# RECONCILIATION BETWEEN WORK AND FAMILY LIFE

The questionnaire concerns the population aged 15-64.

*All data comprising this Form are personal data, protected by the Law on statistics and shall be used for statistical purposes only*

Household number

Identification data

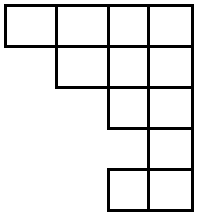
Municipality

Enumeration area

Sequence number of the person at the household

Quarter

Week of interview



**FOR THE INTERVIEWER:**

Is the respondent aged between 15 and 64

Is the respondent's birth year between **1945** and **1995**

- if the birth year =**1945**, birthdays **are after the end** of the reference week

- if the birth year =**1995**, **birthdays are between January 1st and the last day of the reference week.**

| | day | month | year |
|---|---|---|---|
| Date of interview | | | 2010 |
| Start of interview | hour | minutes | |
| | | | |

Person is interviewed: Yes: 1 → **AM1** No: 2 → **End**

| | | |
|---|---|---|
| | **INTERVIEWER CHECKPOINT:** | |
| **AM 1** | Is there **any child up to 14 years** of age living in the household ? ( see household A questionnaire) | |
| | Yes | 1 |
| | No | 2 → **AM 5** |
| **AM 2** | Do you have your **own (your spouse's ) child** up to 14 years of age living in the household? | |
| | Yes | 1 |
| | No | 2 → **AM 5** |
| **AM 3** | Do you use **services** of kindergartens or other childcare centers or paid childminder services for your youngest child (out of compulsory school? | |
| | Yes | 1 → **AM4** |
| | No, for the youngest(for other child) | 2 → **AM5** |
| | No | 3 → **AM5** |
| **AM 4** | How many hours **per week** do you use such services for your youngest child? | |
| | Up to 10 hours | 1 |
| | More than 10 hours and up to 20 hours | 2 |
| | More than 20 hours and up to 30 hours | 3 |
| | More than 30 hours and up to 40 hours | 4 |
| | More than 40 hours | 5 |
| **AM 5** | Do you regularly take care of **other children** up to 14 years of age,without payment(ex.grandchildren,children of relatives,neighbors,friends, regardless if they live in the household or not), or of your own/ spouse's child living outside the household ? | |
| | **Yes** | 1 |
| | **No**, **only for own/spouse's children** living in the household | 2 |
| | **No, not at all** (person have not own children up to 14years of age and nor take care of others) | 3 → **AM 9** |
| **AM 6** | **FOR THE INTERVIEWER (Please check the basic questionnaire B) :** | |
| | **If the person is working part time (Q 28 = 2)** → | 1 |
| | **If the person is not working, but has ever worked or the person has never worked (Q.53=1or 2)** → | 2 |
| | **Other category of persons** → | 3 → **AM 9** |
| **AM 7** | Do you consider that the **inexistence** of **availability** and **affordable** (in terms of quality, price and other conditions) childcare services affects your working part-time or your not working at all? | |
| | Yes | 1 |
| | No | 2 → **AM 9** |
| **AM 8** | Which of the following reasons has the biggest influence that you work part-time or you do not work? | |
| | - **Insufficient number** or **not available** services of kindergartens, other child centers or of paid childminders | 1 |
| | - **Expensive** services of the kindergartens, other child centers or engaged childminders? | 2 |
| | - **Low quality** of the services of the existing childcare centers or of the engaged childminders | 3 |
| | - **Other reasons** connected to the childcare services | 4 |

| | | |
|---|---|---|
| **AM 9** | Do you **regularly** take care withour payment of a relative/friend/neighbor aged 15 or more who is in need of care, because of illness, elderly or disability regardless if he/she is living in the household or not (volontary work is excluded)? | |
| | Yes | 1 → **AM 10** |
| | No | 2 → **AM 13** |
| **AM 10** | **FOR THE INTERVIEWER: (Please check the basic questionnaire B) :** | |
| | **If the person is working part time or he/she is not working (Q.28 = 2) or (Q 53=1 or 2)** → | 1 → **AM 11** |
| | **Other category of persons** → | 2 → **AM 13** |
| **AM 11** | Do you consider that inexistence of **available** and **affordable** (in terms of quality, price and other conditions) of care facilities for ill, elderly and disabled persons affects your working part-time or your not working at all? | |
| | Yes | 1 |
| | No | 2 → **AM 13** |
| **AM 12** | Which of the following reasons has the biggest influence that you work part-time or you do not work? | |
| | - **Insufficient** number or **not available** centers for care of ill, disabled, elderly persons | 1 |
| | - **Expensive** services of the centers for care of ill, disabled and elderly persons | 2 |
| | - **Low quality** of services for care of ill, disabled and elderly persons | 3 |
| | - **Other reasons** connected to the care services | 4 |
| **AM 13** | **FOR THE INTERVIEWER: (Please check the basic questionnaire B) :** | |
| | **If the person is working ( Q.28 = 1 or 2)** → | 1 |
| | **If the person is not working but has ever worked (Q 53=1 )** → | 2 |
| | **If the person is not working and has never worked (Q 53=2 )** → | 3 → **End** |
| **AM 14** | **FOR THE INTERVIEWER** | |
| | **Please check the household questionnaire A, if the respondent/spouse/partner has at least one child up to the 8 birthday living in the household? (the children who reached 8 years of age and more are excluded)** | |
| | Yes | 1 → **AM15** |
| | No | 2 → **AM 18** |
| **AM 15** | Have you worked, at least one month, with **reduced number of working hours** after finishing maternity leave to take care of your youngest child (excluding annual holiday )? | |
| | Yes | 1 |
| | No | 2 |
| **AM 16** | Have you ever **stopped** working, at least one month continuously after finishing maternity leave to take care of your youngest child (excluding annual holiday )? | |
| | Yes | 1 |
| | No | 2 → **AM18** |

| | | |
|---|---|---|
| **AM 17** | How long was the absence from work?<br>- Up to 1 months<br>- More than 1 months and up to 2 months<br>- More than 2 months and up to 3months<br>- More than 3 months and up to 6 months<br>- More than 6 months and up to 12 months<br>- More than 1 year<br>- The person has not returned to work yet | <br>1<br>2<br>3<br>4<br>5<br>6<br>7 |
| **AM 18** | **FOR THE INTERVIEWER: (Please check the main questionnaire B) :**<br>**if the person has the status of employee (Q 18 = 1)** →<br>**if the person does not have the status of employee (Q 18 = 2, 3 or 4 )** →<br>**Other persons** → | <br>1 → **AM 19**<br>2 → **End**<br>3 → **End** |
| **AM 19** | What is your usual working time arrangement?<br>- Fixed start and end of the working day or varying working time as decided by the employer<br>-Flexible working time, with defined number of hours during the week, month etc. (with use of time-off days)<br>- Fixed number of daily working hours, with possibility for certain flexibility within the working day<br>- Own arrangement of the working time<br>- Other | <br>1<br>2 → **AM 21**<br>3<br>4 → **AM 21**<br>5 |
| **AM 20** | Is there a possibility to vary the start and/or the end of your working day (at least one hour) due to family reasons?<br>Generally, it is possible<br>It is rarely possible<br>It is not possible | <br>1<br>2<br>3 |
| **AM 21** | Is there a possibility for you to arrange independently the working day in order to take a whole day/-s off due to family reasons (without using annual holiday)?<br>Generally, it is possible<br>It is rarely possible<br>It is not possible | <br>1<br>2<br>3 |

**The interviewing finished at:** hour ☐☐ minutes ☐☐

Interviewer _____

Supervisor _____