

**THE COUNCIL FOR SOCIAL MONITORING**

**SOCIAL DIAGNOSIS 2005**  
*an independent study of life quality in Poland*

**PART I**

**A. HOUSEHOLD CHARACTERISTICS**

0. Status of household in the research

voivodship (province)

district

municipality

1. Territorial symbol

2. Address (street, building no., apartment no., zip code, own/city) .....

.....

3. Symbol of the class of place of residence

4. Household ID number

5. Symbol of the household source of income

**B. INFORMATION REGARDING THE INTERVIEW CONDUCTED**

1. Course of visits in the household dwelling

Subsequ visit num	Date of v day/mon	Hour of begi of visit	Duration of in minute	Remarks
1				
2				
3				

2. Completion of interview with household

interview completed

interview not completed

*If the interview was not completed (answer no. 2), we move on to providing reasons (item 3), and if it was completed, we move on to collective information on individual interviews (item 4).*

3. Reason for failure to complete the interview

Choose one answer by entering its number in the square..

The interview was not completed, although the household was contacted, because:

1. the household cannot participate in research (old age, illness, intoxication)
2. it is a household of foreigners (beyond the scope of research)
3. the household initially refused to participate in research (perhaps they will agree to participate in subsequent years)
4. the household finally refused to participate in research now and in the future

It was not possible to contact the household (although its location was determined), because:

5. whole household was temporarily absent (e.g. on vacation)
6. nobody was found home

The location of the household was not determined, because

7. the address, provided on the list, could not be found (e.g. there is no such address, no inhabitants, liquidation of dwelling)
8. the household changed the place of residence and its new address could not be determined
9. the interview was not completed due to other reasons (for example the household moved abroad, all persons moved to a collective residence facility)

4. Collective information regarding individual interviews (all household members, who were over 16 before 01 January 2005, are subject to individual interview)

4.1. Number of persons in household, subject to individual interview

4.2. Number of individual interviews conducted

4.3. Number of individual questionnaires completed not in accordance with the instruction

5. Does the household agree to participate in research in the subsequent years? (Choose one answer by circling the appropriate number)  1. YES  2. NO  3. DOES NOT KNOW YET

***I hereby confirm that the information, presented in the questionnaire, was gathered in accordance with the provided research procedure***

Da	d:	r	y	Voiv.	.	Name of the interviewer
Interviewer signature						Checked by (name):

PART I (cont.)

Subsequent number of questionnaire in the voivodship   

## C. HOUSEHOLD COMPOSITION

Household ID number     

1 Person reference number		2 Name of the household member							
1	Person reference number	1	2	3	4	5	6	7	8
3	Relationship to household head								
4	Family number								
5	Relationship to family head								
6	Date of birth	day							
7		month							
8		year (two last digits)							
9	Gender (1 – man, 2 – woman)								
10	Marital status								
11	Education level completed								
12	Number of years of studying								
13	Specialization of completed education								
14	Education status (5 ⇒ row 16)								
15	Type of education services								
16	Civilization skills	Driving license							
17		Computer literacy							
18		Foreign language knowledge	English						
19			German						
20			French						
21			Russian						
22			other						
23	Has a mobile phone? (number, 0,1,2,...)								
24	Maintenance source	main							
25		additional	1						
26			2						
27			3						
28	Disability								

29	<b>Status of presence of the person in the household</b>								
30	<b>Reasons for temporary absence</b>								
31	<b>Movement of persons in household</b>	<b>date of arrival</b> (month, year, e.g. 0903)							
32		<b>date of leave</b> (month, year e.g. 0504)							
33		<b>reason for arrival</b>							
34		<b>reason for leave</b>							
35	<b>Status of being subject to individual interview</b>								
36	<b>Result of the individual interview</b>								

**D. ECONOMIC ACTIVITY OF HOUSEHOLD MEMBERS AGED 15 AND OVER**(definition of economic activity according to BAEL (Labor Force Survey); **person reference number same as in PART I/C**)

Household ID number







1	<b>Person reference number (same as in part C)</b>						
2	Has this person performed any work, earning income, or helped without pay in any family business activity, within the last 7 days? 1 – YES (go to 4), 2- NO						
3	Has this person had a job as an employee, a self-employed person or helping without pay in any family business activity, within the last 7 days, but was temporarily not involved in this work during this period? 1 – YES (go to 5), 2 – NO (go to 8)						
4	For how many hours did this person work during the last 7 days?						
5	Was it full-time employment? 1 – YES (go to 9), 2 – NO (go to 9)						
6	Has this person been looking for a job for the last 4 weeks? 1 – YES (go to 8), 2 – NO, but the job is settled (go to 9), 3 NO (go to 7)						
7	Why is he/she not looking for a job?						
8	Is he/she able to start working this week or next week? 1 – YES, 2 - NO						
9	Is this person registered in the Labor Office? 1 - YES, 2 - NO						
10	How long has this person been unemployed? ( <i>fill out for persons, who have symbol 1 or 2 in row 6 and for persons, who have symbol 3 in row 6 and symbol 1 in row 9</i> ) (in months)						
11	Has this person been registered in the Labor Office in the last 2 years 1 – YES, 2 – NO (go to 14 or, if professionally inactive, go to 17)						
12	How many times has this person been registered in the Labor Office in the last 2 years?						
13	For how long, in total, was this person unemployed during the last 2 years (in months)?						
14	Ownership of institution, which is the main employer of this person						
15	Ownership of institution, which is the additional employer of this person						
16	Presently performed occupation						
17	Occupation performed in the last place of work ( <i>for unemployed and professionally inactive</i> )						
18	Does this person receive unemployment benefit? 1- YES, 2 – NO, 3 – NOT APPLICABLE (he/she is not unemployed)						
19	If unemployed, did this person participate in any activity connected with improving his/her qualifications or other skills in the last 2 years? (1 – YES, 2 – NO, 3 – NOT APPLICABLE)						
20	If this person is employed: would he/she take up a job in any of the EU15 countries with remuneration at least the same as he/she has presently in Poland? 1. YES, 2. NO						
21	If this person is unemployed: is he/she going to look for a job in EU15 countries? 1. YES, 2. NO						
22	If the answer for question 20 or 21 was YES: in which of the 15 EU countries?(first choice)						

Subsequent number of questionnaire in voivodship   **PART I (cont.)**Household ID number      Reference number of the person providing answers on behalf of the household from part C  **E. 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, marking the appropriate square.*

1.1. vegetables and vegetable preserves  YES  NO1.2. fruit and fruit preserves  YES  NO1.3. meat (including poultry)  YES  NO1.4. meat and poultry preserves  YES  NO1.5. fish and fish preserves  YES  NO1.6. butter and other edible fats  YES  NO1.7. milk  YES  NO1.8. milk products  YES  NO1.9. sugar  YES  NO1.10. confectionery (sweets, chocolate etc.)  YES  NO1.11. coffee, tea, tobacco and alcohol products  YES  NO

2. In comparison with 2 years ago, has the level of fulfillment of food needs of your household:  
*Choose one answer by marking the appropriate answer.*

 worsened improved remained unchanged**F. 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 have any savings?  YES  NO

If the household has savings, go to question 2, if not – go to question 5.
--

## 2. What is the form of savings of the household?

Provide separate answers for each form of savings, marking the appropriate square.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 2.1. bank deposits in PLN                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.2. bank deposits in foreign currencies                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.3. in bonds   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.4. in investment funds                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.5. in pension funds                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.6. in securities quoted on the stock exchange         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.7. shares and stocks in private joint-stock companies | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.8. investment in real estate property                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.9. investment in goods other than real estate         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.10. in cash   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.11. in other form                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

Choose one answer by marking the appropriate square.

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

## 4. What is the purpose of your household savings?

Provide separate answers for each purpose of savings, marking the appropriate square.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 4.1. a reserve for current consumer needs (such as food, clothes, shoes) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.2. regular charges (such as rent)                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.3. purchase of durable goods   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.4. purchase of a house, apartment, payment made to housing association | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.5. renovation of house/ apartment                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.6. medical treatment   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.7. recreation  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.8. a reserve for random events   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.9. securing of the future of children                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.10. security for old age   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.11. for other purposes   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.12. no special purpose   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

5. 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 6, if not, go to question 9.
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## 6. Where did your household incur loans and credits?

*Provide an answer for each of the sources of loans and credits, listed below, by marking the appropriate square.*

6.1. in banks  YES  NO

6.2. in other institutions  YES  NO

6.3. from private persons  YES  NO

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

*Select one answer by marking the appropriate square.*

up to the equivalent of monthly income of the household

more than monthly income – up to the equivalent of household income for 3 months

more than 3 months – up to the equivalent of household income for 6 months

more than 6 months – up to the equivalent of household income for 1 year

more than the equivalent of annual income of the household

it is difficult to say

## 8. 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 marking the appropriate square.*

8.1. for current consumer expenses (such as food, clothes, shoes)  YES  NO

8.2. regular charges (e.g. rent)  YES  NO

8.3. purchase of durable goods  YES  NO

8.4. purchase of apartment, house, payment made to housing association  YES  NO

8.5. renovation of house/ apartment  YES  NO

8.6. medical treatment  YES  NO

8.7. purchase, lease of work tools (machines, rental charges etc.)  YES  NO

8.8. recreation  YES  NO

8.9. purchase of securities  YES  NO

8.10. payment of debts incurred earlier  YES  NO

8.11. development of own business activity  YES  NO

8.12. education  YES  NO

8.13. other purposes  YES  NO



9. 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). In the column *How many/TP*, enter the number only for four items (TV set, computer, mobile computer, car) and the number of stable phone lines (numbers).

Provide an answer for each of the types of goods listed below by marking the appropriate square or entering the number.

	Does the household ha		How	If the household does no the item, is it due to fin reasons?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.1 garage	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.2 washing machine	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.3 fridge (fridge and freezer)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.4 freezer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.5 dishwasher	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.6 microwave oven	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.7 TV set	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.8 sattelite TV	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.9 cable TV	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.10 home video	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.11 DVD player	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.12 DVD recorder	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.13 CD player	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.14 MP3 player	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.15 computer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.16 mobile computer (laptop, notebook)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.17 passenger car (semi-truck)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.18 access to Internet at home	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.19 stable phone	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.20 fax machine	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.21 motorboat, sailboat	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.22 plot for recreation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.23 summer house	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

10. If there is a computer in the household and when was it purchased or modernized? (provide the last two digits of the year in the proper table)

purchase   modernization

11. If there is a computer in the household? Since when? (provide the last two digits of the year)

12. If there is a computer in the household and which accessories and equipment does it include? (at least one of the owned computers)?:

- 12.1. microphone  YES  NO
- 12.2. Internet camera  YES  NO
- 12.3. CD recorder  YES  NO
- 12.4. scanner  YES  NO
- 12.5. printer  YES  NO
- 12.6. TV tuner (enabling TV watching on the computer)  YES  NO

13. In comparison with two years ago, has the material situation of your household:

1.  worsened
2.  improved
3.  remained unchanged.

## G. HOUSING CONDITIONS

Now I would like to talk about your housing conditions.

1. Does your household use a separate dwelling?  YES  NO
2. How many rooms (including kitchen) are used only by your household members or together with persons not from the household?
3. What is the usable space of the flat used by the household in full square meters?

4. 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 marking the appropriate answer:

5.1. a water-supply system  YES  NO

5.2. a flushable toilet using running water  YES  NO

5.3. a bathroom with a bathtub or shower  YES  NO

5.4. hot running water  YES  NO

5.5. gas from a supply system  YES  NO

5.6. gas from a cylinder  YES  NO

6. How is the apartment heated?

Choose one answer by marking the appropriate square.

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

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

Provide an answer for each of the payments listed by marking the appropriate square.

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, **N** - no, **B** - not applicable.

8.1. payments for the apartment (rent) 1  2  3  4  5  6  7  N  B

8.2. gas, electricity charges 1  2  3  4  5  6  7  N  B

8.3. payment of a housing credit 1  2  3  4  5  6  7  N  B

8. In comparison with two years ago, have your housing conditions:

Choose one answer by marking the appropriate square.

- improved
- worsened
- remained unchanged

## H. SOCIAL ASSISTANCE

1. Does your household receive any external assistance:  YES  NO

If the household receives assistance, go to item 2 and if not – go to Section I. Education

2. Is the household receiving assistance:

*Provide a separate answer for each form of assistance by marking the appropriate square.*

2.1. financial  YES  NO

2.2. material  YES  NO

2.3. in form of services  YES  NO

**I. EDUCATION**

ATTENTION: QUESTION 1 REFERS ONLY TO HOUSEHOLDS INCLUDING PERSON(S) STUDYING

1. Does the person studying use:

*Provide separate answers for each of the categories listed below by marking the relevant square.*

1.1. social scholarship  YES  NO

1.2. achievement grant  YES  NO

1.3. scholarship from the European Social Fund  YES  NO

ATTENTION: QUESTIONS 2-8 REFER ONLY TO HOUSEHOLDS WITH CHILDREN UP TO 24 YEARS OF AGE

2. Is there a child in the household who graduated from a grammar school, technical school or vocational school in the last two years and does not continue education?

YES  NO

If in the household there is a child, who completed secondary school, technical secondary school or vocational school in the last two years and discontinued education, go to question 3; otherwise, go to question 4.

3. What is the reason for this situation?

*Show CARD no. 1 for each child who completed secondary school, technical secondary school or vocational school in the last two years and discontinued education, and ask for selection of three reasons at most, by entering the appropriate numbers in squares in column "Reason".*

- |   |  |
|---|--|
| 1. the child has sufficient education                 | 6. due to a material situation                   |
| 2. lack of a school near the place of residence       | 7. the child took up a job                       |
| 3. the child attended exams, but did not get enrolled | 8. the child does not want to continue education |
| 4. the child has difficulties with learning           | 9. other reasons                                 |
| 5. ze względu na stan zdrowia                         |  |

Child number*	Reason		

*\* the child number should be consistent with the reference number of person in Part C row 1*

ATTENTION: QUESTIONS 4-8 REFER ONLY TO HOUSEHOLDS WITH CHILDREN ATTENDING TO SCHOOLS

4. Do the studying children have their own place to study in the household?  YES  NO

5. Are you interested in purchasing an education insurance, covering the costs of your children's education?

- yes  
 no  
 we already have such insurance

If the household is interested in purchasing education insurance, go to question 6, if not interested - go to question 7, if already purchased – go to question.

6. How much contribution would you be able to pay for education insurance?

*Please provide an answer by marking the relevant square.*

up to PLN 100       from PLN 100 to 200       over PLN 200

7. Why are you not interested?

*Please provide an answer by marking the relevant square.*

1. I cannot afford the contribution      2. there is no such need      3. I don't know what kind of insurance it is

8. How much contribution do you pay for education insurance?

*Please provide an answer by marking the relevant square.*

up to PLN 100       from PLN 100 to 200       over PLN 200

ATTENTION: QUESTIONS 9-10 REFER ONLY TO HOUSEHOLDS WITH CHILDREN ATTENDING UP TO SECONDARY SCHOOL

- 9., 10 What level of education would you like to provide to your children and is it possible?

*Choose one of the education levels for each of the children, entering relevant number in the square in the column "Education level". Then assess the chance that the child will obtain this level of education by entering a relevant number in the square of "Chance assessment".*

**education level:**

1 vocational school  
2 secondary school (grammar)  
3 technical school or vocational secondary school  
4 higher school (bachelor's degree)  
5 higher school (master's degree)

**chance assessment:**

1 already attained  
2 good chance  
3 moderate chance  
4 small chance  
5 no chance

Child number*	Education level (9)	Chance assessment (10)

*\* the child number should be consistent with the reference number of person in Part C row 1*

11. In comparison with two years before, the satisfaction of your household's needs connected with education for children:

*Choose one answer by marking the appropriate square.*

worsened  
 improved  
 remained unchanged

## J. CULTURE AND RECREATION

1. Within last year, has any of your household members, due to lack of money, had to withdraw from:

*Provide a separate answer for each category listed below by marking the appropriate square.*

1.1. movies  YES  NO

1.2. theatre, opera, operetta, concert  YES  NO

1.3. museum or exhibition  YES  NO

1.4. purchase of a book  YES  NO

1.5. purchase of newspapers, magazines  YES  NO

## 2. Approximately, how much of the following items are there in your household?

## 2.1. books (without handbooks and manuals)

- none  
 up to 25  
 26 – 50  
 51 – 100  
 101 – 500  
 over 500

## 2.2. Video cassettes, DVDs, CD-ROMs with movies or recorded performances (events)

- none  
 up to 50  
 51 - 200  
 201 - 500  
 over 500

## 2.3. CDs, tapes, DVDs, CD-ROMs with recorded music

- none  
 up to 50  
 51 - 200  
 201 - 500  
 over 500

3. In comparison with two years ago, the fulfillment of needs of your household with regard to culture:  
Choose one answer by marking the appropriate square.

- worsened  
 improved  
 remained unchanged

4. Within the last year, have you (any adult or child in your household), due to financial reasons, had to withdraw from:  
Provide a separate answer for each category listed below by marking the appropriate square.

- |  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| 4.1. a summer camp or a trip for children        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NOT APPLICABLE |
| 4.2. vacations, trips for adults                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |   |
| 4.3. family trips (adults and underage children) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NOT APPLICABLE |

5. In comparison with two years ago, the fulfillment of needs of your household with regard to recreation:  
Choose one answer by marking the appropriate square.

- worsened  
 improved  
 remained unchanged

**K. HEALTH CARE**

1. Have you or any other household member changed the family doctor last year?  YES  NO

If the household answers YES in question 1, we go to question 2, otherwise we go to question 3.
---

2. What was the reason for a change of the family doctor?  
*Show CARD No. 2; mark all reasons pointed out by the respondent by marking the appropriate squares.*
- 2.1.  the new doctor's office is located closer to the place of residence
  - 2.2.  the previous doctor quit his/her job
  - 2.3.  the new doctor treats patients better
  - 2.4.  the previous doctor did not devote enough time to patients
  - 2.5.  the new doctor is able to provide better access to other medical services
  - 2.6.  the new doctor's office is better equipped
  - 2.7.  it is easier to get to the new doctor, the waiting time is shorter
  - 2.8.  other reasons

3. Within last year, has any household member used the services of:  
*Provide answers pertaining to each of the units listed below by marking the appropriate square.*
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 3.1. health care units rendering services paid by health care public fund | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.2. units rendering services paid by the household itself                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.3. units paid by the employer, who pays for a medical services plan     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

4. Has any member of your household been hospitalized within last year?  
*Provide answers pertaining to each of the hospital types listed below by marking the appropriate square.*
- |              |                              |                             |
|--------------|------------------------------|-----------------------------|
| 4.1. private | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.2. public  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If any member of your household was hospitalized anytime, move to question 5 and if not – move to question 6.

5. Which of the following factors influenced your decision concerning hospital selection (*please mark all significant factors*):
- 5.1.  the suggestion of the doctor who issued the referral
  - 5.2.  the ambulance doctor selected the hospital
  - 5.3.  the ill or other member of the household selected the hospital according to his/her own information concerning the work of hospitals
  - 5.4.  close proximity to the place of residence
  - 5.5.  the hospital was selected because of a shorter waiting time for acceptance than in other hospitals

6. Who paid for the hospital treatment:  
*Provide independent answers for each of the payment methods by marking the relevant square.*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 6.1. you   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6.2. a person not from the household                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6.2. Public Health Care Fund                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6.3. an employer who paid for a medical service plan | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6.4. a charity institution                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

7. Did any member of your household visit a doctor (general practitioner or specialist) within the last three months?  
*Mark the squares in relevant tables.*

	general practitioner	specialist
7.1. in private health care units	<input type="checkbox"/>	<input type="checkbox"/>
7.2. in public health care units	<input type="checkbox"/>	<input type="checkbox"/>

If during the last 3 months any household member visited a general practitioner or a specialist, go to question 8, if not, go to question 11.

8. Who paid for the visit?

*Provide independent answers for each of the payment methods by marking the relevant square.*

8.1. you  YES  NO

8.2. a person not from the household  YES  NO

8.3. Public Health Care Fund  YES  NO

8.4. an employer who paid for a medical service plan  YES  NO

8.5 a charity institution  YES  NO

If during the last 3 months any household member visited a doctor paid by Public Health Care Fund, go to question 9, if not, go to question 11.

9. Has the family doctor failed to provide the household member with a referral for the expected diagnostic tests, stating that: *Show CARD No. 3 and mark squares that correspond with all reasons, provided by the respondent; if the respondent says that the doctor provided a referral, do not show the card and mark the square next to 9.7.*

9.1.  there was not enough money for such tests

9.2.  the tests were not necessary

9.3.  the tests will be ordered by the specialist that the household member is referred to

9.4.  it will be better to perform the tests during hospitalization

9.5.  the doctor did not provide a referral and did not explain why

9.6.  I do not remember, I do not know, we did not talk about diagnostic tests at all

9.7.  the referral was provide

9.8  nie dotyczy (badania nie były potrzebne i pacjent ich nie oczekiwał)

If during the last 3 months any household member visited a specialist paid by the healthcare fund, we go to question 10, if not, we go to question 11.

10. What was the reason for choosing a given specialist? *Show the CARD No. 4 and mark squares next to all relevant reasons.*

10.1.  information regarding good quality of work of this specialist

10.2.  suggestion of the doctor, issuing the referral

10.3.  close proximity to the place of residence

10.4.  convenient working hours of the specialist

10.5.  the selected specialist working in a hospital, where further treatment was planned

10.6.  selected specialist working in a hospital, where the respondent got medical treatment previously

10.7.  the respondent was treated by this specialist earlier

10.8.  I don't remember/ It is difficult to say

If any household member used services of any health care unit within the previous 3 months (hospitalization or treatment in a sanatorium, a doctor, a dentist, medical tests, rehabilitation services), we go to question 11, otherwise we go to question 12.

11. During the previous 3 months, the household paid the total of (PLN) for:
- 11.1. purchase of outpatient medical services in healthcare units (including non-standard services of dentists, orthodontists, payment for orthodontic equipment partially financed by health care public fund etc).
- 11.2. informal payments, that is, the so-called gifts of gratitude, aimed at obtaining better or faster services
- 11.3. gifts of sincere gratitude for services already rendered
- 11.4. treatment at a private or public hospital, where costs of treatment were covered by respondent within the confines of official purchase of medical services
- 11.5. 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. 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)?

13. 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.

13.1. there was not enough money to purchase medications prescribed or recommended by doctor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.2. due to lack of money, you did not use dental services, although there was such need	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.3. due to lack of money, you had to withdraw from obtaining dentures	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.4. due to lack of money, you had to withdraw from visiting a doctor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.5. due to lack of money, you had to withdraw from medical tests (such as lab tests, X-ray, ECG)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.6. due to lack of money, you had to withdraw from rehabilitation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.7. due to lack of money, you had to withdraw from treatment in a sanatorium	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.8. due to lack of money, you had to withdraw from hospitalization	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If the answer for 13.1. was YES, go to item 14 and if NO – go to item 15.

14. What did you do when it turned out you did not have enough money to buy medications prescribed or recommended by the doctor?
- 14.1. asked the doctor to prescribe other medications  YES  NO
- 14.2. managed to get additional money to buy medications  YES  NO
- 14.3. decided not to buy medications  YES  NO
- 14.4. went to hospital and thus received medications free of charge  YES  NO
- 14.5. purchased cheaper medications recommended by a pharmacist  YES  NO



15. In comparison with two years ago the satisfaction of your household's need connected with health:

*Provide one answer by circling the appropriate number.*

- worsened  
 improved  
 remained unchanged

16. Does your family have sufficient information regarding the rules of using medical services financed from public resources, including a change of the family doctor, waiting time for a visit, admission to hospital or sanatorium?

1. YES  2. NO

17. Has medical treatment of any of your household members been given up within the last year due to:

*Please provide an answer by marking the relevant square.*

17.1. additional payments  YES  NO  NO NEED FOR TREATMENT OCCURRED

17.2. inability to obtain additional certificates or referrals  
 YES  NO  NO NEED FOR TREATMENT OCCURRED

18. In comparison with the previous period, did you or any household members use services rendered by healthcare units requiring own payments last year:

*Choose one answer marking the appropriate square.*

- more often  
 less often  
 equally often  
 we have never used such services and we never will  
 it's difficult to say

19. How much would you be willing to spend from the household income for voluntary medical insurance, offered by a private insurance company, in order to ensure covering of costs of medical treatment for household members?

*Choose one answer marking the appropriate square.*

- a monthly premium of up to PLN 100  
 a monthly premium of PLN 101-250  
 a monthly premium of PLN 251-500  
 a monthly premium exceeding PLN 500  
 I cannot afford an additional premium  
 I am not interested in this type of insurance

20. Do the experiences of your household members show that access to doctors and health care units financed from public funds is now easier or more difficult than two years ago?

*Select one answer by marking the appropriate square.*

easier  more difficult  no change  I don't know (lack of personal experience)

If it is easier, we go to question 21, if more difficult or the respondent does not know, we go to question 22.

21. Why is it easier? *Show CARD No. 5; mark all relevant reasons for improvement, indicated by the respondent.*

- 21.1.  it is possible to book a visit in advance  
 21.2.  it is possible to book a visit by phone  
 21.3.  appointments are made for a specific hour without the necessity to wait for a long time  
 21.4.  more convenient and extended working hours  
 21.5.  it is possible to get a doctor's advice by phone  
 21.6.  doctors care more about attracting patients  
 21.7.  the time of awaiting for hospitalization has shortened  
 21.8.  information on time and place of treatment has been improved

22. If the health care financed by Public Health Care Fund introduced additional payments from patients for some of the services, do you think that the example payments below would be justified:

- 22.1. payment for a higher standard room in a hospital  YES  NO
- 22.2. lump payment amounting to PLN 20 for every day of stay in a hospital, excluding children, pensioners, the unemployed and persons receiving social help allowances  YES  NO
- 22.3. symbolic lump payment for each visit to a general practitioner but not for more than 10 visits every year  YES  NO
- 22.4. symbolic lump payment for each visit to a general practitioner but not for more than 10 visits every year  YES  NO
- 22.5. symbolic lump payment for ambulatory rehabilitation treatment  YES  NO
- 22.6. symbolic lump payment for each visit to a doctor, except ambulance, in the patient's home  YES  NO

## L. 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. The income earned by your household last month in comparison with other average months were: *Select one answer by marking the appropriate square.*
- much higher  
 much lower  
 similar
3. Please assess the amount of the average net income in your household in year 2004
4. Is your household able to make ends meet at the present income level?  
*Select one answer by marking the appropriate square.*
- with great difficulty  
 with difficulty  
 with some difficulty  
 rather easily  
 easily
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?  
*Show CARD No.7, ask for selection of one answer and mark the appropriate square.*
- we can afford everything and even make savings for the future  
 we can afford everything with no particular difficulties but we do not make savings for the future  
 we live economically and thus are able to afford everything  
 we live very economically to save money for significant purchases  
 we have enough money for the cheapest food, clothes, apartment charges and to pay off credit  
 we have enough money for the cheapest food, clothes and apartment charges, but not to pay off credit  
 we have enough money for the cheapest food and clothes, but not for apartment charges  
 we have enough money for the cheapest food, but not for clothes  
 we do not have enough money even for the cheapest food

8. Does the regular income of your household allow for fulfillment of current needs?  YES  NO

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

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

*A separate answer is to be provided for each activity by marking the appropriate square.*

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

10. Does anyone in your household take advantage of any form of insurance listed below?

*Provide a separate answer for each insurance by marking the appropriate square.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 10.1. motor third-party liability insurance   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.2. motor hull insurance  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.3. farmers third-party liability   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.4. insurance of buildings being part of a farm   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.5. basic homeowner insurance   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.6. house equipment insurance   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.6. life insurance  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.7. unit-linked life insurance  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.8. child's deferred assurance, dowry, endowment for child                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.9. annuity insurance   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.10. accident insurance   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.11. voluntary sickness insurance, different than public health fund/agricultural health fund | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.12. credit insurance   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.13. liability insurance in private life  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.14. professional liability insurance   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.15. liability insurance for the self-employed  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10.16. agricultural insurance (crop insurance)  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If at least one answer YES was marked in question 10, we go to questions 11 and 12, if only answers NO were given, we go to question 13.

## 11. What was the main reason for you to purchase insurance?

*Provide answers for each reason listed above by marking the appropriate square.*

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 11.1. insurance obligation                          | <input type="checkbox"/> 1. YES | <input type="checkbox"/> 2. NO |
| 11.2. fear for the future of the family (household) | <input type="checkbox"/> 1. YES | <input type="checkbox"/> 2. NO |
| 11.3. an unfortunate event in the life of family    | <input type="checkbox"/> 1. YES | <input type="checkbox"/> 2. NO |
| 11.4. an unfortunate event in the life of friends   | <input type="checkbox"/> 1. YES | <input type="checkbox"/> 2. NO |
| 11.5. a suggestion, advice of acquaintances         | <input type="checkbox"/> 1. YES | <input type="checkbox"/> 2. NO |
| 11.6. advertisement                                 | <input type="checkbox"/> 1. YES | <input type="checkbox"/> 2. NO |
| 11.7. convinced by an insurance agent               | <input type="checkbox"/> 1. YES | <input type="checkbox"/> 2. NO |
| 11.8. other reasons                                 | <input type="checkbox"/> 1. YES | <input type="checkbox"/> 2. NO |

## 12. Was it necessary to obtain any of the above types of insurance while incurring a credit?

*If the respondent has any of the insurance types listed, it is necessary to provide answer for each insurance type by marking the appropriate square..*

- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| 12.1. life insurance       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12.2. motor hull insurance | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12.3. homeowner insurance  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## 13. In comparison with two years ago the income situation of your household:

*Provide one answer by circling the appropriate number.*

- worsened  
 improved  
 remained unchanged

## 14. If the income of your household increased this year, what would you use the additional money for in the first place among the possibilities listed below? Show CARD No. 8, ask the respondent to choose two possibilities and mark the appropriate squares.

- 14.1.  increase of bank deposits  
 14.2.  purchase of state securities  
 14.3.  participation in an investment (mutual trust) fund  
 14.4.  purchase of stocks  
 14.5.  purchase of additional insurance  
 14.6.  extending of the already purchased insurance  
 14.7.  other

15. Does anyone in your household own agricultural lands which enable him/her to apply for direct financing for farmers in the European Union?  YES  NO

16. — if YES in question 15, did this person apply for financing for farmers last year?  YES  NO

17. — if NO in question 16, is this person going to apply this year?  YES  NO

18. — if YES in question 16, did or will this person receive them?  YES  NO

19. — if YES in question 18, what will this money be designated for? *Show CARD no. 9, you may mark more than one purpose by marking the squares next to all selected answers.*

- 19.1.  for the repayment of credits and loans
- 19.2.  for the purchase of land, machines and devices for production
- 19.3.  for the renovation of house or buildings
- 19.4.  for the education of children
- 19.5.  for treatment and health care
- 19.6.  for equipment to the house
- 19.7.  for everyday costs
- 19.8.  for other purposes
- 19.9.  don't know yet

## M. COMPUTER AND INTERNET

Questions for households equipped with a computer (answer YES in question F.9.15 or 9.16) and without access to the Internet (answer NO in question F.9.18).

1. Which of these reasons best describes why your household has no access to the Internet?

*Show CARD no. 10, you can select at most 3 answers by marking the relevant squares.*

- 1.1.  the lack of appropriate equipment
- 1.2.  sufficient possibilities to use the Internet in other places
- 1.3.  we don't need the Internet
- 1.4.  the Internet does not offer anything interesting
- 1.5.  privacy and security reasons
- 1.6.  the Internet may be harmful, for instance, it may demoralize children and take up too much time
- 1.7.  the access cost is too high
- 1.8.  no sufficient skills to use
- 1.9.  other reasons
- 1.10.  we are going to get it this year

Questions to households with computer (answer YES in question F.9.15 or 9.16) connected to the Internet (answer YES in question F.9.18).

2. How do the members of your household connect to the Internet at home? (*you may mark more than one answer*)

- 2.1.  modem (connection through stable telephone line)
- 2.2.  stable connection up to 512 kb/s
- 2.3.  stable connection over 512 kb/s
- 2.4.  mobile phone (GPRS)
- 2.5.  *I don't know*

3. If the household has a stable connection, which type?

- ADSL (e.g. Neostada TP, etc.)
- cable TV network
- wireless connection
- satellite connection
- radio network
- other type
- I don't know*

4. How long have you had the Internet at home? *Please provide the year of connection.*

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## N. ECOLOGY

1. Do you have a habit of doing the following things in your household? *Show CARD no. 9, ask for assessment in the scale 1. YES, 2. SOMEWHAT YES, 3. SOMEWHAT NOT, 4. NO, 7. IT'S DIFFICULT TO SAY and enter the number given by the respondent in the square next to each statement.*

- 1.1.  We started buying a product just because it is less harmful for the environment than the one we used to buy
- 1.2.  We try disposing garbage (such as paper, plastics, glass) into special containers
- 1.3.  When doing the shopping we try to limit the number of plastic bags used for packaging

Subsequent number of questionnaire in the province

**THE COUNCIL FOR SOCIAL MONITORING**tel.  
fax  
e-mail**SOCIAL DIAGNOSIS 2005**  
*an independent study of quality of life in Poland***PART II individual questionnaire****Household ID number** (*same as in Part C*) **Person number** (*copy from part - C*) **Name** (*copy from part - C*)

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.

**INSTRUCTION**

Since the information you provide will be read mechanically, please read carefully the instruction below and follow it strictly.

In questions where you are asked to select one or more answer, please mark your choice by marking the square next to the selected answer.

In the answers where you are asked to give your assessment, please enter the number corresponding to the assessment in the square. If the assessment scale is for example:

1	2	3	4	5	6	7
completely						very
unimportant						important

medium grades (2,3,4,5,6) mean that something is less important if the number is lower (for example 2 means less important than 3) and more important if the number is higher (6 means more important than 5).

In the questions where you are asked to provide a number, please enter it in the relevant squares remembering that the last number should be entered in the last square.

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

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

MONEY

CHILDREN

SUCCESSFUL MARRIAGE

WORK

FRIENDS

PROVIDENCE, GOD

CHEERFULNESS, OPTIMISM

HONESTY

KINDNESS AND RESPECT from OTHERS

FREEDOM, LIBERTY

HEALTH

EDUCATION

STRONG PERSONALITY

PARTICIPATION IN CULTURE (treading books, listening to music, going to theater etc.)

OTHER

3. **How do you feel about your life as a whole.....?** (please mark the square next to the appropriate answer)

DELIGHTED

PLEASED

MOSTLY SATISFIED

MIXED

MOSTLY DISSATISFIED

UNHAPPY

TERRIBLE

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

it was easier before year 1989

it is easier at present

it is difficult to say

I am too young to remember times before year 1989

**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

OFTEN  IT HAPPENED  NEVER  NOT APPLICABLE

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

OFTEN  IT HAPPENED  NEVER  NOT APPLICABLE

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

OFTEN  IT HAPPENED  NEVER  NOT APPLICABLE



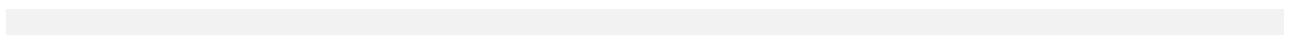
<b>In the recent months:</b> (NOT APPLICABLE means no financially dependent children)	
8. You had doubts about your children being hard-working and tough enough to cope in life	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE
9. You had to listen to complaints about your children (at school, from neighbors, from other parents)	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE
10. You had to bear some expenses because of something that your children did	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE
11. Your children disregarded and rejected your help, advice and guidance	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE
12. You felt that you were losing influence on your children	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE

<b>In the recent months:</b> (NOT APPLICABLE means no parents, parents-in-law or older relatives)	
13. Your parents, parents-in-law or older relatives complained about you and was particularly critical of you	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE
14. You felt responsible for caring for and ensuring well-being of your parents or older relatives	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE
15. You were worried about the health or state of mind of one of your parents or older relatives	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE
16. Problems and worries of your parents, parents-in-law or other older relatives added to your troubles and made your life difficult	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE

<b>In the recent months:</b>	
17. You felt that your source of income was unstable and uncertain	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE
18. Financial problems added to your troubles and made your life difficult	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER

<b>In the recent months:</b> (NOT APPLICABLE means lack of paid work)	
19. You felt that your work was too tiresome, dirty or dangerous	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE
20. You felt you had too many work responsibilities that you were not able to cope with	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE
21. You were treated unjustly by others at work	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER <input type="checkbox"/> NOT APPLICABLE

<b>In the recent months:</b>	
22. 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	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER
23. You were afraid of crime, drug addiction, hooliganism within your district, housing estate, vicinity	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER
24. Problems associated with neighbors or other people living in the close vicinity of your home made your life difficult	<input type="checkbox"/> OFTEN <input type="checkbox"/> IT HAPPENED <input type="checkbox"/> NEVER



**In the recent months:**

25. You suffered from a physical indisposition, such as bones aching, shortness of breath, which made it difficult to walk out, climb the stairs etc.

OFTEN       IT HAPPENED       NEVER

26. Health problems made it difficult for you to perform everyday tasks or participate in other activities

OFTEN       IT HAPPENED       NEVER

**In the recent months:**

27. You had to deal with some formal matters

YES       NO (if NO, please go to question 31)

28. You were not able to deal with a formal matter efficiently, quickly and easily

OFTEN       IT HAPPENED       NEVER

29. You had to search for friends or other ways in order to deal with a formal matter

OFTEN       IT HAPPENED       NEVER

30. You felt completely helpless and humiliated when dealing with a formal matter

OFTEN       IT HAPPENED       NEVER

**In the recent months: (NOT APPLICABLE means that there was no need to use medical services)**

31. You did not know where to seek medical assistance for yourself or for a relative or acquaintance

OFTEN       IT HAPPENED       NEVER       NOT APPLICABLE

32. You did not trust the healthcare service employees to provide medical assistance for you or a relative or acquaintance

OFTEN       IT HAPPENED       NEVER       NOT APPLICABLE

33. Although you needed to, you decided not to see a doctor, because it would have been too burdensome, onerous or costly

OFTEN       IT HAPPENED       NEVER       NOT APPLICABLE

**During the last year, did you:**

34. Undertake a more profitable or an additional job  YES       NO

35. Invested some money in production, trade or services  YES       NO

36. Made some money on stocks, bonds or transfer of money between bank accounts  YES       NO

37. Obtained new qualifications or skills with better earnings in mind  YES       NO

**38. How would you evaluate your material situation at present:**

- GREAT
- GOOD
- QUITE GOOD
- NEITHER GOOD NOR BAD
- NOT TOO GOOD
- BAD
- TERRIBLE

39. "Taken all together, **how would you say things are these days?** Would you say that you are....?:"

- VERY HAPPY
- PRETTY HAPPY
- NOT TOO HAPPY
- UNHAPPY

40. During the last year, **did you use services of the following entities?**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 40.1. health care units paid by health care public funds              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 40.2. units, where you had to pay for services                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 40.3. units paid by an employer, who paid for a medical services plan | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 40.4. units paid by a person from outside of the household            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 40.5. health care units paid by charity institutions                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

41. **How often within the last few months you were so depressed you thought about suicide:**

- VERY OFTEN  
 QUITE OFTEN  
 RARELY  
 NEVER

42. During the last year, did you encounter a situation, in which **you failed to take some time off work despite the fact that the doctor provided you with a sickness leave?**  YES  NO  I AM NOT EMPLOYED

43. **If you won a bet for PLN 200 and had a choice to take the PLN 200 or flip a coin and either get nothing if it is heads or get PLN 400 if it is tails – what would you choose?**

- take PLN 200 at once  
 toss the coin and either get nothing or PLN 400

44. Within the last year, did you use **services of general practitioners paid for by the National Health Fund?**

- YES  NO

45. **How often during a month do you participate in masses or other religious meetings? (if less than once in a month, enter 0)**   times in a month

46. **Do you trust:**

- |   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| 46.1. banks   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> I HAVE NO OPINION |
| 46.2. life insurance associations   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> I HAVE NO OPINION |
| 46.3. property insurance associations                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> I HAVE NO OPINION |
| 46.4. investment funds  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> I HAVE NO OPINION |
| 46.5. pension funds   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> I HAVE NO OPINION |
| 46.6. the stock exchange  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> I HAVE NO OPINION |
| 46.7. Internet transactions which require providing credit/bank card number | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> I HAVE NO OPINION |
| 46.8. foreign manufacturers of medicines                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> I HAVE NO OPINION |
| 46.9. local manufacturers of medicines                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> I HAVE NO OPINION |

47. Do you feel **that you are loved and trusted?**  YES  NO

48. **How many people would you call your friends?**

49. **How strong is your willingness to live these days?** (mark the appropriate square on the scale below)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
I don't want to live at all					I want to live very much				

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

- 50.1.  I turn to others for advice and assistance  
 50.2.  I pull myself together and start acting  
 50.3.  I start using alcohol  
 50.4.  I tell myself that it could be worse or that others face even worse situations  
 50.5.  I give up, I do not know what to do  
 50.6.  I use tranquilizers  
 50.7.  I pray to God for assistance  
 50.8.  I get preoccupied with other things, which divert my attention from problems and make me feel better

51. Do you feel **lonely, although you do not want to be?**  YES  NO

52. **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. Mark your choice by marking the square next to the relevant digit).**

- N.  0. I think that I don't look worse than I used to.  
 1. I am worried because I think I look old or 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 to work.  
 1. I have less energy than I used to have.  
 2. It is a big effort for me to do anything.  
 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 tired or 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 anything.
- 
- 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. I am so worried about my health 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 completely lost any interest in sex.

53. In politics it is not possible to achieve everything at once. If you were to specify the most important issues which should be handled in Poland, **which would you put in the first place and which in the second.** Enter number 1 in the square next to the most important issue and number 2 next to the second most important issue.

- maintaining order in a society
- creating better opportunities for free speech
- preventing price increases
- creating better possibilities for people to influence the decisions of authorities

54. **There are a few statements below. Please assess to what degree they are similar to your views and opinions. Please mark the answer by entering a relevant digit next to each statement. The digits mean:**

- 1 – DEFINITELY YES
- 2 – YES
- 3 – RATHER YES
- 4 – NEITHER YES NOR NO
- 5 – RATHER NO
- 6 – NO
- 7 – DEFINITELY NO

- 54.1.  I admire people who have expensive houses, cars and clothes
- 54.2.  I don't pay too much attention to material goods
- 54.3.  Success in life is assessed through the possession of various material goods
- 54.4.  I like to have things which others would envy
- 54.5.  I like to buy things which are not practicable
- 54.6.  Shopping itself is a great pleasure to me
- 54.7.  I am very energetic
- 54.8.  I get impatient when waiting to see what the next day brings
- 54.9.  Some people are more worthy than others
- 54.10.  In an ideal world all nations would be equal
- 54.11.  Some groups of people do not deserve respect
- 54.12.  We should strive to make the income of all people quite equal
- 54.13.  If all Poles were treated equally, we would have less problems in Poland

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

- incomplete primary
- primary
- vocational
- incomplete secondary
- secondary vocational
- secondary grammar
- incomplete higher (including post-secondary)
- higher

56. Listed below are several ailments associated with health conditions. Please specify whether you suffered from any of them within the LAST MONTH. If you did not suffer from it at all during the period of last month, please mark the square in the column "I did not suffer", if you suffered from it less than 15 days in the month, mark the square in the middle column, if you suffered from an ailment for at least one half of the month, please mark the square in the last column.

IN THE PAST MONTH:	I did not suffer	I suffered less than 15 days	I suffered for at least one half of the month
56.1. strong headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.2. stomach pains or flatulence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.3. pain or tension of the neck or arm muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.4. chest or heart pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.5. dry mouth or throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.6. sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.7. shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.8. aching and pains all over the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.9. accelerated heartbeat (palpitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.10. shivers or convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.11. pressure on the bladder and more frequent urinating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.12. feeling tired not associated with work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.13. constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.14. nosebleeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.15. sudden changes in blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- successful  
 not successful  
 it is difficult to say

58. Did the changes that took place in Poland after 1989 have any influence on your life?  YES  NO

59. — if YES, then, in general, was that influence positive or negative?

- very negative  
 negative  
 positive  
 very positive  
 it is difficult to say

60. Do you smoke cigarettes?  YES  NO

61. — if YES, how many cigarettes per day do you smoke?   cigarettes

62. — if NO, have you ever smoked cigarettes in your life?  YES  NO

63. If you lost a bet for PLN 200 and had a choice to pay the PLN 200 at once or flip a coin and either pay nothing if it is heads or pay PLN 400 if it is tails – what would you choose?

- pay PLN 200 at once  toss the coin and either pay nothing or pay PLN 400

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

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

65.1.  the authorities

65.2.  myself

65.3.  other people

65.4.  destiny (Providence)

66. Have you engaged within the last two years in activity on behalf of the local community (commune, housing estate, town, neighborhood)?  YES  NO

67. 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 marking the square next to 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:**

67.1. your relations with close family members 1 2 3 4 5 6 7

67.2. the financial situation of your family 1 2 3 4 5 6 7

67.3. your relations with colleagues (a group of friends) 1 2 3 4 5 6 7

67.4. the present income of your family 1 2 3 4 5 6 7

67.5. your ability to fulfill food needs 1 2 3 4 5 6 7

67.6. your health 1 2 3 4 5 6 7

67.7. what you are accomplishing in life 1 2 3 4 5 6 7

67.8. situation in the country 1 2 3 4 5 6 7

67.9. housing conditions 1 2 3 4 5 6 7

67.10. your place of residence 1 2 3 4 5 6 7

67.11. goods and services you can get 1 2 3 4 5 6 7

67.12. what the future seems to hold for you 1 2 3 4 5 6 7

67.13. your sex life 1 2 3 4 5 6 7

67.14. your education 1 2 3 4 5 6 7

67.15. your ways of spending leisure time 1 2 3 4 5 6 7

67.16. moral standards in you community 1 2 3 4 5 6 7

67.17. your work 1 2 3 4 5 6 7

67.18. children 1 2 3 4 5 6 7

67.19. marriage 1 2 3 4 5 6 7

67.20. safety in the place of residence 1 2 3 4 5 6 7

67.21. health care near your place of residence 1 2 3 4 5 6 7

68. Did you attend a public meeting last year (but not at work)?  YES  NO

69. — if YES, did you participate in a discussion during the meeting?  YES  NO

70. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?

- most people can be trusted  
 one can't be too careful in dealing with people  
 it is difficult to say

71. Please assess the importance of the following targets in your life. The assessment should be marked in the square next to each of the targets by entering an appropriate number from the scale presented below:

	1	2	3	4	5	6	7	8	9
not important									very important

71.1.  To be someone generally recognized and admired

71.2.  To do anything I want to do in my life

71.3.  To be financially successful

71.3.  To win friends

71.4.  To help people in need

71.5.  To look attractive

72. In contacts with others do people do pleasant or harmful things – help one another, cheat, give presents, offend, praise, give and take...

How much in your whole life: (please mark the square over the selected answer)

72.1. good was done to you by other people?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	2	3	4	5	6	7	8	9	
Very much									Nothing

72.2. evil was done to you by other people?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	2	3	4	5	6	7	8	9	
Very much									Nothing

72.3. you did good to other people?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	2	3	4	5	6	7	8	9	
Very much									Nothing

72.4. you did evil to other people?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	2	3	4	5	6	7	8	9	
Very much									Nothing

73. In your opinion, Poland's membership in the European Union is something good or bad?

- good  
 bad  
 neither  
 difficult to say

74. Do you use a computer at work or in other places, at least from time to time?  YES  NO



**75. There are various behaviors given below. Some of them may refer to you personally and others to other people. Please choose which of them have a meaning for you personally and which not? Answers should be marked by entering a relevant number from 1 to 5 next to each behavior. The numbers stand for:**

- ..... 1 - I DON'T CARE AT ALL
- ..... 2 - I ACTUALLY DON'T CARE
- ..... 3 - I CARE A LITTLE
- ..... 4 - I CARE A LOT
- ..... 5 - IT IS DIFFICULT TO SAY

**How much do you care whether:**

- 75.1.  someone pays lower taxes than he/she owes
- 75.2.  someone avoids paying for public transport (buses, trains)
- 75.3.  someone does not pay for electricity
- 75.4.  someone wrongly obtains unemployment benefit
- 75.5.  someone does not pay rent for his/her flat (although it's possible)
- 75.6.  pays extra money to get to a hospital or doctor faster
- 75.7.  an alderman does not come to the office hours
- 75.8.  someone imports goods from abroad and does not pay the customs fees

**76. Did the fact that Poland joined the European Union influence the life of you and your family?**

- YES       NO

77.— if YES, was this influence in general positive or negative?

- very negative
- negative
- positive
- very positive
- difficult to say

**IN THE PREVIOUS YEAR:**

78. I visited a psychologist (psychiatrist)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
79. I drank too much alcohol	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
80. I tried drugs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
81. one of my relatives or acquaintances passed away	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
82. I could not get a job after graduating from school	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
83. I was shifted to a lower work position	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
84. I was passed over for promotion at work	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
85. I was promoted	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
86. I had serious problems with my superior	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
87. I started my own business (company)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
88. I lost a substantial amount of money doing business	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
89. Out of necessity I took up a job inconsistent with my qualifications	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
90. I was robbed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

91. I was attacked and beaten	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
92. Someone broke into my car or house	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
93. I was accused of an act, for which I could be liable to imprisonment or a fine	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
94. I was arrested by the police	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
95. I was a defendant in a civil case	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
96. a close friend/relative was arrested or violated the law	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
97. I was discriminated against because of nationality, appearance, beliefs or for other reasons	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
98. my apartment (house) was seriously damaged	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
99. my apartment (house) was renovated	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
100. I had problems with the owner or manager of the building in which I live (lived))	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
101. I was seriously ill	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**102. Which of these statements regarding democracy do you find the most convincing?**

- democracy is better than any other form of government
- sometimes a non-democratic system can be better than a democratic system
- for people like me it really doesn't matter whether the system is democratic or non-democratic
- democracy is a bad system
- It is difficult to say

**103. Are you a member of any organizations, associations, parties, councils, unions, committees or religious groups?**

- YES, one
- YES, two
- YES, three or more
- NO

104. — if YES, then **have you ever performed a function in any of these organizations?**  YES  NO

**105. If in your local community or neighborhood people do something for the community, who usually provides the initial idea or organizes such actions? (please mark the squares next to all answers you deem proper)**

- 105.1.  someone from the local authorities
- 105.2.  priest, parish
- 105.3.  teachers, school
- 105.4.  company owner, local businessman
- 105.5.  me
- 105.6.  social organizations and associations
- 105.7.  journalists
- 105.8.  other people
- 105.9.  I don't know
- 105.10.  no one does anything for the society

**106. Your own (personal) monthly net income average from the last three months amounted to:**

PLN

**107. What monthly net income do you expect in two years?**

PLN



Provided below are sets of questions only for persons belonging to specific groups:  
**those, who work, who have not retired yet**  
**employed (working)**  
**those working up to 50 years of age**  
**computer users**  
**Internet users**  
**mobile phone users**

If you meet any of the above conditions, please go to the appropriate set of questions on subsequent pages.

\*\*\*\*\*

**ONLY FOR THOSE, WHO WORK, WHO HAVE NOT RETIRED YET**

117. Do you participate in any additional pension security?  YES  NO

118. – if YES, which one (please mark the square next to the proper answer)

- I have life insurance with an investment/ capital fund
- I save in an investment fund
- I am a member of the employee pension programme organized by my employer
- I have an Individual Pension Account (IKE)
- other forms

119. — if NOT, do you plan to get any additional pension security?

- YES, I do
- NO, I do not

120. — if YES, in what form are you planning to participate in any additional pension security? (please mark the square next to the proper answer)

- I will purchase life insurance with a capital fund
- I will save in an investment fund (trust fund)
- I will have an Individual Pension Account (IKE)
- I don't know yet

\*\*\*\*\*

**ONLY FOR THE EMPLOYED (WORKING)**

121. Do you take advantage of any group insurance provided by the employer?  YES  NO

122. — if YES, who pays the premium?  
 Provide the answer for each type of insurance by marking the appropriate square.  
 The premium is paid by:

Insurance typ	Yourself	The employer
122.1. life insurance	<input type="checkbox"/>	<input type="checkbox"/>
122.2. life insurance with investment fund	<input type="checkbox"/>	<input type="checkbox"/>
122.3. accident insurance	<input type="checkbox"/>	<input type="checkbox"/>
122.4. professional liability insurance	<input type="checkbox"/>	<input type="checkbox"/>

\*\*\*\*\*

**ONLY FOR THE EMPLOYED AGED UP TO 50**

123. What influenced your decision concerning the selection of the Open Pension Fund (you may select more than one answer and mark squares next to relevant answers)

- 123.1.  an advertisement of a given fund
- 123.2.  confidence in a given fund
- 123.3.  low payments
- 123.4.  advice of a relative or friend
- 123.5.  information obtained from a representative of a given fund
- 123.6.  previous financial results of the fund
- 123.7.  other reasons
- 123.8.  I DID NOT SELECT ANY FUND

\*\*\*\*\*

**ONLY FOR COMPUTER USERS**

124. **How do you assess your computer skills?**  
 very good  
 good  
 average  
 low

125. **How many hours did you spend using a computer last week?**     

126. **Have you ever used the Internet or e-mail?**      1.  YES      2.  NO

127. **Where do you use a computer?** (you can select more than one answer and mark the square by the selected ones)

127.1  at work  
 127.2  at home  
 127.3  at school/ university  
 127.4  at an Internet cafe/ club  
 127.5  at friends/ relatives  
 127.6  at other place

**128. Did using the computer (and Internet) change the amount of time you devote to the following activities:**

	Increase	Did not change	Decrease
128.1. work at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.2. reading press (newspapers and magazines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.3. watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.4. reading books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.5. contact with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.6. contact with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.7. going to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.8. going to theater, opera, operetta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.9. going to museums and exhibitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.10. listening to the radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.11. going to concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*\*\*\*\*

**ONLY FOR INTERNET USERS**

129. **When did you start using the Internet?** (please enter year)     

130. **How many hours did you spend last week using the Internet?**

131. **Where do you use the Internet ?** (you can select more than one answer)

- 131.1.  at work  
 131.2.  at home  
 131.3.  at school/ university  
 131.4.  at Internet cafe/ club  
 131.5.  at friends/ relatives  
 131.6.  at other place

132. **Who do you communicate with using the Internet?** (in the first column, enter persons that you ever contacted, and in the second – persons that you contacted last week; provide answers by marking squares in the adequate rows)

	Ever	Last week
132.1. family	<input type="checkbox"/>	<input type="checkbox"/>
132.2. work colleagues	<input type="checkbox"/>	<input type="checkbox"/>
132.3. colleagues, friends that I also contact in ways other than via Internet	<input type="checkbox"/>	<input type="checkbox"/>
132.4. persons that I do not have direct contact with	<input type="checkbox"/>	<input type="checkbox"/>
132.5. persons that I met on the Internet	<input type="checkbox"/>	<input type="checkbox"/>
132.6. persons with similar interests	<input type="checkbox"/>	<input type="checkbox"/>
132.7. love interest	<input type="checkbox"/>	<input type="checkbox"/>

133. **Have you ever personally met persons you got acquainted with through the Internet?**  YES  NO

134. **Please mark, whether you did the following things while using the Internet?** (please read the list of things one can do using the Internet, mark things that you have ever done and things that you did last week)

	Ever	Last week
134.1. receiving and sending e-mails	<input type="checkbox"/>	<input type="checkbox"/>
134.2. instant messaging (e.g. ICQ, Gadu-Gadu, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
134.3. visiting chats	<input type="checkbox"/>	<input type="checkbox"/>
134.4. visiting discussion groups or forums	<input type="checkbox"/>	<input type="checkbox"/>
134.5. phone conversations through Internet (VoIP, Skype)	<input type="checkbox"/>	<input type="checkbox"/>
134.6. videoconferences	<input type="checkbox"/>	<input type="checkbox"/>
134.7. browsing Web pages	<input type="checkbox"/>	<input type="checkbox"/>
134.8. gathering materials needed for school or work	<input type="checkbox"/>	<input type="checkbox"/>
134.9. participation in courses or training through the Internet	<input type="checkbox"/>	<input type="checkbox"/>
134.10. looking for a job, sending offers concerning employment	<input type="checkbox"/>	<input type="checkbox"/>
134.11. purchased goods through the Internet	<input type="checkbox"/>	<input type="checkbox"/>
134.12. accessing bank account via Internet	<input type="checkbox"/>	<input type="checkbox"/>
134.13. paid the bills through the Internet	<input type="checkbox"/>	<input type="checkbox"/>
134.14. participation in online auctions	<input type="checkbox"/>	<input type="checkbox"/>
134.15. playing network games via Internet	<input type="checkbox"/>	<input type="checkbox"/>
134.16. downloading free software	<input type="checkbox"/>	<input type="checkbox"/>
134.17. downloading free music or movies	<input type="checkbox"/>	<input type="checkbox"/>
134.18. creating or modifying own Web page	<input type="checkbox"/>	<input type="checkbox"/>
134.19. creation and publishing of own texts, graphics, music or other works in the Internet	<input type="checkbox"/>	<input type="checkbox"/>
134.20. obtained information from websites of public institutions	<input type="checkbox"/>	<input type="checkbox"/>
134.21. downloaded or completed official forms	<input type="checkbox"/>	<input type="checkbox"/>
134.22. listened to music or radio through the Internet	<input type="checkbox"/>	<input type="checkbox"/>
134.23. watched TV through the Internet	<input type="checkbox"/>	<input type="checkbox"/>
134.24. used the Internet and e-mail at home for professional purposes	<input type="checkbox"/>	<input type="checkbox"/>

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**ONLY FOR MOBILE PHONES USERS**

135. **How long have you had a mobile phone?** (please provide the year when you bought/got your first mobile phone)

136. **What mobile network do you presently use?** (please provide only one answer, if you use more than one – please mark the network which you use more often):

Era subscription  
 Era Tak-Tak  
 Plus GSM subscription  
 Simplus  
 Idea subscription  
 Pop  
 Heyah  
 Sami Swoi  
 I don't know

137. **How long have you had the mobile phone which you presently use (last purchased)?**

up to 3 months       from 6 months to one year       over 2 years  
 from 3 to 6 months       from 1 to 2 years

138. Approximately, **how many times in one day did you make calls to other people** using your mobile phone?

139. How many of these calls were to the people listed below: approximately, how many times in one day do you call the following persons:

139.1. members of your household	<input type="text"/> <input type="text"/>
139.2. family (except persons living in your household)	<input type="text"/> <input type="text"/>
139.3. friends	<input type="text"/> <input type="text"/>
139.4. colleagues	<input type="text"/> <input type="text"/>
139.5. other people	<input type="text"/> <input type="text"/>

140. **Do you send SMS or MMS from your mobile phone?**

140.1. SMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.2. MMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO

141. Please specify, **how many SMS or MMS on average you sent last week using your mobile phone?**

142. **How many of these messages were SMS/MMS sent to the following people?** Please specify how many times a day during last week you sent messages to:

142.1. .members of your household	<input type="text"/> <input type="text"/>
142.2. family (except persons living in your household)	<input type="text"/> <input type="text"/>
142.3. friends	<input type="text"/> <input type="text"/>
142.4. colleagues	<input type="text"/> <input type="text"/>
142.5. other people	<input type="text"/> <input type="text"/>

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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