

TO THE SURVEYOR ONLY

**1. The surname indicated on the main entry of the house is:**  
*(more than one answer possible)*

- The surname of the family document holder.....1
- The surname of the spouse.....2
- The surnames of both spouses/partners .....3
- Other *(specify)*.....4
- There is no surname .....5

**2. Type of house**

- Detached house or cottage .....1
- Luxury.....2
- Civil .....3
- Economic or council house.....4
- Country house .....5
- Unfit house .....6

TO THE SURVEYOR ONLY  
To be filled in immediately after the interview

### DATA ON THE INTERVIEW

**1. CONTACTS MADE WITH THE FAMILY IN ORDER TO OBTAIN THE INTERVIEW (including the interview itself)**

- a) number of visits carried out personally by the interviewer ..... N°
- b) number of telephone calls made ..... N°

**2. DATA ON THE INTERVIEW (in case the information has been gathered over several visits, refer to the first one)**

a) day .....       b) month .....       c) start hour .....   
(hours) (minutes)

**d) duration of interview**

- Less than 30 minutes ..... 1
- From 30 minutes to less than 45 minutes..... 2
- From 45 minutes to less than 1 hour ..... 3
- From 1 hour to 1 hour and a half ..... 4
- More than 1 hour and a half..... 5

**e) family availability towards the interview**

- Always poor ..... 1
- Poor in the beginning, better afterwards.... 2
- Good at the beginning, poor afterwards..... 3
- Sufficient..... 4
- Good..... 5
- Very interested..... 6

SIGNATURE OF INTERVIEWER

.....

(LEGIBLE NAME AND SURNAME)



GREEN BOOK

MOD. ISTAT/IMF-10/B2.03



NATIONAL STATISTIC SYSTEM  
NATIONAL INSTITUTE OF STATISTICS

# MULTI-PURPOSE STATISTIC FAMILY SURVEY

FAMILY AND  
SOCIAL SUBJECTS

Year 2003

SECOND DOCUMENT TO BE  
COMPILED

1	Province	..... _ _ _
	Municipality	..... _ _ _
	Census Section...	_ _ _ _ _ _ _

2	(to be compiled by the Municipality)
	Definitive order number of the family
	_ _ _ _
	(From 0001 to the total of the blue IMF-10/A models compiled by the Municipality)

3	Order number of the family in the ISTAT/IMF/1 list
	_ _ _ _
	(From 0001 to the total of families on the list)

**Questionnaire for interview**  
(For persons 18 years of age and over)

order number of component |\_|\_|

(See column 1 of General Card)

Date of birth:     
 Day Month Year

Gender: Male.....1   
 Female.....2

**1. EMPLOYMENT  
 IN YOUR LIFE**

(FOR PERSONS 18  
 YEARS OF AGE AND  
 OVER)

**1.1 Did you work for at least one hour in the past week?**  
 Please consider the work from which a wage has  
 been or will be earned or any unpaid work only if  
 it is normally carried out for a family member's  
 business.  
*(do not consider the small works carried out for  
 paying one's own holidays and amusements)*

No ..... 1   
 Yes.....2  → go to question 1.3

*(Answer following question if the answer given is No)*

**1.2 Did you have a job from which you were absent in  
 that same week, such as for maternity leave,  
 paternity leave, illness, holidays, lay-off pay fund,  
 bad weather, etc.?**

No..... 1  → go to question 3.1  
 Yes.....2

*(Ask following question to persons who either  
 worked or were absent from work in the past  
 week)*

**1.3 What does your main work activity consist in? (In  
 case you carry out more than one work activity,  
 consider the one you dedicate more hours to. In  
 case you carry out several work activities to  
 which you dedicate the same amount of time,  
 consider the one you deem most important  
 (higher wage, work stability, etc.)**

.....  
 .....

**1.4 Can you tell me the name of your profession?**

*(E.g. 'professional accountant, 'secondary school  
 teacher, 'lorry driver. Avoid general terms such  
 as 'worker' or 'employee')*

.....  
 .....

→ RESERVED TO ISTAT  
 Cod. CP2001 (see the guide)

**1.5 In which economic activity sector do you work in?**

- Agriculture, hunting, fishing. .... 1
- Industry, mining, manufacture, energy..... 2
- Building sector..... 3
- Wholesale and retail trade,  
 hotels, restaurants ..... 4
- Transports, storage and communication ..... 5
- Intermediations, rental,  
 other professional activities ..... 6
- Public administration and defence..... 7
- Education, health and other social services..... 8
- Other services ..... 9

**1.6 Do you work full-time or part-time?**

Full-time..... 01   
 Part-time.....02

**1.7 How satisfied are you with your current job?**

*(give a score from 0 to 10 where 0 indicates no  
 satisfaction at all and 10 full satisfaction)*

Score .....

**1.8 How satisfied are you with the following aspects  
 of your current job?**

*(give a score from 0 to 10 where 0 indicates no  
 satisfaction at all and 10 full satisfaction)*

- Score
- Wage .....
  - Job security .....
  - Nr of working hours .....
  - Type of working hours  
 (day work, night work, shift, etc) .....
  - Work conditions and environment .....
  - Distances and times of journey.....

**1.9 How interesting do you deem your work to be?**

*(give a score from 0 to 10 where 0 indicates no  
 satisfaction at all and 10 completely interesting)*

Score.....

**1.10 Do you believe that in the next 3 days you could stop working even if only for a determinate period?**

*(exclude maternity leave, illness, etc. as they enable to maintain your job position)*

- Definitely no ..... 1  → go to
- Probably no ..... 2  question 1.12
- Probably yes ..... 3
- Definitely yes ..... 4

*(Ask following question in case the answer to previous question was either probably Yes or definitely Yes)*

**1.11 What are the reasons that make you believe you could stop working even if only for a determinate period?**

*(more than one answer possible)*

- Retirement .....01
- Causes of force major (redundancy, company closing down, early retirement) ..... 02
- End of contract or of temporary job..... 03
- Sale or closing down of one's own or family activity .....04
- To seek a better employment .....05
- Marriage.....06
- Birth or assistance of children.....07
- Assistance to the elderly, sick or disabled persons .....08
- Other family reasons.....09
- Transfer of spouse due to work reasons .....10
- Studies, compulsory military or civil service .....11
- Health .....12
- I am tired of working.....13
- Other (specify) .....14

*(Ask following question to persons who either worked or were absent from work in the past week)*

**1.12 Do you intend changing job within the next 3 years?**

*(exclude work promotions and changes of functions within the same activity)*

- Definitively no..... 1  → go to
- Probably no..... 2  question 1.14
- Probably yes ..... 3
- Definitely yes ..... 4

*(Ask following question in case the answer to previous question was either probably yes or definitely yes)*

**1.13 Why do you intend changing job?**

*(maximum 3 answers)*

- The workplace is too distant ..... 1
- The working hours are not enough convenient/flexible ..... 2
- I would like a more interesting job ..... 3
- I do not get on well with my colleagues/superiors ..... 4
- I would like a more stable/certain job..... 5
- I am not satisfied with my wage ..... 6
- There are no possibility of making a career .... 7
- I would like to experiment with new interests... 8
- Other (specify)..... 9

*(Ask following question to persons who either worked or were absent from work in the past week)*

**1.14 Do you believe you could have a promotion in the next 3 years?**

- Definitely no..... 1
- Probably no ..... 2
- Probably yes..... 3
- Definitely yes ..... 4

**1.15 Can you indicate me your professional position?**

**Employee** .....1

*Work as:*

- Co-ordinate d long-term freelancer .....2
- Occasional worker .....3

**Self-employed as:**

- Entrepreneur .....4
- Professional man.....5
- Self-employed .....6
- Member of a goods production and/or service co-operative .....7
- Assistant .....8

*(Ask following question to persons who are self-employed, entrepreneurs or professional men; otherwise go to next box)*

**1.16 Indicate the overall number of employees you have**

*(exclude cohabitant and non-cohabitant relatives)*

**Number of employees.....**

**WARNING!**

- Go to Section 4 in the case of autonomous workers, coordinated long-term freelancers or occasional workers.
- Go on for all the other persons.

**2. WORK AS EMPLOYEE**

(FOR EMPLOYEES)

**2.1 Do you carry out your activity according to some of the following procedures?**

(one answer per row)

	Usually	Occasionally	Never
Shift work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Evening work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Night work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Saturday work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sunday work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**2.2 Is your work relationship regulated by a contract or a verbal agreement with your employer?**

- Contract..... 1   
 Verbal agreement..... 2

**2.3 As employee, you are a .....**

- Manager ..... 1   
 Executive ..... 2   
 Lower and upper secondary school teacher ..... 3   
 Kindergarten and primary school teacher ..... 4   
 Clerk, specialised worker ..... 5   
 Worker supervisor, worker subordinate and similar ..... 6   
 Trainee ..... 7   
 Home worker on behalf of a company..... 8

**2.4 Is the company/institution where you work public or private?**

- Exclusively private, including private non-profit organizations..... 1   
 Exclusively public..... 2   
 Both public and private ..... 3

**2.5 Does your employer provide (to employees or to their families) the following services or the complete or partial reimbursement of their costs?**

(one answer per row)

	NO	YES	I don't know
Nursery school or Kindergarten ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Medical care, health			
Insurances .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Education and training .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Free or at a reduced price accommodations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Summer stays, study holidays for the workers and their sons .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Soft loans .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**2.6 Does your employer allow for flexibility in your**

**working hours due to personal reasons, such as adapting yourself to the needs of your children?**

- No ..... 1   
 Yes, but in exceptional cases only ..... 2   
 Yes, with a certain regularity ..... 3   
 I do not know..... 4

**2.7 Is your work temporary (limited duration) or permanent (unlimited duration)?**

- Limited duration..... 1   
 Unlimited duration..... 2  → go to question 4.1

(Ask following question in case your work is a temporary one)

**2.8 In what sense is your job a temporary one?**

- It is a seasonal work ..... 1   
 It is a job whose contract covers a fixed period or a fixed task ..... 2   
 It is a temporary job ..... 3   
 It is an occasional job ..... 4   
 Other (specify) ..... 5

**2.9 Is your job a temporary one because you only found this kind of work or because it is the most suitable for you at the moment?**

- Because I found only this job..... 1   
 Because this job is the most suitable for me at the moment ..... 2

**2.10 Do you believe that in the next 3 years, your job could be changed into a permanent one?**

- I am not interested in a permanent one. 1   
 Definitely no ..... 2   
 Probably no ..... 3   
 Probably yes ..... 4   
 Definitely yes ..... 5

**WARNING!**

Go to Section 4 in the case employees.





**4.4 Can you indicate me the professional position you had?**

Employee ..... 1

Work as:

- Coordinated long-term

freelancer..... 2  → go to

- Occasional worker ..... 3  question 4.9

Self-employed as:

- Entrepreneur..... 4  → go to

- Professional man..... 5  question 4.8

- Self-employed..... 6

- Member of a goods production and/or service co-operative..... 7  → go to

- Assistant..... 8  question 4.9

*(Ask following question to employees)*

**4.5 As employee, you were a ...**

Manager ..... 1

Executive ..... 2

Lower and upper secondary school teacher ..... 3

Kindergarten and primary school teacher ..... 4

Clerk, specialised worker ..... 5

Worker supervisor, worker subordinate and similar..... 6

Trainee ..... 7

Home worker on behalf of a company..... 8

**4.6 Was your work relation regulated by a contract or a verbal agreement with your employer?**

Contract..... 1

Verbal agreement ..... 2

**4.7 Was your work temporary (limited duration) or permanent (unlimited duration)?**

Limited duration ..... 1  → go to

Unlimited duration ..... 2  question 4.9

*(Ask following question to persons who were self-employed, entrepreneurs or professional men)*

**4.8 Indicate the overall number of employees you had (exclude cohabitant and non-cohabitant relatives)**

Number of employees .....

*(Ask following question to persons who work or who have worked in the past)*

**4.9 Did somebody help you to find or set up this first work activity (e.g. working in the family company, benefiting from loans or assistance to obtain a loan, or by means of acquaintances)?**

No ..... 1  → go to question 4.12

Yes..... 2

*(If Yes)*

**4.10 Who helped you?**

*(more than one answer possible)*

Parents ..... 1

In-laws..... 2

Grandparents..... 3

Other relatives..... 4

Friends..... 5

Acquaintances..... 6

School or teachers..... 7

Other (specify) ..... 8

**4.11 How were you helped?**

*(one answer only)*

By means of a recommendation... 1

By means of a loan..... 2

By means of a guarantee..... 3

I received assistance to obtain a loan. 4

They put in a good word for me, presented me..... 5

They informed me on some good opportunities..... 6

They put me in a family company..... 7

Other (specify)..... 8

*(Ask following question to persons who work or who have worked in the past)*

**4.12 In order to find or set up this first work activity, did you move from your Municipality of residence?**

No..... 1

Yes, in another Municipality of the same Province..... 2

Yes, in another Province of the same Region..... 3

Yes, in another Italian Region (specify)..... 4

Yes, abroad..... 5





**4.23 Was your work temporary (limited duration) or permanent (unlimited duration)?**

- Limited duration..... 1  → go to  
 Unlimited duration..... 2  question 5.1

*(Ask following question to persons who were self-employed, entrepreneur or a professional man)*

**4.24 Indicate the overall number of employees you had**  
*(exclude cohabitant and non-cohabitant relatives)*

Nr of employees .....|\_|\_|\_|\_|

**5. WORK INTERRUPTIONS**

*(FOR PERSONS WHO WORK OR WHO HAVE WORKED IN THE PAST)*

**5.1 Have you ever stopped working, definitively and/or temporarily, in your life? Consider interruptions that lasted one month and over.**

*(Exclude maternity leave, illness, etc. as they enabled you to maintain your job position.)*

- No..... 1  → the questionnaire ends here  
 Yes ..... 2

*(If Yes)*

**5.2 How many times did you stop working definitively and/or temporarily? Add to the interruptions, followed by the renewal of work activity, the last time you stopped working**

Once..... 1

Twice or more... 2  → **How many times? Nr** |\_|\_|  
 go to question 5.7 ←

*(Ask following question in case person stopped working only once; otherwise go to question 5.7)*

**5.3 Did you resume work later on?**

No, I did not resume work..... 1

Yes, I resumed work..... 2  → go to question 5.7 in the next page

*(Ask following question in case the answer was No; otherwise go to question 5.7)*

**5.4 When did you stop working?**

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

**5.5 Why did you stop working?**

*(one answer only)*

- I was laid off or released (and on redundancy fund)..... 01
- My temporary work contract came to its conclusion ..... 02
- The collaboration/consultancy came to its conclusion ..... 03
- I got married ..... 04
- Birth of my first child ..... 05
- Birth of my second, third or following child ..... 06
- Due to other family reasons..... 07
- Due to health reasons ..... 08
- Due to my studies, professional training ..... 09
- I found other work opportunities ..... 10
- Due to compulsory military or substitutive civil service ..... 11
- Die to the activity closing down or being sold..... 12
- Pension for:
  - Retirement age or maximum (or high) seniority..... 13
  - Achievement of minimum (or sufficient) seniority ..... 14
  - Disability ..... 15
  - Early retirement ..... 16
  - Other (specify)..... 17

**5.6 Were you satisfied when you stopped working?**

- No, I would have preferred to continue working..... 1
  - No at the beginning, yes afterwards .. 2
  - Yes at the beginning, no afterwards..... 3
  - Yes ..... 4
- go to question 6.1

(Ask following question to persons who have stopped working at least once)  
**REFERRING TO EACH TIME YOU STOPPED WORKING DEFINITELY OR TEMPORARILY, FILL IN THE FOLLOWING INFORMATION, STARTING BY THE FIRST WORK INTERRUPTION...**  
 (In case you stopped working more than 5 times, refer to the first 5 work interruptions in chronological order and finally to the last interruption)

COMPLETE PER COLUMN FOR ALL THE INTERRUPTIONS						
	First work interruption	Second work interruption	Third work interruption	Fourth work interruption	Fifth work interruption	Last work interruption
	Month Year  _ _   _ _ _	Month Year  _ _   _ _ _	Month Year  _ _   _ _ _	Month Year  _ _   _ _ _	Month Year  _ _   _ _ _	Month Year  _ _   _ _ _
	Nr of months  _ _	Nr of months  _ _	Nr of months  _ _	Nr of months  _ _	Nr of months  _ _	Nr of months  _ _
<b>5.7 When did you stop working definitively or temporarily?</b>						
<b>5.8 How long did it last overall or since when does it last?</b>						
<b>5.9 Why did you stop working?</b> (one answer per column)						
I was laid off, released, put on redundancy fund	01 <input type="checkbox"/>	01 <input type="checkbox"/>	01 <input type="checkbox"/>	01 <input type="checkbox"/>	01 <input type="checkbox"/>	01 <input type="checkbox"/>
My temporary work contract came to its conclusion	02 <input type="checkbox"/>	02 <input type="checkbox"/>	02 <input type="checkbox"/>	02 <input type="checkbox"/>	02 <input type="checkbox"/>	02 <input type="checkbox"/>
The collaboration/consultancy came to its conclusion	03 <input type="checkbox"/>	03 <input type="checkbox"/>	03 <input type="checkbox"/>	03 <input type="checkbox"/>	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Marriage	04 <input type="checkbox"/>	04 <input type="checkbox"/>	04 <input type="checkbox"/>	04 <input type="checkbox"/>	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Birth of first child	05 <input type="checkbox"/>	05 <input type="checkbox"/>	05 <input type="checkbox"/>	05 <input type="checkbox"/>	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Birth of second, third or following child	06 <input type="checkbox"/>	06 <input type="checkbox"/>	06 <input type="checkbox"/>	06 <input type="checkbox"/>	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Due to family reasons	07 <input type="checkbox"/>	07 <input type="checkbox"/>	07 <input type="checkbox"/>	07 <input type="checkbox"/>	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Due to health reasons	08 <input type="checkbox"/>	08 <input type="checkbox"/>	08 <input type="checkbox"/>	08 <input type="checkbox"/>	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Started to study again	09 <input type="checkbox"/>	09 <input type="checkbox"/>	09 <input type="checkbox"/>	09 <input type="checkbox"/>	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Found other work opportunities	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Compulsory military or civil service	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Activity closing down	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Retirement for:						
-Retirement age or maximum (or high) seniority	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
-Achievement of minimum (or sufficient) seniority	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>

-Disability	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>
-Early retirement	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>
Other (specify)	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>

**5.10 When you stopped working definitively or temporarily, were you working full-time or part-time?**

Full-time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Part-time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**5.11 Did you have a temporary job (limited duration) or a permanent one (unlimited duration)?**

Limited duration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Unlimited duration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**5.12 In what consisted your job?**

Description	.....	.....	.....	.....	.....	.....
RESERVED TO ISTAT (see CP 2011) (see the guide)	.....	.....	.....	.....	.....	.....

**5.13 Would you have preferred to continue working?**

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

**5.14 Did you resume work following the interruption?**

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

**5.15 When did you go back to work?**

(If Yes)	.....	.....	.....	.....	.....	.....
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**WARNING!**

**AFTER HAVING FILLED IN ALL COLUMNS RELATIVE TO EACH DEFINITIVE OR TEMPORARY WORK INTERRUPTION, PERSONS WHO CURRENTLY DO NOT WORK MAY GO TO SECTION 6. THE QUESTIONNAIRE ENDS HERE FOR ALL THE OTHER PERSONS.**

## Question 5.7

To persons who have stopped working at least once

OPEN, TURN  
AND FILL IN  
COMPLETELY

Go to question 6.1 for all the other persons!



RESERVED TO THE SURVEYOR

**1. Was the questionnaire filled in during the same visit when the interview took place?**

No ..... 1

Yes..... 2

**2. Which one of the following situations took place?**

The surveyor filled in the questionnaire by interviewing the person..... 1

The surveyor filled in the questionnaire by interviewing a family member..... 2  → Order nr. of component [ ][ ]

The component filled in personally the questionnaire..... 3

A family member filled in the questionnaire..... 4  → Order nr. of component [ ][ ]

The questionnaire was not filled in due to refusal..... 5

The questionnaire was not filled because the respondent was absence..... 6

(In case of codes 3 or 4 to question 2)

**3. The questionnaire was filled in**

Completely and without difficulties ..... 1

Completely but with some difficulties..... 2

Incompletely and with full of gaps..... 3





ORANGE BOOK

MOD. ISTAT/IMF-10/B1-03



NATIONAL STATISTIC SYSTEM  
NATIONAL INSTITUTE OF STATISTICS

# MULTI-PURPOSE STATISTIC FAMILY SURVEY

FAMILY AND  
SOCIAL SUBJECTS

Year 2003

THIRD DOCUMENT TO BE COMPILED

1	Province	..... _ _ _
	Municipality	..... _ _ _
	Census Section.....	_ _ _   _ _ _

2	(To be compiled by the Municipality)
	<u>Definitive</u> order number of the family
	_ _ _ _
	(From 0001 to the total of the blue IMF-10/A models compiled by the Municipality)

3	Order number of the family in the <u>ISTAT/IMF/1</u> list
	_ _ _ _
	(From 0001 to the total of families on the list)

**Self-compilation questionnaire**  
(For persons 18 years of age and over)

Order number of component	_ _
(See column 1 of General Card)	

*We are from the National Institute of Statistics.*

*We are carrying out a survey on "Family and social subjects ". We wish to ask for your collaboration.*

*- We invite you to carefully read the following questions and to answer by ticking off your answer,*

*E.g.:*

*- Sometimes you will come across spaces where to write some numbers. Write the number within the space made available for that purpose,*

*E.g. |2| or |0|2|*

*- Control beforehand the title of the Section and to whom it is addressed; if it does not regard you, you may skip that question and check whether you need to answer the following question.*

*- In case you encounter some problems when answering the questions, you may refer to the person who gave you the questionnaire in order to receive further explanation regarding your doubts.*

*We wish to thank you for your kind collaboration.*

Date of birth    [ ] [ ]    [ ] [ ]    [ ] [ ] [ ] [ ]  
                          Day            Month            Year

Gender    Male.....1   
               Female.....2

**1. PARENTS' EDUCATION AND EMPLOYMENT**

(FOR PERSONS 18 YEARS OF AGE AND OVER)

**1.1 What is the highest education degree your mother and your father obtained?**  
*(indicate the information for each of your parents)*

	Mother	Father
Post-graduate specialisation .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
University degree.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
University certificate .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Upper secondary school (4-5 years) certificate or diploma .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Upper secondary school (2-3 years) certificate or diploma .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Lower secondary school certificate.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Primary school certificate.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
No title, can/could read and write .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
No title, cannot/could not read and/or write .....	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Does not know .....	0 <input type="checkbox"/>	0 <input type="checkbox"/>

**1.2 Think back to when you were 14 years old. What were your mother and father's condition in relation to employment?**  
*(indicate the information for each of your parents)*

	Mother	Father
Employed.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Seeking new employment.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Seeking first employment .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Homemaker .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Student .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Disabled to work .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Retired from work .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
In some other condition .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Deceased .....	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Does not know .....	0 <input type="checkbox"/>	0 <input type="checkbox"/>

*(Answer following question in case at least one of your parents was either employed, seeking employment or retired from work; otherwise go to question 2.1)*

**1.3 Think back to when you were 14 years old. In what economic sector were your mother and father working?**

	Mother	Father
Agriculture, hunting, fishing.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Industry, mining, manufacture, energy...2	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Building sector .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Wholesale and retail trade, hotels, restaurants .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Transports, storage and communication.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Intermediation, rental, other professional activities.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Public administration and defence .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Education, health and other social services.....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Other services.....	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Does not know .....	0 <input type="checkbox"/>	0 <input type="checkbox"/>

**1.4 Think back to when you were 14 years old. What was the professional position of both your mother and your father?**

*(In case of they were retired or seeking employment, consider last job carried out)*

	Mother	Father
<i>a) employee as:</i>		
Manager.....	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Executive .....	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Lower and upper secondary schoolteacher .....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Kindergarten and primary schoolteacher .....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Clerk, specialised worker.....	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Worker supervisor, worker subordinate and similar.....	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Trainee.....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Home worker on behalf of a company ..	08 <input type="checkbox"/>	08 <input type="checkbox"/>
<i>b) self-employed as:</i>		
Entrepreneur .....	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Professional man .....	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Self-employed.....	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Member of a goods production and/or service co-operative.....	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Assistant.....	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Does not know .....	14 <input type="checkbox"/>	14 <input type="checkbox"/>

(Answer following question in case at least one of your parents was either entrepreneur, professional man or self-employed; otherwise go to question 2.1)

**1.5 Indicate the overall number of employees they had**

(exclude cohabitant and non-cohabitant relatives)

	Mother	Father
Nobody .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
One .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
From 2 to 6 .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
From 7 to 19 .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
From 20 to 49 .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
50 and over .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**2. WEEKLY ACTIVITIES**

(FOR PERSONS 16 YEARS OF AGE AND OVER)

**2.1 In hours and minutes, how much time do you dedicate overall on a weekly basis to:**

**a) Domestic and family chores (household duties, groceries, looking after other components):**

Does not carry out this activity ..... 0000   
 Nr of weekly hours .....|\_| minutes....|\_|

**b) Studies (including hours of lessons):**

Does not carry out this activity ..... 0000   
 Nr of weekly hours .....|\_| minutes....|\_|

**c) Work activity:**

Does not carry out this activity ..... 0000   
 Nr of weekly hours .....|\_| minutes....|\_|

(Answer following question in case you work LESS than 30 hours a week; otherwise go to question 3.1)

**2.2 Why do you work less than 30 hours?**

(more than one answer possible)

- I follow training courses or apprenticeship ..... 1
- Health reasons ..... 2
- I would like to work more hours, but cannot find a full-time job or current work does not provide for more working hours..... 3
- I do not want to work more hours ..... 4
- I have a full-time job that provides for less than 30 working hours..... 5
- Family duties ..... 6
- Assistance to sons/daughters ..... 7
- Assistance to other family members ..... 8
- Other reason (specify) ..... 9

**3. LEAVING FAMILY OF ORIGIN**

(FOR PERSONS 16 YEARS OF AGE AND OVER)

**3.1 According to you, what is the right age for sons and daughters to leave the family home?**

	Sons	Daughters
Age .....	_	_

**3.2 In what year did you stop living with your parents for a period of at least 3 months?**

(Refer to the first time if you stopped living with your parents in the past and subsequently went back to live with them)

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

Never ..... 9999  → go to question 3.11

(Answer following question in case you stopped living with your parents at least once; otherwise go to question 3.11)

**3.3 What was the main reason that made you stop living with your parents the first time?**

(refer always to the first time)

- Cohabitation (free union) ..... 1
- Marriage..... 2
- Work ..... 3
- Studies ..... 4
- Need of autonomy / independence ..... 5
- Death of a parent ..... 6
- Other (specify) ..... 7

**3.4 Since you stopped living with your parents, have you ever experienced economic difficulties?**

No ..... 1  → go to question 3.11

Yes, once ..... 2

Yes, more than once... 3

(IF YES)

**3.5 What were the reasons that made you encounter a difficult situation or difficult situations?**

(more than one answer possible)

- Unemployment ..... 01
- Insufficient wage ..... 02
- Own illness or a family member's illness ..... 03
- Death of a family member ..... 04
- Eviction ..... 05
- Purchase or building of a house ..... 06
- The setting up of a work activity ..... 07
- Closing down of your company or of a family member 's company ..... 08
- Indebtedness of your company or of a family member 's company ..... 09
- Another type of indebtedness ..... 10
- Payment of very high interests ..... 11
- Separation or divorce ..... 12
- Birth of a child ..... 13
- Other (specify) ..... 14

**3.6 Indicate the code of the reason that caused the situation of difficulty you consider as the most serious one. In case you indicated one reason only, indicate the code of the only reason declared.**

(see codes to question 3.5)

**3.7 When did this difficult situation start and when was it resolved?**

- Year of start .....
- Year in which it was resolved .....
- It has not been resolved yet ..... 9999

**3.8 Did somebody help you economically in that particular situation you were in?**

- No ..... 1  → go to question 3.11
- Yes, by means of a loan ..... 2
- Yes, by means of a gift ..... 3
- Yes, in part by a loan and in part by a gift ..... 4

(IF YES)

**3.9 Who gave you the money?**

(more than one answer possible)

- Parents ..... 1
- In-laws ..... 2
- Grandparents ..... 3
- Brothers and/or sisters ..... 4
- Sons/daughters ..... 5
- One of my relatives ..... 6
- Some relatives of my spouse/partner ..... 7
- Friends ..... 8
- Acquaintances ..... 9
- Other persons ..... 0

(Answer following question in case you received a loan: otherwise go to question 3.11)

**3.10 Did you have to pay some interests when you paid off the loan you incurred?**

- No ..... 1
- Yes, low interests ..... 2
- Yes, more or less equal to bank interest... 3
- Yes, high interests ..... 4

(Ask following question to persons 18 years of age and over)

**3.11 Do you have some experience of cohabitating with a person you subsequently did not marry, in the past?**

(do not consider current cohabitation)

- No ..... 1  → go to question 3.13 for person who does not cohabitare, go to question 4.1 for all other persons

Yes ..... 2  → How many times?.....Nr

(If Yes)

**3.12 I wish to ask you some information regarding each of your cohabitation that was not concluded with a marriage, starting from the first one to the most recent one.**

(do not consider current cohabitation)

COMPILE PER COLUMN  
FOR ALL COHABITATIONS

1st Cohabitation	2d Cohabitation	3d Cohabitation	4th Cohabitation	Most recent one
------------------	-----------------	-----------------	------------------	-----------------

**a) When did you start to cohabitare?**

- Month .....
- Year .....

**b) When did you end it?**

- Month .....
- Year .....

(Ask following question to persons 18 years of age and over that do not cohabitare: otherwise go to question 4.1)

**3.13 Are you currently involved in a relationship with someone you do not live with?**

- No ..... 1  → go to question 4.1
- Yes ..... 2

(If Yes)

**3.14 In what year and month did you start this relationship?**

- Month .....  Year .....