

Polish Statistical Association
Office for Statistical Analyses and Research
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SOCIAL DIAGNOSIS 2000
an independent research of social effects of reforms,
conducted by The Council for Social Monitoring

A. HOUSEHOLD CHARACTERISTICS

1. Voivodship (province)..... Territorial symbol voiv. distr. com.
 [] [] - [] [] - [] []
2. Town/city.....
3. Symbol of the class of place of residence
4. Household ID number tpb gd
 [] [] [] [] [] - [1] - [0] [1]
5. Symbol of the household source of income

B. INFORMATION REGARDING THE INTERVIEW CONDUCTED

1. Course of visits in the household dwelling

Subsequent visit number	Date of visit day/month	Hour of beginning of visit	Duration of visit in minutes	Remarks
1				
2				
3				

C. HOUSEHOLD COMPOSITION

Household ID number

		Tpb		gd	-	1	-	0	1
--	--	-----	--	----	---	---	---	---	---

Person reference number	Name of the household member	Relationship to household head	Relationship to family head	Family number	Date of birth (month, year)	Gender	Marital status	Education level completed	Number of years of studying	Specialization of completed education	Education status 1, 2, 3 ⇒ 13 4, 8, 9 ⇒ 14	Type of education services
1	2	3	4	5	6	7	8	9	10	11	12	13
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

C. HOUSE COMPOSITION (cont.)

Person reference number	Maintenance source		Disability	Status of presence of the person in the household	Reasons for temporary absence	Movement of persons in the household				Status of being subject to individual interview	Result of the individual interview
	Main	Additional				Date of arrival	Date of leave	Reason for arrival	Reason for leave		
1	14	15	16	17	18	19	20	21	22	23	24
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

PART I

tpb gd

Household ID number

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 -

1

 -

0	1
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E. INCOME SITUATION AND INCOME MANAGEMENT

Now I would like to ask about the financial situation and income of your household. Please take into consideration income obtained by all members of your households, who earn any income (from any source) for the common budget.

1. What was the net income of your household last month

2. In comparison to other months, the income obtained by your household last month was:
Select one answer by circling the appropriate number.

- much higher **1**
much lower **2**
similar **3**

3. Please assess the amount of the average monthly net income in your household in the previous year, 1999:

4. Is your household able to make ends meet at the present income level:

Select one answer by circling the appropriate number.

- with great difficulty **1**
with difficulty **2**
with some difficulty **3**
rather easily **4**
easily **5**

5. What is the lowest net income in PLN, allowing your household to make ends meet?

6. What level of monthly net income in PLN would ensure a satisfactory standard of living of your household now and in the future?

7. Which of the following statements best characterize the way of managing income by your household?

Select one answer by circling the appropriate number.

- we can afford everything and even make savings for the future **11**
- we can afford everything with no particular difficulties but we do not make savings for the future **12**
- we live economically and thus are able to afford everything **13**
- we live very economically to save money for significant purchases **14**
- we have enough money for the cheapest food, clothes, apartment charges and to pay off credit **15**
- we have enough money for the cheapest food, clothes and apartment charges, but not to pay off credit **16**
- we have enough money for the cheapest food and clothes, but not for apartment charges **17**
- we have enough money for the cheapest food, but not for clothes **18**
- we do not have enough money even for the cheapest food **19**

8. Does the regular income of your household allow for the fulfillment of current needs?

YES NO

If the regular income does not allow for the fulfillment of current needs, go to question 9 and if it allows for it – go to question 10.

9. What actions does your household undertake in order to fulfill current needs?

Provide an answer for each of the actions listed below by circling the appropriate word.

9.1. uses savings	YES	NO
9.2. sells off or pawns property owned (material goods)	YES	NO
9.3. limits current needs	YES	NO
9.4. incurs loans, credits	YES	NO
9.5. takes advantage of the assistance of relatives	YES	NO
9.6. takes advantage of the assistance of the church	YES	NO
9.7. takes advantage of social assistance	YES	NO
9.8. a household member undertakes additional work	YES	NO
9.9. undertakes other activities	YES	NO
9.10. undertakes no activity	YES	NO

10. In comparison to the previous year, the income obtained by your household last month:

Select one answer by circling the appropriate number.

- Worsened **1**
- Improved **2**
- Didn't change **3**

F. NUTRITION

I would like to ask about the ability to satisfy the food needs at your household.

1. Is your household able to afford sufficient quantities of the following food articles?

Answers are to be provided separately for each of the food articles listed below, circling the appropriate word.

1.1. bread	YES	NO
1.2. flour, groats, cereals etc.	YES	NO
1.3. vegetables and vegetable preserves	YES	NO
1.4. fruit and fruit preserves	YES	NO
1.5. meat (including poultry)	YES	NO
1.6. meat and poultry preserves	YES	NO
1.7. fish and fish preserves	YES	NO
1.8. butter	YES	NO
1.9. milk	YES	NO
1.10. milk products	YES	NO
1.11. sugar	YES	NO
1.12. confectionery (sweets, chocolate etc.)	YES	NO
1.13. coffee, tea, tobacco and alcohol products	YES	NO

2. Last year did your household use food obtained from:

Provide a separate answer for each of the possibilities of obtaining food, by circling the appropriate word.

2.1. From own farming (plants, own household)	YES	NO
2.2. From family	YES	NO
2.3. Free of charge from other persons or institutions	YES	NO

If your household used at least one of the forms listed above, go to question 3 and if it did not use any of the forms listed above – go to question 4.

3. How much did it help in fulfilling the needs of your household for food?

Select one answer by circling the appropriate number.

Significantly	1
In about half	2
Slightly	3
Almost not at all	4

4. In comparison to the previous year, has the level of fulfillment of food needs of your household:

Select one answer by circling the appropriate number.

worsened	1
improved	2
remained unchanged	3

G. AFFLUENCE OF HOUSEHOLD

Now I would like to ask whether you possess some goods and savings and whether you take advantage of credits and loans.

1. Does your household or any of its members **have** the goods listed below? It does not matter, whether the goods are owned, taken on lease or made available in any other way (the answer is provided in the column *Does the household have?*). **If** the household **does not have** a given type of goods, please indicate (The answer is provided in the column *If the household does not, then*), whether the household would like to have these goods but cannot afford them due to financial reasons (answer YES), or the household does not have these goods due to other than financial reasons, for instance, does not want to or does not need these goods (answer NO).

Provide an answer for each of the types of goods listed below by circling the appropriate word.

	Do you own		If not, whether due to financial reasons	
	YES	NO	YES	NO
1.1. garage	YES	NO	YES	NO
1.2. automatic washing machine	YES	NO	YES	NO
1.3. non-automatic washing machine (electric dryer)	YES	NO	YES	NO
1.4. refrigerator	YES	NO	YES	NO
1.5. freezer	YES	NO	YES	NO
1.6. dishwasher	YES	NO	YES	NO
1.7. microwave oven	YES	NO	YES	NO
1.8. black and white TV	YES	NO	YES	NO
1.9. color TV	YES	NO	YES	NO
1.10. satellite TV or cable TV	YES	NO	YES	NO
1.11. video player	YES	NO	YES	NO
1.12. radio	YES	NO	YES	NO
1.13. tape recorder	YES	NO	YES	NO
1.14. CD player	YES	NO	YES	NO
1.15. PC	YES	NO	YES	NO
1.16. passenger car (semi-truck)	YES	NO	YES	NO
1.17. sailboat, motorboat	YES	NO	YES	NO
1.18. employee's plot	YES	NO	YES	NO
1.19. plot for recreation	YES	NO	YES	NO
1.20. summer house	YES	NO	YES	NO
1.21. mobile phone	YES	NO	YES	NO

2. Does your household have any savings?

YES NO

If the household has savings, go to question 3, if not – go to question 6.
--

3. What is the approximate value of savings of the household?

Select one answer by circling the appropriate number.

- | | |
|--|---|
| up to the equivalent of monthly income of the household | 1 |
| more than monthly income – up to the equivalent of household income for 3 months | 2 |
| more than 3 months – up to the equivalent of household income for 6 months | 3 |
| more than 6 months – up to the equivalent of household income for 1 year | 4 |
| more than the equivalent of annual income of the household | 5 |
| it is difficult to say | 6 |

4. What is the form of savings of the household?

Provide an answer for each form of savings listed below by circling the appropriate word.

- | | | |
|---|-----|----|
| 4.1. bank deposits in PLN | YES | NO |
| 4.2. bank deposits in foreign currencies | YES | NO |
| 4.3. in bonds | YES | NO |
| 4.4. in investment funds | YES | NO |
| 4.5. in securities quoted on the stock exchange | YES | NO |
| 4.6. shares and stocks in private joint-stock companies | YES | NO |
| 4.7. investment in real estate property | YES | NO |
| 4.8. investment in goods other than real estate | YES | NO |
| 4.9. in cash | YES | NO |
| 4.10. in other form | YES | NO |

5. What is the purpose of your household savings?

Provide an answer for each purpose of savings listed below by circling the appropriate word.

- | | | |
|--|-----|----|
| 5.1. a reserve for current consumer needs (such as food, clothes, shoes) | YES | NO |
| 5.2. regular charges (such as rent) | YES | NO |
| 5.3. purchase of durable goods | YES | NO |
| 5.4. purchase of a house, apartment, payment made to housing association | YES | NO |
| 5.5. renovation of house/ apartment | YES | NO |
| 5.6. medical treatment | YES | NO |
| 5.7. recreation | YES | NO |
| 5.8. a reserve for random events | YES | NO |
| 5.9. securing of the future of children | YES | NO |
| 5.10. for other purposes | YES | NO |
| 5.11. no special purpose | YES | NO |

6. Is your household currently taking advantage of loans or credits?

YES NO

If the household is currently taking advantage of loans or credits, go to question 7, if not, go to question 10.

7. What is the total amount of debt of your household?

Select one answer by circling the appropriate number.

- | | |
|--|---|
| • up to the equivalent of monthly income of the household | 1 |
| • more than monthly income – up to the equivalent of household income for 3 months | 2 |
| • more than 3 months – up to the equivalent of household income for 6 months | 3 |
| • more than 6 months – up to the equivalent of household income for 1 year | 4 |
| • more than the equivalent of annual income of the household | 5 |
| • it is difficult to say | 6 |

8. Where did your household incur loans and credits?

Provide an answer for each of the sources of loans and credits listed below by circling the appropriate word.

- | | | |
|----------------------------|-----|----|
| 8.1. in banks | YES | NO |
| 8.2. in other institutions | YES | NO |
| 8.3. from private persons | YES | NO |

9. What are the purposes of loans and credits incurred by your household?

Provide an answer for each of the purposes of credits and loans incurred listed below by circling the appropriate word.

- | | | |
|--|-----|----|
| 9.1. for current consumer expenses (such as food, clothes, shoes) | YES | NO |
| 9.2. regular charges (e.g. rent) | YES | NO |
| 9.3. purchase of durable goods | YES | NO |
| 9.4. purchase of apartment, house, payment made to housing association | YES | NO |
| 9.5. renovation of house/ apartment | YES | NO |
| 9.6. medical treatment | YES | NO |
| 9.7. purchase, lease of work tools (machines, rental charges etc.) | YES | NO |
| 9.8. recreation | YES | NO |
| 9.9. purchase of securities | YES | NO |
| 9.10. education | YES | NO |
| 9.11. other purposes | YES | NO |

10. In comparison to the previous year, has the material situation of your household:

Select one answer by circling the appropriate number.

- worsened **1**
- improved **2**
- remained unchanged **3**

H. HOUSING CONDITIONS

Now I would like to talk about your housing conditions.

1. Does your household use a separate dwelling?

YES NO

If the household uses a separate flat, omit questions 2 and 3 and go to question 4, otherwise ask questions 2 and 3 and omit question 4.

2. How many rooms (including kitchen) are shared by your household with persons who are not household members? 3. How many rooms (including kitchen) are used only by your household members? 4. How many rooms (including kitchen) are there in the flat?

If the household uses a separate flat, omit questions 5 and 6 and go to question 7, otherwise ask questions 5 and 6 and omit question 7.

5. How many rooms are there at the disposal of your household together with persons who are not household members? 6. How many rooms are there at the disposal of your household only? 7. How many rooms are there in the flat?

8. What is the usable space of the whole flat in m²?

If the household does not use a separate flat, move to question 9 and if it uses a separate flat – move to question 10.

9. What is the usable space of the flat used by the household?

10. Please specify the character of occupation in your place of residence. Is it:

Select one answer by circling the appropriate number..

- | | |
|--|-----------|
| ownership of a private building? | 11 |
| ownership in a low-cost building, company-owned building? | 12 |
| membership in a housing association – an owner-occupied apartment? | 13 |
| membership in a housing association – a tenant-occupied apartment? | 14 |
| rental of apartment, payment of regulated rent (former housing allocation, apartments belonging to state-owned companies)? | 15 |
| rental of apartment, payment of non-regulated rent? | 16 |
| welfare apartment? | 17 |
| sub-rental of part of apartment? | 18 |
| living with parents or other family? | 19 |
| other? | 20 |

ATTENTION: the respondent should answer question 11 individually without being provided with categories of answers.

11. Is it a flat located in:

Select one answer by circling the appropriate number.

- | | |
|---|----------|
| a block of flats? | 1 |
| a multifamily house? | 2 |
| a row house (also a semi-detached house)? | 3 |
| in a detached house? | 4 |
| other? | 5 |

12. I would also like to ask about equipment of your dwelling with installations. Is there at your dwelling:

Provide an answer with regard to each of installation and equipment types by circling the appropriate word.

- | | | |
|---|-----|----|
| 12.1. a water-supply system? | YES | NO |
| 12.2. a flushable toilet using running water? | YES | NO |
| 12.3. a bathroom with a bathtub or shower? | YES | NO |
| 12.4. hot running water? | YES | NO |
| 12.5. gas from a supply system? | YES | NO |
| 12.6. gas from a cylinder? | YES | NO |
| 12.7. telephone? | YES | NO |

13. How is the apartment heated?

Select one answer by circling the appropriate number.

- | | |
|--|---|
| collective central heating | 1 |
| individual central heating (using gas, coal, coke, electricity, other fuels) | 2 |
| fuel-fired furnace (coal, wood, sawdust etc.) | 3 |
| other | 4 |

14. To what extent does your household make regular payments connected with using the flat (rent, payment for gas, electricity, waste disposal etc.)?:

Select one answer by circling the appropriate number.

- | | |
|--|---|
| pays for everything | 1 |
| pays part of the payments | 2 |
| provides work or assistance in the household for the benefit of the owners | 3 |
| pays an agreed amount for a sub-lease | 4 |
| does not make payments (lives free of charge) | 5 |

15. How much is presently paid (in PLN) by your household for:

Gas and electricity

Rent and other regular fees connected with the use of the flat (hot and cold water, heating, waste disposal, repayment of credit)

16. Does it happen that you fail to pay the following fees on time:

Provide an answer for each type of fee separately by circling the appropriate word.

- | | | | |
|--|---------|--------|--------------------|
| 16.1. payment for the flat (rent and other fees) | YES - 1 | NO - 2 | NOT APPLICABLE - 8 |
| 16.2. payment for gas, electricity | YES - 1 | NO - 2 | NOT APPLICABLE - 8 |
| 16.3. repayment of housing credit | YES - 1 | NO - 2 | NOT APPLICABLE - 8 |

17. Does your household have at present any overdue payments with regard to:

Provide an answer for each of the payments listed by circling the appropriate number.

Variants: 1 - yes 1 month, 2 - yes 2 months, 3 - yes 3 months, 4 - yes 4-6 months, 5 - yes 7-12 months, 6 - yes more than 12 months, 7 - no, 8 - not applicable.

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 17.1. payments for the apartment (rent) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 17.2. gas, electricity charges | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 17.3. payment of a housing credit | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

18. Does your household receive this year (received last year) social assistance for housing needs (to pay the rent, electricity, gas, renovation of a flat or house)?

YES NO

If the household receives (received) social support for residential purposes, move to question 19 and if it does not (did not) – move to question 22.

19. What was the form of received assistance?

Provide an answer for each type of support separately by circling the appropriate word.

- | | | |
|--|-----|----|
| 19.1. residential allowance from the Local Authorities | YES | NO |
| 19.2. allowance from the social assistance | YES | NO |
| 19.3. other forms of support | YES | NO |

20. How often did you receive the ASSISTANCE?

Select one answer by circling the appropriate number.

- | | |
|--------------------|----------|
| regular support | 1 |
| periodical support | 2 |
| sporadic support | 3 |

21. What was the total amount of the assistance last year (in PLN)?

22. In comparison with three years ago, have your housing conditions:

Select one answer by circling the appropriate number..

- | | |
|--------------------|----------|
| improved | 1 |
| worsened | 2 |
| remained unchanged | 3 |

I. SOCIAL ASSISTANCE

1. Does your household have a necessity to obtain support:

Provide an answer for each type of support separately by circling the appropriate word.

- | | | |
|---|-----|----|
| 1.1. financial | YES | NO |
| 1.2. material (ford, clothes, footwear, medicines etc) | YES | NO |
| 1.3. in the form of services (care over an ill or disabled person, stay in social assistance centers, care over children, assistance in managing a household for example cleaning, shopping, other) | YES | NO |
| 1.4. in the form of advice or consulting | YES | NO |

2. Does your household receive assistance:

Provide an answer for each type of assistance separately by circling the appropriate word.

- | | | |
|--|-----|----|
| 2.1. financial | YES | NO |
| 2.2. material | YES | NO |
| 2.3. In the form of services | YES | NO |
| 2.4. in the form of advice or consulting | YES | NO |

If the household receives assistance in any form, move to question 3 and if it does not receive any assistance at all – move to question 6. In questions 3,4,5 ask only questions about the forms of assistance marked in question 2.

3. Where does your household receive the following assistance from?

Provide an answer for each type of assistance separately by circling the appropriate word.

- | | | |
|--------------------------------------|-----|----|
| 3.1. financial | | |
| social assistance center | YES | NO |
| family in Poland | YES | NO |
| family abroad | YES | NO |
| friends | YES | NO |
| secular charity organizations | YES | NO |
| religious organizations and parishes | YES | NO |
| labor unions and work places | YES | NO |
| other | YES | NO |

3.2. material

social assistance center	YES	NO
family in Poland	YES	NO
family abroad	YES	NO
friends	YES	NO
secular charity organizations	YES	NO
religious organizations and parishes	YES	NO
labor unions and work places	YES	NO
other	YES	NO

3.3. in the form of services

social assistance center	YES	NO
family in Poland	YES	NO
family abroad	YES	NO
friends	YES	NO
secular charity organizations	YES	NO
religious organizations and parishes	YES	NO
labor unions and work places	YES	NO
other	YES	NO

3.4. in the form of advice or consulting?

social assistance center	YES	NO
family in Poland	YES	NO
family abroad	YES	NO
friends	YES	NO
secular charity organizations	YES	NO
religious organizations and parishes	YES	NO
labor unions and work places	YES	NO
other	YES	NO

4. How often does your household use the following assistance:

Provide an answer for each type of assistance separately by circling the appropriate number.

4.1. financial?

regularly	1
from time to time	2
rarely	3

4.2. material?

regularly	1
from time to time	2
rarely	3

4.3. in the form of services?

regularly	1
from time to time	2
rarely	3

4.4. in the form of advice or consulting

regularly	1
from time to time	2
rarely	3

5. What is the importance of the obtained assistance?

Provide an answer for each type of assistance separately by circling the appropriate number.

5.1. financial?

high	1
medium	2
low	3

5.2. material?

high	1
medium	2
low	3

5.3. in the form of services?

high	1
medium	2
low	3

5.4. in the form of advice or consulting?

high	1
medium	2
low	3

6. Is any of the household members under custody of:

Provide an answer separately for each of the institutions/organizations by circling the appropriate word.

6.1. social assistance center?	YES	NO
6.2. secular charity organizations?	YES	NO
6.3. religious organizations and parishes?	YES	NO
6.4. other organizations?	YES	NO

J. EDUCATION OF CHILDREN

ATTENTION: QUESTIONS 1-6 REFER ONLY TO HOUSEHOLDS WITH CHILDREN UP TO 24 YEARS

1. Does your household include children who completed elementary school in the last three years and discontinued education?

YES NO

If in the household there is a child who completed elementary school or vocational school in the last three years and discontinued education go to question 2; otherwise, go to question 3.

2. What is the reason for this situation?

The 3 most important reasons can be selected by circling the appropriate numbers.

the child has sufficient education	11
further education is not worth it	12
lack of a school near the place of residence	13
the child attended exams, but did not get enrolled	14
the child has difficulties with learning	15
due to a health condition	16
due to a material situation	17
the child took up a job	18
the child does not want to continue education	19
other reasons	20

3. Are there children in the household, who completed vocational school and discontinued education within the last three years?

YES NO

If in the household there is a child, who completed vocational school in the last three years and discontinued education, go to question 4; otherwise, go to question 5.

4. What is the reason for this situation?

The 3 most important reasons can be selected by circling the appropriate numbers.

- the child has sufficient education **11**
- further education is not worth it **12**
- lack of a school near the place of residence **13**
- the child attended exams, but did not get enrolled **14**
- the child has difficulties with learning **15**
- due to a health condition **16**
- due to a material situation **17**
- the child took up a job **18**
- the child does not want to continue education **19**
- other reasons **20**

5. Are there children in the household, who completed secondary school and discontinued education within the last three years?

YES NO

If in the household there is a child, who completed secondary school in the last three years and discontinued education, go to question 6; otherwise, go to question 7.

6. What is the reason for this situation?

The 3 most important reasons can be selected by circling the appropriate numbers.

- the child has sufficient education **11**
- further education is not worth it **12**
- lack of a school near the place of residence **13**
- the child attended exams, but did not get enrolled **14**
- the child has difficulties with learning **15**
- due to a health condition **16**
- due to a material situation **17**
- the child took up a job **18**
- the child does not want to continue education **19**
- other reasons **20**

REMARK: QUESTIONS 7 TO 21 PERTAIN ONLY TO HOUSEHOLDS WITH CHILDREN ATTENDING A SCHOOL NO HIGHER THAN SECONDARY

7. What amount did your household spend until now in the present school year (1999/2000)?

- 7.1. for tuition
- 7.2. for parent's association (school association)
- 7.3. for school events
- 7.4. for school equipment (clothes)
- 7.5. for additional classes
- 7.6. for non-school events (cinema, theater, excursion)
- 7.7. for transportation to school
- 7.8. for the purchase of books
- 7.9. for accommodation (boarding school, lodging)
- 7.10. for private lessons
- 7.11. for other purposes

8. In the present school year, have you been forced, due to financial reasons, to:

Provide a separate answer for each category listed below by circling the appropriate word.

- | | | |
|---|-----|----|
| 8.1. withdraw from sending the child to school | YES | NO |
| 8.2. withdraw from extracurricular activities for the child | YES | NO |
| 8.3. limit or suspend the payment of school charges | YES | NO |
| 8.4. withdraw from paying for lunch at school for the child | YES | NO |
| 8.5. withdraw from private lessons for the child | YES | NO |
| 8.6. place the child in a different school, requiring lower charges | YES | NO |
| 8.7. impose other limitations | YES | NO |

9. Did your child attend any extracurricular activities this year within the scope of:

Provide a separate answer for each category listed below by circling the appropriate word.

- | | | |
|---|-----|----|
| 9.1. foreign languages | YES | NO |
| 9.2. sport activities | YES | NO |
| 9.3. music, dancing | YES | NO |
| 9.4. computer activities | YES | NO |
| 9.5. private lessons from subjects included in obligatory classes | YES | NO |
| 9.6. memory training | YES | NO |
| 9.7. arts | YES | NO |
| 9.8. other | YES | NO |

10. Do your children take advantage of social assistance this school year (1999/2000) organized in the school?

YES NO

If the children took advantage of social assistance, move to question 11, if they did not – move to question 12.

11. What was the source of such assistance?

Provide a separate answer for each category listed below by circling the appropriate word.

- | | | |
|---------------------------------------|-----|----|
| 11.1. social assistance centers | YES | NO |
| 11.2. public assistance centers | YES | NO |
| 11.3. secular charity organizations | YES | NO |
| 11.4. religious charity organizations | YES | NO |
| 11.5. non-governmental sources | YES | NO |
| 11.6. parents association | YES | NO |
| 11.7. other | YES | NO |

12. In comparison to the previous year, the satisfaction of your household's needs connected with education for children:

Select one answer by circling the appropriate number.

- | | |
|---------------------|----------|
| Improved | 1 |
| Worsened | 2 |
| Remained unchanged? | 3 |

Now I would like to ask you a few questions concerning the introduced education system reform.

13. Do you know anything about the reform of educational system?

YES NO

If the respondent does not know anything about the education reform, go to question 16 and if the respondent knows something – go to question 14.

3. During the last month, did any member of your household have to withdraw from:

Provide a separate answer for each category listed below by circling the appropriate word.

- | | | |
|---|-----|----|
| 3.1. buying of the press (newspapers, weeklies, magazines)? | YES | NO |
| 3.2. buying recorded tapes or CDs? | YES | NO |
| 3.3. borrowing or buying a video cassette? | YES | NO |

4. In comparison with the previous year, did the satisfaction of your household's needs connected with culture and recreation:

Provide a separate answer for each category listed below by circling the appropriate number.

- improve? **1**
- worsen? **2**
- remain unchanged? **3**

L. HEALTH CARE

1. Has any member of your household been hospitalized within last year?

Provide separate answers for each type of hospital/ clinic listed below, circling the appropriate word.

- | | | |
|--------------|-----|----|
| 1.1. private | YES | NO |
| 1.2. public | YES | NO |

If any member of the household has been hospitalized within the last year, move to question 2 and if not – move to question 4.

2. How much did the household spend (in PLN) on:

2.1. Treatment in a private or public hospital which was paid by the household officially purchasing medical services?

2.2. Payments in a public hospital (for example contributions, payments for services rendered by nurses during night duty hours, the purchase of medications for a patient treated at a hospital)?

2.3. informal payments, that is, the so-called gifts of gratitude?

2.4. gifts of sincere gratitude?

If any member of the household was hospitalized in a private hospital last year, move to question 3 and if not – move to question 4.

3. Who paid for the treatment in a private hospital/clinic?

Provide a separate answer for each category listed below by circling the appropriate word.

- | | | |
|---|-----|----|
| 3.1. you | YES | NO |
| 3.2. Health Care Public Fund | YES | NO |
| 3.3. An employer who paid for a medical services plan | YES | NO |

4. Did any of your household members visit a doctor within last three months (general, specialist)?

Provide a separate answer for each health care unit listed below by circling the appropriate word.

- | | | |
|-----------------------------------|-----|----|
| 4.1. in private health care units | YES | NO |
| 4.2. in public health care units | YES | NO |

If any member of the household visited a private health care unit within last three months, move to question 5 and if not – move to question 6.

5. Who paid for the visit to a doctor in a private health care fund?

Provide a separate answer for each category listed below by circling the appropriate word.

- | | | |
|--|-----|----|
| 5.1. you? | YES | NO |
| 5.2. Health Care Public Fund? | YES | NO |
| 5.3. An employer who paid for a medical services plan? | YES | NO |

6. Has any household member visited a dentist within the last 3 months?

Provide separate answers for each of the healthcare unit type listed below by circling the appropriate word.

- | | | |
|-----------------------------------|-----|----|
| 6.1. in private health care units | YES | NO |
| 6.2. in public health care units | YES | NO |

If any household member used dental services within the previous 3 months, we go to question 7, otherwise we go to question 8.

7. The charges for dental services in a private health care unit were covered by:

Provide a separate answer for each payment method by circling the appropriate word.

- | | | |
|--|-----|----|
| 7.1. you? | YES | NO |
| 7.2. Health Care Public Fund? | YES | NO |
| 7.3. An employer who paid for a medical services plan? | YES | NO |

8. Did any of household members have medical examinations within last three months (for example laboratory examinations, x-ray, ekg)?

Provide separate answers for each of the healthcare unit type listed below by circling the appropriate word.

- | | | |
|-----------------------------------|-----|----|
| 8.1. in private health care units | YES | NO |
| 8.2. in public health care units | YES | NO |

If any of the household members visited a private health care unit within last three months, move to question 9 and if not – move to question 10.

9. Who paid for the medical examinations in private healthcare units?

Provide separate answers for each of the healthcare unit type listed below by circling the appropriate word.

- | | | |
|--|-----|----|
| 9.1. you? | YES | NO |
| 9.2. Health Care Public Fund? | YES | NO |
| 9.3. An employer who paid for a medical services plan? | YES | NO |

10. Did any household member use rehabilitation services within the last three months?

Provide separate answers for each of the healthcare unit type listed below by circling the appropriate word.

- | | | |
|------------------------------------|-----|----|
| 10.1. in public health care units | YES | NO |
| 10.2. in private health care units | YES | NO |

If any member of the household used services of private health care units move to question 11 and if not – move to question 12.

11. Who paid for rehabilitation services in private health care units?

Provide separate answers for each of the healthcare unit type listed below by circling the appropriate word.

- | | | |
|---|-----|----|
| 11.1. you? | YES | NO |
| 11.2. Public Health Care Fund? | YES | NO |
| 11.3. An employer who paid for a medical services plan? | YES | NO |

If any household member used services of any healthcare unit within the previous 3 months (hospitalization or treatment in a sanatorium, a doctor, a dentist, medical tests, rehabilitation services), go to question 12, otherwise go to question 13.

12. During the previous 3 months, the household paid the total of (PLN) for:

12.1. the purchase of outpatient medical services in healthcare units (including non-standard services of dentists, orthodontists, payment for orthodontic equipment etc)

12.2. payments made at a public hospital (contributions, payments for services rendered by nurses during night duty hours, purchase of medications for a patient treated at a hospital)

12.3. informal payments, that is, the so-called gifts of gratitude

12.4. gifts of sincere gratitude

13. How much in total did you spend within the last three months on medicines and other pharmaceutical articles connected with illnesses in the household (in PLN)?

14. Did anyone from your household obtain medication or any other pharmaceutical items received from donations free of charge within the last three months? YES NO

15. During the last year, did you encounter any of the following situations in your households:

Provide a separate answer for each of the listed situations by circling the appropriate word.

- | | | |
|---|-----|----|
| 15.1. there was not enough money to purchase medications prescribed or recommended by doctor? | YES | NO |
| 15.2. due to lack of money, you did not use dental services, although there was such need? | YES | NO |
| 15.3. due to lack of money, you had to withdraw from obtaining dentures? | YES | NO |
| 15.4. due to lack of money, you had to withdraw from visiting a doctor? | YES | NO |
| 15.5. due to lack of money, you had to withdraw from medical tests (such as lab tests, X-ray, ECG)? | YES | NO |
| 15.6. due to lack of money, you had to withdraw from rehabilitation? | YES | NO |
| 15.7. due to lack of money, you had to withdraw from treatment in a sanatorium? | YES | NO |
| 15.8. due to lack of money, you had to withdraw from hospitalization? | YES | NO |

16. Did your household take advantage of social assistance within the scope of financing medications during the last year? YES NO

17. Is it possible for any of the children in your household to take advantage of the services of a nurse or hygienist at school? YES NO

18. In comparison to the previous year the satisfaction of your household's need connected with health:

Select one answer by circling the appropriate number.

- worsened? 1
- improved? 2
- remained unchanged? 3

Now I would like to ask you a few questions concerning the reform of the health care system.

19. Does your family have sufficient information concerning the principles of using the reformed health care system? YES NO

20. Have you or your household members already chosen:

Provide separate answers for each category listed below by circling the appropriate word(s).

20.1. local health center? YES - 1 NO - 2

20.2. family doctor? YES - 1 NO - 2 I DON'T KNOW WHAT A FAMILY DOCTOR IS - 3

20.3. general practitioner? YES - 1 NO - 2 I HAD NO CHOICE - 3

If the household selected answer YES in any of the categories in question 20, move to question 21 and if not – move to question 22.

21. Why did you decide this way?

Provide separate answers for each category listed below by circling the appropriate word.

- | | | |
|---|-----|----|
| 21.1. the doctor's office is located close to our place of residence | YES | NO |
| 21.2. I wanted to continue health care in the present location
or go to the same doctor | YES | NO |
| 21.3. I prefer private health care units | YES | NO |
| 21.4. I prefer public health care units | YES | NO |
| 21.5. a doctor encouraged me | YES | NO |
| 21.6. I wanted to have easier access to other medical facilities
thanks to the connections of our doctor | YES | NO |
| 21.7. the center is very well equipped | YES | NO |
| 21.8. the place or doctor has a very good reputation | YES | NO |
| 21.9. I did the same as others (friends, family, neighbors) | YES | NO |
| 21.10. I don't know why I made such a decision | YES | NO |
| 21.11. I didn't have any other choice | YES | NO |

22. Why haven't you or your household members selected a health care center, family doctor, and/or general practitioner yet?

Provide separate answers for each category listed below by circling the appropriate word.

- | | center | | family
doctor | | general
practitioner | |
|---|---------------|----|--------------------------|----|---------------------------------|----|
| 22.1. I don't expect using
services offered by the Public
Health Care Fund | YES | NO | YES | NO | YES | NO |
| 22.2. I will select one when I
have to visit a doctor | YES | NO | YES | NO | YES | NO |
| 22.3. I don't know how to
enroll with a specific
doctor, center or office | YES | NO | YES | NO | YES | NO |
| 22.4. if you visit doctors in a former
regional center, you should
perhaps be automatically
subscribed there | YES | NO | YES | NO | YES | NO |

23. Within last year, did you withdraw from calling an ambulance because you were afraid you would have to pay for it?

Please provide an answer by circling the appropriate word(s).

YES - 1 NO - 2 THERE WAS NO NEED OF CALLING AN AMBULANCE - 3

24. Within the last year, did you withdraw from treatment for a member of your household because of:

Please provide an answer by circling the appropriate word(s).

24.1. additional payments?

YES - 1 NO - 2 THERE WAS NO NEED OF TREATMENT - 3

24.2. no possibility to obtain additional certificates or referrals?

YES - 1 NO - 2 THERE WAS NO NEED OF TREATMENT - 3

25. Within the last year, did any of your household members use:

Provide separate answers for each of the healthcare unit type listed below by circling the appropriate word.

25.1. health care units paid by the Public Health Care Fund? YES NO

25.2. private units where you have to pay on your own? YES NO

25.3. units paid by an employer who paid for the medical services plan? YES NO

26. In comparison to the previous period, after the health care system reform members of your household used services rendered by private health care units where you have to pay on your own:

Please provide an answer by circling the appropriate number.

- more often? **1**
- less often? **2**
- the same? **3**
- we never did and we do not? **4**
- it is difficult to say? **5**

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SOCIAL DIAGNOSIS

*an independent research of social effects of reforms,
 conducted by The Council for Social Monitoring*

PART II – individual questionnaire

Household ID number (same as in Part I) I__I__I__I__I__I -- 1 -- 01

Person number (copy from part - C) I__I__I

MALE*

People are different. They live in different conditions and feel differently about what happens to them everyday; they cope in different ways with whatever life brings to them.

This questionnaire is about how you perceive your life. Most questions should be interesting, some may be boring and tiresome, many will be easy – this is about your life and not some unknown problem; however, some questions will be difficult. Please answer them as accurately as you can.

At some points you may have a feeling that you have answered the question already, and we are asking it again in a different way. And you will be right. We are seeking the best way to ask questions. Don't be surprised when you find that we jump over from one topic to another – the sets of questions have been put in a random order.

You can be sure of our discretion. All answers will be used only for research purposes within the confines of collective statistical analyses.

Different possible answers may be provided along with questions. Please underline the one, which corresponds best with your situation. In case of some questions, it will be possible to underline more than one answer. If there are no ready answers below a question, please enter your answer in the space provided.

We would like to ask you kindly to fill out the questionnaire on your own, without any help from other household members. This is about individual assessments and feelings, and not about opinions consulted with other people. If you are unable to answer any question, please ask the interviewer for assistance.

* Individual questionnaire was prepared in two versions – male and female.

1. Your date of birth I__I__I I__I__I I__I__I
 day month year (last two digits)

2. What, in your opinion, is **the most important prerequisite for happy, successful life** (PLEASE CHOOSE AND MARK AT MOST THREE VALUES):

1. MONEY
2. CHILDREN
3. SUCCESSFUL MARRIAGE
4. WORK
5. FRIENDS
6. PROVIDENCE, GOD
7. CHEERFULNESS, OPTIMISM
8. HONESTY
9. KINDNESS AND RESPECT from OTHERS
10. FREEDOM, LIBERTY
11. HEALTH
12. EDUCATION
13. STRONG CHARACTER
14. OTHER (WRITE WHAT) _____

3. **How do you feel about your life as a whole?:**

1. DELIGHTED
2. PLEASED
3. MOSTLY SATISFIED
4. MIXED
5. MOSTLY DISSATISFIED
6. UNHAPPY
7. TERRIBLE

4. **When was your life easier – before year 1989 or at present?**

1. It was easier before year 1989
2. It is easier at present
3. It is difficult to say

In the recent months: (NOT APPLICABLE means no wife)

5. The expectations of your wife toward you were so great you were unable to meet them.

1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

6. Your wife was too extravagant in spending money that were your common property.

1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

7. The problems of your wife added to your troubles and made your life difficult.

1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

In the recent months: (NOT APPLICABLE means no financially dependent children)

8. You had doubts about your children being hard-working and tough enough to cope in life.

1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

9. You had to listen to complaints about your children (at school, from neighbors, from other parents).

1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

10. You had to bear some expenses because of something that your children did.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

11. Your children disregarded and rejected your help, advice and guidance.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

12. You felt that you were losing influence on your children.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

13. The problems of your children added to your troubles and made your life more difficult than usual.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

In the recent months:

14. Your parents, parents-in-law or older relatives complained about you and were particularly critical of you.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

15. You felt responsible for caring for and ensuring the well-being of your parents or older relatives.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

16. You were worried about the health or state of mind of one of your parents or older relatives.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

17. The problems and worries of your parents, parents-in-law or other older relatives added to your troubles and made your life more difficult than usual.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

In the recent months:

18. You felt that your source of income was unstable and uncertain.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

19. Financial problems added to your troubles and made your life more difficult than usual.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

In the recent months: (NOT APPLICABLE means lack of paid work)

20. You felt that your work was too tiresome, dirty or dangerous.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

21. You felt you had too many work responsibilities that you were not able to cope with.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

22. You were treated unjustly by others at work.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

23. The problems and worries of your colleagues added to your troubles and made your life more difficult than usual.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

In the recent months:

24. You had a feeling that the place you live in was overcrowded, for instance, too many people live in your apartment, neighboring apartments, the whole building.
1. OFTEN 2. IT HAPPENED 3. NEVER

25. You were afraid of crime in your district, housing estate, neighborhood.
1. OFTEN 2. IT HAPPENED 3. NEVER

26. You were afraid of drug addiction, alcoholism or hooliganism within your district, housing estate, neighborhood.
1. OFTEN 2. IT HAPPENED 3. NEVER

27. The problems and worries of your neighbors or other people from your vicinity added to your troubles and made your life more difficult than usual.
1. OFTEN 2. IT HAPPENED 3. NEVER

In the recent months:

28. You suffered from a physical indisposition, such as aching, shortness of breath, which made it difficult to walk out, climb the stairs etc.
1. OFTEN 2. IT HAPPENED 3. NEVER

29. Health problems made it difficult for you to perform everyday tasks or participate in other activities.
1. OFTEN 2. IT HAPPENED 3. NEVER

30. Health problems and physical indisposition upset you and made your life more difficult than usual?
1. OFTEN 2. IT HAPPENED 3. NEVER

In the recent months:

31. You had to deal with some formal matters.
1. YES 2. NO (if NO, please go to question 36)

32. You were not able to deal with a formal matter efficiently, quickly and easily.
1. OFTEN 2. IT HAPPENED 3. NEVER

33. You had to search for friends or other ways in order to deal with a formal matter, which normally should be dealt with without difficulties.
1. OFTEN 2. IT HAPPENED 3. NEVER

34. You felt completely helpless and humiliated when dealing with a formal matter.
1. OFTEN 2. IT HAPPENED 3. NEVER

35. Contacts with civil servants added to your troubles and made your life more difficult than usual?
1. OFTEN 2. IT HAPPENED 3. NEVER

In the last months: (NOT APPLICABLE means that you did not need any medical services during that period)

36. You did not know where to receive medical help for yourself or your relatives.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

37. You did not trust the health care units with regard to helping yourself or your relatives.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

38. You withdrew from visiting a doctor, although it was necessary, because it was too much trouble.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

39. You had to withdraw from visiting a doctor or conducting a medical procedure because you could not afford it.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

40. Contacts with the medical service upset you and made your life more difficult than usual?
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

In the last few months:

41. You were afraid that the education system cannot properly prepare your children for life.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

42. You found out that without connections or money your children will not obtain a good education.
1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

43. You felt that plans connected with your education or additional training are under threat because of education reform?

1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

44. Your contacts with school and education units added to your troubles and made your life difficult more than usual?

1. OFTEN 2. IT HAPPENED 3. NEVER 4. NOT APPLICABLE

45. **Do you have close relations with your relatives** (except the ones who live with you)?

1. YES 2. NO 3. I HAVE NO LIVING RELATIVES WHO LIVE SEPARATELY

46. **How do you assess the material level of your present life:**

1. GREAT
2. GOOD
3. RATHER GOOD
4. MIXED
5. NOT VERY GOOD
6. BAD
7. TERRIBLE

47. **To what extent is the material level of your present life consistent with your aspirations and wishes?**

1. Is not consistent at all
2. Is minimally consistent
3. Is consistent
4. Is half as good as I would like it to be
5. Is significantly consistent
6. Is almost completely consistent
7. Is fully consistent or even better than I could wish

48. Taking everything into account, **how would you assess your life** – can you say that you are:

1. VERY HAPPY
2. RATHER HAPPY
3. NOT VERY HAPPY

49. Please **compare the material level of your life with what the majority of men at your age have**, does the comparison state that your standard of life is:

1. Much worse than average
2. Worse
3. A little worse
4. The same as average
5. A little better
6. Better
7. Much better than average.

50. During the last year **did you use services rendered by health units:**

- | | |
|--|--------------|
| 1. health care units paid by the Public Health Care Fund? | 1. YES 2. NO |
| 2. private units where you have to pay on your own? | 1. YES 2. NO |
| 3. units paid by an employer who paid for the medical services plan? | 1. YES 2. NO |

51. To what extent is **the material level of your life consistent with what you deserve?**

1. Is much worse than I deserve
2. Worse
3. A little worse
4. Is consistent with what I deserve
5. A little better
6. Better
7. Much better than I deserve

52. Presently, **is the access to doctors and health care units easier or more difficult than previously?**

1. EASIER 2. MORE DIFFICULT 3. DON'T KNOW

53.

If EASIER – why? (underline all the significant reasons for this improvement)

1. One can enroll in advance
2. One can enroll by phone
3. The visits are at a given hour without too much waiting
4. One can visit a doctor at more convenient hours
5. One can obtain advice from a doctor by phone
6. The doctors care more about winning over patients

54. Does your **general practitioner know about all your tests and treatments?**

1. YES 2. NO 3. I DO NOT SUFFER FROM ANY ILLNESS 4. I DO NOT HAVE SUCH DOCTOR

55. Did it happen this year that **a doctor informed you that purchasing more expensive medicines requires an additional payment?**

1. YES 2. NO 3. I DID NOT HAVE ANY MEDICINES PRESCRIBED

56. **Are you generally satisfied with your life?**

1. VERY SATISFIED
2. RATHER SATISFIED
3. RATHER UNSATISFIED
4. UNSATISFIED
5. It's difficult to say

57. **In the PREVIOUS YEAR did anything very happy happen to you?:** 1. YES 2. NO

58. **How often during the last few months you felt so depressed that you thought about suicide?**

1. VERY OFTEN
2. QUITE OFTEN
3. RARELY
4. NEVER

59. This questionnaire consists of various categories of feelings and behaviours. Please read each group of statements carefully, and then pick out one statement in each group that best describes the way you have been feeling during the past four weeks. Circle the number besides the statement you have picked (0, 1, 2 or 3).

- A. 0. I do not feel sad.
1. I feel sad much of the time.
2. I am sad all the time.
3. I am so sad or unhappy that i can't stand it.
-

- D. 0. Life gives me as much satisfaction as ever.
1. Life gives me less satisfaction now.
2. Nothing can give me real satisfaction any more.
3. I am dissatisfied with everything or everything tires me out.
-

- G. 0. I am satisfied with myself.
1. I am not satisfied with myself.
2. I dislike myself.
3. I hate myself.
-

- M. 0. I make decisions about as well as ever.
1. I find it more difficult to make decisions than usual.
2. I have much greater difficulty in making decisions than I used to.
3. I have trouble making any decisionsl.
-

- N. 0. I think that I don't look worse than I used to.
1. I am worried because I think I look old and I am not attractive.
2. I feel that I look worse than I used to.
3. I am sure that I look terrible.
-

- O. 0. I have as much energy as ever.
1. I have less energy than I used to have.
2. I don't have enough energy to do very much.
3. I don't have enough energy to do anything.
-

- P. 0. I have not experienced any change in my sleeping pattern.
1. I do not sleep as well as I used to.
2. In the morning, I wake up 1-2 hours earlier and find it difficult to fall asleep again.
3. I wake up several hours too early and I can't get back to sleep.
-

- Q. 0. I am no more tired or fatigued than usual.
1. I get more tired or more fatigued more easily than usual.
2. I am too tired or fatigued to do a lot of things I used to do.
3. I am too tired or fatigued to do most of the things I used to do.
-

- R. 0. I have not experienced any change in my appetite.
1. My appetite is somewhat less than usual.
2. My appetite is much less than before.
3. I have no appetite at all.
-

- T. 0. I am not worried about my health any more than I used to be.
1. I am worried about such ailments as: stomach pains, upset stomach, or constipation.
2. I am very worried about my health; I think about it constantly.
3. My health condition is so worrying that I cannot think of anything else.
-

- U. 0. I have not noticed any recent change in my interest in sex.
1. I am less interested in sex than I used to be.
2. I am much less interested in sex now.
3. I have lost interest in sex completely.

60. Is there **anyone with whom you can confide all your problems?** 1. YES 2. NO

61. Is there **anyone who understands you very well?** 1. YES 2. NO

62. Is there **anyone from who you can expect actual help if needed?** 1. YES 2. NO.

63. Do you feel **loved and trusted?** 1. YES 2. NO

64. Do you feel **lonely although you don't want to?** 1. YES 2. NO

65. **How many people would you call your friends?** I _____ I

66. Please specify, **how you usually react to troubles and difficult situations in your life?** (*you can choose more than one answer*)

1. I turn to others for advice
2. I pull myself together and start acting
3. I start using alcohol
4. I tell myself that it could be worse or that others face even worse situations
5. I give up, I do not know what to do
6. I use tranquilizers
7. I pray to God for assistance
8. I get preoccupied with other things, which divert my attention from problems and make me feel better

67. What was your **FATHER'S (or main guardian) education** when you were 14?

0. incomplete primary
1. primary
2. vocational
3. incomplete secondary
4. secondary vocational
5. secondary grammar
6. incomplete higher (including post-secondary)
7. higher

68. **How strong is your willingness to live these days?** (*please mark the appropriate number on the scale below*):

0-----1-----2-----3-----4-----5-----6-----7-----8-----9

I don't want to live at all **I want to live very much**

69. Do you have any **specific plans** for the near future (a few years) **which you strive to achieve?** 1. YES 2. NO

70. **In the PREVIOUS YEAR did anything painful happen to you?** 1. YES 2. NO

71. **I think that the way I live greatly depends on myself** 1. YES 2. NO

72. **I think that the way I live greatly depends on other people** 1. YES 2. NO

73. **I think that the way I live greatly depends on the authorities** 1. YES 2. NO

74. **I think that the way I live greatly depends on fate (providence)** 1. YES 2. NO

75. In general, was the previous year a good one in your life ? 1. YES 2. NO

76. Who or what was the cause of the previous year being a good one or a bad one in your life? (you can choose more than one answer)

1. the authorities
2. myself
3. other people
4. fate (providence)

77. We would like you to now evaluate the following aspects of your life and tell us, to what extent you are satisfied with each of them. Please mark your choice by circling the appropriate number by each aspect of life. The numbers stand for:

- 1 - VERY SATISFIED**
- 2 - SATISFIED**
3 - SOMEWHAT SATISFIED
4 - SOMEWHAT UNSATISFIED
5 - UNSATISFIED
6 - VERY UNSATISFIED
7 - not applicable

To what extent are you satisfied with:

1. your relations with close family members:	1	2	3	4	5	6	7	
2. the financial situation of your family:		1	2	3	4	5	6	7
3. your relations with colleagues (a group of friends)		1	2	3	4	5	6	7
4. the present income of your family:	1	2	3	4	5	6	7	
5. your ability to fulfill food needs:		1	2	3	4	5	6	7
6. your house equipment and owned material goods:		1	2	3	4	5	6	7
7. your ability to fulfill needs connected with culture:		1	2	3	4	5	6	7
8. availability of medical treatment (including accessibility of medications)	1	2	3	4	5	6	7	
9. your health condition:	1	2	3	4	5	6	7	
10. what you are accomplishing in life:		1	2	3	4	5	6	7
11. situation in the country:		1	2	3	4	5	6	7
12. housing conditions:		1	2	3	4	5	6	7
13. your place of residence:		1	2	3	4	5	6	7
14. goods and services you can get:		1	2	3	4	5	6	7
15. what the future seems to hold for you:		1	2	3	4	5	6	7
16. your sex life:	1	2	3	4	5	6	7	
17. your education:		1	2	3	4	5	6	7
18. your ways of spending leisure time:		1	2	3	4	5	6	7
19. moral standards in you community:		1	2	3	4	5	6	7
20. your work:		1	2	3	4	5	6	7
21. children:	1	2	3	4	5	6	7	
22. marriage:		1	2	3	4	5	6	7
23. safety in the place of residence:		1	2	3	4	5	6	7

78. In your opinion, were the reforms conducted in Poland after 1989 successful in general or rather unsuccessful?

1. successful
2. not successful
3. it is difficult to say

79. Did the **changes after 1989 influence your life?** 1. YES 2. NO
 80. -- if YES, then, in general, **was that influence positive or negative?**
 1. Very negative
 2. Negative
 3. Positive
 4. Very positive
 5. It is difficult to say

81. **Which period after the war was the best (the most happy) in your life in general?** (please mark appropriate years on the scale below)

I	I	I	I	I	I
1945,6,7,8,9,	1950,1,2,3,4,5,6,7,8,9,	1960,1,2,3,4,5,6,7,8,9,	1970,1,2,3,4,5,6,7,8,9,	1980,1,2,3,4,5,6,7,8,9,	1990,1,2,3,4,5,6,7,8,9,2000

82. **How often during a month do you participate in masses or other religious meetings?** (IF LESS THAN ONCE A MONTH – PLEASE ENTER 0) _____ in a month

83. **Do you smoke cigarettes?** 1. YES 2. NO
 — if YES, how many cigarettes per day do you smoke? _____ cigarettes
 — if NO, **have you ever smoked cigarettes in your life?** 1. YES 2. NO

IN THE PREVIOUS YEAR:

84. I visited a psychologist (psychiatrist) 1. YES 2.NO
 85. I drank too much alcohol 1. YES 2.NO
 86. I tried drugs 1. YES 2.NO
 87. someone close to me died 1. YES 2.NO
 88. – If YES – please mark who it was (please underline):
 1. mother
 2. father
 3. wife (fiancée, girlfriend)
 4. child
 5. brother / sister
 6. grandmother / grandfather
 7. friend
 8. other close person

IN THE PREVIOUS YEAR:

89. I could not get a job after graduating from school 1. YES 2. NO 3. NOT APPLICABLE
 90. I was shifted to a lower work position 1. YES 2. NO 3. NOT APPLICABLE
 91. I was passed over for promotion at work 1. YES 2. NO 3. NOT APPLICABLE
 92. I was promoted 1. YES 2. NO 3. NOT APPLICABLE
 93. I had serious problems with my superior 1. YES 2. NO 3. NOT APPLICABLE
 94. I started my own business (company) 1. YES 2. NO 3. NOT APPLICABLE
 95. I lost a substantial amount of money doing business 1. YES 2. NO 3. NOT APPLICABLE
 96. I took up a job inconsistent with my qualifications 1. YES 2. NO 3. NOT APPLICABLE
 97. I was robbed 1. YES 2. NO
 98. I was attacked and beaten 1. YES 2. NO

99. Someone broke into my house	1. YES	2. NO	
100. I was accused of an act, for which I could be liable to imprisonment or a fine	1. YES	2. NO	
101. I was arrested by the police	1. YES	2. NO	
102. I was a defendant in a civil case	1. YES	2. NO	
103. a close friend/relative was arrested or violated the law	1. YES	2. NO	
104. I was discriminated against because of nationality, appearance, beliefs or for other reasons	1. YES	2. NO	
105. my apartment (house) was seriously damaged	1. YES	2. NO	
106. my apartment (house) was renovated	1. YES	2. NO	
107. I had problems with the owner or manager of the building in which I live (lived)	1. YES	2. NO	3. NOT APPLICABLE

108. How do you assess the **new administrative order in Poland in comparison to the previous one?**

1. it is much better
2. it is better
3. it is worse
4. it is much worse
5. it is difficult to say

109. **In comparison to the previous years how much time do you spend on dealing with formal issues?:**

1. more than previously
2. the same
3. less than previously
4. it is difficult to say
5. I don't deal with any formal issues

110. Did you participate in the last local government election? 1. YES 2. NO

111. Do you think that the municipal authorities represent you well? 1. YES 2. NO 3. I HAVE NO OPINION

112. Do you know **in which offices to handle your formal issues?** 1. YES 2. NO

113. If you DON'T, what are the reasons for this situation?

1. the lack of information
2. I don't need the information
3. I am not interested in this
4. I don't have any issues of this type

114. Please underline **who represents local government authorities:**

1. village mayor (wójt)
2. governor (wojewoda)
3. district council alderman (radny rady powiatu)
4. municipal council alderman (radny rady gminy)
5. revenue service officer
6. policeman
7. mayor (burmistrz)
8. village head (starosta)
9. school director

115. **Do the municipal authorities cooperate with local inhabitants** while solving local problems (for example before making important decisions, do they ask for the opinion of the inhabitants or their representatives such as housing estate councils, village administrations, social organizations, etc)?

1. YES 2. NO 3. I HAVE NO OPINION

116. How, in general, do you **assess the work of your municipal authorities**?

1. very high
2. high
3. low
4. very low
- 5 it is difficult to say

117. **Do the local government authorities in your area sufficiently care for:**

- | | | |
|---|--------------|--------------|
| 1. the poorest | 1. YES 2. NO | |
| 2. safety (protection against theft, pedestrian crossing lights etc.) | | 1. YES 2. NO |
| 3. the quality of water (pipelines, water intakes, water treatment plants) | | 1. YES 2. NO |
| 4. roads | 1. YES 2. NO | |
| 5. education | 1. YES 2. NO | |
| 6. health care | 1. YES 2. NO | |
| 7. order (landfills and treatment of waste, order on the streets) | 1. YES 2. NO | |
| 8. the development of the municipality (collection of capital, unemployment prevention) | | 1. YES 2. NO |

118. Have you **engaged within the last year in activity on behalf of the local community** (commune, housing estate, town)?

1. YES 2. NO

119. How do you assess the new pension system in comparison to the previous one?

1. it is much better
2. it is better
3. it is worse
4. it is much worse
5. it is difficult to say

120. Do you know anything about the pension system reform? 1. YES 2. NO

121. If YES, where does this knowledge come from?

1. from radio programs (information or journalistic)
2. from TV programs (information or journalistic)
3. from radio commercial
4. from TV commercials
5. from the press
6. from specialized publications
7. from friends
8. from an insurance agent
9. from other sources

122. In your opinion the new pension system:

1. makes the pension amount strictly dependant on previously paid contributions?
1. YES 2. NO 3. I HAVE NO OPINION
2. enables one to independently decide about the method of saving for the future pension?
1. YES 2. NO 3. I HAVE NO OPINION
3. gives a feeling of safety for the future? 1. YES 2. NO 3. I HAVE NO OPINION
4. removes the monopoly of ZUS (Social Insurance Office)?
1. YES 2. NO 3. I HAVE NO OPINION
5. introduces private institutions to manage our savings?
1. YES 2. NO 3. I HAVE NO OPINION
6. moves pensions of the Poles into the hands of foreign associations?
1. YES 2. NO 3. I HAVE NO OPINION
7. is favorable for people who earn a lot of money at the cost of the poor?
1. YES 2. NO 3. I HAVE NO OPINION
8. is more just than the previous one? 1. YES 2. NO 3. I HAVE NO OPINION

123. How, in your opinion, is the new pension system implemented?

1. very efficiently
2. efficiently
3. not very efficiently
4. very inefficiently
5. it is difficult to say

124. Who, in your opinion, will benefit the most from pension system reform?

1. youngest people (up to 30 years)
2. middle aged people (30-50 years)
3. older people (over 50 years)
4. everyone will benefit equally
5. no one will benefit

125. To what extent, in your opinion, will the new pension system change life conditions of future pensioners? (please underline proper answers)

1. all pensions will be higher
2. the pensions will be higher if the contributions to the pension fund are invested properly
3. the pensions will increase if the additional insurance in the so called third pillar is used
4. the pensions will be similar to the present
5. the pensions will be lower
6. it is difficult to say

ONLY FOR PEOPLE WHO ARE NOT YET RETIRED

126. Do you plan on participating in any additional pensions security insurance on your own account? (please underline the proper answer)

1. I am already participating
2. I am planning to purchase individual life insurance with an investment fund
3. I am planning to save in an investment fund (trust fund)
4. I am planning to save in another form than individual life insurance with an investment fund or saving in an investment fund (trust fund)
5. I am not planning to do anything, the employee's pension security is sufficient

ONLY FOR THE EMPLOYED (WORKING)

127. Is there an employee pension program organized or planned in your place of work?
1. YES 2. NO 3. NOT DECIDED YET 4. I HAVEN'T HEARD ABOUT SUCH A PROGRAM

128. Would you like to participate in an employee pension program?
1. yes, even if I have to pay the contributions
2. yes, if the contributions are paid for by an employer
3. I don't know yet
4. I don't know anything about this program

ONLY FOR THE EMPLOYED AGED UP TO 50

129. Have you already selected an open pension fund? 1. yes 2. not yet, but I will 3. no and I will not do it

130. If you have already selected or will select it in the future, what will influence your choice?
1. an advertisement of a given fund
2. trust towards a given fund
3. low payments for the fund
4. advice from family or friends
5. employer suggestion
6. information from representative of a given fund
7. other reasons

WE ARE VERY THANKFUL FOR YOUR TIME.

**WE WOULD LIKE TO ASSURE YOU ONCE AGAIN THAT ALL INFORMATION PROVIDED BY YOU
WILL BE USED ONLY IN COLLECTIVE STATISTICAL SCIENTIFIC REPORTS**

for *THE COUNCIL FOR SOCIAL MONITORING*

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