

SWEDISH INSTITUTE FOR SOCIAL RESEARCH

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Questionnaire:

1968 SURVEY OF LEVELS OF LIVING IN SWEDEN

Interviewer number \_\_\_\_\_

Date of interview 

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 1968

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Questionnaire used in the 1968 Level of living survey with a section added from the 1974 questionnaire. Translated from Swedish by Robert Karasek and Phyllis Arora.

<p>8 9-10 <input type="checkbox"/></p>	<p><u>Sex</u> 1 Man 2 Woman Year of birth <input type="text"/></p>	<p>Time when interview start <input type="text"/> <input type="text"/> hour <input type="text"/> <input type="text"/> minute</p>
<p>I. CONDITIONS DURING CHILDHOOD AND ADOLESCENCE</p>		
<p>Question 1 a 11 <input type="checkbox"/></p>	<p>WERE BOTH YOUR PARENTS SWEDISH CITIZENS WHEN YOU WERE BORN? 1 Yes ——— Question 4a 0 One Swedish and one foreign 0 Both of foreign nationality</p>	
<p>Question 1 b 12 <input type="checkbox"/></p>	<p>WHAT NATIONALITY WAS YOUR FATHER? ..... MOTHER? .....</p>	
<p>Question 1 c 13 <input type="checkbox"/></p>	<p>WHICH LANGUAGE WAS SPOKEN MOST OFTEN IN YOUR HOME DURING YOUR UPBRINGING? .....</p>	
<p>Question 2 a 14</p>	<p>WERE YOU BORN IN SWEDEN OR ABROAD? 1 In Sweden ——— Question 3 0 Abroad</p>	
<p>Question 2 b</p>	<p>HOW OLD WERE YOU WHEN YOU CAME TO SWEDEN? 2 6 years or younger 3 7-16 years 4 17 years or older</p>	
<p>Question 3 15</p>	<p>ARE YOU A SWEDISH CITIZEN? 1 Yes 2 No</p>	
<p>Question 4 a 16  (16) <input type="checkbox"/></p>	<p>DID YOU LIVE IN THE SAME PLACE DURING YOUR UPBRINGING, UP TO AGE 16? 1 Yes 0 No  HOW MANY PLACES DID YOU LIVE IN DURING YOUR UPBRINGING? places</p>	
<p>Question 4 c 17</p>	<p>DID YOU LIVE FOR 10 YEARS OR LONGER IN ONE PLACE? 1 Yes 2 No</p>	

<p>Question 4 d</p> <p>18</p>	<p>WHERE DID YOU LIVE (MOST OF THE TIME) DURING YOUR UPBRINGING (UP TO AGE 16)?</p> <p>1 Rural area</p> <p>2 Village, community of at least 500</p> <p>3 Small town, less than 10 000</p> <p>4 Medium-size town</p> <p>5 In Stockholm, Göteborg or Malmö</p> <p>6 Abroad</p>
<p>Question 4 e</p> <p>19-22</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>CAN I ASK YOU IN WHICH REGION THAT WAS AND THE NAME OF THE COUNTY AND THE COMMUNITY?</p> <p>.....</p> <p>Region                      County                      Town or village</p>
<p>Question 5 a</p> <p>23</p>	<p>HAVE YOU LIVED IN THE SAME LOCALITY SINCE AGE 16?</p> <p>1 Yes</p> <p>2 No</p>
<p>Question 5 b</p> <p><input type="checkbox"/> (23)</p>	<p>HOW MANY PLACES HAVE YOU LIVED IN SINCE THEN? (at least one year)</p> <p>Number of places</p>
<p>Question 5 c</p> <p>24</p>	<p>WHEN DID YOU MOVE TO YOUR PRESENT HOUSING AREA?</p> <p>1 1967-68</p> <p>2 1965-66</p> <p>3 1961-64</p> <p>4 1955-60</p> <p>5 1945-54</p> <p>6 1930-44</p> <p>7 - 1930</p>
<p>Question 5 d</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>25-28</p>	<p>WHERE DID YOU LIVE IMMEDIATELY BEFORE MOVING HERE?</p> <p>.....</p> <p>Region                      County                      Town or village</p>
<p>Question 5 e</p> <p>29</p>	<p>HOW MANY KILOMETERS DO YOU LIVE FROM THE PLACE YOU SPENT MOST OF YOUR UPBRINGING?</p> <p>1 0-10 kilometers</p> <p>2 11-50 kilometers</p> <p>3 51-100 kilometers</p> <p>4 101-200 kilometers</p> <p>5 201-500 kilometers</p> <p>6 501-1000 kilometers</p> <p>7 1001- kilometers</p> <p>8 Don't know</p>
<p>Question 5 f</p> <p>30-31</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>HOW OLD WERE YOU WHEN YOU MOVED FROM THE PLACE YOU SPENT MOST OF YOUR UPBRINGING?</p> <p>Years of age</p>

Question 6 a	<p>DID YOU LIVE TOGETHER WITH <u>BOTH</u> YOUR REAL (BIOLOGICAL) PARENTS DURING YOUR WHOLE UPBRINGING (TO AGE 16)?</p> <p>1 Yes —————&gt; Question 7</p> <p>0 No</p>
Question 6 b	<p>WHY NOT?</p> <p>2 Both parents dead</p> <p>3 Father dead</p> <p>4 Mother dead</p> <p>5 Divorce</p> <p>6 Born out of wedlock</p> <p>7 Father absent long periods (e.g. sailor)</p> <p>8 Other, specify .....</p>
Question 7	<p>ARE ANY OF YOUR PARENTS LIVING?</p> <p>1 No</p> <p>2 Father alive</p> <p>3 Mother alive</p> <p>4 Both alive</p> <p>5 Don't know</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 100px;">Mark only one</div>
Question 8 a	<p>DID YOUR FATHER (FOSTERFATHER) HAVE ANY EDUCATION ABOVE ELEMENTARY SCHOOL?</p> <p>1 No —————&gt; Question 9a</p> <p>0 Yes</p>
Question 8 b	<p>WHICH OF THE FOLLOWING BEST DESCRIBES YOUR FATHER'S EDUCATION?</p> <p>2 Vocational school (for at least 1 year)</p> <p>3 Junior high school (with or without degree)</p> <p>4 Senior high school (with or without degree)</p> <p>NOTE:.....</p>
Question 9 a	<p>DID YOUR MOTHER (FOSTERMOTHER) HAVE ANY EDUCATION ABOVE ELEMENTARY SCHOOL?</p> <p>1 No —————&gt; Question 10</p> <p>0 Yes</p>
Question 9 b	<p>WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR MOTHER'S EDUCATION?</p> <p>2 Vocational school (for at least 1 year)</p> <p>3 Junior high school (with or without degree)</p> <p>4 Senior high school (with or without degree), or higher</p> <p>NOTE: .....</p>

<p>Question 10</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>36-37</p>	<p>WHAT WAS YOUR FATHER'S (FOSTERFATHER'S) MAIN OCCUPATION OR EMPLOYMENT DURING YOUR UPBRINGING? Precise response.....</p> <p>Try to get detailed answer, not just some general category like worker or white collar worker. If farmer, ask if he had any other employment beside the farm and note this.</p>
<p>Question 11</p> <p>38 <input type="checkbox"/></p>	<p>TO WHICH OF THE FOLLOWING CATEGORIES WOULD YOU ASSIGN YOUR FATHER? <u>Present response card B</u></p> <ol style="list-style-type: none"> <li>1 Farmer with at least 20 acres arable land</li> <li>2 Farmer with less than 20 acres arable land</li> <li>3 Worker with auxiliary farm</li> <li>4 Skilled worker/craftsman (carpenter, bricklayer, mechanic etc)</li> <li>5 Other worker (labourer, farm hand, lumberer etc)</li> <li>6 Self-employed without employees</li> <li>7 Self-employed with employees</li> <li>8 Higher professional, administrative or managerial in public or private employment</li> <li>9 Other official, white collar</li> <li>10 Professional, self-employed, lawyer, physician, writer, etc.</li> </ol>
<p>Question 12 a</p> <p>39</p>	<p>WAS YOUR MOTHER (FOSTER MOTHER) A HOUSEWIFE DURING ALL OF YOUR UPBRINGING?</p> <ol style="list-style-type: none"> <li>1 Yes → Question 13</li> <li>6 Not relevant (mother dead or similar) → Question 13</li> <li>0 No</li> </ol>
<p>Question 12 b</p>	<p>WAS SHE EMPLOYED MOST OF THE TIME OR ONLY FOR SHORT PERIODS?</p> <ol style="list-style-type: none"> <li>1 Most of the time</li> <li>2 Short period(s)</li> </ol>
<p>Question 12 c</p> <p>(39) <input type="checkbox"/></p>	<p>WHAT TYPE OF WORK DID SHE DO?</p> <ol style="list-style-type: none"> <li>1 Manual work (manufacturing in industry, farming, cleaning or similar)</li> <li>3 White collar (clerk, shop assistant or similar)</li> </ol> <p>NOTE: .....</p>

<p>Question 13 a</p> <p>40</p>	<p>1 WAS ANY MEMBER OF YOUR IMMEDIATE FAMILY AFFLICTED WITH SERIOUS OR PROLONGED ILLNESS DURING YOUR UPBRINGING?</p> <p>0 No —————&gt; Question 14 a</p> <p>0 Yes</p> <p>NOTE:.....</p> <p>.....</p> <div data-bbox="1037 134 1468 280" style="border: 1px solid black; padding: 5px;"> <p>"Prolonged" means for at least one year. Note questionable cases.</p> </div>
<p>Question 13 b</p>	<p>WHICH MEMBER(S) OF YOUR FAMILY?</p> <p>2 Respondent</p> <p>3 Respondent's sister or brother</p> <p>4 Mother</p> <p>5 Father</p> <p>6 Respondent + sibling</p> <p>7 Father + mother</p> <p>8 R and/or sibling + father or mother</p> <p>9 R and/or sibling + father <u>and</u> mother</p> <p>0 Other, who .....</p>
<p>Question 14 a</p> <p>41</p>	<p>DID YOUR FAMILY HAVE SEVERE ECONOMIC DIFFICULTIES DURING YOUR UPBRINGING?</p> <p>1 Yes</p> <p>2 No</p>
<p>Question 14 b</p> <p>42</p>	<p>WAS THERE ANY SERIOUS DISSENSION IN YOUR FAMILY DURING YOUR UPBRINGING?</p> <p>1 Yes</p> <p>2 Hesitant</p> <p>3 No</p>
<p>Question 15</p> <p>43-44</p> <div data-bbox="191 1545 287 1612" style="border: 1px solid black; width: 60px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 10px;">□ □</span> </div>	<p>DO YOU HAVE BROTHERS/SISTERS?</p> <p>0 No —————&gt; Question 17</p> <p>0 Yes, how many? Include also those who have died as adults.</p> <p>..... siblings</p>



8.  
II. OWN FAMILY

<p>Question 17</p>	<p>ARE YOU</p> <p>1 Single → Question 25</p> <p>2 Divorced</p> <p>3 Widowed</p> <p>4 Married or living together → Question 18 b</p>
<p>Question 18 a</p> <p><input type="text"/> <input type="text"/></p> <p style="text-align: center;">51-52</p>	<p>WHEN WERE YOU WIDOWED/DIVORCED?</p> <p>19.....</p>
<p>Question 18 b</p> <p><input type="text"/> <input type="text"/></p> <p style="text-align: center;">53-54</p>	<p>WHEN WERE YOU MARRIED (FIRST TIME)?</p> <p>19.....</p>
<p>Question 19</p> <p>55</p>	<p>HOW MANY YEARS OF EDUCATION DOES/DID YOUR SPOUSE RECEIVE?</p> <p>1 Less than 5 years. Elementary school not completed</p> <p>2 5-7 years. Elementary school</p> <p>3 Elementary school (R cannot tell number of years)</p> <p>4 8-11 years. Junior high school or similar</p> <p>5 12 years or more. Matriculation degree</p>
<p>Question 20</p> <p><input type="text"/> <input type="text"/></p> <p style="text-align: center;">56-57</p>	<p>WHAT IS/WAS YOUR SPOUSE'S OCCUPATION OR EMPLOYMENT?</p> <p>Answer: .....</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>If R answers retired, note this and ask for earlier occupation. If R answers housewife note this and ask if she was ever employed and note her earlier occupation. If R answers student, ask for and note type of schooling.</p> </div>
<p>Question 21</p> <p>58 →</p> <p>59 <input type="checkbox"/></p> <p>60 <input type="checkbox"/></p> <p>61 <input type="checkbox"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Question 21-23 only to married. Widowed, divorced → Question 25</p> </div> <p>TO WHAT EXTENT WAS YOUR SPOUSE EMPLOYED DURING 1967?</p> <p>1 Full time, whole year → Question 24 (No illness, no unemployment, etc)</p> <p>2 Employed full time .... weeks during 1967</p> <p>3 Employed part time .....hours per week, .....weeks 1967</p> <p>4 No employment at all</p>



<p>Question 22</p> <p>62</p> <p>63 <input type="checkbox"/></p> <p>64 <input type="checkbox"/></p> <p>65 <input type="checkbox"/></p>	<p>WHAT WAS THE REASON THAT YOUR SPOUSE WAS NOT FULLY EMPLOYED DURING 1967?</p> <p>1 Studying</p> <p>2 Household work (housewife)</p> <p>3 Retired incl. early retirement</p> <p>4 Unemployed: looked for work, .....weeks 1967</p> <p>5 Illness, sicklisted .....weeks 1967</p> <p>6 Leave of absence for pregnancy or childbirth</p> <p>7 No local jobs available</p> <p>8 Other, specify .....</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 150px;">                 More than one alternative can be noted.             </div>
<p>Question 23</p> <p>Yes No</p> <p>66 1 2</p> <p>67 1 2</p> <p>68 1 2</p>	<p><u>On activities of the Labor Market Board</u></p> <p>HAS YOUR SPOUSE ATTENDED ANY RETRAINING COURSE DURING 1967?</p> <p>HAS YOUR SPOUSE WORKED ON ANY RELIEF WORK PROJECTS DURING 1967?</p> <p>HAS YOUR SPOUSE UNDERGONE VOCATIONAL REHABILITATION DURING 1967?</p>
<p>Question 24</p> <p>69</p>	<p>HAS YOUR SPOUSE HAD ANY CONTACT WITH THE LABOR EXCHANGE DURING 1967?</p> <p>1 Yes</p> <p>2 No</p>
<p>Question 25</p> <p>70-71 <input type="checkbox"/></p>	<p>HAVE YOU OR HAVE YOU EVER HAD ANY CHILDREN?</p> <p>0 No → Question 30</p> <p>Yes: HOW MANY? INCLUDE ALSO THOSE WHO HAVE DIED</p>
<p>Question 26 a</p> <p>72 <input type="checkbox"/></p> <p>73 <input type="checkbox"/></p> <p>74 <input type="checkbox"/></p> <p>75 <input type="checkbox"/></p> <p>76 <input type="checkbox"/></p> <p>1 2</p>	<p>HOW MANY LIVED AT HOME OR WERE MEMBERS OF THE HOUSEHOLD DURING MOST OF 1967?</p> <p>HOW MANY WERE BORN 1962 OR AFTER?</p> <p>HOW MANY WERE BORN 1952-1961?</p> <p>HOW MANY WERE BORN 1948-1951? (17-20 years of age)</p> <p>HOW MANY WERE BORN 1947 OR EARLIER? (21 years or older)</p>
<p>Question 26 b</p> <p>8 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p> <p>10-11 <input type="checkbox"/></p>	<p>HOW MANY OF THE CHILDREN LIVED ELSEWHERE OUTSIDE THE HOME DURING 1967?</p> <p>HOW MANY OF THESE ARE AGED 17 TO 20? BORN 1948-51</p> <p>HOW MANY OF THESE ARE ADULTS, AGED 21 OR OLDER? BORN 1947 OR EARLIER</p>

Question 27

HAVE YOU HAD ANY CHILDREN WHO ARE NOW DEAD?

0 No

Number of children who have died

12

Question 28

For those with adult children, 21 years or older.  
No questions about children who have died.

FOR YOUR ADULT CHILDREN. I WOULD LIKE TO KNOW SEX, YEAR OF BIRTH, EDUCATION AND OCCUPATION.

WE SHALL BEGIN WITH THE OLDEST CHILD.

- a) IS IT A SON OR A DAUGHTER?
- b) WHAT YEAR WAS HE/SHE BORN?
- c) DID HE/SHE HAVE ANY EDUCATION ABOVE ELEMENTARY SCHOOL?

If yes, ask if it was trade school, junior high school or similar or senior high school or similar.

Code:

- 1 = Elementary school only
- 2 = Vocational school, junior high or similar
- 3 = Senior high, similar or higher

- d) WHAT IS HIS/HER OCCUPATION OR EMPLOYMENT?

If housewife, ask for husband's occupation. Mark (x) in the column if occupation is husbands.

If student, note type of school.

13

14

15

16

17

Child no	Sex		Year of birth	Schooling			Employment Occupation	(x) for husband	(x) for not met
	M	F		1	2	3			
1	1	2		1	2	3			
2	1	2		1	2	3			
3	1	2		1	2	3			
4	1	2		1	2	3			
5	1	2		1	2	3			
6	1	2		1	2	3			
7	1	2		1	2	3			
8	1	2		1	2	3			
9	1	2		1	2	3			
10	1	2		1	2	3			

When you have asked questions a to d for all adult children and noted answers in the table for each one, ask:

ARE THERE ANY OF THE ADULT SONS/DAUGHTERS WHOM YOU HAVE NOT MET (visited or been visited by) DURING THE LAST YEAR?

Mark an (x) in the last column for the children that R has not seen.

Question 29

For R with children born 1948-51 (Age 17-20)

DO ANY OF YOUR CHILDREN BORN BETWEEN 1948 - 1951  
ATTEND A HIGH SCHOOL OF ANY TYPE (general;  
technical, commercial)

0 No

18

Number of children age 17-20 who attend senior  
high school

DO ANY OF YOUR CHILDREN BORN BETWEEN 1948 - 1951  
ATTEND A VOCATIONAL TRAINING SCHOOL?

0 No

19

Number of children age 17-20 who attend vocational  
school

III. HOUSING SECTION

If interviewee lives in an old age home, hospital or other institution and has no other dwelling, note this on the line and skip this section.

NOTE:.....

Question 30	HOW MANY DWELLING UNITS ARE THERE IN YOUR BUILDING? (all staircases included)		
20	1	Single family dwelling	
	2	Duplex	
	3	3-10 apartments	
	4	11 or more apartments	
Question 31	HOW MANY ROOMS (EXCLUDING KITCHEN) ARE IN YOUR DWELLING?		
21	<input type="text" value="1"/>	Number of rooms	
Question 32	WHAT KIND OF KITCHEN OR COOKING ARRANGEMENT DO YOU HAVE?		
22	1	Large kitchen, farm kitchen	
	2	Kitchen with eating place	
	3	Kitchen without eating place	
	4	Other cooking arrangements	
	5	No cooking arrangements	
Question 33	WHICH OF THE FOLLOWING AMENITIES DO YOU HAVE ACCESS TO IN YOUR HOUSE?		
	Yes	No	
23	1	2	Cold water
24	1	2	Hot water
25	1	2	Drain
26	1	2	Shower and/or fixed bath
27	1	2	Lavatory
28	1	2	Central heating
29	1	2	Modern range (electric or gas)
30	1	2	Refrigerator
31	1	2	Washing machine (or shared laundry in apartment house)
32	1	2	Freezer (also share in central freezer)
33	1	2	Dish washer
Question 34	IN YOUR DWELLING, DO YOU HAVE ACCESS TO		
34	1	2	Telephone
35	1	2	Radio
36	1	2	TV
37	1	2	At least one daily newspaper

Question 35 a  38	IN YOUR DWELLING, DO YOU HAVE ACCESS TO AT LEAST TWO METERS OF BOOKS, REFERENCE BOOKS EXCLUDED?  1 No → Question 36 0 Yes
Question 35 b	DO YOU HAVE AT LEAST FIVE METERS OF BOOKS, REFERENCE WORKS EXCLUDED?  2 No 3 Yes
Question 36 a  39	HOW MANY PERSONS INCLUDING YOURSELF LIVE IN YOUR DWELLING AT PRESENT?  1 R alone → Question 38 0 Number of persons .....
Question 36 b  40 <input type="checkbox"/>	DO YOU HAVE A ROOM IN WHICH YOU CAN BE UNDISTURBED IF YOU WISH?  2 Yes 3 No
Question 37 a  41	DO YOU HAVE YOUR OWN BEDROOM?  1 Yes → Question 38 0 No
Question 37 b  42 <input type="checkbox"/>	HOW MANY PEOPLE, INCLUDING YOURSELF, SLEEP IN THE SAME ROOM AS YOURSELF?  Persons
Question 38 a  43	CAN YOU SLEEP UNDISTURBED THE WHOLE NIGHT WITHOUT BEING WAKENED BY STREET NOISE, NEIGHBORS, CHILDREN OR OTHER?  1 Yes 2 No
Question 38 b  44	CAN YOU WATCH TELEVISION (OR LISTEN TO THE RADIO) UNDISTURBED IF YOU WANT TO AT NIGHT?  1 Yes 2 No
Question 39 a	WHO IS RESPONSIBLE FOR THE DWELLING YOU ARE LIVING IN?  1 Self → Question 40 2 Self + spouse → Question 40 3 Spouse etc. → Question 40 4 Parents 5 Children 6 Parents-in-law/son-in-law/daughter-in-law 7 Sister/brother 8 Other close relative 9 Other
Question 39 b  50-52 <input type="checkbox"/>	DO YOU YOURSELF PAY ANYTHING FOR THE DWELLING?  1 No → Question 44 2 Yes, HOW MUCH PER MONTH? .....\$ crowns → Question 44 NOTE: .....

<p>Question 40 a</p> <p>45</p>	<p>DO YOU OWN YOUR HOUSE, OR YOUR APARTMENT, OR DO YOU RENT YOUR DWELLING?</p> <p>1 Own house → Question 41</p> <p>2 Share in coop apartment house → Question 41</p> <p>0 Rent dwelling</p>
<p>Question 40 b</p>	<p>WHAT TYPE OF LEASE DO YOU HAVE?</p> <p>3 Primary lease, written contract</p> <p>4 Job related residence, company dwelling</p> <p>5 Sub-lease contract</p> <p>6 No contract</p> <p>7 Other, specify .....</p>
<p>Question 41</p> <p><input type="text"/> <input type="text"/></p> <p>46-47</p>	<p>WHEN DID YOU MOVE TO YOUR PRESENT DWELLING?</p> <p>Year ..... If before 1953 → Question 43</p>
<p>Question 42</p> <p><input type="text"/> <input type="text"/></p> <p>48-49</p>	<p>DID YOU HAVE TO PAY ANYTHING ON THE BLACK MARKET OR UNDER THE TABLE FOR YOUR DWELLING?</p> <p>1 No</p> <p>2 Yes, HOW MUCH? ..... crowns</p>
<p>Question 43</p> <p>50-52</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>WHAT IS THE COST OF YOUR DWELLING PER MONTH?</p> <p>Total including water, utilities, etc ..... crowns</p> <p><b>If R cannot say, give a summary figure ± 100 crowns</b></p> <p>Rent ..... crowns      Interest ..... crowns</p> <p>Fuel ..... crowns      Amort ..... crowns</p> <p>Utilities ..... crowns      Other ..... crowns</p> <p>Repairs, maintenance, insurance ..... crowns</p> <p>NOTE: .....</p>
<p>Question 44 a</p> <p>53</p>	<p>ARE YOU LOOKING FOR ANOTHER DWELLING?</p> <p>1 Yes</p> <p>2 No</p>
<p>Question 44 b</p> <p>54</p>	<p>ARE YOU PRESENTLY ON ONE OF THE FOLLOWING WAITING LISTS?</p> <p>1 No, not on a waiting list</p> <p>2 Yes, county list</p> <p>3 Yes, co-op list</p> <p>4 Yes, private builder</p> <p>5 Yes, other</p> <p>6 Yes, several of the above</p> <p><b>If R is on several lists, circle <u>only</u> alternative 6</b></p>

IV. HEALTH SECTION

WE BEGIN WITH SOME SIMPLE QUESTIONS ON CAPACITY TO MOVE AND GENERAL CONDITION

Question 45			
	Yes	No	
55	1	2	a) CAN YOU WALK BRISKLY 100 METERS WITHOUT TROUBLE?
56	1	2	b) CAN YOU RUN 100 METERS WITHOUT MAJOR TROUBLE?
57	1	2	c) CAN YOU WALK IN STAIRS WITHOUT TROUBLE?
Question 46			THE FOLLOWING QUESTIONS REFER TO HOW YOU HAVE FELT DURING <u>THE LAST 14 DAYS</u>
58	1	2	a) HAVE YOU OFTEN FELT TIRED <u>DURING THE LAST 14 DAYS?</u>
59	1	2	b) HAVE YOU FOUND IT DIFFICULT TO GET STARTED IN THE MORNING?
60	1	2	c) HAVE YOU FELT MARKEDLY TIRED DURING THE DAY?
61	1	2	d) HAVE YOU FELT DEAD TIRED IN THE EVENING?
Question 47			HAVE YOU USED ANY OF THE FOLLOWING TABLETS OR MEDICINES <u>DURING THE LAST 14 DAYS?</u>
62	1	2	<u>VITAMINS</u> IN TABLET OR LIQUID FORM (TONICS)?
63	1	2	<u>IRON MEDICINE</u>
64	1	2	<u>LAXATIVE</u>
65	1	2	<u>PAINRELIEVER</u> (MAGNECYL, ALBYL, BAMYL, DISPRIL ETC)
66	1	2	<u>TRANQUILLIZERS</u> (MEPROBAN, VALIUM, LIBRIUM)
67	1	2	<u>SLEEPING PILL</u>
68	1	2	Women below age 50: <u>CONTRACEPTIVE PILL</u>
Question 48 a			HAVE YOU TAKEN ANY OTHER MEDICINE <u>DURING THE LAST 14 DAYS?</u>
69	1		No $\longrightarrow$ Question 49
	2		Yes
Question 48 b			WHAT WAS IT CALLED?
			.....
			.....
Question 48 c			<u>If respondent does not know:</u>
			FOR WHAT AILMENT DID YOU TAKE THE MEDICINE?
			.....
			.....

70-72

1  3

Question 49

HAVE YOU HAD ANY OF THE FOLLOWING ILLNESSES OR AILMENTS DURING THE LAST TWELVE MONTHS?


THIS IS A LIST OF THE MOST COMMON ILLNESSES AND AILMENTS DRAWN UP BY MEDICAL EXPERTS

Read the list to R and code his answer to each item or let R read himself and code his answer. If R goes too fast or skips parts, go back to reading the list to him one by one.

	S e r i o u s			
	N o m e s			
8	1	2	3	1. Headache, migrain
9	1	2	3	2. Colds, influenza
10	1	2	3	3. Poor vision, not helped by glasses
11	1	2	3	4. Poor hearing
12	1	2	3	5. Aches or pain in breast, chestache
13	1	2	3	6. Bronchial catarrh/asthma
14	1	2	3	7. Struma (goiter)
15	1	2	3	8. Tuberculosis (all types)
16	1	2	3	9. Ache in shoulders
17	1	2	3	10. Heart attack
18	1	2	3	11. Weak heart
19	1	2	3	12. High blood pressure
20	1	2	3	13. Ache in stomach
21	1	2	3	14. Gastric ulcer
22	1	2	3	15. Ache in back or hips, ischias
23	1	2	3	16. Gall trouble, gall stones
24	1	2	3	17. Kidney trouble, kidney stones
25	1	2	3	18. Piles
26	1	2	3	19. Cystitis, urination trouble, prostata
27	1	2	3	20. Menstrual trouble
28	1	2	3	21. Hypogastrium trouble (leucorrhoea, pains, uterus etc)
29	1	2	3	22. Pregnancy, pregnancy trouble
30	1	2	3	23. Inguinal hernia
31	1	2	3	24. Varicose veins, leg sores
32	1	2	3	25. Leg swelling
33	1	2	3	26. Aches in joints, hands, elbows, knees
34	1	2	3	27. General tiredness
35	1	2	3	28. Sleeping problems
36	1	2	3	29. Nervous problems, anxiety
37	1	2	3	30. Depression
38	1	2	3	31. Mental illness
39	1	2	3	32. Blood swelling
40	1	2	3	33. Cough
41	1	2	3	34. Difficulty in breathing
42	1	2	3	35. Dizziness
43	1	2	3	36. Indisposition
44	1	2	3	37. Loss of weight
45	1	2	3	38. Vomiting
46	1	2	3	39. Diarrhea
47	1	2	3	40. Constipation
48	1	2	3	41. Overstrain
49	1	2	3	42. Eczema
50	1	2	3	43. Cancer
51	1	2	3	44. Anemia
52	1	2	3	45. Diabetes
53	1	2	3	46. Overweight
54	1	2	3	47. Organic nerve disease (CP, MS, Polio etc.)



<p>Question 50</p> <p>No    Some    Seri- ous</p> <p>1       2       3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>56-57</p>	<p>HAVE YOU HAD ANY OTHER ILLNESS OR SYMPTOM WHICH WAS NOT INCLUDED ON THE LIST?</p> <p>If yes: WHAT?.....</p> <p>NOTE:.....</p>
<p>Question 51</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>58-59</p>	<p>HAVE YOU BEEN CONFINED TO BED BECAUSE OF ILLNESS AT ANY TIME DURING THE LAST TWELVE MONTHS?</p> <p>1 No</p> <p>2 Yes, HOW MANY WEEKS? (Completely or almost completely confined to bed)</p> <p>Answer: ..... weeks</p>
<p>Question 52</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>60-61</p>	<p>HAVE YOU BEEN SICK-LISTED AT ANY TIME DURING THE LAST 12 MONTHS?</p> <p>1 No</p> <p>2 Yes, HOW MANY WEEKS? Answer:.....weeks</p>
<p>Question 53 a</p> <p>62</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>63-64</p>	<p>HAVE YOU BEEN LODGED WITH A HOSPITAL OR OTHER CARE-INSTITUTION AT ANY TIME DURING THE LAST 12 MONTHS?</p> <p>0 No → Question 54</p> <p>1 Surgical ward or clinic</p> <p>2 Medical ward or clinic</p> <p>3 Maternity ward, gynaecological ward or women's clinic</p> <p>4 Other ward in a somatic hospital</p> <p>5 Psychiatric clinic, mental hospital</p> <p>6 Hospital for long term care, care home</p> <p>7 Old age home or similar</p> <p>8 Convalescent home</p> <p>9 Other care institution, WHICH? .....</p>
<p>Question 53 b</p>	<p>FOR HOW MANY WEEKS? Answer:..... weeks</p>
<p>Question 54 a</p>	<p>HAVE YOU AT ANY TIME IN YOUR LIFE BEEN OPERATED ON FOR ANYTHING?</p> <p>0 No → Question 55</p> <p>1 Yes</p>
<p>Question 54 b</p> <p>65-66</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>WHAT HAVE YOU BEEN OPERATED ON FOR?</p> <p>1 Tonsils</p> <p>2 Ulcer</p> <p>3 Gall, gall bladder</p> <p>4 Prostata</p> <p>5 Inguinal hernia</p> <p>6 Appendicitis</p> <p>7 Varicose veins</p> <p>8 Other, WHAT? .....</p>

Question 55 a	HAVE YOU AT ANY TIME DURING THE LAST 12 MONTHS BEEN TO A DOCTOR FOR OWN ILLNESS OR SYMPTOM? 0 No → Question 56 0 Yes	Visit to get a health certificate for a driver's license or similar not included. Contacts with a doctor during a hospital stay not included.
Question 55 b  67-68 	APPROXIMATELY HOW MANY TIMES HAVE YOU VISITED A DOCTOR OR SPOKEN WITH A DOCTOR DURING THE LAST 12 MONTHS?  Number of times	
Question 56  69	HAVE YOU AT ANY TIME DURING THE LAST 12 MONTHS VISITED OR BEEN VISITED BY A DISTRICT NURSE, CITY NURSE, SCHOOL NURSE, ETC?  1 No 2 Yes	
Question 57  70	HAVE YOU HAD COUNTY ASSISTANCE AT HOME (HOME CARE PERSON, ETC)?  1 Yes → Question 60 2 No	
Question 58  71	HAVE YOU <u>AT ANY TIME</u> RESIDED AT A MENTAL HOSPITAL OR PSYCHIATRIC CLINIC?  1 Yes → Question 60 2 No	
Question 59  72	HAVE YOU AT ANY TIME VISITED OR BEEN EXAMINED BY A PSYCHIATRIST FOR NERVOUS DIFFICULTIES OR OTHER REASONS?  1 No → Question 61 2 Yes	
Question 60  73	HAVE YOU VISITED OR BEEN EXAMINED BY A PSYCHIATRIST AT ANY TIME DURING THE LAST TWELVE MONTHS?  1 No 2 Yes	
Question 61 a  74	HAVE YOU VISITED ANY DENTIST DURING THE LAST 12 MONTHS?  1 No → Question 62 2 Yes	
Question 61 b  75	DID YOU VISIT THE NATIONAL DENTAL SERVICE OR A PRIVATE DENTIST?  1 National dental service 2 Private dental service 3 National and private dental services	
Question 62  76	DO YOU VISIT A DENTIST <u>REGULARLY</u> , WITH ONE YEAR OR LESS BETWEEN VISITS?  1 Yes 2 No	

<p>Question 63</p> <p>77</p>	<p>WHICH OF THE FOLLOWING BEST DESCRIBES THE CONDITION OF YOUR TEETH?</p> <p>1 Own teeth in good condition → Question 65</p> <p>2 Own teeth: many fillings, bridges etc → Q. 65</p> <p>3 Own teeth in bad condition, many missing etc → Q. 65</p> <p>4 Denture in one jaw</p> <p>5 Denture in both jaws</p> <p>6 No teeth or just rest of teeth → Question 65</p>
<p>Question 64</p> <p>78</p> <p>1 <input type="checkbox"/> 4</p>	<p>DO YOUR DENTURES WORK WELL OR DO YOU HAVE DIFFICULTY WITH THEM?</p> <p>1 Dentures work well</p> <p>2 Dentures do not work well</p>
<p>Question 65</p> <p>8 Yes No</p> <p>9 1 2</p> <p>10 1 2</p> <p>11 1 2</p> <p>12 1 2</p> <p>13 1 2</p> <p>14 1 2</p>	<p>HAVE YOU HAD ANY WORRIES OR PROBLEMS WITH ANY OF THOSE NEAREST TO YOU DURING THE LAST YEAR?</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Respondent defines "those nearest". Usually the same as family but not necessarily the same as family.</p> <p>If R says "I have no nearest" or similar, do not ask the following items. Mark (x) in the box down below in such a case.</p> </div> <p>HAVE ANY OF THOSE NEAREST TO YOU BEEN UNEMPLOYED DURING THE LAST 12 MONTHS?</p> <p>HAS ANYONE IN THE SAME HOUSEHOLD HAD A LONGTERM, BODILY ILLNESS?</p> <p>HAS ANY OTHER NEAR RELATIVE HAD A LONGTERM, BODILY ILLNESS?</p> <p>HAS ANY OF YOUR NEAREST A LONGTERM, MENTAL ILLNESS?</p> <p>DO ANY OF YOUR NEAREST DRINK ALCOHOL ALMOST EVERY DAY?</p> <p>HAS THERE BEEN FRICTION, CONFLICT, OR HOSTILITY (ENMITY) AMONG YOUR NEAREST DURING THE LAST YEAR?</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>R says "no nearest" <input type="checkbox"/></p> </div> <p>NOTES: .....</p> <p>.....</p> <p>.....</p>

V. DIET SECTION

NEXT SET OF QUESTIONS DEAL WITH WHAT YOU HAVE EATEN DURING THE LAST THREE DAYS: YESTERDAY" DAY BEFORE AND DAY BEFORE THAT.

Note the date on response card A

Question 66 a

HOW MANY MEALS OF PREPARED FOOD HAVE YOU EATEN?

Number of prepared meals:			
0	1	2	3 or more

- a) YESTERDAY .....
- b) DAY BEFORE.....
- c) DAY BEFORE THAT .....

Difficult to define prepared meal. A prepared meal should contain something cooked or boiled (but not just coffee or the) and be eaten with knife and fork or spoon.

Question 66 b

DID YOU ON ANY OF THESE DAYS BESIDES THOSE PREPARED MEALS HAVE SOME REGULAR MORNING MEAL, WHICH INCLUDED AT LEAST AN OPEN SANDWICH OR EQUIVALENT?

Yes	No	Mark NO, if interviewee included breakfast among prepared meals.

- a) YESTERDAY?.....
- b) DAY BEFORE?.....
- c) DAY BEFORE THAT?.....

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Question 67 a

DID YOU DRINK MILK OR SOURED MILK DURING ANY OF THESE THREE DAYS?

- 1 No → Question 68
- 2 Yes

Question 67 b

ABOUT HOW MANY GLASSES OF MILK/SOURED MILK DID YOU DRINK?

Number of glasses of milk/soured milk			
0	1	2	3 or more

- a) YESTERDAY? .....
- b) DAY BEFORE? .....
- c) DAY BEFORE THAT? .....

16

Question 68 a

DID YOU EAT CHEESE (at least two slices or more) ANY OF THESE THREE DAYS?

1 No → Question 69

2 Yes

Question 68 b

ON WHICH DAYS DID YOU EAT CHEESE? (two slices or more)

17

a) YESTERDAY? .....

b) DAY BEFORE? .....

c) DAY BEFORE THAT? .....

Yes	No

Question 69 a

DID YOU EAT HARD OR SOFT BREAD ON ANY OF THESE DAYS?

1 No → Question 70

2 Yes

Question 69 b

HOW MANY SLICES OF BREAD DID YOU EAT?

18

a) YESTERDAY? .....

b) DAY BEFORE? .....

c) DAY BEFORE THAT? .....

Number of slices of bread			
0	1	2	3 or more

Question 70 a

DID YOU EAT PORRIDGE OR FLAKES DURING THE LAST THREE DAYS?

1 No → Question 71

2 Yes

Question 70 b

ON WHICH OF THESE DAYS?

a) YESTERDAY? .....

b) DAY BEFORE? .....

c) DAY BEFORE THAT? .....

Yes	No

Question 71 a

DID YOU EAT ANY OF THE FOLLOWING ON THESE DAYS?

	No	Yester-day	Day before	Day before that
a) ORANGES, ROSE HIP SOUP, GRAPEFRUIT OR JUICE? .....				
b) CARROTS, SPINACH, KALE OR SWEET PEPPERS? .....				
c) OTHER GREEN VEGETABLES AND FRUITS (apples, bananas, grapes, tomatoes, lettuce, pickles, etc.)				

Question 71 b

DID YOU EAT POTATOES ONCE OR TWICE ON THESE DAYS?

	No	Once (one meal)	Twice (2 or more meals)
a) YESTERDAY? .....			
b) DAY BEFORE? .....			
c) DAY BEFORE THAT? ...			

19

Question 72

ON ANY OF THE LAST THREE DAYS DID YOU EAT ONE OR TWO MEALS WITH ANY OF THE FOLLOWING?

Circle 0 if R had none of this type of food

Circle 1 if R had one meal containing this type of food

Circle 2 if R had two meals containing this type of food

	Yester-day	Day before	Day before that
a) MEAT OF ALL TYPES, INCL. PORK (except bacon, hotdogs, sausages).....	0 1 2	0 1 2	0 1 2
b) INNER PARTS OF ANIMAL (liver kidneys, heart etc).....	0 1 2	0 1 2	0 1 2
c) FISH .....	0 1 2	0 1 2	0 1 2
d) EGGS .....	0 1 2	0 1 2	0 1 2

20

<p>Question 73</p> <p>21 <input type="checkbox"/></p>	<p>ON ANY OF THESE DAYS DID YOU EAT</p> <table border="1" data-bbox="1016 174 1403 407"> <thead> <tr> <th>Yester- day</th> <th>Day be- fore</th> <th>Day be- fore that</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>a) PASTRY, BISCUITS, COOKIES, etc.</p> <p>b) SWEETS WORTH MORE THAN 20 CENTS</p>	Yester- day	Day be- fore	Day be- fore that						
Yester- day	Day be- fore	Day be- fore that								
<p>Question 74</p> <p>22</p>	<p>DO YOU AVOID RICH/FATTY FOODS?</p> <p>1 Yes</p> <p>2 No</p>									
<p>Question 75</p>	<p>DO YOU SMOKE?</p> <p>1 1 No → Question 77</p> <p>2 Yes</p>									
<p>Question 76</p> <p>23 <input type="checkbox"/></p>	<p>DO YOU SMOKE CIGARETTES, PIPE OR CIGARS?</p> <p>1 Cigarettes, HOW MANY CIGARETTES PER DAY? ..... cigarettes per day</p> <p>2 Pipe, ABOUT HOW MANY REFILLS PER DAY? .....number of refills per day</p> <p>3 Cigars, HOW MANY PER DAY?.....cigars</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>We ask for number of refills to be able to compare with cigarette consumption. Rough approximation must be accepted. Cigarillos are counted as cigars.</p> </div>									
<p>Question 77 a</p> <p>24</p>	<p>DO YOU EVER USE ALCOHOLIC BEVERAGES (INCL. WINE)?</p> <p>1 No → Question 78</p> <p>0 Yes</p>									
<p>Question 77 b</p> <p>25</p>	<p>HOW OFTEN DO YOU USUALLY DRINK ALCOHOLIC BEVERAGES?</p> <p>2 Once a month or less</p> <p>3 2-4 times per month</p> <p>4 5-10 times per month</p> <p>5 Over 10 times per month</p>									

VI. EMPLOYMENT

THE NEXT SECTION DEALS WITH EMPLOYMENT AND WORKING CONDITIONS

Question 78

WHICH OF THE FOLLOWING CATEGORIES ARE RELEVANT IN A DESCRIPTION OF YOUR EMPLOYMENT CIRCUMSTANCES, FIRST LAST WEEK AND SECOND DURING THE CALENDAR YEAR 1967?

Present response card F

First go through the whole list and mark (x) for alternatives relevant last week and/or some time during 1967. Then for each relevant alternative ask the questions below and fill out the columns.

- a) HOW MANY WEEKS DURING THE CALENDAR YEAR?
- b) HOW MANY HOURS ON THE AVERAGE PER WEEK? (Only for items A-B, E-I and P)

26-27	<input type="checkbox"/>	<input type="checkbox"/>
27-28	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	
30	<input type="checkbox"/>	
31-32	<input type="checkbox"/>	<input type="checkbox"/>
33-34	<input type="checkbox"/>	<input type="checkbox"/>
35-36	<input type="checkbox"/>	<input type="checkbox"/>
37-38	<input type="checkbox"/>	<input type="checkbox"/>
39-40	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	
42	<input type="checkbox"/>	
43	<input type="checkbox"/>	
44	<input type="checkbox"/>	
45	<input type="checkbox"/>	
46	<input type="checkbox"/>	
47	<input type="checkbox"/>	
48	<input type="checkbox"/>	

Relevant for R						
During 1967						
N	Last	Y	No.	Hours	If (x) for	
o	week	e	of	per	last week	
(x)	(x)	s	weeks)	per	ask questions	
		(x)		weeks)		
					-> 79-107	A
					-> 79-107	B
					-> 123-135	C
					-> 123-135	D
					-> 96-113	E
					-> 96-113	F
					-> 96-107	G
					-> 111-119	G
					-> 96-107	H
					-> 114-119	H
					-> 96-107	I
					-> 114-119	I
					-> 136-142	J
					-> 143-145	K
					-> 79-107	L
					-> 155	M
					-> 146-149	N
					-> 155	O
					-> 150-154	P
					-> 155	Q

- A. EMPLOYED FULLTIME, INCL. PAID VACATION .....
- B. EMPLOYED PART-TIME, INCL. PAID VACATION .....
- C. DO THE HOUSEKEEPING (NOT AS EMPLOYEE) .....
- D. ASSIST IN HOUSE-KEEPING AT LEAST ONE HOUR A DAY (NOT AS EMPLOYEE) .....
- E. RUN A FARM .....
- F. ASSIST IN A FAMILY FARM AT LEAST ONE HOUR A DAY .....
- G. WORK IN OWN OR PARTIALLY OWNED BUSINESS .....
- H. ASSIST IN A FAMILY BUSINESS AT LEAST ONE HOUR A DAY....
- I. SELF-EMPLOYED, FREE AGENT-FREE PROFESSIONAL .....
- J. UNEMPLOYED/LAID OFF .....
- K. HAS NOT SOUGHT WORK DUE TO LACK OF SUITABLE EMPLOYMENT IN AREA .....
- L. OFF DUTY, LEAVE OF ABSENCE.
- M. HAS BEEN ILL .....
- N. IS ON PENSION, RETIRED.....
- O. PERFORMING MILITARY SERVICE
- P. STUDENT (INCLUDING ADULT EDUCATION AND RETRAINING)..
- Q. OTHER, NAMELY .....



	<p>If R was an employee last week (A or B in question 78) ask questions 79-107. Ask these questions even if R was on paid vacation or on a leave of absence or absent because of illness last week.</p> <p>If R had more than one employment last week let R decide which was the main employment and let answers be concerned with that main job.</p>
<p>Question 79 a</p>	<p>WHERE DID YOU WORK LAST WEEK?</p> <p>.....</p> <p>(Name, address)</p>
<p>Question 79 b</p> <p>49-50</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>WHAT SORT OF PRODUCTION/ACTIVITY OCCURS WHERE YOU WORK?</p> <p>.....</p>
<p>Question 80 a</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>51-52</p>	<p>HOW LONG HAVE YOU BEEN EMPLOYED BY THAT COMPANY?</p> <p>Employed year 19... If before 1967 → Question 81</p>
<p>Question 80 b</p> <p>53 <input type="checkbox"/></p>	<p>HOW MANY EMPLOYMENTS HAVE YOU HAD 67-68?</p> <p>Answer .....</p>
<p>Question 81</p> <p>54</p>	<p>HOW PERMANENT DO YOU FEEL THAT YOUR PRESENT EMPLOYMENT IS?</p> <p>1 Feels it is permanent employment</p> <p>2 Expects to leave job of own accord within the near future, otherwise it could be permanent employment</p> <p>3 Expects to be fired or laid off but does not know the date</p> <p>4 Date is determined when the employment will terminate</p> <p>5 Summer employment for students</p> <p>6 Other, WHAT? .....</p>
<p>Question 82</p> <p>55-56</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>WHAT IS THE POST/POSITION YOU HAVE AT THE WORK-PLACE CALLED?</p> <p>Answer:.....</p> <p>Description:.....</p>
<p>Question 83 a</p> <p>57</p>	<p>DO YOU HAVE ANY SUPERVISORY FUNCTIONS?</p> <p>1 No → Question 84 a</p> <p>0 Yes</p>
<p>Question 83 b</p>	<p>HOW MANY PERSONS WORK UNDER YOU? (SUBORDINATES)</p> <p>2 1 - 5 persons</p> <p>3 6 - 10 persons</p> <p>4 11 - 30 persons</p> <p>5 31 -100 persons</p> <p>6 More than 100 persons</p> <p>7 NOTE: .....</p>

Question 84 a DO MOST PEOPLE IN YOUR TYPE OF JOB HAVE EDUCATION OVER ELEMENTARY SCHOOL?

58 0 No → Question 86

1 Yes

Question 84 b HOW MANY YEARS BEYOND ELEMENTARY SCHOOL WOULD YOU ESTIMATE?

(58)

Number of years above 7-year elementary school

Question 85 DO PEOPLE IN YOUR TYPE OF JOB HAVE ANY DIPLOMA, CERTIFICATE, EXAMINATION ETC.?

59 1 No

0 Yes, WHICH? .....

Question 86 NEXT QUESTION IS ABOUT YOUR WORKING HOURS LAST WEEK? WE WILL GO THROUGH THE WEEK DAY BY DAY.

**Present response card G**

Questions below should be used at least for the hours of the first day so that you are sure that R has correctly understood what information is asked for.

1

- a) WHAT TIME DID YOU COME TO WORK ON MONDAY? (Tuesday, wednesday...?)
- b) WHAT TIME DID YOU LEAVE WORK ON MONDAY? (tuesday...)
- c) HOW MANY MINUTES OF TIME AT WORK WERE BREAKS? (sum of lunch-break, coffebreak etc)
- d) WAS ANY OF THE TIME THAT DAY OVERTIME? HOW MANY HOURS?
- e) HOW MUCH TIME DID IT TAKE TO TRAVEL TO AND FROM WORK? (TRAVEL TIME THERE AND BACK)
- f) DID YOU HAVE ANY PREPARATORY WORK OR NIGHTWORK AT HOME? HOW MANY HOURS?
- g) DID YOU HAVE IN ADDITION ANY EXTRAJOB (MOON-LIGHTING) HOW MANY HOURS?

8-10			
11-13			
14			
15-17			
18-20			
21-22			
23-24			
25-26			

	To-from job	Breaks Minutes	Overtime Hours	Travel time Minutes	Preparatory work at home. Hours	Extra job Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Check (x) if R did not work at all that week

NOTES:.....

<p>Question 87 27-28 <input type="checkbox"/> <input type="checkbox"/></p>	<p>HOW MANY HOURS IS YOUR REGULAR ORDINARY WORK WEEK? Hours:..... NOTE:.....</p>
<p>Question 88 a  29</p>	<p>THE TABLE OF LAST WEEKS HOURS WILL BE USED TO DETERMINE YOUR <b>TOTAL</b> WORK TIME, WHEN OVERTIME, TRAVEL-TIME, EXTRAJOBS ETC ARE INCLUDED. WAS LAST WEEK A NORMAL ONE? WAS LAST WEEK SIMILAR TO MOST OTHERS OR WAS IT DIFFERENT? 1 Last week like other weeks → Question 89 2 Last week not like other weeks</p>
<p>Question 88 b  30 <input type="checkbox"/>  31 <input type="checkbox"/></p>	<p>IN WHAT WAY WAS LAST WEEK DIFFERENT FROM OTHER WEEKS? 1 Total time last week shorter than normal Number of hours that should be added..... Reason:..... 2 Total time last week longer than normal Number of hours that should be subtracted..... Reason:.....</p>
<p>Question 89 Yes No 32 1 2 33 1 2 34 1 2 35 1 2 36 1 2 37 1 2</p>	<p>a) IS PUNCTUALITY VERY MUCH DEMANDED AT YOUR JOB? b) IS THERE A TIME CLOCK YOU MUST USE? c) CAN YOU RECEIVE AT LEAST ONE PRIVATE TELEPHONE CALL DURING ORDINARY WORKTIME? d) CAN YOU PLACE AT LEAST ONE PRIVATE TELEPHONE CALL DURING ORDINARY WORKTIME? e) IF YOU NEED TO GO ON A PRIVATE ERRAND, CAN YOU LEAVE THE WORK PLACE FOR ABOUT A HALFHOUR WITHOUT INFORMING YOUR SUPERVISOR? f) CAN YOU RECEIVE A PRIVATE VISITOR AT YOUR WORK-PLACE, SAY FOR TEN MINUTES DURING ORDINARY WORKTIME? NOTE:.....</p>

<p>Question 90</p> <p>Yes No Don't know</p> <p>38 1 2 3</p> <p>39 1 2 3</p> <p>40 1 2 3</p> <p>41 1 2 3</p> <p>42 1 2 3</p> <p>43 1 2 3</p> <p>44 1 2 3</p> <p>45 1 2 3</p> <p>46 1 2 3</p>	<p>DO YOU RECEIVE ANY OF THE FOLLOWING FRINGE BENEFITS WHERE YOU WERE EMPLOYED LAST WEEK?</p> <p><b>Present response card H</b></p> <p>a) SICKPAYMENT IN ADDITION TO NATIONAL BENEFITS</p> <p>b) PENSION OVER ATP (THE NATIONAL INSURANCE PLAN)</p> <p>c) VACATION IN ADDITION TO THE LEGAL 4 WEEKS</p> <p>d) COFFEE, ETC AT A REDUCED PRICE OR FREE</p> <p>e) LUNCH, OR THE LIKE, AT A REDUCED PRICE OR FREE</p> <p>f) PURCHASE OF MERCHANDISE AT A REDUCED PRICE</p> <p>g) RIGHT TO USE A COMPANY CAR AFTER HOURS</p> <p>h) RIGHT TO AT LEAST ONE MONTH'S NOTICE BY EMPLOYER</p> <p>i) RIGHT TO LONG-TERM SICK LEAVE, FOR EXAMPLE THREE MONTHS WITHOUT LOSS OF JOB</p> <p>NOTES: .....</p>
<p>Question 91 a</p> <p>47-48</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>DID YOU HAVE ANY VACATION FROM YOUR NORMAL EMPLOYMENT DURING 1967?</p> <p>1 No → Question 92</p> <p>2 Yes, TOTAL DAYS .....days</p> <p><b>OBS! Sundays are not counted. Legal 4-week vacation is thus 24 days</b></p>
<p>Question 91 b</p>	<p>DID YOU DO EXTRA WORK DURING ANY PART OF YOUR VACATION OR FOR INSTANCE MILITARY SERVICE?</p> <p>1 No</p> <p>2 Yes, ABOUT HOW MANY DAYS? .....days</p>
<p>Question 92</p> <p>49</p> <p><input type="checkbox"/></p>	<p>DID YOU WORK ON ANY OF THE FOLLOWING HOLIDAYS?</p> <p>Yes No</p> <p>1 2 CHRISTMAS EVE (1967)</p> <p>1 2 CHRISTMAS DAY (1967)</p> <p>1 2 BOXING DAY (1967)</p> <p>1 2 NEW YEAR'S EVE 1967-1968</p> <p>1 2 NEW YEAR'S DAY 1968</p> <p>1 2 GOOD FRIDAY 1968</p> <p>1 2 EASTER SATURDAY 1968</p> <p>1 2 EASTER SUNDAY 1968</p> <p>1 2 EASTER MONDAY 1968</p>

<p>Question 93</p>	<p>IN YOUR PRESENT EMPLOYMENT, HOW ARE YOU PAID?</p> <p>1 Weekly</p> <p>2 Fortnightly</p> <p>3 Monthly</p> <p>4 In another way</p>
<p>Question 94</p> <p>51 <input type="checkbox"/></p> <p>52-53 <input type="checkbox"/> <input type="checkbox"/></p> <p>54-57 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>WHAT IS THE AMOUNT AND TYPE OF YOUR COMPENSATION?</p> <p><u>Present response card I</u></p> <p>1 FIXED MONTHLY, at present .....cr/month</p> <p>2 FIXED WEEKLY, at present .....cr/week</p> <p>3 FIXED HOURLY, at present .....cr and .....öre/hour</p> <p>4 INDIVIDUAL PIECERATE CONTRACT, DETERMINED AFTER TIME-STUDIES (MTM, UMS ETC)</p> <p>Hourly earnings at present .....cr and.....öre</p> <p>5 INDIVIDUAL PIECERATE CONTRACT, NOT TIME STUDIED</p> <p>Hourly earnings at present.....cr and.....öre</p> <p>6 GROUP PIECERATE CONTRACT</p> <p>Hourly earnings at present .....cr and.....öre</p> <p>7 FIXED WAGE, WITH BONUS OR SPECIAL PROVISIONS</p> <p>Average monthly earnings.....cr/month</p> <p>8 TIPS, WITH OR WITHOUT GUARANTEED WAGE. Average earnings per month.....cr or per week.....cr</p> <p>9 SPECIAL COMPENSATION FOR INCONVENIENT HOURS OF WORK NOT INCLUDED ANYWHERE ABOVE, WHICH GIVES ABOUT .....cr per week</p> <p>10 OTHER COMPENSATION, .....WHICH GIVES .....cr per week or .....cr per month</p> <p>NOTES:.....</p> <p>.....</p>
<p>Question 95</p> <p>58-59 <input type="checkbox"/> <input type="checkbox"/></p>	<p>HOW MUCH DO YOU RECEIVE WEEKLY/MONTHLY AFTER TAXES HAVE BEEN DEDUCTED?</p> <p>.....cr per month</p>

<p>Question 96</p> <p>Yes No</p> <p>60 1 2</p> <p>61 1 2</p> <p>62 1 2</p> <p>63 1 2</p> <p>64 1 2</p> <p>65 1 2</p> <p>66 1 2</p> <p>67 1 2</p>	<p>Questions 96-107 should be asked to</p> <p>1) all who had some employment last week (A, B, C yes question 78)</p> <p>2) all farmers, business entrepreneurs including assisting family members and self-employed (E-I, Question 78)</p> <p>If R was an employee last week and above that was a farmer, entrepreneur or self-employed questions 96-104 should be about the job R regards as his main one. Please note on the line below, which is the main job.</p> <p>a) MUST ONE BE ABLE TO LIFT 130 LBS TO DO YOUR TYPE OF WORK?</p> <p>b) IS YOUR TYPE OF WORK PHYSICALLY DEMANDING IN ANY OTHER WAY?</p> <p>c) IS YOUR WORK SUCH THAT YOU DAILY PERSPIRE FROM PHYSICAL EXERTION?</p> <p>d) DO YOU OFTEN FEEL PHYSICALLY EXHAUSTED WHEN YOU COME HOME FROM WORK?</p> <p>e) IS YOUR WORK PSYCHOLOGICALLY TAXING?</p> <p>f) IS YOUR WORK HECTIC?</p> <p>g) IS YOUR WORK MONOTONOUS?</p> <p>h) DO YOU OFTEN FEEL MENTALLY EXHAUSTED WHEN YOU COME HOME FROM WORK?</p> <p>NOTE:.....</p>
<p>Question 97 a</p> <p>68 1</p>	<p>DO YOU GET DIRTY IN YOUR WORK?</p> <p>No → Question 98</p> <p>0 Yes</p>
<p>Question 97 b</p>	<p>IS IT A QUESTION OF LIGHT SOILING, OR IS IT REALLY HEAVY: e.g. OIL, PAINT, ETC?</p> <p>2 Light soiling</p> <p>3 Heavy soiling</p>
<p>Question 98 a</p> <p>69 1</p>	<p>IS IT NOISY WHERE YOU WORK?</p> <p>No → Question 99</p> <p>0 Yes</p>
<p>Question 98 b</p> <p>69) <input type="checkbox"/></p>	<p>IS IT NOISY ALL THE TIME OR ONLY NOW AND THEN?</p> <p>1 Now and then</p> <p>2 All the time</p>
<p>Question 98 c</p>	<p>IS THE NOISE DEAFENING?</p> <p>1 No</p> <p>3 Yes</p>

<p>Question 99</p> <p>70</p>	<p>a) DO YOU WORK INDOORS ALL OF THE TIME?</p> <p>1 Yes —————&gt; Question 100</p> <p>0 No</p> <hr/> <p>b) DO YOU WORK OUTDOORS MOST OF THE TIME OR ONLY PART OF THE TIME?</p> <p>2 Part of the time —————&gt; Question 100</p> <p>0 Most of the time</p> <hr/> <p>c) DO YOU HAVE TO WORK OUTSIDE EVEN IF IT IS COLDER THAN 14 DEGREES F.?</p> <p>3 No —————&gt; Question 101</p> <p>4 Yes —————&gt; Question 101</p>
<p>Question 100</p> <p>71</p> <p>(71) <input type="checkbox"/></p>	<p>DO YOU WORK AT NORMAL ROOM TEMPERATURE (WHEN YOU ARE INDOORS)?</p> <p>1 Yes —————&gt; Question 101</p> <p>0 No</p> <hr/> <p>b) CAN IT BE MORE THAN 78 DEGREES F. WHERE YOU WORK?</p> <p>1 No</p> <p>2 Yes</p> <hr/> <p>c) CAN IT BE COOLER THAN 59 DEGREES F. WHERE YOU WORK?</p> <p>1 No</p> <p>2 Yes</p>
<p>Question 101</p> <p>72</p>	<p>a) IS IT DAMP OR WET WHERE YOU WORK?</p> <p>1 No —————&gt; Question 102</p> <p>0 Yes</p> <hr/> <p>b) DOES IT HAPPEN THAT YOUR CLOTHES GET SOAKING WET?</p> <p>2 No</p> <p>3 Yes</p>
<p>Question 102</p> <p>Yes No</p> <p>73 1 2</p> <p>74 1 2</p> <p>75 1 2</p>	<p>a) IN YOUR WORK ARE YOU EXPOSED TO GAS, SMOKE OR DUST?</p> <p>b) DO YOU COME IN CONTACT WITH TOXIC MATERIAL, ACIDS, OR EXPLOSIVE MATERIAL?</p> <p>c) ARE YOU EXPOSED TO HEAVY SHAKING OR VIBRATIONS?</p>
<p>Question 103</p> <p>76-77 <input type="text"/> <input type="text"/></p>	<p>APPROXIMATELY HOW MANY YEARS HAVE YOU WORKED ALTOGETHER?</p> <p>Total number of years altogether</p>
<p>Question 104</p> <p>78</p> <p>1 <input type="text"/> 6</p>	<p>HAVE YOU AT ANY TIME BEEN UNEMPLOYED FOR MORE THAN TWO MONTHS?</p> <p>1 Yes</p> <p>2 No</p>

Question 105			HAVE YOU HAD CONTACT WITH THE EMPLOYMENT OFFICE ANY TIME DURING 1967? ANY TIME FROM 1963 THROUGH 1966?
	Yes	No	
8	1	2	
9	1	2	
Question 106			HAVE YOU BEEN UNEMPLOYED ANY TIME DURING THE LAST FIVE YEARS? No $\longrightarrow$ Question 107 should <u>not</u> be asked Yes
10		1 2	
Question 107			Yes No a) HAVE YOU HAD RELIEF WORK 2 0 ANY TIME DURING 1967? 3 0 ANY TIME FROM 1963 THROUGH 1966? b) HAVE YOU ATTENDED A RETRAINING COURSE 1 0 ANY TIME DURING 1967? 2 0 ANY TIME FROM 1963 THROUGH 1966? c) HAVE YOU UNDERGONE WORK REHABILITATION 1 0 ANY TIME DURING 1967? 2 0 ANY TIME FROM 1963 THROUGH 1966? NOTES: .....
(10)	<input type="checkbox"/>		
11	<input type="checkbox"/>		
12	<input type="checkbox"/>		

Check answers in question 78 for remaining sections of questions, otherwise go to question 155



Questions 108-113 only to those who ran a farm or assisted family members on a farm last week according to Question 78, E or F

Question 108 13-14 <input type="text"/> <input type="text"/> 15-16 <input type="text"/> <input type="text"/>	HOW LARGE IS THE FARM? Acres tilled land ..... Acres forest .....																				
Question 109 a 17	IS YOUR FARM WITHOUT ANIMALS? 1 Yes → Question 110 a 2 No																				
Question 109 b 18-19 <input type="text"/> <input type="text"/>	WHAT IS YOUR COMPLEMENT OF ANIMALS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Kind</th> <th style="width:15%;">Number</th> <th style="width:40%;">Other, WHAT</th> <th style="width:10%;">Number</th> </tr> </thead> <tbody> <tr> <td>Cow</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Sheep</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Pigs</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Hen</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>	Kind	Number	Other, WHAT	Number	Cow	.....	.....	.....	Sheep	.....	.....	.....	Pigs	.....	.....	.....	Hen	.....	.....	.....
Kind	Number	Other, WHAT	Number																		
Cow	.....	.....	.....																		
Sheep	.....	.....	.....																		
Pigs	.....	.....	.....																		
Hen	.....	.....	.....																		
Question 110 a 20-21 <input type="text"/> <input type="text"/>	HOW MANY HOURS OF WORK DID YOU DO ON THE FARM LAST WEEK? Hours of work last week (can be zero also)																				
Question 110 b 22-23 <input type="text"/> <input type="text"/>	HOW MANY HOURS PER WEEK WOULD YOU ESTIMATE FOR THE BUSIEST PERIOD? Hours of work per week during the busiest period																				
Question 110 c 24-25 <input type="text"/> <input type="text"/>	HOW MANY HOURS PER WEEK WOULD YOU ESTIMATE FOR THE SLOWEST PERIOD? Hours of work per week during the slowest period																				
Question 110 d 26-27 <input type="text"/> <input type="text"/>	HOW MANY WEEKS PER YEAR ARE "BUSY" WEEKS? Number of "busy" weeks																				
Question 111 28	CAN YOU TAKE A VACATION FROM THE FARM ANY PART OF THE YEAR? 1 Yes 2 No																				
Question 112 29 <input type="checkbox"/>	DID YOU HAVE A VACATION FROM THE FARM DURING 1967? 0 No 1 Yes, HOW MANY WEEKS? .....weeks																				
Question 113 30	WHAT ARE YOUR PLANS FOR THE FARM? 1 Expansion, modernization, etc. 2 Continue at present level 3 Contraction 4 Termination in near future																				

Questions 114-119 only to those who ran a business or assisted in business as family members during the last week according to question 78, G or H.

<p>Question 114</p> <p>31-32 <input type="checkbox"/> <input type="checkbox"/></p>	<p>IN WHICH BRANCH OF INDUSTRY, OR IN WHAT KIND OF PRODUCTION IS THE BUSINESS ENGAGED?</p> <p>Answer: ..... (industry, production)</p>
<p>Question 115</p> <p>33 <input type="checkbox"/></p>	<p>HOW MANY ARE EMPLOYED BY YOUR FIRM?</p> <p>0 No employees</p> <p>1 Yes, .....employees</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Assisting family members not included</div>
<p>Question 116 a</p> <p>34-35 <input type="checkbox"/> <input type="checkbox"/></p>	<p>HOW MANY HOURS DID YOU SPEND AT WORK LAST WEEK?</p> <p>Hours of work last week</p>
<p>Question 116 b</p> <p>36-37 <input type="checkbox"/> <input type="checkbox"/></p>	<p>HOW MANY HOURS DO YOU USUALLY WORK PER WEEK IN AN AVERAGE YEAR?</p> <p>Average hours of work per week</p>
<p>Question 117</p> <p>38</p>	<p>CAN YOU TAKE A VACATION FROM THE BUSINESS AT ANY TIME DURING THE YEAR?</p> <p>1 Yes</p> <p>2 No</p>
<p>Question 118</p> <p>39 <input type="checkbox"/></p>	<p>DID YOU HAVE ANY VACATION DURING 1967?</p> <p>0 No</p> <p>1 Yes, HOW MANY WEEKS? .....weeks</p>
<p>Question 119</p> <p>40</p>	<p>WHAT ARE YOUR PLANS FOR THE FIRM DURING THE NEXT YEAR?</p> <p>1 Expansion, modernization</p> <p>2 Continue at this year's level</p> <p>3 Contraction</p> <p>4 Termination of business in near future</p>

Check answers to question 78 for remaining sections of questions, otherwise continue with question 155

Questions 120-122 only to those who were self-employed free agent or professional last week according to question 78, I.

Question 120 41 <input type="checkbox"/>	WHAT IS YOUR OCCUPATION? Answer: .....
Question 121 a <input type="text"/> 42-43	HOW MANY HOURS DID YOU WORK AT YOUR JOB LAST WEEK? Hours of work last week
Question 121 b <input type="text"/> 44-45	HOW MANY HOURS PER WEEK DO YOU USUALLY WORK AT YOUR JOB ON THE AVERAGE DURING THE YEAR? Average hours of work
Question 122 46 <input type="checkbox"/>	DID YOU HAVE ANY VACATION DURING 1967? 0 No 1 Yes, HOW MANY WEEKS? .....weeks

Check answers to question 78 for remaining sections of questions. If no section remains continue with question 155.

Questions 123-135 if R did the housekeeping or assisted at least an hour per day in house-keeping last week according to question 78, C or D.

<p>Question 123</p> <p>47-48</p> <p><input type="text"/> <input type="text"/></p>	<p>HOW MANY PEOPLE INCLUDING YOURSELF DO YOU KEEP HOUSE FOR?</p> <p>1 R alone → Question 134</p> <p>0 Number of persons including R ..... persons</p>
<p>Question 124</p> <p>49-50</p> <p><input type="text"/> <input type="text"/></p>	<p>HOW MANY MEALS DO <u>YOU</u> PREPARE IN THE HOUSEHOLD PER DAY?</p> <p>.....meals</p> <p>FOR HOW MANY PEOPLE DO YOU PREPARE</p> <p>a) BREAKFAST OR MORNING MEAL? ..... <input type="text"/> persons</p> <p>b) LUNCH (OR LUNCHPAIL)?..... <input type="text"/> "</p> <p>c) SUPPER, DINNER?..... <input type="text"/> "</p> <p>d) EVENING SNACK OR MEAL?..... <input type="text"/> "</p> <p>Sum person-meal <input type="text"/> per day</p>
<p>Question 125</p> <p>51-52</p> <p><input type="text"/> <input type="text"/></p>	<p>FOR HOW MANY OF THOSE PERSON-MEALS DO YOU YOURSELF WASH THE DISHES PER DAY?</p> <p>Number of persondishes per day .....</p>
<p>Question 126</p> <p>53 <input type="text"/></p> <p>54 <input type="text"/></p>	<p>FOR HOW MANY PERSONS DO YOU</p> <p>a) WASH CLOTHES ..... persons</p> <p>b) CARE FOR CLOTHES (IRON, REPAIR, etc)?....persons</p>
<p>Question 127</p> <p>55 <input type="text"/></p> <p>56 <input type="text"/></p>	<p>HOW MANY ROOMS, INCLUDING THE KITCHEN, DO YOU</p> <p>a) CLEAN DAILY? ..... rooms <span style="border: 1px solid black; padding: 2px;">Can also be zero</span></p> <p>b) CLEAN WEEKLY? ..... rooms</p>
<p>Question 128</p> <p>57 <input type="text"/></p>	<p>HOW MANY BEDS DO YOU MAKE PER DAY?</p> <p>Number of beds .....</p>
<p>Question 129 a</p> <p>58</p>	<p>DO YOU DO THE PURCHASING FOR THE HOUSE YOURSELF?</p> <p>1 Yes, (almost all or all)</p> <p>2 Yes (less than half)</p> <p>3 No</p>
<p>Question 129 b</p> <p>59</p>	<p>WHAT IS THE DISTANCE TO THE NEAREST GROCERY STORE?</p> <p>1 Less than 1/3 mile</p> <p>2 Less than 2/3 mile</p> <p>3 About 1 mile</p> <p>4 2-3 miles</p> <p>5 4-7 miles</p> <p>6 More than 7 miles</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Grocery bus coming at least once a week should be counted as grocery store</p> </div>

Question 130 a  60	<p>IS THERE ANYONE IN THE HOUSEHOLD WHO REQUIRES HELP OR CARE? (small child, sick/old persons)</p> <p>1 No → Question 131 a</p> <p>2 Yes</p>
Question 130 b  61	<p>IS THERE ANYONE IN THE HOUSEHOLD WHO CAN NOT FEED HIMSELF? (small child, sick or very old person)</p> <p>0 No</p> <p><input type="checkbox"/> Yes, HOW MANY?</p>
Question 130 c  62	<p>IS THERE ANYONE IN THE HOUSEHOLD WHO CANNOT CLOTHE HIMSELF?</p> <p>0 No</p> <p><input type="checkbox"/> Yes, HOW MANY?</p>
Question 130 d  63	<p>IS THERE ANYONE IN THE HOUSEHOLD WHO REQUIRES SPECIAL CARE OR SUPERVISION?</p> <p>0 No</p> <p><input type="checkbox"/> Yes, HOW MANY?</p> <p>NOTE:.....</p>
Question 131 a  64	<p>HAVE YOU HAD ANY DAYS FREE FROM HOUSEWORK DURING THE LAST 14 DAYS?</p> <p>1 Yes → Question 132</p> <p>0 No</p>
Question 131 b	<p>HAVE YOU HAD ANY FREE DAYS DURING THE LAST MONTH?</p> <p>2 Yes</p> <p>3 No</p>
Question 132  65-66 <input type="checkbox"/> <input type="checkbox"/>	<p>DID YOU HAVE ANY PAUSE OR "VACATION" FROM HOUSEWORK DURING 1967?</p> <p>0 No</p> <p>1 Had no household to keep during 1967</p> <p>2 Yes, HOW MANY DAYS? .....days</p>
Question 133  67	<p>DO YOU HAVE A CHANCE TO RELAX AND REST AT ANY TIME DURING THE DAY?</p> <p>1 Yes</p> <p>2 No</p>
Question 134  68-69 <input type="checkbox"/> <input type="checkbox"/>  70 <input type="checkbox"/>	<p>a) WHEN DID YOU LAST HAVE GAINFUL EMPLOYMENT?</p> <p>1 Had gainful employment last week → Continue according to Question 78</p> <p>2 Year 19... If before 1955 → Question 135</p> <p>b) WHAT TYPE OF WORK DID YOU HAVE THEN?</p> <p>Answer:.....</p>

Question 135  71 <input type="checkbox"/>	HAVE YOU HAD ANY CONTACT WITH THE EMPLOYMENT OFFICE?  Yes No 1 0 ANY TIME DURING 1967 1 0 ANY TIME DURING THE PERIOD FROM 1963 THROUGH 1966?
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Questions 136-142 to those who were unemployed last week according to question 78, N.

Question 136 72-73 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	HOW LONG HAVE YOU BEEN UNEMPLOYED? ..... weeks
Question 137 74 <input style="width: 20px; height: 15px;" type="checkbox"/>	ARE YOU A MEMBER OF ANY UNEMPLOYMENT INSURANCE PLAN? 1 No 2 Yes, WHICH PLAN? .....
Question 138 75-76 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>  1 <input style="width: 20px; height: 15px; text-align: center; border: 1px solid black;" type="text" value="7"/>	a) WHERE WERE YOU LAST EMPLOYED? ..... (Name, address)  b) WHAT KIND OF PRODUCTION OR ACTIVITY DID THEY ENGAGE IN? ..... (Production/ industry)
Question 139 8-9 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	HOW LONG HAD YOU WORKED THERE WHEN YOUR EMPLOYMENT WAS TERMINATED? Number of years
Question 140 a.b. 10 <input style="width: 20px; height: 15px;" type="checkbox"/>	HAVE YOU BEEN EMPLOYED THROUGH RELIEF WORK? Yes No 1 0 ANY TIME DURING 1967 1 0 ANY TIME DURING THE PERIOD 1963-1966?
Question 140 c.d. 11 <input style="width: 20px; height: 15px;" type="checkbox"/>	HAVE YOU ATTENDED A RETRAINING COURSE FULL-TIME? Yes No 1 0 ANY TIME DURING 1967 1 0 ANY TIME DURING THE PERIOD 1963-1966?
Question 140 e.f. 12 <input style="width: 20px; height: 15px;" type="checkbox"/>	HAVE YOU UNDERGONE REHABILITATION, WORK ASSISTANCE, ETC? Yes No 1 0 ANY TIME DURING 1967 1 0 ANY TIME DURING THE PERIOD 1963-1966?
Question 141 a 13	DO YOU EXPECT TO FIND WORK IN THE NEAR FUTURE? 1 No → Question 142 0 Yes
Question 141 b	DO YOU EXPECT THAT THIS EMPLOYMENT WILL LAST AT LEAST 6 MONTHS OR WILL IT BE FOR A SHORTER PERIOD? 2 Shorter than 6 months 3 At least 6 months
Question 142 14	HAVE YOU BEEN OFFERED EMPLOYMENT IN ANY OTHER AREA? 1 Yes 2 No

Questions 143-145 only to those who had not sought a job due to lack of suitable employment in the area last week according to Question 78, K.

Question 143 15 <input type="checkbox"/>	WHAT IS YOUR OCCUPATION? Answer:.....
Question 144 16 <input type="checkbox"/> 17 <input type="checkbox"/> <input type="checkbox"/> 18-19 <input type="checkbox"/>	HOW MUCH WORK WOULD YOU LIKE TO HAVE? NUMBER OF HOURS PER DAY NUMBER OF DAYS PER WEEK NUMBER OF WEEKS PER YEAR
Question 145 a.b. 20 <input type="checkbox"/>	HAVE YOU BEEN IN CONTACT WITH THE EMPLOYMENT OFFICE? Yes No 1 0 ANY TIME DURING 1967 2 0 ANY TIME DURING THE PERIOD 1963-1966
Question 145 c.d. 21 <input type="checkbox"/>	HAVE YOU BEEN EMPLOYED THROUGH RELIEF WORK? Yes No 1 0 ANY TIME DURING 1967 2 0 ANY TIME DURING THE PERIOD 1963-1966
Question 145 e.f. 22 <input type="checkbox"/>	HAVE YOU ATTENDED A RETRAINING COURSE, ETC? Yes No 1 0 ANY TIME DURING 1967 2 0 ANY TIME DURING THE PERIOD 1963-1966
Question 145 g.h. 23 <input type="checkbox"/>	HAVE YOU UNDERGONE WORK REHABILITATION? Yes No 1 0 ANY TIME DURING 1967 2 0 ANY TIME DURING THE PERIOD 1963-1966

Check answers to question 78 for remaining sections, otherwise go to question 155.



Questions 146-149 only to those who had a pension last week according to question 78, N.

<p>Question 146 24-25 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOW MANY YEARS HAVE YOU HAD A PENSION? years with a pension</p>
<p>Question 147 26</p>	<p>WOULD YOU LIKE TO HAVE ANY WORK NOW IF YOU COULD FIND SOMETHING SUITABLE? 1 No → Question 149 2 Has a job → Question 149 3 Yes</p>
<p>Question 148 27 <input type="text"/> 28 <input type="text"/> 29-30 <input type="text"/> <input type="text"/></p>	<p>a) HOW MANY HOURS PER DAY WOULD YOU LIKE TO WORK? Hours per day b) HOW MANY DAYS PER WEEK? Days per week c) HOW MANY WEEKS PER YEAR? Weeks per year</p> <div data-bbox="1005 680 1428 815" style="border: 1px solid black; padding: 5px;"> <p>This question should not be asked if question 144 has already been answered.</p> </div>
<p>Question 149 31 <input type="text"/></p>	<p>WHAT WAS YOUR MAIN OCCUPATION DURING YOUR WORKING LIFE? Answer:..... .....</p>

Check answers to question 78 for remaining sections of questions, otherwise continue with question 155.

Questions 150-153 only to those who studied last week according to question 78, P.

<p>Question 150</p> <p>32 <input type="checkbox"/></p>	<p>WHAT KIND OF SCHOOL OR TEACHING INSTITUTION DID YOU ATTEND LAST WEEK?</p> <p>1 Obligatory elementary school            2 High school, general or special            3 Vocational school, trade school            4 University            5 Other, WHICH?.....            .....</p>
<p>Question 151</p> <p>33 <input type="checkbox"/></p>	<p>WHEN DO YOU EXPECT YOUR STUDIES TO BE COMPLETED SO THAT YOU CAN TAKE UP GAINFUL EMPLOYMENT?</p> <p>Year 19.... If R:s education is completed this spring —————&gt; Question 154</p>
<p>Question 152 a</p> <p>34-35 <input type="checkbox"/><input type="checkbox"/></p> <p>Question 152 b</p> <p>36</p> <p>Question 152 c</p> <p>37</p>	<p>HOW MANY WEEKS OF VACATION FROM SCHOOL WORK DO YOU HAVE OVER THE SUMMER?</p> <p>weeks of summer vacation</p> <p>HAVE YOU SOUGHT ANY VACATION JOB?</p> <p>1 No            2 Yes, sought but not obtained —————&gt; Question 153            3 Yes, sought and obtained —————&gt; Question 153</p> <p>DO YOU EXPECT TO SEEK SUMMER WORK THIS YEAR?</p> <p>1 No —————&gt; Question 154            2 Yes</p>
<p>Question 153</p> <p>38-39 <input type="checkbox"/><input type="checkbox"/></p>	<p>HOW MANY WEEKS WOULD YOU LIKE TO WORK THIS SUMMER?</p> <p>Number of weeks</p>
<p>Question 154</p> <p>40</p>	<p>DO YOU STUDY FULL-TIME OR PART-TIME?</p> <p>1 Full-time            2 Half-time            3 Less than half time (night courses and similar)</p> <p style="border: 1px solid black; padding: 2px;">Let R base his answer on the period January-May 1968</p>

Check answers to question 78 for remaining sections of questions, otherwise continue with question 155.

VII. ECONOMIC SITUATION

<p>Question 155 a</p> <p>41</p>	<p>IF YOU SUDDENLY HAD TO COME UP WITH 2 000 KRONOR (\$ 400-500) COULD YOU DO IT?</p> <p>1 No → Question 155 c</p> <p>0 Yes</p>
<p>Question 155 b</p>	<p>IN WHAT WAY?</p> <p>2 From own bankaccount</p> <p>3 Loan from a family member</p> <p>4 Loan from another relative or friend</p> <p>5 Loan from a bank, etc</p> <p>6 Other way, specify .....</p>
<p>Question 155 c</p> <p>42-44</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HAVE YOU AT ANY TIME DURING YOUR LIFE WON AT LEAST \$ 200 IN A POOL OR LOTTERY?</p> <p>1 No</p> <p>2 Yes, APPROXIMATE TOTAL AMOUNT? .....kr</p>
<p>Question 156 a</p> <p>45</p>	<p>HAVE YOU AT ANY TIME INHERITED AT LEAST 1 000 KRONOR (\$ 200/250) OR ITEMS OF EQUIVALENT VALUE?</p> <p>1 No → Question 156 d</p> <p>2 Yes</p>
<p>Question 156 b</p> <p>46-48</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOW MUCH HAVE YOU INHERITED ALTOGETHER? (APPROXIMATE SUM, ESTIMATED AT THE TIME OF INHERITANCE)</p> <p>Kronor .....</p>
<p>Question 156 c</p> <p>49-50</p> <p><input type="text"/> <input type="text"/></p>	<p>WHEN DID YOU INHERIT IT?</p> <p>Year ..... <span style="border: 1px solid black; padding: 2px;">If R has inherited several times, note the year of the largest inheritance</span></p>
<p>Question 156 d</p> <p>51</p>	<p><u>Question 156 d-f only if R is married</u></p> <p>HAS YOUR SPOUSE AT ANY TIME INHERITED AT LEAST 1 000 KRONOR (\$200/250) OR ITEMS OF EQUIVALENT VALUE?</p> <p>1 No → Question 157</p> <p>2 Yes</p>
<p>Question 156 e</p> <p>52-54</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOW MUCH HAS HE/SHE INHERITED ALTOGETHER?</p> <p>Kronor .....</p>
<p>Question 156 f</p> <p>55-56</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/> 8</p>	<p>WHEN DID HE/SHE INHERIT IT?</p> <p>Year ..... <span style="border: 1px solid black; padding: 2px;">If spouse has inherited several times, note the year of the largest inheritance</span></p>

Question 157 a

THE FOLLOWING QUESTIONS ARE ABOUT YOUR PERSONAL INCOME AND SOCIAL BENEFITS DURING 1967.

Present response card J

THIS IS A LIST OF DIFFERENT CATEGORIES OF INCOMES AND SOCIAL BENEFITS. CAN WE GO THROUGH THE LIST AND COME UP WITH A TOTAL FIGURE FOR EACH CATEGORY

After list is checked for R, repeat the list for his/her spouse. Approximate figures are acceptable but if interviewee does not know, try to interview spouse.

	Sum:		Punched in col.
	Self	Spouse	
1. Income from employment or other compensation income			8-13 14-19
2. Income from business or farm property			20-25 26-31
3. Realized capital gains			32-37 38-43
4. Income from other property not farm property			44-49 50-55
5. Income from capital (interest and dividends) over \$100			56-60 61-69
6a Pension - national pension and housing allowance for pensioners			66-70 71-75
6b Life annuities or pensions other than 6 a			8-12 13-17
7. Income from a room rented to a person who is not a member of household			18-22 23-27
8. Sick payments, including maternity allowance			28-32 33-37
9. Family housing allowance			38-42 43-47
10. Study support, incl. loans for university students			48-52 53-57
11. Study allowance (for high school students)			58-62 63-67
12. Other scholarships			68-72 73-77
13. Retraining allowance, moving allowance, start help			8-12 13-17
14. Unemployment relief fund			18-22 23-27
15. Social relief			28-32 33-37
16. Pocketmoney from parents, periodic assistance			38-42 43-47
17. Lottery winnings, inheritance, gifts, other large cash additions			48-52 53-57

60-62

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Answers based on R's income tax return form

Yes  
No

R

Spouse  
 58  
 59

Question 157 b			DO YOU (OR YOUR SPOUSE) OWN ANY OF THE FOLLOWING?
	No	Yes	
63	1	2	CAR
64	1	2	BOAT
65	1	2	SUMMER COTTAGE; COTTAGE, HOUSE TRAILER

Question 158 a

If there is any child born 1951 or earlier living in house according to question 26

FOR EACH CHILD BORN 1951 OR EARLIER LIVING AT HOME IN 1967, WE NEED THE FOLLOWING INFORMATION

Present response card K

66-68  
69-71

72-73, 74-75, 76-77

80  1

1  0

8-12, 13-17, 18-22

23-27

28-32

33-37

38-42

43-47

48-52

53-57

58-62

63

64-67

Sex: 1=male 2=female	1	2	1	2	1	2
Marital status: 1= single 3=married	1	3	1	3	1	3
Year of birth (two last figures)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income level:						
1. Income of employment or other compensation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Other taxable income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Study support or loan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Study allowance for high school students, etc	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Other scholarships	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Retraining allowance, moving or start allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Unemployment relief fund	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Sick payments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Other cash increments: inheritance, lottery, gifts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Ownership of car	Yes	No	Yes	No	Yes	No

NOTE: .....

.....

.....

If there is any child born 1952 or later according to question 26 living at home ask question 158 Band C. Otherwise continue with question 159

Question 158 b

68-72

HAVE ANY OF YOUR CHILDREN, 16 YEARS OLD OR YOUNGER ANY INCOME FROM ASSETS 1967?

- 1 No  
 0 Yes, ABOUT HOW MUCH? .....kronor

Question 158 c

73-77

HAVE ANY OF YOUR CHILDREN, 16 YEARS OR UNDER, ANY INCOME FROM EMPLOYMENT?

- 0 No  
 0 Yes, ABOUT HOW MUCH? .....kronor

80  2  
 1  0

Question 159 a

8

HAVE YOU LIVED AT HOME OR WITH YOUR PARENTS MOST OF 1967?

- 1 No → Question 160  
 2 Yes

Question 159 b

9-14

WHAT WAS YOUR PARENTS TOTAL INCOME IN 1967? THIS CAN BE A VERY APPROXIMATE AMOUNT  
 Kronor .....(Father and mother together)

Question 159 c

15

DID EITHER OF YOUR PARENTS HAVE A PENSION OR OTHER LIFE ANNUITY DURING 1967?

- 1 No  
 2 Father  
 3 Mother  
 4 Both parents

Question 159 d

	Yes	No
16	1	2
17	1	2
18	1	2

DO YOUR PARENTS OWN:.....  
 CAR?  
 BOAT?  
 SUMMER HOUSE; COTTAGE, HOUSE TRAILER?

Question 160

Check answers to question 16 if R has sisters or brothers born 1951 or earlier. If no sibling check "No" below and go to question 161

HAVE ANY OF YOUR BROTHERS OR SISTERS, OVER 17 YEARS LIVED IN THE SAME HOUSE WITH YOU DURING MOST OF 1967?

19

- 1 No → Question 161 a
- 2 Yes

20-24

--	--	--	--	--

Sibling number	1	2	3	4
Year of birth				
Total income of all types during 1967 .....				

NOTES: .....

.....

.....

Question 161 a

HAVE ANY OTHER PERSONS (not your spouse, parents, children, siblings) OVER 17 YEARS OLD LIVED IN THE HOUSE WITH YOU DURING MOST OF 1967?  
(not those who only rent a room, however)

25

- 1 No → Question 162
- 2 Yes

Question 161 b

Ask the following questions below on each person and note the answer in the table below. Do not ask the questions on persons who are only lodgers or roomers in the dwelling

WHAT WAS HIS/HER RELATION TO YOU AND WHAT WAS HIS/HER YEAR OF BIRTH AND SEX? DID HE/SHE HAVE ANY INCOME OR PENSION DURING 1967?

**If yes:** APPROXIMATELY HOW MUCH?

26-27

--	--

	1	2	3	4
Relation to R				
Sex				
Year of birth				
Income				

NOTES: .....

.....

.....

28-32

--	--	--	--	--

33-34	35-36				
<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
37-38	39-40				
<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		

VIII. LEISURE AND ORGANIZATIONAL ACTIVITIES

<p>Question 162</p> <p>1 No → Question 163</p> <p>2 Yes</p> <table border="0"> <tr> <td>No</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>41</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>42</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>43</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>44</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>45</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>46</td> <td>1 2 3</td> <td></td> </tr> </table>	No	Yes	Yes	41	1 2 3		42	1 2 3		43	1 2 3		44	1 2 3		45	1 2 3		46	1 2 3		<p>a) DID YOU TAKE A VACATION TRIP (OR RECREATIONAL TRIP) DURING 1967?</p> <p>b) WHERE DID YOU GO AND FOR HOW LONG?</p> <p>TRIP INSIDE SWEDEN</p> <p>TRIP TO DENMARK, NORWAY, FINLAND</p> <p>TRIP TO MIDDLE EUROPE, Engl., W-Germany, Belg., Holl., France, Austria, Switzerland</p> <p>TRIP TO EASTERN EUROPE</p> <p>TRIP TO S. EUROPE (Greece, Italy, Spain, Portugal)</p> <p>OTHER TRIPS ABROAD</p> <p>Code answer: 1=no 2=yes, up to 2 weeks 3=yes, over 2 weeks</p> <p>NOTES:.....</p>																																							
No	Yes	Yes																																																											
41	1 2 3																																																												
42	1 2 3																																																												
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44	1 2 3																																																												
45	1 2 3																																																												
46	1 2 3																																																												
<p>Question 163</p> <p>47</p> <p>1 No → Question 164</p> <p>2 Yes</p> <p>48-49</p> <table border="1"> <tr> <td> </td> <td> </td> </tr> </table>			<p>a) DID YOU SPEND ANY TIME DURING 1967 IN A SUMMER COTTAGE, FARM ALLOTMENT-GARDEN COTTAGE, OR VACATION HOUSE?</p> <p>b) HOW MANY WEEKENDS? .....</p> <p>c) HOW MANY WHOLE WEEKS? .....</p> <p>NOTES: .....</p>																																																										
<p>Question 164</p> <table border="0"> <tr> <td>No</td> <td>Some</td> <td>Often</td> </tr> <tr> <td>50</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>51</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>52</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>53</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>54</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>55</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>56</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>57</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>58</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>59</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>60</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>61</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>62</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>63</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>64</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>65</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>66</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>67</td> <td>1 2 3</td> <td></td> </tr> <tr> <td>68</td> <td>1 2 3</td> <td></td> </tr> </table>	No	Some	Often	50	1 2 3		51	1 2 3		52	1 2 3		53	1 2 3		54	1 2 3		55	1 2 3		56	1 2 3		57	1 2 3		58	1 2 3		59	1 2 3		60	1 2 3		61	1 2 3		62	1 2 3		63	1 2 3		64	1 2 3		65	1 2 3		66	1 2 3		67	1 2 3		68	1 2 3		<p>DO YOU ENGAGE IN ANY OF THE FOLLOWING AS LEISURE ACTIVITIES?</p> <p>FISHING</p> <p>HUNTING</p> <p>TENDING GARDEN</p> <p>GOING TO THE MOVIES</p> <p>GOING TO THE THEATER, CONCERT, MUSEUM, EXHIBITIONS</p> <p>GOING TO A RESTAURANT</p> <p>GOING OUT TO DANCE</p> <p>READING BOOKS</p> <p>READING MAGAZINES</p> <p>STROLLING IN THE STREETS, WINDOW-SHOPPING</p> <p>TAKING AUTOMOBILE TRIPS</p> <p>VISITING RELATIVES</p> <p>VISITING FRIENDS AND ASSOCIATES</p> <p>HAVING RELATIVES FOR A VISIT</p> <p>HAVING FRIENDS AND ASSOCIATES FOR A VISIT</p> <p>PARTICIPATING IN STUDY CIRCLES OR COURSES</p> <p>PLAYING A MUSICAL INSTRUMENT</p> <p>SPORTS</p> <p>HOBBY WORK, knitting, sewing, woodwork, painting, collecting stamps etc.</p> <p>Code: 1=no 2=yes, sometimes 3=yes, often (10/yr, 1/mo.)</p> <p>NOTES: .....</p>
No	Some	Often																																																											
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Question 165  68	ARE YOU A MEMBER OF ANY TRADE UNION, PROFESSIONAL OR SIMILAR INTEREST ORGANIZATION?  1 No → Question 167 a 0 Yes	<div style="border: 1px solid black; padding: 5px;">         OBS! Farmers association and other producers associations count as unions       </div>
Question 166  (69) <input type="checkbox"/>	WHICH ORGANIZATION DO YOU BELONG TO? Answer:..... <div style="border: 1px solid black; padding: 5px;">         Name of central organization not sufficient. Branch within central organization should be noted       </div>	
Question 167 a  70	HAVE YOU ATTENDED A UNION MEETING DURING THE LAST THREE MONTHS?  1 Yes → Question 168 0 No	
Question 167 b	HAVE YOU ATTENDED A UNION MEETING DURING THE LAST YEAR?  2 Yes 3 No	
Question 168  71	DO YOU HOLD OR HAVE YOU HELD ANY POST IN ANY POLITICAL PARTY OR ASSOCIATION? (leader of a committee, etc.)  1 No 2 Had a position 3 Has a position	
Question 169 a  72	ARE YOU A MEMBER OF ANY POLITICAL PARTY OR OTHER POLITICAL ORGANIZATION OR ASSOCIATION?  1 No → Question 170 a 0 Yes	
Question 169 b	DO YOU HOLD OR HAVE YOU HELD ANY POST IN ANY POLITICAL PARTY OR ASSOCIATION? (leader of a committee, etc.)  2 No 3 Had a position 4 Has a position	
Question 170 a  73	HAVE YOU ATTENDED ANY POLITICAL MEETING OR GATHERING DURING THE LAST THREE MONTHS?  1 Yes → Question 171 0 No	
Question 170 b	HAVE YOU ATTENDED ANY POLITICAL MEETING OR GATHERING DURING THE LAST YEAR?  2 Yes 3 No	

Question 171 Yes No 74 1 2 75 1 2 76 1 2	DO YOU BELONG TO ANY OF THE FOLLOWING? a) ATHLETIC ORGANIZATION b) TEMPERANCE ORGANIZATION c) FREE CHURCH OR RELIGIOUS ORGANIZATION (not passive membership in state church)
Question 172 a 77 1 0	HAVE YOU ATTENDED A RELIGIOUS SERVICE ANY TIME DURING THE LAST YEAR? No → Question 173 Yes
Question 172 b 80 <input type="checkbox"/> 3 1 <input type="checkbox"/> 0	HOW OFTEN DO YOU USUALLY ATTEND A CHURCH SERVICE? 2 Less than once a month 3 About once a month 4 A couple of times a month 5 Once a week NOTES: .....
Question 173 8 1 2	DO YOU BELONG TO ANY OTHER ASSOCIATION OR ORGANIZATION NOT DISCUSSED? (not one of the previous categories) 1 No 2 Yes, WHICH? .....
Question 174 9 1 2 3	HAVE YOU EVER TAKEN PART IN A PUBLIC DEMONSTRATION? 1 No 2 Yes, before 1960 3 Yes, after 1960
Question 175 10 1 2	HAVE YOU AS A CITIZEN AT ANY TIME TAKEN CONTACT WITH A PERSON IN A RESPONSIBLE OFFICE TO INFLUENCE A DECISION ON A PUBLIC MATTER? 1 No 2 Yes NOTES: ..... .....
Question 176 11 1 2 3	HAVE YOU EVER SPOKEN BEFORE A MEETING OF A UNION OR ORGANIZATION? 1 No 2 Yes, contributed to a discussion 3 Yes, speech, address
Question 177 12 1 2 3	HAVE YOU EVER WRITTEN ANYTHING IN A NEWSPAPER OR PERIODICAL? 1 No 2 Yes, correspondence 3 Yes, article

Question 178 a  13	HAVE YOU EVER TRIED TO GET A DECISION MADE BY SOME PUBLIC AUTHORITY RECTIFIED?  1 No $\longrightarrow$ Question 179 a 0 Yes
Question 178 b	HAVE YOU EVER FILED A FORMAL COMPLAINT REGARDING A DECISION MADE BY SOME PUBLIC AUTHORITY?  2 No 3 Yes NOTES:.....
Question 179 a  14	DO YOU THINK THAT YOU <u>YOURSELF</u> COULD WRITE A COMPLAINT TO A PUBLIC AUTHORITY?  1 Yes $\longrightarrow$ Question 180 2 No
Question 179 b	DO YOU KNOW SOMEONE THAT YOU KNOW YOU COULD TURN TO FOR HELP IN SUCH A UNDERTAKING?  2 Yes 3 No
Question 180 No Yes  15 1 2 16 1 2 17 1 2 18 1 2 19 1 2 20 1 2 21 1 2 22 1 2 23 1 2 24 1 2 25 1 2 26 1 2 27 1 2 28 1 2 29 1 2 30 1 2  NOTES:..... .....	HAVE YOU EVER BEEN INCORRECTLY OR WRONGLY TREATED BY ANY OF THE FOLLOWING AUTHORITIES OR INSTITUTIONS?  SICK BENEFIT OFFICE HOUSING EXCHANGE UNEMPLOYMENT BENEFIT OFFICE INSURANCE COMPANY TAX AGENCY PUBLIC ASSISTANCE BOARD CHILD CARE BOARD TEMPERANCE BOARD AGRICULTURAL BUREAU HOSPITAL OR DOCTOR POLICE AUTHORITIES COURT EMPLOYER LABOR UNION SCHOOL OR SCHOOL AUTHORITIES MILITARY AUTHORITIES  NOTES:..... .....
Question 181  31	DID YOU VOTE IN THE LOCAL GOVERNMENT ELECTIONS IN 1966?  1 Yes 2 No 3 Not eligible to vote (born 1946 or later)

<p>Question 182</p> <p>32</p>	<p>DO YOU EXPECT TO VOTE IN THE ELECTIONS THIS FALL (NATIONAL REPRESENTATIVES)?</p> <p>1 Yes</p> <p>2 Don't know</p> <p>3 No</p> <p>4 Not eligible (born after 1948 or foreign citizen)</p>				
<p>Question 183</p> <p>33-36</p> <table border="1" data-bbox="196 526 373 582"><tr><td></td><td></td><td></td><td></td></tr></table>					<p>NOW THAT THE INTERVIEW IS FINISHED, WHAT DID YOU THINK OF IT? (Note answer verbatim!)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Time when interview ended	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
	hour	minute				

<p>Question 135 a</p> <p>1 No → Question 136 a</p> <p>2 Yes</p> <p>NOTE:.....</p>	<p>IN THE LAST TWELVE MONTHS HAVE YOU BEEN EXPOSED TO ANY THEFT?</p>
<p>Question 135 b</p> <p><input type="checkbox"/></p>	<p>HOW MANY TIMES</p> <p>Number of times</p>
<p>Question 135 c</p> <p><input type="checkbox"/></p>	<p>WAS/WERE THE THEFT(S) REPORTED TO THE POLICE?</p> <p>Number of thefts reported to the police <input type="checkbox"/> No coded as zero reported</p> <p>NOTE: .....</p>
<p>Question 136 a</p> <p>1 No → Question 137 a</p> <p>2 Yes</p> <p>NOTE: .....</p>	<p>IN THE LAST TWELVE MONTHS, HAVE YOU BEEN EXPOSED TO SOMEONE DAMAGING YOUR PROPERTY? (NOT BY ACCIDENT)</p>
<p>Question 136 b</p> <p><input type="checkbox"/></p>	<p>HOW MANY TIMES?</p> <p>Number of times</p>
<p>Question 136 c</p> <p><input type="checkbox"/></p>	<p>WAS/WERE THE DAMAGE(S) REPORTED TO THE POLICE?</p> <p>Number of damages reported to the police <input type="checkbox"/> No coded as zero reported</p> <p>NOTE: .....</p>
<p>Question 137 a</p> <p>1 No → Question 138 a</p> <p>2 Yes</p> <p>NOTE:.....</p>	<p><input type="checkbox"/> If R has been exposed to theft or damage ask question 137. If not go to question 138 a</p> <p>DID YOU SUFFER ANY ECONOMIC LOSS BECAUSE OF THE THEFT OR DAMAGE THAT WAS NOT COVERED BY INSURANCE OR COMPENSATED FOR SOME OTHER WAY?</p>
<p>Question 137 b</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>ABOUT HOW MUCH DID YOU LOSE? ESTIMATED IN CROWNS?</p> <p>Kronor in uncompensated loss through theft or damage</p>

<p>Question 138 a</p> <p>Yes No</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p>IN THE LAST TWELVE MONTHS, HAVE YOU BEEN EXPOSED TO ANY OF THE FOLLOWING</p> <p>VIOLENCE CAUSING VISIBLE MARKS OR INJURY?</p> <p>VIOLENCE NOT CAUSING VISIBLE MARKS OR INJURY?</p> <p>THREAT OR THREATS THAT WERE DANGEROUS OR SERIOUS ENOUGH TO MAKE YOU SCARED?</p> <p>If no on all items → Question 139 a</p> <p>NOTE: .....</p> <p>.....</p>
<p>Question 138 b</p> <p>Yes No</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p style="border: 1px solid black; padding: 2px;">If yes on any question on violence or treat according to 138 a</p> <p>DID ANY OF THIS OCCUR</p> <p>IN A DWELLING</p> <p>ON YOUR JOB</p> <p>ON TRAIN, BUS, SUBWAY OR ON A STATION FOR TRAINS, BUSES OR SUBWAY</p> <p>ON RESTAURANT, DANCING HALL, PEOPLE'S PARK OR SIMILAR</p> <p>ON STREET, MARKET, SQUARE OR OTHER PUBLIC PLACE</p> <p>OTHER PLACE, WHICH? .....</p> <p>NOTE: .....</p>
<p>Question 138 c</p> <p>1 Yes</p> <p>2 No</p>	<p>WAS ANY OF THIS REPORTED TO THE POLICE?</p> <p>NOTE: .....</p>