I had to take out took out more debt from other sources (short-term loans, usurers)	☐1
f) None of the above	☐1

4. What is your current situation? *(You may cross more than one box)*

a) I have already paid out all my debts	☐1
b) I seriously consider entering personal bankruptcy	☐1
c) The writ of execution is still threatening to seize my property	☐1
d) I am considering to take more debt from my friend or relatives	☐1
e) I am considering to take more debt from financial institutions (banks)	☐1
f) I am considering to take more debt from other sources (short-term loans, usurers)	☐1
g) None of the above	

H Transformation

1. What happened to the plant, office or organisation in which you were working in 1989?
(Please cross only one box.)

It closed down at some point in the next years	It kept on operating but many employees were laid off	It kept on operating with similar or higher number of employees.	Other/ Don't know.
☐1	☐2	☐3	☐4

I Property ownership

1. Are you an owner or co-owner of a flat/house or a user/co-user of a cooperative flat?

☐1 Yes	☐2 No ➔ Continue with questions **J** on the next page

2. How did you acquire the house/flat in which you live today?
(Please cross only one box.)

a) I acquired the house/flat through inheritance	☐1
b) I acquired the house/flat through a donation or primarily by a donation, i.e. I paid for some of it but the main part was donated to me	☐1
c) I acquired the house/flat through a restitution	☐1
d) I bought the house/flat (myself or with someone else) at a market price	☐1
e) I bought the house/flat due to marriage or partnership	☐1
f) I built the house/flat myself or with help of others	☐1
g) I acquired the flat from the privatization of municipal/company/state houses flats	☐1
h) I acquired a cooperative flat as a cooperative shareholder	☐1
i) In a different way	☐1

3. Were you financially helped in acquiring your first home by your parents, children or other relatives (i.e. by means of a non-refundable donation), or possibly the relatives of your partner?
(Please cross only one box.)

a) Yes, very significantly (over 50 % of purchase costs)	□1
b) Yes, significantly (between 25 % and 50 % of purchase costs)	□1
c) Yes, partly (less than 25 % of the purchase costs)	□1
d) No	□1

J Care

1. What is your experience of caring for a loved one?
(Please cross only one box on each line.)

	Yes	No
a) In the past 5 years I experienced the death of a loved one (a relative, friend, etc.)	□1	□2
b) In the past, I cared for a loved one (a relative, friend, etc.) at the end of his/her life.	□1	□2

For the following questions, imagine a hypothetical situation where you are suffering from a serious, e.g. oncological, disease with expected survival of less than one year.

2. If you suffered from a serious disease with expected survival of less than one year, would you want your doctor to inform you about this time prognosis?
(Please cross one box.)

Yes, in every case	Yes, but only if I asked him/her about it directly	No	I don't know
□1	□2	□3	□4

3. If you suffered from a serious disease with expected survival of less than one year, would you want your doctor to inform you about the course of this disease (i.e. symptoms and problems you are likely to face)?
(Please cross one box.)

Yes, in every case	Yes, but only if I asked him/her about it directly	No	I don't know
□1	□2	□3	□4

4. People facing a serious, e.g. oncological, disease must often make complex decisions and prioritize some things over others. If you found yourself in such a situation, would it be more important to prolong your life as much as possible or to improve the quality of your life within the time you have left?
(Please cross one box.)

Prolong my life as much as possible	Improve the quality of my life within the time I have left	I don't know
□1	□2	□3

5. If you suffered from a serious disease with expected survival of less than a year, you would probably have to make serious decisions related to healthcare. These decisions are often made jointly by the doctor, the patient and his/her family. How big a say do you think they should have in this decision making?

(In each actor, mark the degree of importance on a scale from 0 to 10 (0 – in making healthcare decisions, this opinion completely unimportant for me, 10 – this opinion is the most important one for me. Please cross only one box in each line.)

	Least important										Most important
	0	1	2	3	4	5	6	7	8	9	10
a) Me	□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10
b) Doctor	□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10
c) Family	□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10

K Memory

The following questions elicit your opinion on the condition of your memory and other recognition functions IN THE PAST 3 MONTHS. Do not think too much about the answers; the first feeling is the best. For answer yes or no on each line.

(Please cross only one box in each line.)

	Yes	No
a) Do you think you have a memory impairment?	□1	□2
b) Is your daily life affected by your failing memory?	□1	□2
c) Do you have time orientation problems in estimating or telling the date?	□1	□2
Do you have difficulty remembering and being able to retell…		
d) the content or plot of a book you have read	□1	□2
e) the content or plot of a film you have seen	□1	□2
f) information from a newspaper or magazine article	□1	□2
g) Information from conversations that took place several days ago	□1	□2
Do you feel that you keep repeating the same…		
h) questions – e.g. ”What time is it? What date? What day of the week?”	□1	□2
i) information – stories, announcements, practical messages, etc.	□1	□2
Do you have a difficulty remembering events that took place …		
j) a little while ago (e.g. 5 minutes ago)	□1	□2
k) during the current day	□1	□2
l) yesterday	□1	□2
m) **Do you have a difficulty remembering the times of meetings** (e.g. a get-together with friends, a medical check-up, etc.) **despite having written them down?**	□1	□2
n) **Do you have a difficulty** telling a story until its end?	□1	□2
o) **Do you have a difficulty** remembering data about your health – for example diagnoses, medication used, past diseases or operations?	□1	□2
p) **Do you have a difficulty** remembering how often to take medication and how much?	□1	□2

Please state your gender and year of birth:

Gender	**I am…**	
	Man	☐1
	Woman	☐2

Birth_year **I was born in year** | | | | |

If you are already RETIRED, please do NOT answer the remaining questions. The questionnaire is completed.

If you are NOT RETIRED, please answer the following last questions:

M Retirement decisions

1 What do you think is your retirement age? That is, at which age you will be entitled to a full old-age pension?
(If you do not know your retirement age even approximately, cross I don't know*)*

My retirement age is ……..…….. years	I don't know ☐5

2 At which age do you plan to completely stop working?

I plan to completely stop working at …… years of age

3 What would persuade you to continue working one additional year more than you currently plan? *(You can cross more than one box. In the first two rows write percentage increase.)*

a) Increase in net earnings from employment	☐1	By ……..… percent (%)
b) Increase in future retirement benefits	☐2	By ……..… percent (%)
c) Possibility to work part-time	☐3	
d) Adjustment of working conditions and tempo to my abilities	☐4	
e) Change of working tasks or duties	☐5	
f) Greater recognition of my work by supervisors	☐6	
g) None of the above	☐7	

4 Thinking about the total monthly income of your household after you retire and stop working – would you say your household will be able to make ends meet…
(Cross only one box.)

With great difficulty	With some difficulty	Fairly easily	Easily
☐1	☐2	☐3	☐4

5 Imagine four types of Czech seniors according to their earnings over their whole life. For each type, please indicate by how many percent will his/her income fall after retirement?
(Cross only one box in each row.)

	By how many percent his/her net income will fall by					
	Less than 15%	15-29 %	30-44 %	45-59 %	60-74 %	74 and more %
a) Senior who earns **minimal** earnings over the whole life (around 10,000 CZK net monthly earnings in 2018)	☐1	☐2	☐3	☐4	☐5	☐6
b) Senior who earns **average** earnings over the whole life (around 23,000 CZK net monthly earnings in 2018)	☐1	☐2	☐3	☐4	☐5	☐6
c) Senior who earns **two times** the average earnings over the whole life (around 45,000 CZK net monthly earnings in 2018)	☐1	☐2	☐3	☐4	☐5	☐6
d) Senior with **your** earnings and career	☐1	☐2	☐3	☐4	☐5	☐6

6 What do you think, how many years must a person be insured to be eligible for an old-age pension?
(Please cross only one box)

25 years	30 years	35 years	40 years	I do not know
☐1	☐2	☐3	☐4	☐5

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
Americká 21
120 00 Praha 2