

<city coat of arms> <city name>

**Your opinion is important to us!**

# **Generation 50plus: Quality of life and planning for the future in <city name>**

## **Please note the following:**

- Participation in the survey is voluntary. If you do not participate in the survey, there are no disadvantages for you. Please be assured that your information is used only for statistical purposes and the stringent requirements of data protection and statistical confidentiality are respected in full.
- Please answer the questions personally, and when filling in the questionnaire pay attention to the notes appropriate to each question.
- Please send back the completed questionnaire to us in the enclosed return envelope in the next two weeks if possible.

**If you have any questions, please contact our staff by phone at <number of city administration>. You are also welcome to send an e-mail message (<e-mail address>) or fax (<fax number>).**



With support from the European Union

First, we would like to ask you some questions about your professional and non-professional activities.

1 We would like to know first, what kind of activities you are engaged in. In the last month have you done any paid work? What applies to you? <ESS, E49, changed>

Please tick only **one** box!

Yes, I am employed full time

Yes, I am employed part time (less than 35 hours per week; also includes irregular jobs)

No, I am unemployed, seeking work



**Please go to the next question**

No, I am retired

No, I am a homemaker

No, I am a trainee

No, I don't have a paid job for other reasons



**Please go to 3**

2 At what age would you like to retire?

At the age of \_\_\_\_\_

3 During the last twelve months, have you taken any course or attended any lecture or conference to improve your knowledge or skills for work? <ESS, F61>

Yes

No

4 Do you intend to attend any event – i.e. in the next 12 months – that has to do with your professional education and training?

Yes

No

5 Are you at present serving in an honorary capacity, i.e. are you engaged in voluntary work and assignments that you do for free or for a very low compensation in an association, initiative, project or self-help group?

Yes

No



**Please go to the next question**



**Please go to 7**



**6 The field/s in which you are currently engaged in such a voluntary work.**

**Multiple answers possible!**

- |   |                          |
|---|--------------------------|
| Sports and exercise   | <input type="checkbox"/> |
| Culture and music   | <input type="checkbox"/> |
| School or kindergarten  | <input type="checkbox"/> |
| Social domain   | <input type="checkbox"/> |
| Church or religious domain  | <input type="checkbox"/> |
| Occupational representation group outside the workplace<br>(e.g. trade union) | <input type="checkbox"/> |
| Environment and nature conservation, animal protection                        | <input type="checkbox"/> |
| Politics and political lobbying   | <input type="checkbox"/> |
| Extra-curricular youth activities or educational work for adults              | <input type="checkbox"/> |
| Accident and emergency services, voluntary fire brigade                       | <input type="checkbox"/> |
| Health sector   | <input type="checkbox"/> |
| Justice and crime-related area  | <input type="checkbox"/> |
| Economic self-help  | <input type="checkbox"/> |
| Leisure and social events   | <input type="checkbox"/> |
| Other civic activities at place of residence                                  | <input type="checkbox"/> |

**7 Could you imagine continuing with your current voluntary work in the near future – i.e. in the next 12 months – or to start a new voluntary work?**

**Please tick only one box!**

- |                   |                          |   |
|-------------------|--------------------------|---|
| No, not at all    | <input type="checkbox"/> |  <b>Please go to 9</b>                 |
| Yes, possibly     | <input type="checkbox"/> |  <b>Please go to the next question</b> |
| Yes, by all means | <input type="checkbox"/> |   |

**8 The fields in which you could imagine to do the voluntary work in the next 12 months.**

*You can select **several** answers.*

Sports and exercise	<input type="checkbox"/>
Culture and music	<input type="checkbox"/>
School or kindergarten	<input type="checkbox"/>
Social domain	<input type="checkbox"/>
Church or religious domain	<input type="checkbox"/>
Occupational representation group outside the workplace (e.g. trade union)	<input type="checkbox"/>
Environment and nature conservation, animal protection	<input type="checkbox"/>
Politics and political lobbying	<input type="checkbox"/>
Extra-curricular youth activities or educational work for adults	<input type="checkbox"/>
Accident and emergency services, voluntary fire brigade	<input type="checkbox"/>
Health sector	<input type="checkbox"/>
Justice, crime-related area	<input type="checkbox"/>
Economic self-help	<input type="checkbox"/>
Leisure and social events	<input type="checkbox"/>
Other civic activities at place of residence	<input type="checkbox"/>

**And now we would like to ask few questions about yourself and your life.**

**9 How is your health in general? Would you say it is ... <ESS, C15>**

Very good	Good	Fair	Bad	Very bad
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10 Are you hampered in your daily activities in any way by any longstanding illness, or disability, infirmity or mental health problem? IF YES, is that a lot or to some extent? <ESS, C16>**

Yes, a lot	Yes to some extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11 Taking all things together, how happy would you say you are?**

**0 means "Extremely unhappy" and 10 means "Extremely happy". <ESS, C1>**

Extremely unhappy											Extremely happy
<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"/>
0	1	2	3	4	5	6	7	8	9	10	

**12 All things considered, how satisfied are you with your life as a whole nowadays?**

**0 means extremely dissatisfied and 10 means extremely satisfied. <ESS, B24>**

Extremely dissatisfied											Extremely satisfied
<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"/>
0	1	2	3	4	5	6	7	8	9	10	

**13 How often do you meet socially with friends, relatives or work colleagues? <ESS, C2>**

- Never
- Less than once a month
- Once a month
- Several times a month
- Once a week
- Several times a week
- Every day

**14 Do you have anyone with whom you can discuss intimate and personal matters? <ESS, C3>**

Yes

No

**15 Compared to other people of your age, how often would you say you take part in social activities? <ESS, C4>**

- Much less than most
- Less than most
- About the same
- More than most
- Much more than most


The next questions concern your household and/or your family.

**16 Do you have children?**

No

 **Please go to 22**

Yes

 **Please go to the next question**

**17 How many children do you have?**

\_\_\_\_\_ children

**18 How old is your child / are your children? How old are the youngest and the oldest?**

*If you have **one** child: please enter as "oldest child"!*

The youngest child is \_\_\_\_\_ years old

The oldest child / My child is \_\_\_\_\_ years old

**19 Do your children live with you in the same household?**

No

Yes

**20 Do your children live in the same city outside your home?**

No

Yes

**21 How often do you have personal contact with your children?**

*If you have several children, consider the child with whom you have **the most contact**.*

Very often,  
every day

Often, at least  
once a week

Sometimes,  
approximately  
once a month

Rarely –  
once in a while


Never

**22 Do you live alone or with others? If you do not live alone: How many people – excluding yourself – live here regularly as members of this household? <ESS, F1, changed>**

I live alone

My household (excluding  
myself) consists of  
\_\_\_\_\_ persons

 **Please go to 24**

 **Please go to the  
next question**

**23 What applies to you? <ESS, F63 + F64, changed>**

I am married and live with my spouse

I live together with my partner

None of the two is applicable


**The following questions cover the topic ‘need for long-term care’**

**24 In case you became ill or dependent on care for a long term, do you have someone who would be of help then on a regular basis?**

No, I wouldn't have anyone

 **Please go to 26**

Yes, but I am not quite sure

 **Please go to the next  
question**

Yes, I am absolutely sure

**25 Who among the following people would you expect help from in such a case? How certain are you of getting help? “Very likely”, “maybe possible”, or “very unlikely”?**

*Please tick a box in **each line**.*

	Very likely	Maybe	Very unlikely	Not applicable
From children/stepchildren/children-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From spouses/partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From friends, Neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**26** In such a case – i.e. if you became ill or dependent on care for a long term – would you know which organisation and/or institutions might be of help to you?

No

☞ **Please go to 28**

Yes

☞ **Please go to the next question**

**27** Which facility and/or organisation do you have in mind?

Please specify!

---

**28** Has a person close to you ever been in need of care before for a long term or even permanently, which means he or she could no longer keep house, needed help with personal hygiene and the toilet, or could not cope with everyday life without outside help?

No,  
that has never happened

☞ **Please go to 32**

Yes,  
that has happened

☞ **Please go to the next question**

**29** Do you know where the person was cared for? If you know several people who needed regular help or extended care, please consider the situation that mattered most to you.

You can select **several** answers!

At the home of the person who required care

At my/our home

In another flat (e.g. with relatives)

In a nursing home

**30** Were you also involved in caring for this person?

No,  
I was not involved

☞ **Please go to 32**

Yes,  
I was also involved

☞ **Please go to the next question**

**31** Who helped you with that?

You can select **several** answers!

Nobody

Relatives who live in the same household

Relatives who live outside the household

Neighbours and friends

Professional nurses and mobile care services

Institutions like short-term nursing and day care

A self-help group

**32 Imagine an elderly father or mother who lives alone and can no longer manage to live without regular help because of her or his physical or mental health condition? In your opinion, what would be the best option for people in this situation? Firstly and secondly? <Eurobarometer, QA7>**

*Please tick **one** box for the best and **one** box for the second best respectively!*

**Firstly      Secondly**

They should live with one of their children	<input type="checkbox"/>	<input type="checkbox"/>
One of their children should regularly visit their home, in order to provide them with the necessary care	<input type="checkbox"/>	<input type="checkbox"/>
Public or private service providers should visit their home and provide them with appropriate help and care	<input type="checkbox"/>	<input type="checkbox"/>
They should move to a nursing home	<input type="checkbox"/>	<input type="checkbox"/>

**33a If one requires frequent help in dealing with everyday life, the relevant care can take place in various forms. Several options are given here.**

**Please consider first:**

**1. Which of these options would you wish for?**

*Please tick a box in **each** line!*

What do you **wish** for yourself?

**Care options**

**Definitely      Maybe      Out of the question**

Care options	Definitely	Maybe	Out of the question
Care in own household by relative (e.g. partner/ spouse, child living close by).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in own household by a professional care service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in own household by relatives supported by professional care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in the household of a close relative (e.g. son or daughter) and get help from them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in the household of relatives (e.g. children) supported by professional care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All-round care in a larger and good-quality nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in a small, well-run institution in own residential area with contacts with relatives, acquaintances and neighbours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>please specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**33b Then try to assess:**

**2. The kind of support you can probably expect.**

*Please tick a box in **each** line!*

What do you reckon? What to expect? What is **probable**?

**Care options**

**Very likely**      **Maybe**      **Very unlikely**

Care in own household by relative (e.g. partner/ spouse, child living close by).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in own household by a professional care service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in own household by relatives supported by professional care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in the household of a close relative (e.g. son or daughter) and get help from them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in the household of relatives (e.g. children) supported by professional care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All-round care in a larger and good-quality nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in a small, well-run institution in own residential area with contacts with relatives, acquaintances and neighbours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>please specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**34 Thinking now about your own experiences of health care services in your city and those of people close to you, please tell me if you think that the quality of each of the following is very good, fairly good, fairly bad or very bad? <Eurobarometer, QA3>**

*Please tick a box in **each** line!*

	<b>Very good</b>	<b>Fairly good</b>	<b>Fairly bad</b>	<b>Very bad</b>	<b>Can't judge</b>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical or surgical specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family doctors or GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for dependent people in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care information centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**35 Thinking again about your own personal experiences (yours or those of people you are close to), please tell me how easy or difficult it is to reach and to gain access to the following healthcare services in your city. I'm only talking about availability and access, not about affordability or the selection and range of health care. <Eurobarometer, QA4>**

*Please tick a box in each line.*

	Very easy	Fairly easy	Fairly difficult	Very difficult	Can't judge
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical or surgical specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family doctors or GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for dependent people in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care information centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The following question is meant to learn something about your lifestyle, based on your views on general topics.**

**36 Here we briefly describe some people. Please read each description and tick the box on each line that shows how much each person is or is not like you. <ESS, G6,7,10,16,15,21,5,14>**

*Please tick a box in each line.*

	Very much like me	Like me	Some-what like me	A little like me	Not like me	Not like me at all
He/she likes surprises and is always looking for new things to do. He/she thinks it is important to do lots of different things in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she believes that people should do what they're told. He/she thinks people should follow rules at all times, even when no-one is watching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a good time is important to him/her. He/she likes to "spoil" himself/herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to him/her always to behave properly. He/she wants to avoid doing anything people would say is wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she looks for adventures and likes to take risks. He/she wants to have an exciting life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she seeks every chance he/she can to have fun. It is important to him/her to do things that give him/her pleasure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to him/her to live in secure surroundings. He/she avoids anything that might endanger his/her safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to him/her that the government ensures his/her safety against all threats. He/she wants the state to be strong so it can defend its citizens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Finally we require some details for classification purposes.**

**37 What is the highest level of education you have achieved? <ESS, F6>**

<Categories must be adapted for FIN and NL>

**Please tick only one box!**

- |  |                          |
|--|--------------------------|
| Lower secondary or second stage of basic     | <input type="checkbox"/> |
| Upper secondary                              | <input type="checkbox"/> |
| Post secondary, non tertiary                 | <input type="checkbox"/> |
| First stage of tertiary                      | <input type="checkbox"/> |
| Second stage of tertiary                     | <input type="checkbox"/> |
| Other school-leaving qualification/s is/are: | <input type="checkbox"/> |

**39 About how many years of education have you completed, whether full-time or part-time? Please report these in full-time equivalents and include compulsory years of schooling. <ESS, F7>**

**Round up or down to whole years!**

\_\_\_\_\_ Years

**40 Please tell me your household's total income per month, after tax and compulsory deductions, from all sources? If you don't know the exact figure, please give an estimate. <ESS, F32, changed>**

<Categories possibly need to be adapted for FIN and NL>

**Please tick only one box!**


- |                       |                          |                        |                          |
|-----------------------|--------------------------|------------------------|--------------------------|
| Up to € 500 .....     | <input type="checkbox"/> | € 3001 to € 3500 ..... | <input type="checkbox"/> |
| € 501 to € 1000.....  | <input type="checkbox"/> | € 3501 to € 4000 ..... | <input type="checkbox"/> |
| € 1001 to € 1500..... | <input type="checkbox"/> | € 4001 to € 4500 ..... | <input type="checkbox"/> |
| € 1501 to € 2000..... | <input type="checkbox"/> | € 4501 to € 5000 ..... | <input type="checkbox"/> |
| € 2001 to € 2500..... | <input type="checkbox"/> | € 5001 to € 5500 ..... | <input type="checkbox"/> |
| € 2501 to € 3000..... | <input type="checkbox"/> | € 5501 and more .....  | <input type="checkbox"/> |
|                       |                          | Decline to answer..... | <input type="checkbox"/> |

**41 Are you a citizen of <country>? <ESS, C26>**

Yes

 **Please go to 43**

No

 **Please go to the next question**

**42 What citizenship do you hold? <ESS, C27>**

**Please enter here!**

\_\_\_\_\_

**43** Were you born in <country>? <ESS, C28>

Yes



Please go to 46

No



Please go to the next question

**44** In which country were you born? <ESS, C29>

Please enter here!

\_\_\_\_\_

**45** How long ago did you first come to live in <country>? <ESS, C30>

Please tick only **one** box!

Within the last year

1-5 years ago

6-10 years ago

11-20 years ago

More than 20 years ago

**46** How long have you lived in this town?

For \_\_\_\_\_ years

**47** What is your age?

I am \_\_\_\_\_ years old

**48** Please enter your gender. <ESS, F2>

Male

Female

**Thank you very much for participating in this study!**