

# ESTONIAN LABOUR FORCE SURVEY 2010

## Household questionnaire

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Reference week |\_\_|\_\_|      |\_\_|\_\_| |\_\_|\_\_| — |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|  
                                  number      day      month      day      month      year

Quarter                    |\_\_|

Household number |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

## SECTION A. INTERVIEWER'S SECTION

<b>Kviis</b>	MODE OF INTERVIEW 1 LAPTOP INTERVIEW 2 PAPER QUESTIONNAIRE	
<b>Rez</b>	REGIME: 1 - INTERVIEWER 2 - ENCODER	
<b>Kys</b>	CODE OF INTERVIEWER    _ _ _	
<b>Kpk</b>	SURVEY AREA    _ _ _ _	
<b>Kjuht</b>	INTERVIEWER MANAGER'S AREA    _	
<b>A01</b>	DATE OF INTERVIEW	A01K. DATE OF CONTINUATION IN CASE OF INTERRUPTION
<b>A</b>	_ _  DAY	_ _  DAY
<b>B</b>	_ _  MONTH	_ _  MONTH
<b>C</b>	_ _ _  YEAR	_ _ _  YEAR
<b>A02</b>	STARTING TIME OF THE INTERVIEW	IN CASE OF INTERRUPTION, STARTING TIME OF CONTINUATION
<b>A</b>	_ _  HOUR	_ _  HOUR
<b>B</b>	_ _  MINUTES	_ _  MINUTES
<b>A03</b>	PLACE OF INTERVIEW  1 RESPONDENT'S PLACE OF RESIDENCE 2 RESPONDENT'S WORKPLACE/SCHOOL 3 PLACE OF RESIDENCE OF RESPONDENT'S RELATIVES OR ACQUAINTANCES 4 INTERVIEWER'S WORKPLACE/ PLACE OF RESIDENCE 5 INSTITUTION 6 ELSEWHERE, (WRITE WHERE).....	
<b>A04</b>	HOUSEHOLD'S PLACE OF RESIDENCE Village/borough/town/city.....	
<b>A04AK</b>	Area code  _ _ _ _  <b>Filled automatically!</b>	
<b>Tyypnim</b>	Settlement type ..... (village/borough/town/city) <b>Filled automatically!</b>	
<b>Tyyp</b>	Settlement type code  _  <b>Filled automatically!</b>	
<b>Valdnim</b>	Township/city name ..... <b>Filled automatically!</b>	
<b>Vald</b>	Township/city code  _ _ _  <b>Filled automatically!</b>	
<b>MK</b>	County ..... <b>Filled automatically!</b>	
<b>Maakond</b>	County code  _ _  <b>Filled automatically!</b>	

### QUESTIONNAIRE USER'S INSTRUCTIONS:

- THE FIRST COLUMN CONTAINS THE CHARACTERISTIC'S NAME
- THE ROUTINGS WITH DIRECTIONS FOR WHAT QUESTION TO CONTINUE WITH, WHEN THEY ARE NEEDED, CAN BE FOUND IN THE LAST COLUMN OR BEHIND AN ANSWER OPTION
- WHEN NECESSARY THE ROUTING CAN BE FOUND IN FRONT OF THE QUESTION
- THE TEXT IN *ITALICS* IS ADDITIONAL INFORMATION FOR THE INTERVIEWER
- THE INTERVIEWER MUST READ THE TEXT UP TO THE SENTENCE TERMINATOR: A DOT OR A QUESTION MARK. IF THE DOT OR QUESTION MARK IS AT THE END OF THE ANSWER OPTIONS, THEN THOSE MUST BE READ TO THE RESPONDENT AS WELL.
- WHEN AN ANSWER OPTION HAS THREE DOTS IN FRONT OF IT, THE INTERVIEWER MUST REREAD THE QUESTION BEFORE EVERY ANSWER OPTION.
- THE OPTION "OTHER" MUST BE READ TO THE RESPONDENT IF IT IS NOT CAPITALIZED, AND NOT BE READ WHEN IT IS CAPITALIZED.
- CAPITALIZED TEXT IS MEANT AS ADDITIONAL INFORMATION FOR THE INTERVIEWER AND IT IS NOT READ TO THE RESPONDENT

THE ☀ SIGN INDICATES THAT THE CARD BOOK SHOULD BE USED TO SHOW THE RESPONDENT RESPONSE OPTIONS TO THE QUESTION. THE DATA ENTRY PROGRAMME IN THE LAPTOP USES THE WORD "CARD" TO INDICATE THIS NEED.

## SECTION YA. HOUSEHOLD CHARACTERISTICS

The first part of the survey concerns the structure of your household and general information about the members of your household. A household is a group of people who live in a common dwelling (at the same address) and share joint financial and/or food resources. Persons included in the household are members of the household. A household may also consist of one member only.

HOUSEHOLD MEMBERS ARE PEOPLE WHO SHARE IN THE HOUSEHOLD'S EXPENSES, LIVE IN THE COMMON DWELLING AND HOLD NO PERMANENT RESIDENCE ELSEWHERE. TEMPORARILY ABSENT HOUSEHOLD MEMBERS SHOULD BE CONSIDERED MEMBERS IF THEY:

- HAVE NO OTHER MAIN DWELLING, HAVE RETAINED ECONOMIC TIES WITH THE HOUSEHOLD AND THEIR ABSENCE IS NOT SHORTER THAN 1 YEAR.
- ARE CHILDREN ABSENT DUE TO STUDIES OR A PARTNER ABSENT DUE TO WORK.

<b>Y</b>	How many people belong to your household?	_ _
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Please state the names of your household members.

THE WRITING HAS TO BE STARTED FROM THE PERSON WHO MAINLY ANSWER TO THE QUESTIONS THEN HIS/HER SPOUSE OR PARTNER, CHILDREN AND OTHER MEMBERS!

→ <b>BX</b>	Column number	01	02	03	04	05	06		
<b>Y0</b>	→ First name	.....							
↓ <b>YA1</b>	Please indicate /Y0/'s gender. 1 – male 2 – female	_	_	_	_	_	_		
<b>YA2</b>	Indicate the date of birth of /Y0/ Day Month Year	_ _   _ _   _ _ _	_ _   _ _   _ _ _	_ _   _ _   _ _ _	_ _   _ _   _ _ _	_ _   _ _   _ _ _	_ _   _ _   _ _ _		
<b>YX2</b>	<b>ROUTE QUESTION: PERSON'S CURRENT AGE (A01-YA2)</b>	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	←=13 → YX3 14 → YA5	
<b>YA3</b> ☼	What is the legal marital status of /Y0/ 1 Single, never been married 2 Married 3 Divorced 4 Widowed?	_	_	_	_	_	_	1,3,4 → YA5	
<b>YA4</b>	Does /Y0/ live with his/her legal spouse? 1 Yes 2 No	_	_	_	_	_	_	1 → YX5	
<b>YA5</b>	Is /Y0/ married by common law? 1 Yes 2 No	_	_	_	_	_	_		
<b>YX5</b>	<b>ROUTE QUESTION: IS THERE ONLY 1 MEMBER IN HOUSEHOLD? (Y=1)</b> 1 YES → YC1    2 NO → CONTINUE WITH THE NEXT MEMBER, IF LAST MEMBER CONTINUE YB1								

## SECTION YB. HOUSEHOLD RELATIONS

Next we will ask about relations of kinship in the household to determine your household type.

THE RELATIONS HAVE TO BE ASKED BY ROWS. FIRST WRITE DOWN WHO THE SECOND PERSON IS TO THE FIRST, THEN THE THIRD PERSON TO THE FIRST, THE THIRD PERSON TO THE SECOND AND SO ON. THE DATA ENTRY PROGRAMME PROVIDES THE CORRECT NAMES FOR EACH QUESTION.

YB1	Who is /Y0 in column 2 to //Y0 in column 1?	→	1	2	3	4	5	6	7	8	9	10	11
☀	01 Spouse or partner	1	■	■	■	■	■	■	■	■	■	■	■
	02 Child (incl. adopted)	2		■	■	■	■	■	■	■	■	■	■
	03 Foster child (incl. partner's or spouse's child who is not a biological child)	3			■	■	■	■	■	■	■	■	■
	04 Parent	4				■	■	■	■	■	■	■	■
	05 Foster parent (incl. for partner's/spouse's child who is not a biological child)	5					■	■	■	■	■	■	■
	06 Grandparent (incl. their Partner who is not a biological grandparent)	6						■	■	■	■	■	■
	07 Grandchild (incl. Adopted or a spouse's/partner's grandchild who is not a biological grandchild)	7							■	■	■	■	■
	08 Daughter/son-in-law (incl. (foster) child's spouse or partner)	8								■	■	■	■
	09 Mother/father-in-law (incl. spouse's/partner's (foster) parent)	9									■	■	■
	12 Sister/brother (incl. step sister/brother)	10										■	■
	10 Other relative or non-relative	11											■
			12										

## SECTION YC. DEMOGRAPHIC DATA



Next we will ask about the demographic data of your household.


YX1	Column number	01	02	03	04	05	06	
YC1	What is the ethnic nationality of /Y0/?	_	_	_	_	_	_	
YC1n	1 Estonian	.....	.....	.....	.....	.....	.....	
YC1n	2 Russian	.....	.....	.....	.....	.....	.....	
YC1k	3 Other. SPECIFY	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
YC2	Indicate the citizenship of /Y0/.	_	_	_	_	_	_	
YC2n	1 Estonian	.....	.....	.....	.....	.....	.....	
YC2n	2 Russian	.....	.....	.....	.....	.....	.....	
YC2n	3 Other. SPECIFY	.....	.....	.....	.....	.....	.....	
YC2k	9 Unspecified	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
YC3	Indicate the country of birth of /Y0/.	.....	.....	.....	.....	.....	.....	
YC3k	IF YA2 YEAR BETWEEN 1920-1945 AN ADDITIONAL TEXT APPEARS: SPECIFY IF PERSON WAS BORN IN PETSERI COUNTY OR THE AREA BEHIND RIVER NARVA IN THE FORMER TERRITORIES OF THE ESTONIAN REPUBLIC THAT NO LONGER BELONG TO ESTONIA. IF YES, WRITE THE FORMER ESTONIAN TERRITORY OF PETSERIMAA OR THE AREAS BEHIND RIVER NARVA.	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	


YC4	[TO BE ASKED IF BORN OUTSIDE OF ESTONIA] Since what date has ... been living in Estonia? Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YC5	[TO BE ASKED IF CURRENT OR PREVIOUS YEAR] Month <i>NB! If moved to Estonia more than once, record the date of the last move.</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YC5	Is ... living... 1 Together with the household 2 Separately 3 Alone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**RECONCILIATION BETWEEN WORK AND FAMILY LIFE**

YX6	<b>INTERVIEWER CHECKPOINT</b> IS THE REFERENCE WEEK IN THE 2ND OR 4TH QUARTER (see Cover Sheet)? 1 YES (QUARTER=2,4) 2 NO → <b>READ THE FINAL SENTENCE</b>								
YC6	[TO BE ASKED IF CHILD UP TO 14] Looking at a typical week of the /Y0/, how many <b>hours per week</b> do you use following childcare options? A [TO BE ASKED IF CHILD UP TO 7] Kindergarten, a crèche or kindergarten for children with special needs?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	B [TO BE ASKED IF CHILD AGED 3-7] Preparatory courses for children of pre-school age?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	C [TO BE ASKED IF CHILD AGED 6-14] Long day group at school?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	D [TO BE ASKED IF CHILD AGED 3-14] Hobby groups?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	E [TO BE ASKED IF CHILD UP TO 14] Other children's or family centre or childcare service, where child is looked after by professional childminder?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	F Paid childminder?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	G Relatives or friends living outside of the household (unpaid)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	H OTHER. SPECIFY.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YC7	[TO BE ASKED IF CHILD UP TO 14] Has /Y0/ been sick during last 12 months? 1 Yes            2 No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 → YC9

<b>YC8</b> 	<p>How was childcare for /Y0/ organised then he/she was sick?</p> <p><b>A</b> Did someone of household member's stay home from work? 1 Yes                    2 No</p> <p><b>Ak</b> Who [MEMBER'S NR]?</p> <p><b>B</b> Did someone of household member's change is/her working arrangement? 1 Yes                    2 No</p> <p><b>Bk</b> Who [MEMBER'S NR]?</p> <p><b>C</b> Was someone of household member's at home? 1 Yes                    2 No</p> <p><b>D</b> Did the child take care himself/ herself? 1 Yes                    2 No</p> <p><b>E</b> Was the child looked after by paid childminder? 1 Yes                    2 No</p> <p><b>F</b> Was the child looked after by relative or friend living outside of the household (unpaid)? 1 Yes                    2 No</p> <p><b>G</b> OTHER. SPECIFY. 1 Yes                    2 No</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<p><b>2 →</b> <b>YC8B</b></p> <p><b>2 →</b> <b>YC8C</b></p>
<b>YC9</b> 	<p>[TO BE ASKED IF CHILD UP TO 14] Over the last 12 months, when the usual childcare services and schools were closed (school holidays, in the evenings, at nights, during the weekends) what kind of childcare options did you use for /Y0/? Did you use ...</p> <p><b>A</b> ... children's or family centre or childcare service, where child is looked after by professional childminder? 1 Yes                    2 No</p> <p><b>B</b> ... before 7 am and after 19 pm opened childcare service (evening and night time)? 1 Yes                    2 No</p> <p><b>C</b> ... childcare services opened 24 hours and/or in weekends? 1 Yes                    2 No</p> <p><b>D</b> ... sport, art, dance etc camps? 1 Yes                    2 No</p> <p><b>E</b> ... paid childminder? 1 Yes                    2 No</p> <p><b>F</b> ... relatives or friends living outside of the household (unpaid)? 1 Yes                    2 No</p> <p><b>G</b> OTHER. SPECIFY. 1 Yes                    2 No</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

<b>YC10</b>	<p>[TO BE ASKED IF PERSON AGED 15 OR OVER] Over the last 12 months, did /Y0/ need care services due to sickness, disability or old age? 1 Yes                      2 No</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>2→</b> CONTINUE WITH THE NEXT MEMBER, IF LAST MEMBER → <b>YD18</b></p>
<b>YC11</b> 	<p>What kind of care services did you use for /Y0/? Did you use ...</p> <p><b>A</b> ... daily caring in care institution? 1 Yes                      2 No</p> <p><b>B</b> ... twenty-four-hour's caring in care institution? 1 Yes                      2 No</p> <p><b>C</b> ... nursing-caring service at home? 1 Yes                      2 No</p> <p><b>D</b> ... care service at home? 1 Yes                      2 No</p> <p><b>E</b> ... relatives or friends living outside of the household (unpaid)? 1 Yes                      2 No</p> <p><b>F</b> OTHER. SPECIFY. 1 Yes                      2 No</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>YD18</b>	<p>How much money is there in your household to be spent in a month usually including all incomes? Say the average sum in kroons.  _ _ _ _ _ _ _  → <b>FINAL SENTENCE</b> 999998 REFUSAL 999999 DO NOT KNOW</p>
<b>YD19</b> 	<p>Please indicate which of the following intervals the average monthly net income in your household falls into.</p> <p>1 up to 4500 kroons 2 4501 – 7000 kroons 3 7001 – 9500 kroons 4 9501 – 13 000 kroons 5 13 001 – 17 000 kroons 6 17 001 – 24 000 kroons 7 24 001 kroons or more?</p>

**FINAL SENTENCE: WE HAVE REACHED THE END OF THE SURVEY: THANK YOU VERY MUCH FOR YOUR COOPERATION!**

## INTERVIEWER'S SECTION (CONTINUATION)

<b>A05</b>	FINISHING TIME OF INTERVIEW
<b>A</b>	_ _  HOUR
<b>B</b>	_ _  MINUTES
<b>A06</b>	LANGUAGE OF INTERVIEW 1 ESTONIAN 2 RUSSIAN
<b>A07</b>	WHO ELSE WAS PRESENT AT THE INTERVIEW? [NOTE ALL PERSONS]
<b>A</b>	1 NOBODY
<b>B</b>	2 CHILDREN UNDER 6 YEARS
<b>C</b>	3 CHILDREN AGED 6 AND OLDER
<b>D</b>	4 SPOUSE (PARTNER)
<b>E</b>	5 OTHER RELATIVES
<b>F</b>	6 OTHER ADULTS (NON-RELATIVES)
<b>A08</b>	WHAT IS THE NUMBER OF THE RESPONDENT WHO MAINLY ANSWERED THE QUESTIONS? COLUMN NUMBER  _ _
<b>A09</b>	THE INTERVIEW WENT... 1 VERY WELL 2 WELL 3 SATISFACTORILY 4 WITH DIFFICULTIES [EXPLAIN UNDER A16] 5 WITH GREAT DIFFICULTIES [EXPLAIN UNDER A16]
<b>A10</b>	HOW WAS THE QUESTIONNAIRE FILLED? 1 FACE-TO-FACE INTERVIEW 2 TELEPHONE INTERVIEW 3 SELF-ADMINISTERED QUESTIONNAIRE 4 OTHER. SPECIFY
<b>A16</b>	COMMENTS ABOUT THE INTERVIEW [WRITE ABOUT ALL DISTURBING FACTORS] ..... ..... .....
<b>A17</b>	INITIAL STATUS OF QUESTIONNAIRE <i>Filled only in laptop!</i> 1 – INCOMPLETE 2 – ENTERED 3 – TO BE SPECIFIED 4 – COMPLETED
<b>A18</b>	FINAL STATUS OF QUESTIONNAIRE <i>Filled only in laptop!</i> 1 – SENT 2 – UNSENT