



**2.6 With whom did you live?**

*(more than one answer possible)*

- Lived alone ..... 1
- With spouse ..... 2
- With partner/boyfriend..... 3
- With parent/s..... 4
- With child/children..... 5
- With father/mother-in-law..... 6
- With some other relative ..... 7
- With students/work colleagues/  
fellow soldiers ..... 8
- With some friends ..... 9
- With other persons *(specify)* ..... 0

**2.7 During your stay outside of this house, you kept yourself:**

*(more than one answer possible)*

- With the money earned by yourself..... 1
- With the help of your family ..... 2
- At the expense of the host family /  
person ..... 3
- With a scholarship or some other subsidy .... 4
- At the employer's expense..... 5
- Other *(specify)* ..... 6

**3. LIMITATIONS OF PERSONAL INDEPENDENCE**

*(FOR ALL)*

**3.1 Do you suffer from a chronicle illness or from a permanent disability that reduces your independence, requiring you to ask for some help to other persons as regard every day life needs inside or outside your house?**

- No ..... 1
- Yes, occasionally and only for some needs. 2
- Yes, in a continuous way and for important needs..... 3

**4. BROTHERS AND SISTERS**

*(FOR ALL)*

**4.1 Did you or do you have brothers and sisters?**

- No. .... 1  → go to question 5.1 for persons 25 years of age and over. Go to question 6.1 for all the others
- Yes ..... 2

*(IF YES)*

**4.2 How many brothers and sisters did you have in all?**

Nr of brothers ..         Nr of sisters.....

**4.3 If taking into consideration all the children your mother gave birth to, were you the first, second, third born...**

Nr of order .....

**4.4 Do you have some living brothers or sisters?**

- No ..... 1  → go to question 5.1 for persons 25 years of age and over. Go to question 6.1 for all the others
- Yes..... 2

*(IF YES)*

**4.5 Do you have brothers and sisters who do not live with you?**

- No ..... 1  → go to question 5.1 for persons 25 years of age and over. Go to question 6.1 for all the others
- Yes..... 2  → **How many?** ..... Nr

*(IF YES)*

**4.6 Can you tell me whether they are male or female, how old they are and where they live?**

*(indicate all the information per brother or sister who does not live with you. If you have more than 3 brothers or sisters who do not live with you, refer to the 3 brothers or sisters who live closest to you)*

COMPILE PER COLUMN

	1st brother/ sister	2d brother/ sister	3d brother/ sister
--	---------------------------	--------------------------	--------------------------

**Gender:**

- Male ..... 1       1       1
- Female..... 2       2       2

**Age** .....                

**Place of residence:**

In another apartment of the same block of buildings 1       1       1

**In the same Municipality:**

within 1 km ..... 2       2       2

in the remaining part of the Municipality ..... 3       3       3

**In another remote Municipality of Italy:**

less than 16 km ..... 4       4       4

from 16 to 50 km ..... 5       5       5

more than 50 Km..... 6       6       6

**Abroad**..... 7       7       7

**4.7 How often do you see each other?**

	COMPILE PER COLUMN		
	1st brother/ sister	2d brother/ sister	3d brother/ sister
Everyday.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some times a week....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Some times a month (less than 4)....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Some times a year.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**WARNING!**

- Go to Section 6 in case of persons between 0 and 24 years of age included.
- Go on for all the others!

**5. CHILDREN AND GRANDCHILDREN (children of sons/daughters)**

(FOR ALL PERSONS 25 YEARS OF AGE AND OVER)

**5.1 Do you have living children, either your own or adopted?**

No ..... 1  → go to question 6.1 for persons under 34 years of age included. Go to question 5.8 for all the others.

Yes..... 2  → How many? .....Nr

(IF YES)

**5.2 Do you have children who do not live with you?**

No ..... 1  → go to question 6.1 for persons under 34 years of age included. Go to question 5.8 for all the others

Yes..... 2  → How many? .....Nr

(If Yes)

**5.3 Can you tell me whether they are male or female, how old they are and where they live?**

(Indicate all the information per child who does not live with you. If you have more than 3 children who do not live with you, refer to the 3 children who live closest to you)

	COMPILE PER COLUMN		
	1st child	2d child	3d child
<b>Gender:</b>			
Male .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Female .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>Year of birth</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Place of residence:</b>			
In another apartment of the same block of buildings..	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
<b>In the same Municipality:</b>			
within 1 km .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
in the remaining part of the Municipality .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>In another remote Municipality of Italy:</b>			
less than 16 km .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
from 16 to 50 km .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
more than 50 km .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>Abroad</b> .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>

**5.4 How often do you see each other?**

Everyday .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some times a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4) .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Some times a year .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**5.5 How often do you telephone each other?**

Everyday .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Sometimes a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4 times).....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

(Ask following question in case person sees children at least sometimes a year; otherwise go to quest.5.7)

**5.6 How long does it take to get from your home to where your children are currently living?**

Hours .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minutes°.....	<input type="text"/>	<input type="text"/>	<input type="text"/>

**5.7 How satisfied are you with your relationship with your children?**

(give a score from 0 to 10, where 0 indicates no satisfaction and 10 full satisfaction)

	1st child	2d child	3d child
Score .....			

(Ask following question to persons 35 years of age and over; otherwise go to question 6.1)

**5.8 Are you grandfather/grandmother?**

No. .... 1  → Go to question 6.1 for persons under 69 years of age included. Go to question 8.1 for persons 70 years of age and over

Yes.... 2  → **How many grand-children (children of sons/daughters) do you have? .....** Nr |||

(IF YES)

**5.9 Do you have grandchildren who do not live with you?**

No. ... 1  → Go to question 6.1 for persons under 69 years of age included. Go to question 8.1 for persons 70 years of age and over

Yes..... 2  → **How many? .....** Nr |||

**5.10 Can you tell me as regard each of your grandchildren who do not live with you whether they are male or female, how old they are and where they live?**

(In case of more than 3 grandchildren who do not live with you, refer to the 3 grandchildren who live closest to you)

	COMPILE PER COLUMN		
	1st grandchild	2d grandchild	3d grandchild
<b>Gender:</b>			
Male.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Female.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>Age.....</b>			
<b>Place of residence:</b>			
In another apartment of the same block of buildings.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
<b>In the same Municipality:</b>			
within 1 km .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
in the remaining part of the Municipality.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>In another remote Municipality of Italy:</b>			
less than 16 km.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
from 16 to 50 km.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
more than 50 Km.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>Abroad.....</b>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>

**5.11 How often do you see each other?**

COMPILE PER COLUMN

	1st grandchild	2d grandchild	3d grandchild
Everyday.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some times a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4).....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**5.12 How often do you phone each other?**

	1st grandchild	2d grandchild	3d grandchild
Everyday.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some times a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4).....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

(Ask following question in case one of the grandchildren indicated is younger than 13 years of age included; otherwise go to next box)

**5.13 In what occasions do you take care of your grandchild?**  
(more than one answer possible)

	1st grandchild	2d grandchild	3d grandchild
Never.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
When parents are at work.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
During the parents' occasional engagements.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
When parents want to go out in their spare time.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
During holiday periods.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
When the child is sick.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
In case of emergencies.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Other (specify).....	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>

**WARNING!**

- Go to Section 8 in case of persons 70 years of age and over.
- Go on for all other persons!

**6. PARENTS AND GRANDPARENTS**

(FOR ALL PERSONS UNDER 69 YEARS OF AGE INCLUDED)

**6.1 Where do your mother and your father live?**

	Mother	Father
Together with you.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
In another apartment of the same block of buildings .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>In the same Municipality:</b>		
within 1 km.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
in the remaining part of the Municipality.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>In another remote Municipality of Italy:</b>		
less than 16 km.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
from 16 to 50 km.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
less than 50 Km.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
<b>Abroad</b> .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>Parent is deceased</b> .....	9 <input type="checkbox"/>	9 <input type="checkbox"/>

(Ask following question in case at least one parent does not live with you; otherwise go to question 6.12)

**6.2 Did your parents ever split up or divorce?**

(do not consider temporary separations)

No ..... 1  → go to question 6.4  
 Yes ..... 2

(if YES)

**6.3 In which year did that happen for the first time?**

Year ..... [ ][ ][ ][ ]  
 Never ..... 9999

(Ask following question in case at least one of the two parents is not deceased and does not live with you; otherwise go to question 6.12)

**6.4 How old are your mother and your father?**

	Mother	Father
Age .....	[ ][ ][ ]	[ ][ ][ ]

**6.5 How often do you see each other?**

	Mother	Father
Everyday.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Sometimes a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4) .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**6.6 How often do you phone each other?**

	Mother	Father
Everyday .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Sometimes a week.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Once a week. ....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Sometimes a month (less than 4).....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Sometimes a year .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Never .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

(Ask following question in case you see your parents at least sometimes a year; otherwise go to question 6.8)

**6.7 How long does it usually take you to get from your home to where your mother and/or father are currently living?**

	Mother	Father
Hours .....	[ ][ ]	[ ][ ]
Minutes .....	[ ][ ]	[ ][ ]

**6.8 Do your parents suffer from a chronic illness or a permanent disability that reduces their independence, requiring them to ask for some help to other persons as regard every day life needs inside or outside the house?**

	Mother	Father
No .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes, occasionally and only for some needs.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes, in a continuous way and for important needs .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>

**6.9 Your mother and/or father live:**

	Mother	Father
Together with their children .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Together without .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
In a one-person family .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Without spouse/partner and with children .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
In an institution, old people's home, etc .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (specify) .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

(Ask following question in case at least one of the two does not live in an institution, old people's home, etc; otherwise go to question 6.12)

**6.10 Do your parents live together with persons who, against payment, assist them, take care of them or of the domestic tasks?**

	Mother	Father
No .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes, with foreigners .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes, with Italians .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>

*(If yes, ask following question; otherwise, go to question 6.12)*

**6.11 Who sustains the expenses for the assistance or the service personnel of your parents?**  
*(more than one answer possible)*

- The parents themselves..... 1
- Me/my family..... 2
- My brothers and/or sisters ..... 3
- Other (specify) ..... 4

*(Ask following question to persons under 69 years of age included)*

**6.12 Do you have living grandparents?**

- No ..... 1  → go to box
- Yes..... 2  → **How many? Nr**

*(If Yes)*

**6.13 Do you have grandparents who do not live with you?**

- No ..... 1  → go to box
- Yes..... 2  → **How many? Nr**

*(If Yes)*

**6.14 Among the grandparents who do not live with you, indicate how many of them you see or hear from at least once a month:**

- |   |                       |
|---|-----------------------|
|   | Nr of<br>grandparents |
| Nr of grandparents you see<br>once or more a month.....               | <input type="text"/>  |
| Nr of grandparents you hear by telephone<br>once or more a month..... | <input type="text"/>  |

**WARNING!**

- Go to Section 8 in case of persons 14 years of age and over.
- Continue for all other persons!

**7. CHILDCARE**

*(FOR CHILDREN FROM 0 TO 13 YEARS OF AGE)*

**7.1 Who among the following adult persons usually takes care of the child when he/she is not with the parents or at school?**  
*(more than one answer possible)*

- Cohabitant grandparents ..... 01
- Non-cohabitant grandparents ..... 02
- Brothers/sisters (adults)..... 03
- Cohabitant uncles ..... 04
- Non-cohabitant uncles ..... 05
- Other cohabitant relatives (specify) ..... 06
- Other non-cohabitant relatives (specify) ..... 07
- Non-remunerated friends, neighbours,  
other persons ..... 08
- Remunerated persons ..... 09
- No adult takes  
care of the child ..... 10
- Usually there is no need  
for somebody to take care  
care of the child..... 11

→ go to  
question 7.3

*(Ask following questions in case an adult takes care of the child)*

**7.2 How often do the persons you indicated take care of the child when he/she is not with the parents or at school?**

*(one answer per every adult indicated at previous question)*

- |   | Every-<br>day              | Some-<br>times a<br>week   | Once<br>a<br>week          | Some-<br>times<br>a month  | Some-<br>times<br>a year   |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Cohabitant<br>grandparents.....                               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Non-cohabitant<br>grandparents.....                           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Brothers or sisters<br>(adults).....                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Cohabitant<br>uncles.....                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Non-cohabitant<br>uncles.....                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Other cohabitant<br>relatives.....                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Other non-cohabitant<br>relatives.....                        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Non-remunerated friends,<br>neighbours, other<br>persons..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Remunerated<br>persons.....                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

*(Ask following question in case no adult takes care of the child or in case there is no need for someone to take care of the child; otherwise go to question 7.4)*

**7.3 With whom stays the child when he/she is not with the parents or at school?**

*(one answer only)*

- Alone ..... 1
- With brothers and sisters (non-adults) ..... 2
- With other young children his/her age) ..... 3
- A neighbour watches on him/her) ..... 4
- Other (specify) ..... 5

*(Ask following question in case of children from 0 to 13 years of age included)*

**7.4 Does the child have cousins (children of brothers/sisters of parents)?**

- No ..... 1  → go to question 7.7
- Yes..... 2  → **How many? .....Nr**

*(If Yes)*

**7.5 Does the child have cousins who do not live with him/her?**

- No ..... 1  → go to question 7.7
- Yes..... 2  → **How many? .....Nr**

(if Yes)

**7.6 Among the cousins who do not live with him/her, can you indicate how many of them does the child see at least once a month?**

Nr of cousins

Number of cousins the child sees at least once a month ..... |\_|

(Ask following question in case of children from 0 to 13 years of age included)

**7.7 Does the child frequent other children his/her age besides the school hours and extra-scholastic activities (music lessons, sport, etc.)? (exclude cohabitant parents)**

(exclude cohabitant parents)

No ..... 1

Yes ..... 2  How many? ...Nr |\_|

**7.8 Is the child currently registered at nursery school or at school?**

Nursery school ..... 1

Kindergarten ..... 2

Primary school ..... 3

Lower secondary school ..... 4

Professional training school ..... 5

Upper secondary school ..... 6

NO ..... 7  → go to question 7.17 in case of children from 0 to 5 years of age; stop here for children from 6 to 13 years of age

(Ask following question in case of children from 0 to 13 years of age included registered at nursery school or school)

**7.9 Is the school or nursery school private or public?**

Public ..... 1

Private ..... 2

**7.10 With whom does the child, usually, go to school or nursery school during the scholastic year?**

(One answer only)

Alone ..... 1

With the mother ..... 2

With the father ..... 3

With the grandmother ..... 4

With the grandfather ..... 5

With the brother or sister ..... 6

With another non-remunerated person (specify) ..... 7

With another remunerated person ..... 8

With his/her friends ..... 9

Takes the Municipality or School bus ..... 0

**7.11 With whom does the child, usually, come back from school or nursery school?**

(One answer only)

Alone ..... 1

With the mother ..... 2

With the father ..... 3

With the grandmother ..... 4

With the grandfather ..... 5

With the brother or sister ..... 6

With another non-remunerated person (specify) ..... 7

With another remunerated person ..... 8

With his/her friends ..... 9

Takes the Municipality or School bus ..... 0

**WARNING!**

- Go to question 7.15 in case of children registered at a nursery school or at kindergarten.
- Go on for all the other children!

(Ask following question in case of children who are registered at a primary school, lower secondary school, upper secondary school or at a professional training school)

**7.12 Does the child have homework?**

No, never ..... 1  → go to question 7.14

Yes, sometimes ..... 2

Yes, often or always ..... 3

(Ask following question in case the child has homework)

**7.13 With whom does the child do his/her homework?**

(more than one answer possible)

Alone ..... 1

With the father ..... 2

With the mother ..... 3

With the grandfather ..... 4

With the grandmother ..... 5

With his/her school friends ..... 6

With brothers or sisters ..... 7

With the help remunerated persons ..... 8

With the help of non-remunerated persons ..... 9

(Ask following question in case of children who are registered at a primary school, lower secondary school, upper secondary school or at a professional training school)

**7.14 Who speaks usually with the teachers in order to follow the child's scholastic achievement?**

Nobody, there has been

no need for doing so ..... 1

The father ..... 2

The mother ..... 3

Both parents and in an

equal measure ..... 4

The brother/sister ..... 5

Cohabitant grandfather/moher ..... 6

Non-cohabitant grandfather

Grandmother ..... 7

Other person (specify) ..... 8

For all children registered at the primary school, lower secondary school, upper secondary school or at a professional training school the questionnaire ends here!

(Ask following question to children registered at a kindergarten or a nursery school)

**7.15 Why did the child go to kindergarten or nursery school?**

(Indicate the main reason)

- It is important from an education point of view ..... 1
- To make him be in company of other children ..... 2
- A baby sitter would cost too much ..... 3
- No family member can look after him ..... 4
- Because all children go there ..... 5
- Other (specify) ..... 6

**7.16 How much did the kindergarten or nursery school cost you every month?**

\_\_\_\_\_,00 €

It costs me nothing... 0000

For children registered at a kindergarten or a nursery school the questionnaire ends here!

(Ask following question in case of children from 0 to 5 years of age who are not registered at a kindergarten or nursery school)

**7.17 Why did the child not go to kindergarten or nursery school?**

(more than one answer possible)

- I applied, but the request was not accepted ..... 01
- A family member can look after him, I have no family organization problem ..... 02
- The kindergarten or the school is far away from our house, inconvenient ..... 03
- I do not want to delegate other persons the educational task ..... 04
- I tried, but the child fell too often sick ..... 05
- The child could feel abandoned ..... 06
- I tried, but the child did not want to go ..... 07
- A doctor advised me against it ..... 08
- The child is still too young ..... 09
- The kindergarten/school costs too much ..... 10
- The kindergarten/school has inconvenient school hours ..... 11
- Other (specify) ..... 12

Does the child go to some other places such as recreation centre, part-time micro-kindergarten, family centre or some other places self-managed by parents?

- No ..... 1
- Yes, sometimes ..... 2
- Yes, often ..... 3

**WARNING!**

The questionnaire ends here as regard children and youngsters from 0 to 13 years of age included.

**8. OTHER PARENTS, FRIENDS AND NEIGHBOURS**

(FOR PERSONS 14 YEARS OF AGE AND OVER)

**8.1 Besides parents, children, brothers and sisters, grandparents and grandchildren, are there some other relatives to which you are particularly fond of and/or on whom you may depend?**

- No ..... 1  → go to question 8.3
- Yes ..... 2

(IF YES)

**8.2 Can you indicate me who are these relatives and how many there are?**

- Uncle/aunt (brother/sister of parents) ..... Nr | |
- Uncle/aunt (spouse of uncle/aunt) ..... Nr | |
- Cousin ..... Nr | |
- Nephews/nieces ..... Nr | |
- Mother/father-in-law ..... Nr | |
- Daughter/son-in-law ..... Nr | |
- Brother/sister-in-law ..... Nr | |
- New spouse of a parent ..... Nr | |
- Son/daughter of spouse of a parent ..... Nr | |
- Other (specify) ..... Nr | |

(Ask following question to persons 14 years of age and over)

**8.3 Do you have one or several friend on whom you can count in case of need?**

(do not consider relatives)

- No ..... 1  → go to question 8.5
- Yes ..... 2  → **How many?** ..... Nr | |
- Does not know ..... 3  → go to question 8.5

(IF YES)

**8.4 How often do you frequent these friends in your spare time?**

(refer to the person you frequent the most)

- Everyday ..... 1
- Sometimes a week ..... 2
- Once a week ..... 3
- Sometimes a month (less than 4) ..... 4
- Sometimes a year ..... 5
- Never ..... 6

(Ask following question to persons 14 years of age and over)

**8.5 Excluding relatives (yours or your spouse/partner's), are there some persons who live close to you and on whom you can count in case of need?**

- No ..... 1
- Yes, a person or a family ..... 2
- Yes, some persons or families ..... 3

**8.6 Are there some persons who do not live with you on whom you can count (relatives, friends, neighbours...) in case you urgently need a sum of money (e.g. 800 euro)?**

- No ..... 1
- Yes ..... 2  → **How many persons** ... Nr | |



**9. CARE GIVEN**

(FOR PERSONS 14 YEARS OF AGE AND OVER)

**9.1 In the past 4 weeks, did you provide one of the following unpaid help to persons (relatives and non) who do not live with you?**

*(read out all the answers; more than one answer possible)*

- Economic support .....01
- Health benefits (injections, medication, etc.) ...02
- Support in caring and assisting adults (helping them to wash, dress, eat, etc.) .....03
- Support in caring and assisting children .....04
- Support with domestic activities, including activities that do not take place in the helped person's house (wash, iron, shop, cook, etc.) 05
- Company, assistance, hospitality.....06
- Support in carrying out bureaucratic activities (post-office, bank, etc.).....07
- Help in carrying out extra-domestic work .....08
- Education support .....09
- Free consumer goods (food, clothes, etc.) .....10
- Other *(specify)* .....11
- No help.....12  → go to box

*(Ask following question to person who offered at least one help)*

**9.2 Indicate the code of the only help provided or of the help considered as the most important one**  
*(see codes at question 9.1)*

**9.3 To which one of the following persons was the help provided:**  
*(more than one answer possible)*

- Father .....01
- Mother .....02
- Father-in-law .....03
- Mother-in-law .....04
- Brother .....05
- Sister .....06
- Son .....07
- Daughter .....08
- Son-in-law .....09
- Daughter-in-law .....10
- Grandfather/grandmother .....11
- Grandchild .....12
- Nephew /niece .....13
- Other elderly relative (65 years of age and over).....14
- Other relative under 65 years of age .....15
- Friends .....16
- Neighbours .....17
- Other person *(specify)* .....18

**9.4 During the past 4 weeks, how many times did you provide this help and for how many hours each time?**

*(as regard non-economic help)*

Nr of times   → Average nr of hours each time .....

**9.5 Did you provide this help on other occasions during the past 12 months?**

No ..... 1  → go to question 9.7

Yes..... 2

*(If Yes)*

**9.6 Approximately, how many times did you provide it during the past 12 months? (excluding those already indicated for the past 4 weeks)**

*(as regard non-economic help)*

Nr of times...!  ! → Average nr of hours each time .....

*(Ask following question to person who provided at least one help)*

**9.7 Did you provide this help you indicated, in the framework of a volunteer group's activities?**

No ..... 1

Yes..... 2  → go to box

*(If No)*

**9.8 Do you organize yourself or share the tasks with other persons as regard this help?**

No ... 1

Yes.....2  → How many persons?.....Nr

**WARNING!**

- The questionnaire ends here as regard 14-year-old persons and married men cohabitating with their spouse.
- Go on as regard all the other persons!

**10. LIFE CYCLE**

(FOR PERSONS 15 YEARS OF AGE AND OVER, EXCLUDING MARRIED MEN COHABITATING WITH THEIR SPOUSE)

**10.1 Do you or did you have children born alive?**

No ..... 1

Yes..... 2  → How many? ..... Nr

**10.2 Do you or did you have adopted children?**

No ..... 1

Yes..... 2  → How many? ..... Nr

*(Ask following question in case you have or had children or adopted children; otherwise go to the next box)*

**10.3 Consider every child you have or had, and, following the order per birth date, indicate the gender, birth date, if and when the child stopped living with you.**

COMPILE PER COLUMN  
AND FOR EVERY CHILD

1st child 2d child 3d child 4th child 5th child 6th child 7th child

**a) Gender and birth date:**

Male ..... 1  1  1  1  1  1

Female ..... 2  2  2  2  2  2

Month of birth .....

Year of birth .....

**b) Born:**

Within marriage .... 1  1  1  1  1  1

Out of wedlock .... 2  2  2  2  2  2

Adopted child ..... 3  3  3  3  3  3

**c) Has your son/daughter stopped living with you?**

1st child 2d child 3d child 4th child 5th child 6th child 7th child

No ..... 1  1  1  1  1  1

Yes, he/she lives

elsewhere ..... 2  2  2  2  2  2

Yes, he/she is

deceased ..... 3  3  3  3  3  3

*(Ask following question if the answer is Yes; otherwise, go to the next box)*

**d) Year in which your son/daughter has stopped living with you or year of death**

1st child 2d child 3d child 4th child 5th child 6th child 7th child

Year .....

**WARNING!**

- The questionnaire ends here as regard **all never-married men and never-married women who do not cohabit with someone.**
- Go to Section 13 as regard never-married women who cohabit with a partner.
- Go on as regard all the other persons!

*(Ask following question to married women and to all separated, divorced and widowed persons)*

**10.4 Let us speak about your marriage. How many times have you been married?**

Only once..... 1

Twice or more..... 2  → How many times?....Nr

**10.5 I would like to ask you some information regarding each of your marriage, starting from the first one.**

*(persons who married only once must compile only the first column)*

COMPILE PER COLUMN  
FOR EVERY MARRIAGE

First marriage Second marriage Last marriage

**10.5a) Can you indicate me the date of marriage?**

Month .....

Year.....

**10.5b) Before the marriage, did you cohabit with the future spouse?**

No..... 1  1  1

Yes..... 2  2  2

*(Ask following question if the answer was Yes; otherwise go to question 10.5)*

**10.5c) When did the cohabitation start?**

First marriage Second marriage Last marriage

Month .....

Year.....

**10.5d) At the beginning of the cohabitation, were you or your future spouse waiting for a divorce sentence?**

First marriage Second marriage Last marriage

No..... 1  1  1

Yes..... 2  2  2

**10.5e) At the beginning of the cohabitation, were you or your spouse:**

COMPILE PER COLUMN FOR EVERY MARRIAGE

	First marriage	Second marriage	Last marriage
Already intend on getting married .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Still undecided, but considering the idea of marriage .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
There was no talk of getting married .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Contrary to the idea of getting married .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
No answer .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

*(Ask following question in case they were not intend on getting married, otherwise go to question 10.6)*

**10.5f) Which one among the following reasons mostly prompt you to get married?**

	First marriage	Second marriage	Last marriage
Life in couple confirmed that you could get married .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
A divorce sentence was obtained .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
You were expecting a child or were intend on having one .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
You preferred not to get married but a free union implies too many difficulties in the actual society .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
To satisfy the expectations of parents or of other persons .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (specify) .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**10.6 Is the marriage still in force?**

	First marriage	Second marriage	Last marriage
No .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

*(Ask following question in case the answer was NO; otherwise go to question 11.1)*

**10.7 Can you indicate me the year of separation, divorce or widowhood?**

COMPILE PER COLUMN FOR EVERY MARRIAGE

	First marriage	Second marriage	Last marriage
<i>De facto separation:</i> Year .....	□□□□	□□□□	□□□□
<i>Legal separation:</i> Year .....	□□□□	□□□□	□□□□
<i>Divorce:</i> Year .....	□□□□	□□□□	□□□□
<i>Widowhood:</i> Year .....	□□□□	□□□□	□□□□

**WARNING!**

- The questionnaire ends here in the case of **separated and divorced men.**
- Go on for all the other persons!

**11. ENGAGEMENT AND FIRST WEDDING**

*(FOR ALL NEVER-MARRIED WOMEN AND FOR WIDOWED MEN)*

**11.1 Consider your first or only marriage. Where did you meet your future spouse?**

*(one answer only)*

At school, university .....	01 <input type="checkbox"/>
In holiday .....	02 <input type="checkbox"/>
In a nightclub or some other night place .....	03 <input type="checkbox"/>
Through the neighbourhood / you were neighbours .....	04 <input type="checkbox"/>
At a village fair, a ball .....	05 <input type="checkbox"/>
At a party between friends .....	06 <input type="checkbox"/>
At the house of friends /relatives .....	07 <input type="checkbox"/>
At the workplace .....	08 <input type="checkbox"/>
In a religious meeting .....	09 <input type="checkbox"/>
On the street .....	10 <input type="checkbox"/>
On a means of transport .....	11 <input type="checkbox"/>
In another public place .....	12 <input type="checkbox"/>
On the Internet .....	13 <input type="checkbox"/>
Marriage agency .....	14 <input type="checkbox"/>
Other (specify) .....	15 <input type="checkbox"/>

**11.2 How old was your future spouse when you started your sentimental relationship or engagement?**

Age..... □□□

**11.3 What education degree had your future spouse when you started your sentimental relationship or engagement?**

- University degree or higher ..... 1
- University certificate..... 2
- Upper secondary school diploma ..... 3
- Lower secondary school certificate ..... 4
- Primary school certificate..... 5
- No title ..... 6
- Does not know ..... 7

**11.4 How long did your sentimental relationship or engagement last before your marriage or before a pre-marriage cohabitation?**

Nr of year.....  Nr of months.....

**11.5 Did you wear an engagement ring?**

- No ..... 1
- Yes, we both did ..... 2
- Yes, he did..... 3
- Yes, she did ..... 4

**11.6 Was your first or only marriage a religious marriage or a civil one?**

- Civil ..... 1
- Religious ..... 2

**11.7 Before and after the marriage ceremony, did you hold a wedding reception?**

- No ..... 1  → go to question 11.10
- Yes, one reception.... 2
- Yes, more than one ... 3  → How many? .Nr

*(if YES)*

**11.8 Do you remember overall how many persons took part to the wedding reception or breakfast?**  
*(consider the total sum in case of several receptions held)*

Nr.....   
Does not remember..... 9999

**11.9 Who paid?**

*(more than one answer possible)*

- Her family..... 1
- His family..... 2
- The bridegroom..... 3
- The bride..... 4
- Other *(specify)*..... 5

*(Ask following question to all non-single women and widowed men)*

**11.10 Did you go on honeymoon?**

- No ..... 1  → go to question 11.13
- Yes, immediately after the wedding..... 2
- Yes, after a while..... 3

*(If Yes)*

**11.11 Where did you go on honeymoon?**

*(indicate the most faraway destination)*

- In the same region where you live.... 1
- In another region of Italy..... 2
- In another European country ..... 3
- In an extra-European country..... 4

**11.12 Who paid for the honeymoon?**

*(more than one answer possible)*

- His family..... 1
- Her family..... 2
- The bridegroom..... 3
- The bride..... 4
- Trip was paid with wedding gifts. .... 5
- Other persons *(specify)*..... 6

*(Ask following question to all non-single women and widowed men)*

**11.13 Did the couple choose the community of goods or the separation of property?**

- Community of goods..... 1
- Separation of property..... 2
- Does not know..... 3

**11.14 When you got married, where did you go to live in relation to your mother, your father, your mother and father-in-law?**

- |   | Mother                     | Father                     | Mother-in-Law              | Father-in-Law              |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Together .....                                      | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| In another apartment of the same block of buildings | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>In the same Municipality:</b>                    |                            |                            |                            |                            |
| within 1 km .....                                   | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| In the remaining part of the Municipality .....     | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| <b>In another remote Municipality of Italy:</b>     |                            |                            |                            |                            |
| Less than 16 km.....                                | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| From 16 to 50 km .....                              | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| More than 50 km. ....                               | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| <b>Abroad</b> .....                                 | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| <b>Was already deceased</b>                         | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |

*(Ask following question if the couple did not live with the parents or the in-laws; otherwise go to next box)*

**11.15 Can you tell me whether the house where you went to live when you got married was:**

- Built..... 1  → go to question 11.17
- Bought..... 2
- Inherited..... 3
- Received by donation, dowry..... 4
- Made available for free or for a very small sum of money ..... 5
- Belonged already to one of the partners ..... 6  → go to next box
- Rented..... 7  box

*(Ask following question if the house was inherited or received by donation, dowry, free of charge or for a very small sum of money)*

**11.16 From whom did you inherit or received by donation, dowry, or free of charge the house where you went to live when you got married?**

- From parents ..... 1
- From in-laws..... 2  go to next box
- From other relatives of the interviewee or spouse... 3  → next box
- From the employer..... 4
- From other non-relatives (specify)... 5

*(Ask following question if the house was built or bought)*

**11.17 Did you receive economic support from somebody to buy or build the house where you went to live when you got married? (exclude bank loans)**

- No ..... 1  → go to next box
- Yes..... 2

*(if YES)*

**11.18 From whom did you receive economic support?**

*(more than one answer possible)*

- From parents ..... 1
- From in-laws..... 2
- From his brothers or sisters..... 3
- From her brothers or sisters..... 4
- From other relatives of the interviewee... 5
- From other relatives of the spouse..... 6
- From other non-relatives (specify) ..... 7

**11.19 Was it a loan or a gift?**

- A loan..... 1
- A gift..... 2
- In part a loan and in part a gift..... 3

**WARNING!**

- Go to Section 13 in case of separated, divorced and widowed women who cohabit with someone.
- Go on only in case of married women cohabitating with their spouse.
- The questionnaire ends here as regard all the
- The questionnaire ends here as regard all widowed men!

**12. THE MARRIED COUPLE**

*(FOR MARRIED WOMEN COHABITATING WITH THEIR SPOUSE)*

**12.1 How often do you see your in-laws?**

- |                                       | Mother-in-law              | Father-in-law              |
|---------------------------------------|----------------------------|----------------------------|
| Everyday .....                        | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Sometimes a week.....                 | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Once a week .....                     | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Sometimes a month (less than 4) ..... | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Sometimes a year .....                | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Never .....                           | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Deceased.....                         | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |

**12.2 How often do your mother and father see your husband?**

- |                                       | Mother                     | Father                     |
|---------------------------------------|----------------------------|----------------------------|
| Everyday .....                        | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Sometimes a week.....                 | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Once a week .....                     | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Sometimes a month (less than 4) ..... | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Sometimes a year .....                | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Never .....                           | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Deceased.....                         | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |

**12.3 Has your husband been married more than once?**

- No..... 1  → go to question 12.5
- Yes..... 2  → How many times? ...Nr|\_

*(if Yes)*

**12.4 I would like to ask you now some information regarding each marriage of your husband, starting from the first one.**

*(without considering current marriage)*

COMPILE PER COLUMN FOR EVERY MARRIAGE OF YOUR HUSBAND

- |  | First marriage             | Second marriage            | Third marriage             |
|--|----------------------------|----------------------------|----------------------------|
| <b>a) Can you indicate me the date of marriage?</b>                            |                            |                            |                            |
| Month.....   |                            |                            |                            |
| Year .....   |                            |                            |                            |
| <b>b) Before this marriage, did your husband cohabit with the future wife?</b> |                            |                            |                            |
|  | First marriage             | Second marriage            | Third marriage             |
| No .....   | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Yes.....   | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| No answer.....   | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**c) Can you indicate me the year of separation, divorce or widowhood?**

COMPILE PER COLUMN FOR EVERY MARRIAGE OF YOUR HUSBAND

First marriage    Second marriage    Third marriage

*De facto separation:*

Year .....|\_|\_|\_|    |\_|\_|\_|    |\_|\_|\_|

*Legal separation:*

Year .....|\_|\_|\_|    |\_|\_|\_|    |\_|\_|\_|

*Divorce:*

Year .....|\_|\_|\_|    |\_|\_|\_|    |\_|\_|\_|

*Widowhood:*

Year .....|\_|\_|\_|    |\_|\_|\_|    |\_|\_|\_|

*(Ask following question to married women cohabitating with their spouse)*

**12.5 Does or did your husband have children born alive, outside of current union?**

No ..... 1

Yes..... 2  → How many children? Nr |\_|\_|

No answer...3

**12.6 Does or did your husband have adopted children, outside of current union?**

No ..... 1

Yes..... 2  → How many? ... Nr |\_|\_|

No answer .....3

*(Ask following question if husband had his own or adopted children outside of current union; otherwise go to Section 13)*

**12.7 Considering each child your husband has or had outside of current union and, following the order of birth date, indicate the gender, date of birth, if and when the child stopped living with him.**

COMPILE PER COLUMN FOR EVERY CHILD YOUR HUSBAND HAS

1st child    2d child    3d child    4th child    5th child    6th child    7th child

**a) Gender:**

Male ..... 1  1  1  1  1  1  1

Female ..... 2  2  2  2  2  2  2

Month of birth ..... |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_|

Year of birth..... |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_|

**b) Born:**

Within marriage ... 1  1  1  1  1  1  1

Out of wedlock .... 2  2  2  2  2  2  2

Adopted child ..... 3  3  3  3  3  3  3

**c) Has this child stopped living with your husband?**

COMPILE PER COLUMN AND FOR EVERY CHILD YOUR HUSBAND HAS

1st child    2d child    3d child    4th child    5th child    6th child    7th child

No ..... 1  1  1  1  1  1  1

Yes, child lives elsewhere ..... 2  2  2  2  2  2  2

Yes, child is deceased ..... 3  3  3  3  3  3  3

*(If Yes)*

**d) Year in which the child stopped living with your husband or year of death**

1st child    2d child    3d child    4th child    5th child    6th child    7th child

Year.....|\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_| |\_|\_|

**13. LIFE AS A COUPLE**

*(FOR WOMEN COHABITATING WITH THEIR PARTNER)*

**13.1 Do you and your husband or partner have current bank or postal giro accounts?**

*(excluding company, business accounts, etc)*

No ..... 1  → go to question 13.3

Yes..... 2  → How many?..... Nr |\_|\_|

No answer ..... 3

→ go to question 13.3

Does not know ..... 4

*(IF YES)*

**13.2 Can you tell to whom of the following persons each of these bank or postal giro accounts are registered?**

*(more than one answer possible, even per column)*

COMPILE PER COLUMN

1st account    2nd account    3rd account    4th account

Interviewee..... 1  1  1  1

Spouse/partner..... 2  2  2  2

Sons/daughters..... 3  3  3  3

Other persons ..... 4  4  4  4

No answer..... 5  5  5  5

*(Ask following question to women cohabitating with their partner)*

**13.3 How often do you disagree with your spouse/partner on the following arguments?**  
*(one answer per row)*

	Often	Some- times	Rare- ly	Never	Non pertinent
Having Children .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Relationships with parents or relatives of one of the two ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Whether she must work or not .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On how the domestic chores are to be divided .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On how his or her work load weighs upon your relationship ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On how much you talk to each other .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On how to educate the children .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On what to do in your spare time .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
On how to spend the money .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**13.4 Who, in your couple, has more weight in taking decisions regarding the following arguments?**  
*(one answer per row)*

	More him	More you	Both in an equal measure	Non pertinent
The amount of money to be spent on:				
- the daily expenses ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
- the amusements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
- the house (decoration, etc) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
- clothes .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The management of the savings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The frequentation .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The children's education .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Places of holiday destinations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
What to do in your spare time .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**13.5 Together with your husband/partner, how often do you:**  
*(one answer per row)*

	Often	Sometimes	Rarely	Never	Non pertinent
Go shopping. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Go to the restaurant, pizzeria .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Go to the cinema/theatre/nightclub .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Go for a walk .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Spend the week-end away .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Visit some relatives .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Visit friends .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Play with the children ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Go out with the children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Attend religious services .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Participate in volunteer, political activities .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**13.6 How satisfied are you with the division of the caring and family chores between you and your husband/partner ?**

Very much .....

Sufficiently .....

A little bit .....

Not at all .....

**13.7 Considering the time you usually dedicate to domestic and family chores and/or to remunerated work activity (or as assistant), do you believe the chores you carry out to be:**

Too heavy .....

Sufficiently heavy .....

A little bit heavy .....

Not at all heavy .....

**WARNING!**

- The questionnaire ends here in the case of **married women**.
- Go on only in the case of never-married, separated, divorced and widowed women who cohabit with their partner!

**14.COHABITATION**

(FOR NON-MARRIED WOMEN WHO COHABITATE WITH THEIR PARTNER)

**14.1 When did you start current cohabitation?**

Month. .... [ ] [ ] Year.....[ ] [ ] [ ] [ ]

**14.2 Where did you meet current partner?**

(one answer only)

- At school, university ..... 01
- In holiday ..... 02
- In a nightclub or some other night place..... 03
- Through the neighbourhood / you were neighbours..... 04
- At a village fair, a ball ..... 05
- At a party between friends ..... 06
- At the house of friends /relatives ..... 07
- At the workplace ..... 08
- In a religious meeting ..... 09
- On the street..... 10
- On a means of transport ..... 11
- In another public place ..... 12
- On internet..... 13
- Marriage agency ..... 14
- Other (specify) ..... 15

**14.3 How long did your engagement last or were you together before cohabitating?**

Nr years ..... [ ] [ ] Nr months..... [ ] [ ]

**14.4 What is your intention regarding the future?**

- You are intend on getting married ..... 1
- Still undecided, but considering the idea of getting married..... 2
- There is no talk of getting married..... 3
- You are contrary to the idea of marriage ..... 4
- No answer..... 5

**WARNING!**

- Go on only in case of never-married women who cohabit with their partner.
- The questionnaire ends here as regard all the other persons!

(Ask following question to never-married women)

**14.5 At the beginning of the cohabitation, where did you live in relation to your parents and your partner's parents?**

- |   | Her<br>parents             | His<br>parents             |
|---|----------------------------|----------------------------|
| Together.....   | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| In another apartment of the same block of buildings.....            | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>In the same Municipality:</b>                                    |                            |                            |
| within 1 km.....  | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| In the remaining part of the Municipality .....                     | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| <b>In another Municipality in Italy</b> .5 <input type="checkbox"/> |                            |                            |
| <b>Abroad</b> .....   | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| <b>Was already deceased</b> .....                                   | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |

**14.6 At what title did you live in that house?**

- Rent or sub-rent ..... 1
- Property ..... 2
- Usufruct..... 3
- Free of charge ..... 4
- Other..... 5

**14.7 Were you or your partner already living in the house where you later went to cohabit?**

- Yes, he was already living there ..... 1  the questionnaire
- Yes, she was already living there ..... 2  → ends
- No, he already had that house but was not living there..... 3  here
- No, she already had that house but was not, living there..... 4
- No, the house was taken on purpose ..... 5

(Ask following question in case the house was taken on purpose)

**14.8 Did your parents or some other family relatives help you take the house where you went to live in?**

(more than one answer possible)

- Yes, his parents did..... 1
- Yes, her parents did..... 2
- Yes, other family relatives did..... 3
- No..... 4

**RESERVED TO THE SURVEYOR  
DID THE PERSONS ANSWER DIRECTLY TO THE QUESTIONS?**

- Yes, without the presence of other persons ... 1
  - Yes, in the presence of other persons ..... 2
  - No, but was present ..... 3
  - No and person was not present ..... 4
- In case the answer is No, indicate the number of order of the component who gave the answers (see col. 1 of the General Card).

Indicate 99 in case the person is external to the family:

Nr..... [ ] [ ]



**1. HOUSE**

1.1 How many rooms is the house where you live in made up of? (Consider the kitchen too in case it presents features typical of a room)

Nr of rooms..... [ ][ ]

1.2 Is there a telephone in the house?

No ..... 1

Yes..... 2

1.3 Does the house have heating?

No ..... 1  → go to question 1.5

Yes..... 2

*(If yes)*

1.4 Type of heating

Central ..... 1

Independent ..... 2

Single heating systems only

(Including fireplaces and stoves) ..... 3

*(To all families)*

1.5 At what title does the family occupy the house?

Rent or sub-rent 1  → go to question 1.8

Property ..... 2

Usufruct ..... 3

For free ..... 4

Other (specify)..... 5  → go to question 1.8

*(In case of property, usufruct or for free)*

1.6 In whose name is the house registered?

*(more than one answer possible)*

Nr of order of components [ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]

Other person who does not live in the house:

Parents of RP ..... 13

Parents of spouse/cohabitant of RP..... 14

Ex-spouse of RP ..... 15

Child or children of RP..... 16

Other (person, relative, institution, company). 17

1.7 If the family were to rent the house, how much would it pay on a monthly basis (excluding condominium expenses, heating expenses and other additional expenses)?

*(consider the market situation, not the "right" price)*

[ ][ ][ ][ ][ ][ ], [0][0] Euro a month

*(To all families)*

1.8 Does the family own one or several houses (in town, in the country, at the seaside, etc.) that are not use as a main house?

No ..... 1

Yes..... 2

**WARNING!**

- For families with 1 component, go to Section 3.
- For all the other families, you may continue!

**2. FAMILY HABITS AND TRADITIONS**

*(FOR FAMILIES WITH AT LEAST TWO COMPONENTS)*

2.1 In your family, do you have the habit of exchanging gifts (non-monetary gifts)?

*(consider only cohabitant components of the family)*

No ..... 1  → go to question 2.3

Yes..... 2

*(If yes)*

2.2 In what occasions do you exchange gifts?

*(more than one answer possible)*

At birthdays ..... 1

At name-days ..... 2

At wedding anniversary ..... 3

At Christmas ..... 4

At Epiphany..... 5

Without any particular reason..... 6

At the outcome/completion of studies..... 7

Other (specify)..... 8

*(To all families)*

2.3 Do the persons of the family lunch or dine together on the Sunday?

*(consider only the cohabitant components of the family)*

No ..... 1

Yes, but only some of the family components ..... 2

Yes, all together and without any other relatives ..... 3

Yes, all together and with some other relatives ..... 4

2.4 Excluding Sunday lunch or dinner, is there a set day during the week when the family lunches or dines with other non-cohabitant relatives?

No ..... 1

Yes..... 2

**3. ASSISTANCE RECEIVED BY THE FAMILY**

(FOR ALL FAMILIES)

**3.1 In the past 4 weeks, has a component of the family or the family benefited from some of the following unpaid aids offered by persons (relatives and non) who do not live you?**

(read out all the answers; more than one answer possible)

Economic support ..... 01

Health benefits (injections, medication, etc.) ..... 02

Support in caring and assisting adults (helping them to wash, dress, eat, etc.) ..... 03

Support in caring and assisting children ..... 04

Support with domestic activities, including activities that do not take place in your house (wash, iron, shop, cook, etc.) ..... 05

Company, assistance, hospitality ..... 06

Support in carrying out bureaucratic activities (post-office, bank, etc.) ..... 07

Help in carrying out extra-domestic work ..... 08

Education support ..... 09

Free consumer goods (food, clothes) ..... 10

No help ..... 11  → go to question 3.8

(if more than one kind of help has been received)

**3.2 Which one among the afore-mentioned types of help is the most important one?**

(see codes to question 3.1)

**3.3 To which component or components was the assistance offered?**

(indicate up until 3 components)

**Assistance offered to:**

The sole component of the family ..... 98

The whole family ..... 99

Component Nr .....

Component Nr .....

Component Nr .....

**3.4 Who among the following persons offered the assistance?**

(If assistance was offered to the whole family, indicate the degree of kinship of who offered assistance, in relation to the RP.

If assistance was offered only to some components, indicate the degree of kinship of who offered assistance, in relation to the first component indicated in question 3.3.

(More than one answer possible)

**Assistance offered by:**

Father ..... 01

Mother ..... 02

Father-in-law ..... 03

Mother-in-law ..... 04

Brother ..... 05

Sister ..... 06

Son ..... 07

Daughter ..... 08

Son-in-law ..... 09

Daughter-in-law ..... 10

Grandfather ..... 11

Grandmother ..... 12

Grandson/daughter (son/daughter of son/daughter) ..... 13

Nephew/niece (son/daughter of brother/sister) ..... 14

Other relative ..... 15

Friends ..... 16

Neighbours ..... 17

Person belonging to volunteer group... ..... 18

Person who works for public services (social security, assistance, etc.) ..... 19

**3.5 During the past 4 weeks, how many times has this assistance been offered?**

Nr of times .....

**3.6 Has this assistance been offered on other occasions during the past 12 months?**

No ..... 1  → go to question 3.8

Yes ..... 2

(if yes)

**3.7 Approximately, how many times has it been offered during the past 12 months?**

Nr of times .....

(To all families)

**3.8 During the past 12 months, have some components of the family (or the whole family) received non-health benefits or house assistance benefits from the Municipality or cooperative providing free health care service?**

(E.g. cooking meals, helping with personal hygiene, laundry service, cleaning the house, etc.)

No ..... 1  → go to question 3.12

Yes ..... 2

- (If yes)
- 3.9 To which component or components of the family were these benefits addressed?**
- To the sole component of the family .....98
- To the whole family .....99
- To component Nr .....
- To component Nr .....
- To component Nr .....

- 3.10 How frequently?**  
(in case these benefits were addressed to more than one component or to the whole family, refer only to who benefited most from them)
- Everyday ..... 1
- 3 to 6 times a week ..... 2
- 1 to 2 times a week ..... 3
- Rarely ..... 4

- 3.11 Did you pay something?**
- No ..... 1
- Yes.....2
- Does not know.....3

- (To all families)
- 3.12 In the past 12 months, have some components of the family received health benefits at home, from an ASL (Local Health Office) or cooperative providing free health care service? (E.g. nursing services, physiotherapy, etc.)**
- No ..... 1  → go to question 3.16
- Yes ..... 2

- (If yes)
- 3.13 To which component or components of the family were these services addressed?**
- To the sole component of the family .....98
- To the whole family .....99
- To component Nr .....
- To component Nr .....
- To component Nr .....

- 3.14 How frequently?**  
(in case these benefits were addressed to more than one component, refer only to who benefited most from them)
- Everyday ..... 1
- 3 to 6 times a week ..... 2
- 1 to 2 times a week ..... 3
- Rarely ..... 4

**3.15 Did you pay something?**

- No ..... 1
- Yes..... 2
- Does not know..... 3

(To all families)

**3.16 In the past 12 months, have some components of the family received economic support from:**

- |  |                            |                            |
|--|----------------------------|----------------------------|
|  | NO                         | YES                        |
| Municipality .....                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Charitable Institution .....                   | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Other institution/public body (specify) .....  | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Other institution/private body (specify) ..... | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |

**4. PRIVATE SERVICES TO THE FAMILY**

**4.1 The family benefits (even if only occasionally) from the services of Italian or foreign personnel as:**  
(One reply per row. If a person carries out more than one service, indicate them all)

	NO	SI	How many?	
			Nr of Italians	Nr of foreigners
Domestic collaborator .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby-sitter.....	3 <input type="checkbox"/>	4 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Person assisting an elderly.....	5 <input type="checkbox"/>	6 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Person assisting a disabled person.....	7 <input type="checkbox"/>	8 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

(Ask this question if person replied with at least one YES to the previous question, otherwise go to question 5.1)

**4.2 How many hours per week?**

(One reply per every service indicated at previous question. If several persons carry out one same service, indicate the sum of hours)

	Hours per week	Occasi onally	Person lives with the family	If person lives with the family, since how long
Domestic collaborator .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	00 <input type="checkbox"/>	99 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>
Baby-sitter.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	00 <input type="checkbox"/>	99 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>
Person assisting an elderly.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	00 <input type="checkbox"/>	99 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>
Person assisting a disabled person..	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	00 <input type="checkbox"/>	99 <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/>

**4.3 How is the relation with the person carrying out the service for the family, regulated?**

(One reply per every service indicated at question 4.1. More than one answer possible per row)

	Person is paid	Person receives gifts	Person receives board/lodging
Domestic collaborator.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Baby-sitter.....	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Person assisting an elderly .....	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Person assisting a disabled person .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**4.4 How many persons carry out these services for the family altogether?**

Nr of Italians.....

Nr of foreigners.....

**5. HOUSEHOLD APPLIANCES, COMPUTERS, MEANS OF TRANSPORT, VARIOUS**

**5.1 The family owns:**

(one answer per every row)

	NO	YES
Dishwasher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Washing machine .....	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Video recorder .....	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Camcorder.....	7 <input type="checkbox"/>	8 <input type="checkbox"/>
HI-FI stereo system for listening to music .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Computer equipments (Video games, other computerized equipments, <u>excluding P.C.</u> ).....	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Personal computer.....	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Refrigerator.....	7 <input type="checkbox"/>	8 <input type="checkbox"/>
Cell phone.....	1 <input type="checkbox"/>	2 <input type="checkbox"/> ... Nr <input type="checkbox"/>
Colour television .....	3 <input type="checkbox"/>	4 <input type="checkbox"/> ... Nr <input type="checkbox"/>
Bicycle .....	5 <input type="checkbox"/>	6 <input type="checkbox"/> ... Nr <input type="checkbox"/>
Moped, scooter.....	7 <input type="checkbox"/>	8 <input type="checkbox"/> ... Nr <input type="checkbox"/>
Motorcycle, bike.....	1 <input type="checkbox"/>	2 <input type="checkbox"/> ... Nr <input type="checkbox"/>
Automobile.....	3 <input type="checkbox"/>	4 <input type="checkbox"/> ... Nr <input type="checkbox"/>

**5.2 Referring to the past 12 months and considering the needs of all the family components, how have the family's economic resources been overall?**

- Excellent ..... 1
- Adequate..... 2
- Poor ..... 3
- Insufficient ..... 4

**5.3 How much does the total net monthly family income amount to?**

(add all the components' revenues: wages and salaries, professional incomes deriving from company, pensions, private incomes, indemnities, subsidies, etc., after taxes and social contributions)

,  Euro

**5.4 In case it may help fill in some gaps in the questionnaire, could you please give us the fixed telephone number of your house and if possible, the cell telephone number of the family components?**

fixed telephone  -

cell phone  -  of comp. Nr

cell phone  -  of comp. Nr

cell phone  -  of comp. Nr

cell phone  -  of comp. Nr

**5.5 Would the family agree to participate in other similar surveys in the future?**

No ..... 1

Yes..... 2

**WHO ANSWERED THE QUESTIONS?**

**As regards families with more than one component:**

Has the information on the Family Card been provided by one component or by several components?

By one component ..... 1

By several components ..... 2

**In case only one component provided the answers, specify:**

Order number of component who answered the Family Card questions ..... Nr   
(see col. 1 of the General Card; if external to the family, indicate 99)