

Subsequent number of questionnaire in the voivodship

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e-mail: [czapinski@vizja.pl](mailto:czapinski@vizja.pl)**SOCIAL DIAGNOSIS 2007**  
*an independent study of life quality in Poland***PART I****A. HOUSEHOLD CHARACTERISTICS**0. Status of household in the research 0b – if 4 enter the number of household which gave rise to this household 

voivodship      district      municipality

1. Territorial symbol   

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

.....

2b. telephone number         3. Symbol of the class of place of residence 4. Household ID number 5. Symbol of the household source of income 6. Number of persons in the household 7. Number of persons over 15 in the household **B. INFORMATION REGARDING THE INTERVIEW CONDUCTED**

1. Course of visits in the household dwelling

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



## C. HOUSEHOLD COMPOSITION

Household ID number 

1. Person reference number		2. Name of the household member							
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
1	Person reference number								
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 (if 99 move to item 14)								
12	Number of years of studying								
13	Specialization of completed education								
14	Education status (5 ⇒ row 16)								
15	Type of education services								
16									
17	Civilization abilities	Driving licence (1 yes, 2 no)							
18		Foreign languages (1 active 2 passive 3 not known)	English						
19			German						
20			French						
21			Russian						
22			Spanish						
23			Other						
24	Mobile phone (yes, no)								
25	If yes, mobile phone operator								
26	Disability								

27		<b>Main</b>								
28	<b>Maintenance source</b>		<b>1</b>							
29		<b>additional</b>	<b>2</b>							
30	<b>Status of presence of the person in the household</b>									
31	<b>Reasons for temporary absence</b>									
32	<b>Membership status of the person in the household</b>									
33	<b>Movement of persons in household</b>	<b>date of arrival</b> (month, year)								
34		<b>date of leave</b> (month, year)								
35		<b>reason for arrival</b>								
36		<b>reason for leave</b>								
37	<b>Status of being subject to individual interview</b>									
38	<b>Result of the individual interview</b>									

39. Reference number of the person providing answers on behalf of the household

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**D. ECONOMIC ACTIVITY OF HOUSEHOLD MEMBERS AGED 15 AND OVER**

definition of economic activity according to BAEL (Labor Force Survey);

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	What type of work is performed by the person in its main work place?						
6	Is it full-time employment? 1 – YES (go to 14), 2 – NO (go to 7)						
7	Why does the person work part-time? (go to 14)						
8	Has this person been looking for a job for the last 4 weeks? 1 – YES (go to 10), 2 – NO, but the job is settled (go to 11), 3 NO (go to 9)						
9	Why is he/she not looking for a job? (if pension go to 18)						
10	Is he/she able to start working this week or next week? 1 – YES, 2 - NO						
11	Is this person registered in the Labor Office? 1 YES, 2 NO						
12	How long has this person been unemployed? (fill out for persons, who have symbol 1 or 2 in row 8 and for persons, who have symbol 3 in row 8 and symbol 1 in row 11) (in months)						
13	Does this person receive unemployment benefit? 1 YES (go to 18), 2 NO (go to 18), 3 NOT APPLICABLE (he/she is not unemployed)						
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	Is the main place of work located in the place of residence?						
17	Presently performed occupation (go to 19)						
18	Occupation performed in the last place of work (for unemployed and professionally inactive)						
19	Has this person been registered in the Labor Office within the last 2 years? 1 – YES, 2 – NO (go to 22)						
20	How many times has this person been registered in the Labor Office in the last 2 years?						
21	For how long, in total, was this person unemployed during the last 2 years (in months)?						
22	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 (go to 26)						
23							
24	Provide (up to three) types of education activity						
25							

26	Did this person work abroad in 2005 – 2007? 1 YES, 2 NO						
27	Did this person study abroad in 2005 – 2007? 1 YES, 2 NO (if both 26 and 27 NO – go to 33)						
28	How many times did this person go abroad and study or work there in 2005 – 2007?						
29 30	In which countries did he/she work or study? (if more than two, enter two where he/she spent most time)						
31	Provide the total time spent on working or studying abroad in 2005 – 2007 (in months)	Work					
32		Studies					
33	What is the total work time of this person? (in years)						
34	How long has he/she been working in the present workplace? (years, if less than one year, enter 1 year)						
35	In how many workplaces (including temporary jobs) did he/she work in 2000 – 2007?						

**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         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.2. fruit and fruit preserves                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.3. meat (including poultry)                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.4. meat and poultry preserves                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.5. fish and fish preserves                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.6. butter and other edible fats               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.7. milk                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.8. milk products                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.9. sugar                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.10. confectionery (sweets, chocolate etc.)    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.11. coffee, tea, tobacco and alcohol products | <input type="checkbox"/> YES | <input type="checkbox"/> 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? 1.  YES 2.  NO

If the household has savings, go to question 2, if not – go to question 5.
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2. 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
3. What is the form of savings of the household?  
*Provide separate answers for each form of savings, marking the appropriate square.*
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 3.1. bank deposits in PLN                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.2. bank deposits in foreign currencies                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.3. in bonds   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.4. in investment funds                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.5. in pension funds                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.6. in securities quoted on the stock exchange         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.7. shares and stocks in private joint-stock companies | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.8. investment in real estate property                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.9. investment in goods other than real estate         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.10. in cash   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.11. in other form                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## 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

<i>If the household is currently taking advantage of loans or credits, go to question 6, if not, go to question 9.</i>
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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.*

- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| 7.1. in banks              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7.2. in other institutions | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7.3. from private persons  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

*Show CARD no. 1 and ask for selection of one variant of the answer and mark the appropriate square.*

1.  up to the equivalent of monthly income of the household
2.  more than monthly income – up to the equivalent of household income for 3 months
3.  more than 3 months – up to the equivalent of household income for 6 months
4.  more than 6 months – up to the equivalent of household income for 1 year
5.  more than the equivalent of annual income of the household
6.  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)      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.2. regular charges (e.g. rent)                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.3. purchase of durable goods   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.4. purchase of apartment, house, payment made to housing association | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.5. renovation of house/ apartment                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.6. medical treatment   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.7. purchase, lease of work tools (machines, rental charges etc.)     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.8. recreation  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.9. purchase of securities  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.10. payment of debts incurred earlier                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.11. development of own business activity                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.12. education  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.13. other purposes   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



9. To what extent do you agree or not agree with the statements below?

Show CARD no. 2 and ask for selection of one variant of the answer and mark the appropriate square.

	I don't agree	I rather don't agree	I neither agree nor don't agree	I rather agree	I agree
9.1. During shopping the quality of a product is the most important. Price is of lower importance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9.2. In our household we regularly meet with many friends and relatives.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9.3. In our household we like to spend a lot of money for various equipment and devices.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9.4. In our household we stay abreast of modern technology.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

1.  worsened
2.  improved
3.  remained unchanged.

11. 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 three items (TV set, computer, car) and mark the square next to TP if Telekomunikacja Polska is the operator of stable phone.

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

	Does the household have a		If the household does not have the item, is it due to financial reasons?		How many /TP
11.1 washing machine	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.2 dishwasher	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.3 microwave oven	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.4 LCD or plasma TV set	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.5 satellite TV	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.6 cable TV	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.7 DVD player	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.8 home cinema	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.9 summer house	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.10 computer	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.11 mobile computer (laptop, notebook)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.12 passenger car (semi-truck)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.13 access to Internet at home	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.14 stationary phone	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> TP
11.15 motorboat, sailboat	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11.16 plot for recreation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

12. If the household has a computer, when was it purchased or modernized? (provide two last digits of the year in the relevant box)

purchase  modernization

13. If the household has a computer, since when? (provide two last digits of the year)

## G. HOUSING CONDITIONS

Now I would like to talk about your housing conditions.

1. Does your household use a separate dwelling? 1.  YES 2.  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 square:

4.1. a water-supply system	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.2. a flushable toilet using running water	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.3. a bathroom with a bathtub or shower	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.4. hot running water	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.5. gas from a supply system	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.6. gas from a cylinder	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. How is the apartment heated?  
Choose one answer by marking the appropriate square.

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

6. 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, 7 - no, 8 - not applicable.

8.1. payments for the apartment (rent)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	N <input type="checkbox"/>
8.2. gas, electricity charges	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	N <input type="checkbox"/>
8.3. payment of a housing credit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	N <input type="checkbox"/>

7. In comparison with three years ago, have your housing conditions:  
Choose one answer by circling the appropriate number.

1.  improved  
2.  worsened  
3.  remained unchanged

## H. SOCIAL ASSISTANCE

Now I would like to talk about assistance for your household.

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

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

## 2. Is the household receiving assistance:

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

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| 1.1. financial           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.2. material            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1.3. in form of services | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**I. EDUCATION**

**Now I would like to talk about education of children.**

REMARK: QUESTIONS 1 TO 3 PERTAIN ONLY TO HOUSEHOLDS WITH CHILDREN AGED 26 AND UNDER.

## 1, 2, 3. 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

chance assessment

- |   |                    |
|---|--------------------|
| 1 vocational school                               | 1 already attained |
| 2 secondary school (grammar)                      | 2 good chance      |
| 3 technical school or vocational secondary school | 3 moderate chance  |
| 4 higher school (bachelor's degree)               | 4 small chance     |
| 5 higher school (master's degree)                 | 5 no chance        |

1. Child number*	2. Education level	3. Chance assessment
1.1. <input type="checkbox"/> <input type="checkbox"/>	2.1. <input type="checkbox"/>	3.1. <input type="checkbox"/>
1.2. <input type="checkbox"/> <input type="checkbox"/>	2.2. <input type="checkbox"/>	3.2. <input type="checkbox"/>
1.3. <input type="checkbox"/> <input type="checkbox"/>	2.3. <input type="checkbox"/>	3.3. <input type="checkbox"/>
1.4. <input type="checkbox"/> <input type="checkbox"/>	2.4. <input type="checkbox"/>	3.4. <input type="checkbox"/>
1.5. <input type="checkbox"/> <input type="checkbox"/>	2.5. <input type="checkbox"/>	3.5. <input type="checkbox"/>
1.6. <input type="checkbox"/> <input type="checkbox"/>	2.6. <input type="checkbox"/>	3.6. <input type="checkbox"/>

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

REMARK: QUESTIONS 4 AND 5 PERTAIN ONLY TO HOUSEHOLDS WITH CHILDREN ATTENDING TO SCHOOLS (over pre-school education)

4. Do the children attending schools have their own place to study at home?  YES  NO

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

1.  improved
2.  worsened
3.  remained unchanged

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

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

6.1. withdraw from extracurricular activities for the child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.2. limit or suspend payment of school charges?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.3. withdraw from paying for lunch at school for the child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.4. withdraw from private lessons for the child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.5. place the child in a different school, requiring lower charges?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.6. impose other limitations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**J. CULTURE AND RECREATION**

Now I would like to talk about 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. The answer NOT APPLICABLE means no need in a given category.

1.1. movies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1.2. theatre, opera, operetta, concert	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1.3. museum or exhibition	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1.4. purchase of a book	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1.5. purchase of newspapers, magazines	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

2. How many (approximately) books are there in your household (without schoolbooks or manuals)

- 1  none  
 2  up to 25  
 3  26 – 50  
 4  51 - 100  
 5  101 – 500  
 6  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.

1.  worsened  
 2.  improved  
 3.  remained unchanged

4. 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.

1.  worsened  
 2.  improved  
 3.  remained unchanged

5. 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. The answer NOT APPLICABLE means no need in a given category.

5.1. a summer camp or a trip for children	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO	3 <input type="checkbox"/> N/A
5.2. vacations, trips for adults	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO	3 <input type="checkbox"/> N/A
5.3. family trips (adults and underage children)	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO	3 <input type="checkbox"/> N/A

**K. HEALTH CARE**

Now I would like to talk about health.

1. 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.

1.1. health care units rendering services paid by health care public fund	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.2. health care units paid by a person outside the household	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.3. units rendering services paid by the household itself	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.4. units paid by the employer, who pays for a medical services plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.5. health care units paid by charity institutions	<input type="checkbox"/> YES	<input type="checkbox"/> NO

2. Has any member of your household been hospitalized within last year?  YES  NO

*If any member of the household has been hospitalized, go to item 3 and if not – go to item 5.*

3. Which factor mainly influenced the decision concerning selection of the hospital (please mark all significant reasons):

- 3.1.  the patient selected the hospital suggested by the doctor who issued referral to hospital  
 3.2.  the hospital was selected by an ambulance services employee  
 3.3.  the patient or other member of the household selected the hospital using their own information about service quality in hospitals  
 3.4.  the nearest hospital to the place of residence was selected  
 3.5.  a given hospital was selected because the period of acceptance was shorter than in other hospitals

4. Was the cost of hospital treatment covered by:

*Provide separate answers for each method of payment listed below by marking the appropriate square.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 4.1. you  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.2. a person outside of the household                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.3. the health care public fund                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.4. the employer, who paid for a medical services plan | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.5. a charity institution                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

5. Has any member of your household visited a doctor (family doctor or a specialist) within the last 3 months?  
 YES  NO

*If any household member visited a family doctor or a specialist during the last 3 months, go to question 6, otherwise we go to question 7*

6. The doctor services were paid by:

*Provide separate answers for each payment method by marking the appropriate square.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 6.1. you  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6.2. a person outsider the household                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6.3. the health care public fund                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6.4. the employer, who paid for a medical services plan | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6.5. charity institution                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

*If any household member took advantage of services of any household unit within the previous 3 months (hospitalization or treatment in a sanatorium, a doctor, a dentist, medical tests, rehabilitation services), we go to question 7, otherwise we go to question 8.*

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

7.1. 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).

7.2. informal payments, that is, the so-called gifts of gratitude, aimed at obtaining better or faster services

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

7.3. gifts of sincere gratitude for services already rendered

7.4. treatment at a private or public hospital, where costs of treatment were covered by respondent within

the confines of official purchase of medical services

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

7.5. 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)

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

8. 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)?

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

9. In comparison with two years ago the satisfaction of your household's need connected with health:  
Provide one answer by marking the appropriate square.

1.  worsened  
2.  improved  
3.  remained unchanged

10. 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 marking the appropriate square:

10.1. there was not enough money to purchase medications prescribed or recommended by doctor

1  YES    2  NO    3  THERE WAS NO SUCH NEED

10.2. due to lack of money, you did not use dental services

1  YES    2  NO    3  THERE WAS NO SUCH NEED

10.3. due to lack of money, you had to withdraw from obtaining dentures

1  YES    2  NO    3  THERE WAS NO SUCH NEED

10.4. due to lack of money, you had to withdraw from visiting a doctor

1  YES    2  NO    3  THERE WAS NO SUCH NEED

10.5. due to lack of money, you had to withdraw from medical tests (such as lab tests, X-ray, ECG)

1  YES    2  NO    3  THERE WAS NO SUCH NEED

10.6. due to lack of money, you had to withdraw from rehabilitation

1  YES    2  NO    3  THERE WAS NO SUCH NEED

10.7. due to lack of money, you had to withdraw from treatment in a sanatorium

1  YES    2  NO    3  THERE WAS NO SUCH NEED

10.8. due to lack of money, you had to withdraw from hospitalization

1  YES    2  NO    3  THERE WAS NO SUCH NEED

If the answer for 10.1. was YES, go to item 11 and if NO – go to item 12.

11. What did you do when it turned out you did not have enough money to buy medications prescribed or recommended by the doctor?

11.1. asked the doctor to prescribe other medications  YES  NO

11.2. managed to get additional money to buy medications  YES  NO

11.3. decided not to buy medications  YES  NO

11.4. took advantage of hospitalization and thus received medications free of charge  YES  NO

11.5. purchased cheaper medications recommended by a pharmacist  YES  NO

12. In comparison with the previous period, did you or any household members use health care services paid by household last year:

Choose one answer marking the appropriate square.

1  more often

2  less often

3  equally often

4  we have never used such services and we never will

5  it's difficult to say

20. 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?  
Show CARD no. 3 and ask for selection of one answer by marking an appropriate square.

1.  a monthly premium of up to PLN 100

2.  a monthly premium of PLN 101-250

3.  a monthly premium of PLN 251-500

4.  a monthly premium exceeding PLN 500

5.  I cannot afford an additional premium

6.  I am not interested in this type of insurance

**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. Please assess the amount of the average net income in your household in year 2006:
3. Is your household able to make ends meet at the present income level?  
*Select one answer by marking the appropriate square.*
- 1  with great difficulty  
 2  with difficulty  
 3  with some difficulty  
 4  rather easily  
 5  easily
4. What is the lowest net income in PLN, allowing your household to make ends meet?
5. Which of the following statements best characterize the way of managing income by your household?  
*Show CARD No. 4, ask for selection of one answer and mark the appropriate square.*
1.  we can afford everything and even make savings for the future  
 2.  we can afford everything with no particular difficulties but we do not make savings for the future  
 3.  we live economically and thus are able to afford everything  
 4.  we live very economically to save money for significant purchases  
 5.  we have enough money for the cheapest food, clothes, apartment charges and to pay off credit  
 6.  we have enough money for the cheapest food, clothes and apartment charges, but not to pay off credit  
 7.  we have enough money for the cheapest food and clothes, but not for apartment charges  
 8.  we have enough money for the cheapest food, but not for clothes  
 9.  we do not have enough money even for the cheapest food
6. In comparison with two years ago the income situation of your household:  
*Provide one answer by marking the appropriate square.*
1.  worsened  
 2.  improved  
 3.  remained unchanged
7. 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 8, if it does, we go to question 9.*

8. 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.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 8.1. takes advantage of savings made                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.2. sells off or pawns property owned (material goods) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.3. limits the current needs                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.4. incurs loans, credits                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.5 takes advantage of assistance of the relatives      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.6 takes advantage of assistance of the church/Caritas | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.7. takes advantage of social assistance               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.8. a household member undertakes additional work      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.9. undertakes other activities                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.10. undertakes no activity                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

*Provide a separate answer for each insurance by circling the appropriate word.*

9.1. motor third-party liability insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.2. motor hull insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.3. farmers third-party liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.4. insurance of buildings being part of a farm	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.5. basic homeowner insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.6. apartment equipment insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.7. life insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.8. unit-linked life insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.9. child's deferred assurance, dowry, endowment for child	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.10. annuity insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.11. accident insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.12. voluntary sickness insurance, different than public health fund/agricultural health fund, insurance paid by the employer or connected with going abroad	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.13. credit insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.14. liability insurance in private life	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.15. professional liability insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.16. liability insurance for the self-employed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.17. agricultural insurance (crop insurance)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*If only answers NO were given in question 9, go to Section M.*

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

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

10.1. insurance obligation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.2. fear for the future of the family (household)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.3. an unfortunate event in the life of family	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.4. an unfortunate event in the life of friends	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.5. a suggestion, advice of acquaintances	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.6. advertisement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.7. convinced by an insurance agent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.8. other reasons	<input type="checkbox"/> YES	<input type="checkbox"/> 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



**M. COMPUTER AND INTERNET**

Now I would like to talk about issues connected with telephone, computer and Internet.

Questions 1 and 2 for households equipped with a stable phone and/or mobile phone (answer YES in question F.11.14 or C 24)

1. Would you change your stable or mobile phone operator for an operator offering mobile phone, stable phone and Internet together?

1.  no
2.  rather not
3.  neither yes nor no
4.  rather yes
5.  yes

Question 2 to households having no access to the Internet (answer NO in question F.11.13)

2. Which of the reasons describes best, why your household does not have Internet access? Show CARD No. 6; no more than 3 possibilities can be selected.

1.  lack of adequate equipment
2.  no technical conditions to use stable connection
3.  sufficient ability to use the Internet elsewhere
4.  the Internet is not needed,
5.  the Internet has nothing interesting to offer
6.  fear of losing privacy when using the Internet
7.  the Internet may be harmful, for instance, it may demoralize children and take up too much time
8.  the access cost is too high
9.  no sufficient skills to use
10.  other reasons
11.  we are going to have it this year

Question 3 to all households

3. Presently it is possible to handle various issues through Internet. Below there are various official issues which can be handled through Internet. If it was possible, how would you like to handle such issues?

Show CARD no. 5. Please mark the answers marking the square next to a relevant number from 1 to 4. The numbers mean:

1. I don't need Internet for such issue.
2. I would like to obtain information and forms through Internet and then handle the issue in a traditional way.
3. I would like to have a possibility to handle the whole issue through the Internet (including payments)
4. I don't expect handling such issue

3.1. Tax declarations	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.2. Services of the Employment Office concerning work offers	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.3. Issues connected with benefits and contributions (for example unemployment custodial, sickness benefits, scholarships)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.4. Issues concerning personal documents (such as passport, ID card, driving license)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.5. Vehicle registration	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.6. Building permission	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.7. Police, municipal police, prosecutor's Office – submitting complaints and notifying about offences	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.8. Access to public libraries (reviewing catalogues, lending books)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

3.9. Ordering and receiving copies of registry office acts (birth, marriage certificates)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.10. Registering in nursery schools, schools and colleges	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.11. Change of the residence address	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.12. Handling official issues connected with own commercial operation	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.13. Services connected with Health (for example information about services available in public health care units, waiting time for visiting a doctor acceptance in hospital or sanatorium, dates and places of rendering health services)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.14. Handling the issues connected with religion and activity of the church	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.15. Other official issues (handled for example in courts, municipal, district provincial or central offices)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

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

5. How do the household members connect with the Internet at home? (*it is acceptable to mark more than one answer*)

- 5.1.  using a stationary phone (cannot use telephone and Internet at the same time)  
 5.2.  using a stable connection of telephone operator (neotrada)  
 5.3.  using a stable connection of telephone operator (netia, dialog etc.)  
 5.4.  via cable TV  
 5.5.  other stable connection for example local network, local Internet provider, shared connection  
 5.6.  stable connection through mobile network BlueConnect, iPlus, Twój Internet; Business Everywhere Orange  
 5.7.  access to Internet by mobile phone (modem in the mobile phone)  
 5.8.  other

6. If the household has Internet permanent access, what is its speed?

- 1  128 kb/s      5  1Mb/s      9  its difficult to say  
 2  256 kb/s      6  2Mb/s  
 3  320 kb/s      7  6Mb/s  
 4  512 kb/s      8  other

## N. ECOLOGY

1. Do you have a habit of doing the following things in your household? Show CARD no. 7, ask for assessment in the scale 1. YES, 2. RATHER YES, 3. RATHER NOT, 4. NO, 5. NO SUCH POSSIBILITY and enter the number given by the respondent in the square next to each statement.

- 1.1.  We started to buy a product just because it is less harmful for the environment than the one we used to buy  
 1.2.  We try to dispose of garbage (such as paper, plastics, glass) to special containers  
 1.3.  We try to dispose of batteries, rechargeable and other products containing harmful chemical substances to special containers

Questionnaire subsequent number in voivodship (the same as in Part I)

**THE COUNCIL FOR SOCIAL MONITORING**

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**SOCIAL DIAGNOSIS 2007**  
*an independent study of life quality in Poland*

**PART II individual questionnaire**

Household ID number (same as in Part C)

Person reference number (copy from part - C)

First name (copy from part - C)

People are different. They live in different conditions and feel differently about what happens to them every day; 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**

In questions where you are asked to select one or more answer, please mark your choice by crossing 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.



11. Your children disregarded and rejected your help, advice and guidance 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER    4. <input type="checkbox"/> NOT APPLICABLE
12. You felt that you were losing influence on your children 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER    4. <input type="checkbox"/> NOT APPLICABLE
13. You did not have enough time for your child 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER    4. <input type="checkbox"/> NOT APPLICABLE

<b>In the recent months:</b> (NOT APPLICABLE means no parents, parents-in-law or older relatives)
14. You felt responsible for caring for and ensuring well-being of your parents or older relatives 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER    4. <input type="checkbox"/> NOT APPLICABLE
15. You were worried about the health or state of mind of one of your parents or older relatives 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER    4. <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 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER    4. <input type="checkbox"/> NOT APPLICABLE

<b>In the recent months:</b>
17. You felt that your source of income was unstable and uncertain 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER    4. <input type="checkbox"/> NOT APPLICABLE
18. Financial problems added to your troubles and made your life difficult 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <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 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER    4. <input type="checkbox"/> NOT APPLICABLE
20. You felt you had too many work responsibilities that you were not able to cope with 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER    4. <input type="checkbox"/> NOT APPLICABLE
21. You were treated unjustly by others at work 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER    4. <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 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER
23. You were afraid of crime, drug addiction, hooliganism within your district, housing estate, vicinity 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER
24. Problems associated with neighbors or other people living in the close vicinity of your home made your life difficult 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER

<b>In the recent months:</b>
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. 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER
26. Health problems made it difficult for you to perform everyday tasks or participate in other activities 1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER

<b>In the recent months:</b>	
27. You had to deal with some formal matters	1. <input type="checkbox"/> YES    2. <input type="checkbox"/> NO (if NO, please go to question 31)
28. You were not able to deal with a formal matter efficiently, quickly and easily	1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER
29. You had to search for friends or other ways in order to deal with a formal matter	1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER
30. You felt completely helpless and humiliated when dealing with a formal matter	1. <input type="checkbox"/> OFTEN    2. <input type="checkbox"/> IT HAPPENED    3. <input type="checkbox"/> NEVER

31. Does the place where you lived when being 14 (please mark the square next to the appropriate answer):	1 <input type="checkbox"/> is the same where I live now
	2 <input type="checkbox"/> is located not more than 20 km away
	3 <input type="checkbox"/> is located more than 20 km away from my present residence

32 Did you vote in the last self-government election in 2006? <input type="checkbox"/> YES <input type="checkbox"/> NO
--

33. Do you use a mobile phone? <input type="checkbox"/> YES <input type="checkbox"/> NO
---

<b>During the previous year:</b>	
34. You began a better paid or additional job	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. You invested money in production, trade or services	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. You earned money on shares, bonds or participation units in a fund	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. You obtained new qualifications or skills with an aim of getting better payments	<input type="checkbox"/> YES <input type="checkbox"/> NO

38. How do you assess the material level of your present life:
1 <input type="checkbox"/> GREAT
2 <input type="checkbox"/> GOOD
3 <input type="checkbox"/> RATHER GOOD
4 <input type="checkbox"/> MIXED
5 <input type="checkbox"/> NOT VERY GOOD
6 <input type="checkbox"/> BAD
7 <input type="checkbox"/> TERRIBLE

39. Taking everything into account, how would you assess your life – can you say that you are:
1 <input type="checkbox"/> VERY HAPPY
2 <input type="checkbox"/> RATHER HAPPY
3 <input type="checkbox"/> NOT VERY HAPPY
4 <input type="checkbox"/> UNHAPPY

40. During the last year did you use services rendered by health units:
40.1. paid by the national health fund <input type="checkbox"/> YES <input type="checkbox"/> NO
40.2. paid by yourself <input type="checkbox"/> YES <input type="checkbox"/> NO
40.3. paid by the employer <input type="checkbox"/> TAK <input type="checkbox"/> NIE

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

- 1  VERY OFTEN  
 2  QUITE OFTEN  
 3  RARELY  
 4  NEVER

42. Do you feel loved and trusted?  YES  NO

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

44. How many people would you call your friends?

45. How strong is your willingness to live these days? (please mark the square next of the relevant number)

- 

I don't want  
to live at all

I want to live  
very much

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

- 46.1.  I turn to others for advice  
 46.2.  I pull myself together and start acting  
 46.3.  I start using alcohol  
 46.4.  I tell myself that it could be worse or that others face even worse situations  
 46.5.  I give up, I do not know what to do  
 46.6.  I use tranquilizers  
 46.7.  I pray to God for assistance  
 46.8.  I get preoccupied with other things, which divert my attention from problems and make me feel better

47. Do you feel lonely although you don't want to?  YES  NO

48. What was your father's education (or main guardian) when you were 14?

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

49. This questionnaire consists of various categories of feelings and behaviours. Please read all four statements and select one that best describes the way you have been feeling during the past month. Mark your choice by marking the square next to the relevant digit (0,1,2 or 3).

- 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.

50. **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

- 50.1.  I admire people who have expensive houses, cars and clothes  
 50.2.  success in life is assessed through the possession of various material goods  
 50.3.  I like to have things which others would envy  
 50.4.  I like to buy things which are not practicable  
 50.5.  shopping itself is a great pleasure to me  
 50.6.  I feel energized  
 50.7.  I get impatient when waiting to see what the next day brings  
 50.8.  some people are more worthy than others  
 50.9.  I would like to look good, be attractive  
 50.10.  In an ideal world all nations would be equal  
 50.11.  I think that material goods are very important  
 50.12.  I would like to make more friends  
 50.13.  some groups of people do not deserve respect  
 50.14.  we should strive to make the income of all people quite equal



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

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

52. During the last few years did you engage in activity for the benefit of local society (municipality, district, town, neighborhood)?  YES  NO

53. 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
53.1. strong headaches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.2. stomach pains or flatulence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.3. pain or tension of the neck or arm muscles	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.4. chest or heart pains	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.5. dry mouth or throat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.6. sweating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.7. shortness of breath	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.8. aching and pains all over the body	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.9. accelerated heartbeat (palpitation)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.10. shivers or convulsions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.11. pressure on the bladder and more frequent urinating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.12. feeling tired not associated with work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.13. constipation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.14. nosebleeds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53.15. sudden changes in blood pressure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

54. Did the changes that took place in Poland after 1989 have any influence on your life? 1. YES 2. NO

55. -- if YES, then, in general, was that influence positive or negative?

1.  very negative
2.  negative
3.  positive
4.  very positive
5.  it is difficult to say

56. Do you smoke cigarettes? 1.  YES 2.  NO

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

58. — if NO, have you ever smoked cigarettes in your life? 1.  YES 2.  NO

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

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

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

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:**

61.1. your relations with close family members	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.2. the financial situation of your family	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.3. your relations with colleagues (a group of friends)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.4. the present income of your family	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.5. your ability to fulfill food needs	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.6. your health	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.7. what you are accomplishing in life	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.8. situation in the country	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.9. housing conditions	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.10. your place of residence	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.11. goods and services you can get	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.12. what the future seems to hold for you	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.13. your sex life	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.14. education	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.15. your ways of spending leisure time	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.16. moral standards in your community	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.17. your work	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.18. children	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.19. marriage	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
61.20. safety in the place of residence	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>

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

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

64. Did you participate in preparing or conducting a meeting last year (not at work)?  YES  NO

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

1.  most people can be trusted
2.  one can't be too careful in dealing with people
3.  it is difficult to say

66. **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)**

66.1. **good was done to you by other people?**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |
| Nothing                  | not much                 | a little                 | much                     | very much                |

66.2. **evil was done to you by other people?**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |
| Nothing                  | not much                 | a little                 | much                     | very much                |

66.3. **you did good to other people?**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |
| Nothing                  | not much                 | a little                 | much                     | very much                |

66.4. **you did evil to other people?**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |
| Nothing                  | not much                 | a little                 | much                     | very much                |

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

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

1.  YES, one
2.  YES, two
3.  YES, three or more
4.  NO

69. — if YES, then **have you ever performed a function in any of these organizations?** 1.  YES 2.  NO

70. **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 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:**

- 70.1.  someone pays lower taxes than he/she owes
- 70.2.  someone avoids paying for public transport (buses, trains)
- 70.3.  someone does not pay for electricity
- 70.4.  someone wrongly obtains unemployment benefit
- 70.5.  someone does not pay rent for his/her flat (although it's possible)
- 70.6.  someone imports goods from abroad and does not pay the customs fees

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

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

**72. Your own (personal) monthly net income** average from the last three months amounted to:
     PLN
**73. What monthly net income do you expect in two years?**
     PLN
**74. How much time did you spend watching TV per day last week (on average)?**

- 1  I don't watch TV
- 2  less than one hour
- 3  one to two hours
- 4  two to three hours
- 5  three to four hours
- 6  over four hours

**IN THE PREVIOUS YEAR:**

75. I visited a psychologist (psychiatrist)	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
76. I drank too much alcohol	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
77. I tried drugs	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
78. one of my relatives or acquaintances passed away	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
79. I could not get a job after graduating from school	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NOT APPLICABLE
80. I was shifted to a lower work position	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NOT APPLICABLE
81. I was passed over for promotion at work	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NOT APPLICABLE
82. I was promoted	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NOT APPLICABLE
83. I had serious problems with my superior	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NOT APPLICABLE
84. I started my own business (company)	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
85. I lost a substantial amount of money doing business	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NOT APPLICABLE
86. I was robbed	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
87. I was attacked and beaten	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
88. Someone broke into my car or house	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
89. I was accused of an act, for which I could be liable to imprisonment or a fine	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
90. I was arrested by the police	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
91. I was a defendant in a civil case	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
92. I caused a crash or accident on the road	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
93. a close friend/relative was arrested or violated the law	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
94. I was discriminated against because of nationality, appearance, beliefs or for other reasons	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
95. my apartment (house) was seriously damaged	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
96. my apartment (house) was renovated	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
97. I had problems with the owner or manager of the building in which I live (lived)	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NOT APPLICABLE
98. I was seriously ill	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO

99. **Did you sign any collective letter, petition, protest etc. the last year**(for example to local or general authorities, management of the work place, labor union, newspaper, TV...)? 1.  YES 2.  NO

100. **In the years 2000-2007 have you been unemployed for some time (unemployed and looking for a job)?**  
1.  YES 2.  NO

101 — if YES, **what was the main reason for being unemployed** (you may mark more than one answer):

- 101.1.  because of a break between employment contracts at the same employer  
 101.2.  own decision  
 101.3.  individual dismissal  
 101.4.  forced break in work caused by a situation of the employer  
 101.5.  because of training/studying  
 101.6.  because of family/ personal reasons  
 101.7.  group dismissal  
 101.8.  employment contract for a specified period of time expired  
 101.9.  other reasons

102. **In the next two years are you planning to go abroad to work?**

- 1  YES, to a country in the EU. Which one .....
- 2  YES, to a country outside the EU. Which one .....
- 3  NO

103 — if YES, **for how long?**

- 1  not longer than one year  
 2  not longer than one to two years  
 3  more than two years  
 4  forever  
 5  it depends on whether I am successful abroad

104. **In the next two years are you planning to go abroad to study?**

- 1  YES, to a country in the EU. Which one .....
- 2  YES, to a country outside the EU. Which one .....
- 3  NO

105 — if YES, **for how long?**

- 1  not longer than one year  
 2  not longer than one to two years  
 3  more than two years  
 4  after completion of the education I will stay there forever  
 5  it depends on whether I am successful abroad

106. **In your opinion, what of the following is the most important at work?** (please read all answers and select at most three answers, marking the relevant squares)

- 1  No stress  
 2  Independence  
 3  Self-development  
 4  Working in line with one's skills  
 5  Quick promotion  
 6  Stability  
 7  Comfortable working hours  
 8  Possibility to work at home  
 9  Long holiday  
 10  Profession respected by others  
 11  Good salary  
 12  Other factors

**107. In your opinion, what solutions would facilitate combining work and private life, including looking after children?**

Please enter into relevant squares:

- 1 – next to the most important solution in your opinion
- 2 – next to the second important solution in your opinion
- 3 – next to the third important solution in your opinion
- 4 – next to the least important solution in your opinion

107.1.  **proper work organization** (for example part time, shift work, flexible work time, working at home, more free days during the week)

107.2.  **longer paid leave** (for example maternity, custody etc.)

107.3.  higher benefits (for example child benefit)

107.4.  **better possibilities of child custody outside home** (more nursery schools, adaptation of nurseries work time to the work time of the parents, more activities in schools etc.)

**108. Do you trust the following institutions:**

108.1. banks 1  YES 2  NO 3  NIE MAM ZDANIA

108.2. life insurance associations 1  TAK 2  NIE 3  NIE MAM ZDANIA

108.3. property insurance associations 1  TAK 2  NIE 3  NIE MAM ZDANIA

108.4. investment funds 1  TAK 2  NIE 3  NIE MAM ZDANIA

108.5. pension funds 1  TAK 2  NIE 3  NIE MAM ZDANIA

108.6. the stock exchange 1  TAK 2  NIE 3  NIE MAM ZDANIA

108.7. Social Insurance Institution (ZUS) 1  TAK 2  NIE 3  NIE MAM ZDANIA

**The sets of questions below are directed only to groups of people. Please check which conditions you meet and move to the relevant part of the questionnaire:**

**working anytime in 2000-2007**

**presently working**

**working and not being pensioners**

**persons who changed their jobs between 2000-2007, regardless of whether they work presently**

**persons not working between 2000-2007**

**using the computer**

**using the Internet**

**using mobile phones**

\*\*\*\*\*

FOR PERSONS WORKING ANYTIME DURING 2000-2007

**109. What type of work did you mainly perform in 2000-2007? (you can choose more than one answer by marking squares next to the answers)**

109.1  on the basis of an employment contract for a specified time and for a period longer than one year

109.2  on the basis of an employment contract for an unspecified period of time

109.3  on your own account as an entrepreneur employing staff

109.4  on your own account as self-employed

109.5  family member helping free of charge

109.6  freelance work (on the basis of a temporary agreement, substitute agreement for the period of the task or performance etc.)

109.7  other short-term agreements (for example student's training)

109.8  trial period work

109.9  employment under civil law agreements (agreement for a specified task, commission agreement)

109.10  employment without a formal agreement and/or verbal agreement)

109.11  other

110. Did the work you performed in 2000-2007 enable you to use your qualifications?

- 1  CERTAINLY YES  
 2  SOMEWHAT  
 3  NOT REALLY  
 4  CERTAINLY NOT

111. How many times did you change your position in the work place between 2000-2007?

112. How many times were you promoted between 2000-2007?

113. Were you moved to a lower position at work between 2000-2007?  YES  NO

\*\*\*\*\*  
 FOR PERSONS PRESENTLY WORKING

114. How long does it take you to travel from home to work?

(one way in minutes, if you work at home please enter 0)

minutes

115. What is the distance from your home to your work?

kilometers

116. Do you have any group insurance received by your work place? (not a subscription purchased by your employer)  YES  NO

117. Are the following things possible at your work?

117.1. to change the time you start or finish work  YES  NO

117.2. to leave work for an hour at least  YES  NO

117.3. to complete some of the duties at home  YES  NO

118. On what conditions would you be willing to work abroad? (you can select at most two answers)

- 1  if the remuneration was higher than my present salary  
 2  if the work was more interesting than my present work  
 3  if there were better possibilities of being promoted  
 4  if it was ensured that I am employed at least for one year  
 5  I would not work abroad on any conditions

\*\*\*\*\*  
 FOR PERSONS PRESENTLY WORKING AND NOT YET RETIRED

119. Do you participate in any additional pension insurance?  YES  NO

120. – if YES, which one?

- 1  I save in an investment fund  
 2  I am a member of Employee Pension Program, organized by my employer  
 3  I have an Individual Pension Account (IKE)  
 4  other forms

121. — if NO, are you going to participate in any additional pension insurance?

- 1  YES, I am going to have an Individual Pension Account (IKE)  
 2  YES, in another form  
 3  NO

**122. Does your participation depend on any of the following conditions?**122.1. the employer pays the contributions 1  YES 2  NO 3  I DON'T KNOW122.2. the contributions being not subject to taxation 1  YES 2  NO 3  I DON'T KNOW122.3. the savings being not subject to taxation 1  YES 2  NO 3  I DON'T KNOW

\*\*\*\*\*  
 FOR PERSONS WHO CHANGED JOBS BETWEEN 2000-2007, REGARDLESS OF WHETHER THEY  
 WORK PRESENTLY

123. How many times did you change your job between 2000-2007?  times**124. Why did you change your job in these years (2000-2007)? (you may choose more than one answer)**124.1.  voluntary decision in order to begin better/ better paid job124.2.  employment contract for a specified period expired124.3.  for personal reasons (health condition, dismissal, holiday, restructuring of the company, bankruptcy of the company, retirement)124.4.  for other reasons125. Was the change of job combined with a change of the learned occupation?  YES  NO126. Was the change of job combined with a change of your place of residence?  YES  NO

\*\*\*\*\*  
 FOR PERSONS NOT WORKING BETWEEN 2000-2007

**127. Why you did not work between 2000-2007? (you can choose up to three answers by marking the relevant squares)**1  studies, improving qualifications2  housekeeping3  looking after children4  looking after a disabled or elderly member(s) of the household5  health condition6  inappropriate age7  no qualifications required by the employers8  retirement9  difficulties in finding a job10  the receipt of social benefits11  I didn't want to work**128. On what conditions would you be willing to work in Poland? (please choose up to two answers)**1  if it was possible to work part-time2  if it was possible to complete some of the duties at home3  if it was possible to have flexible work time4  if it was possible to receive more help from family members in duties connected with housekeeping5  if it was possible to obtain proper care for children or ill persons6  if it was possible to maintain the right to obtain social benefits presently received7  other8  I don't want to work at all

\*\*\*\*\*



FOR PERSONS USING A COMPUTER

129. How much time do you spend using the computer last week?   hours

130. Where do you use the computer? (you may choose one or more answers by marking the relevant square)

- 130.1  at work
- 130.2  at home
- 130.3  at school
- 130.4  at an Internet cafe/ club
- 130.5  at friends'/ family
- 130.6  another place

131. Do you perform the following actions while using the computer?

Mark the square next to relevant answers

	YES	NO
131.1. copying or moving a file or folder	<input type="checkbox"/>	<input type="checkbox"/>
131.2. using copy, cut, and paste in order to reproduce or move selected fragments of a document	<input type="checkbox"/>	<input type="checkbox"/>
131.3. using basic mathematic functions in spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>
131.4. preparing an electronic presentation	<input type="checkbox"/>	<input type="checkbox"/>
131.5. installing new devices (printer, modem, scanner etc.)	<input type="checkbox"/>	<input type="checkbox"/>
131.6. sending an email with attachments (documents, graphic files)	<input type="checkbox"/>	<input type="checkbox"/>
131.7. using Internet search engines (for example Google, Yahoo!) in order to find information	<input type="checkbox"/>	<input type="checkbox"/>
131.8. the creation of a website	<input type="checkbox"/>	<input type="checkbox"/>
131.9. the creation of software using a programming language	<input type="checkbox"/>	<input type="checkbox"/>

132. What do you mainly do when using the computer? Please mark two activities in which you spend most of the time doing by entering 1 in the square next to the activity in which you spend most of the time, 2 in the square next to the activity in which you spend the second most amount of time doing

- 132.1.  work
- 132.2.  study
- 132.3.  entertainment
- 132.4.  looking for and reading information on the Internet
- 132.5.  being in contact with other people through the Internet

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FOR PERSONS USING THE INTERNET

133. When did you start using the Internet? (please give year)

134. How much time did you spend on the Internet last week?   hours

Who are the people you contact through Internet? (in the first column please include people whom you have contacted at any time and in the second column – people you contacted last week, please mark the answer by marking the squares in the relevant tables)	At any time	Last week
135.1. family	<input type="checkbox"/>	<input type="checkbox"/>
135.2. colleagues	<input type="checkbox"/>	<input type="checkbox"/>
135.3. friends	<input type="checkbox"/>	<input type="checkbox"/>
135.4. people met through the Internet	<input type="checkbox"/>	<input type="checkbox"/>
135.5. other people	<input type="checkbox"/>	<input type="checkbox"/>
135.6. I don't contact people through the Internet	<input type="checkbox"/>	

136. Have you ever personally met people you got acquainted with through the Internet?  YES  NO

137. **While using the Internet have you performed the following activities?** (please read the list of activities you have performed on the Internet and mark the ones you did at least once in the past and the ones you did last week, by marking the relevant squares)

Activity	At any time	Last week
137.1. checking and sending e-mails	<input type="checkbox"/>	<input type="checkbox"/>
137.2. using communicators enabling contact with people (such as ICQ, gadu-gadu etc.)	<input type="checkbox"/>	<input type="checkbox"/>
137.3. chatting	<input type="checkbox"/>	<input type="checkbox"/>
137.4. participating in discussion groups or forums	<input type="checkbox"/>	<input type="checkbox"/>
137.5. conversations through Internet (VoIP, Skype)	<input type="checkbox"/>	<input type="checkbox"/>
137.6. videoconferences	<input type="checkbox"/>	<input type="checkbox"/>
137.7. browsing websides	<input type="checkbox"/>	<input type="checkbox"/>
137.8. gathering materials needed for work or study	<input type="checkbox"/>	<input type="checkbox"/>
137.9. the participation in courses or trainings through the Internet	<input type="checkbox"/>	<input type="checkbox"/>
137.10. looking for a job, sending offers of employment	<input type="checkbox"/>	<input type="checkbox"/>
137.11. purchasing products (except auctions)	<input type="checkbox"/>	<input type="checkbox"/>
137.12. using a bank account	<input type="checkbox"/>	<input type="checkbox"/>
137.13. participation in Internet auctions	<input type="checkbox"/>	<input type="checkbox"/>
137.14. playing online games	<input type="checkbox"/>	<input type="checkbox"/>
137.15. downloading free software	<input type="checkbox"/>	<input type="checkbox"/>
137.16. downloading free music, films	<input type="checkbox"/>	<input type="checkbox"/>
137.17. creating and modifying your own website or blog	<input type="checkbox"/>	<input type="checkbox"/>
137.18. creating and publishing your own texts, graphics, music or other works on the Internet	<input type="checkbox"/>	<input type="checkbox"/>
137.19. obtaining information from the websites of public institutions	<input type="checkbox"/>	<input type="checkbox"/>
137.20. downloading or filling out official forms	<input type="checkbox"/>	<input type="checkbox"/>
137.21. listening to music or the radio on the Internet	<input type="checkbox"/>	<input type="checkbox"/>
137.22. watching TV through the Internet	<input type="checkbox"/>	<input type="checkbox"/>
137.23. booking tickets (for example for plane, cinema, theater)	<input type="checkbox"/>	<input type="checkbox"/>
137.24. reading newspapers on the Internet	<input type="checkbox"/>	<input type="checkbox"/>
137.25. using Internet and email at home for professional purposes	<input type="checkbox"/>	<input type="checkbox"/>

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FOR PERSONS USING MOBILE PHONES

138. **Please specify how many times on average you made a call or sent an SMS/MMS from your mobile phone to other people during one day last week?**

139. **How many from these connections were to the following persons:** please specify approximately how many times you made a call or sent an SMS/MMS last week to

- 139.1. family members
- 139.2. colleagues
- 139.3. friends
- 139.4. other people

WE ARE VERY GRATEFUL FOR THE TIME YOU SPENT COMPLETING THIS QUESTIONNAIRE

WE WOULD LIKE TO ASSURE YOU THAT ALL INFORMATION INCLUDED IN THIS QUESTIONNAIRE WILL BE USED ONLY IN COLLECTIVE STATISTICAL SCIENTIFIC RESEARCHES

For THE COUNCIL OF SOCIAL MONITORING

dr hab. Janusz Czapiński, professor at the Warsaw University and the University of Finance and Management