

Household

DEM 15 On a typical day, about how many hours do you spend using the internet, whether for work or personal use?

0 hours
 1 hour or less
 1-2 hours
 2-4 hours
 More than 4 hours

DEM 15b On a typical day, about how many hours do you spend on social media?
By social media we mean e.g. Instagram, Twitter, Facebook, TikTok or Tinder.

SWE 0 hours
 1 hour or less
 1-2 hours
 2-4 hours
 More than 4 hours

DEM 16 What language do you usually speak at home or with your closest family?

Swedish

Other, which?

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DEM 17 Do you live at the same address today as you did three years ago?

Yes —→ Proceed to HHD01b
 No

DEM 18 What was the main reason for moving to your current address?

Better housing (acquired larger housing, etc)
 Better neighbourhood
 Family related reasons
 Financial reasons
 Education related reasons
 Health related reasons
 To move in with a partner
 Other

HHD 01b How many persons live in your household?
Include yourself. Children with shared accommodation are counted if they live at least half of the time in the household.

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 persons

DEM 12 How satisfied are you with your accommodation?

Not at all satisfied Completely satisfied

0 1 2 3 4 5 6 7 8 9 10

DEM 19 Do you intend to move to another address in Sweden within the next 3 years?

Definitely not
 Probably not
 Probably yes
 Definitely yes

DEM 20 Do you intend to move to another country within the next 3 years?

Definitely not
 Probably not
 Probably yes
 Definitely yes

Family and relationships

DEM 21 Do you have a partner at the moment, that is someone with whom you have a relationship?

Yes
 No → Proceed to LHI01

DEM 31 When did this relationship start?

Year: Month:

DEM 22a How did you and your partner meet?
Check only one option.

Through work
 In school/university
 At church or equivalent
 Online dating
 Other online setting
 Vacation or business trip
 At a bar, nightclub, etc.
 Through a social organization, gym or volunteer group
 At a private party or social event
 Through friends
 Through family
 Other

DEM 22 When was your partner born?

Year: Month:

DEM 37 How satisfied are you with the relationship between you and your partner?
 Not at all satisfied Completely satisfied

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

DEM 38 Within the last 12 months, how often did you and your partner have disagreement about the following?
 Check one option in each row.

	Never	Seldom	Sometimes	Frequently	Very frequently	Not applicable
b. Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Relations with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Child raising issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEM 39 Couples deal with disagreements in various ways.
 When you have a serious disagreement with your partner, how often do you....
 Check one option in each row.

	Never	Seldom	Sometimes	Frequently	Very frequently
a. ...avoid discussion by giving in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...discuss your disagreement calmly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...argue heatedly or shout?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...refuse to talk about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEM 40 Even people who get along well with their partners sometimes wonder whether their marriage or partnership will work.
 Over the past 12 months, did you ever think about breaking up with your partner?

Yes
 No

DEM 30a Does your partner live with you in the same household?
 Yes
 No → Proceed to DEM23

DEM 30b When did you start living together?

Year:
 Month:

DEM 28a Are you and your partner married?
 Yes
 No → Proceed to HHD37SWE

DEM 28b When did you marry?

Year:
 Month:

Next follow some questions that should only be answered if you have a partner that you do not live with. Others should continue to LHI01.

DEM 23	Is your partner male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female
DEM 24a	Was your partner born in Sweden or abroad? <input type="checkbox"/> In Sweden <input type="checkbox"/> Abroad
DEM 25	What is the highest level of education your partner has completed? <input type="checkbox"/> Basic education or lower <input type="checkbox"/> Upper secondary education (gymnasium) <input type="checkbox"/> Tertiary education, less than two years <input type="checkbox"/> Tertiary education, two years or more
DEM 30c	Do you intend to start living with your partner during the next 3 years? <input type="checkbox"/> Definitely not <input type="checkbox"/> Probably not <input type="checkbox"/> Probably yes <input type="checkbox"/> Definitely yes
DEM 32a	What is the reason that you do not live together? <input type="checkbox"/> I want to live apart <input type="checkbox"/> We both want to live apart <input type="checkbox"/> Partner wants to live apart <input type="checkbox"/> We are constrained by circumstances (e.g. financial, housing or family reasons)
DEM 35	Approximately how long does it take you to get from your home to your partner's home? Hours <input type="text"/> <input type="text"/> minutes <input type="text"/> <input type="text"/>
DEM 36a	How often do you meet your partner in person? <input type="checkbox"/> Daily or almost daily <input type="checkbox"/> Once or twice a week <input type="checkbox"/> Once or twice a month <input type="checkbox"/> Less than once a month
DEM 36b	How often do you have contact with your partner by phone, email, SMS or similar? <input type="checkbox"/> Daily or almost daily <input type="checkbox"/> Once or twice a week <input type="checkbox"/> Once or twice a month <input type="checkbox"/> Less than once a month

Previous relationships and children

The following questions are about children and previous relationships. It is important for us to understand when things happened so that we can better understand your life story.

LHI 01 Not including any current partner, have you ever <u>before</u> lived with someone as a couple? <input type="checkbox"/> Yes <input type="checkbox"/> No → <i>Proceed to CP03</i>			
About your previous partnerships <i>To understand your life history we would like to know about your previous relationships, in which you have lived together. Start with a first partnership as your number 1, etc. If you have had more than four previous partnerships, it is possible to report this in the web version of the survey.</i>			
LHI04) When did you start living together?	LHI06) What was the partner's sex?	LHI17) When was he/she born?	LHI13) Did your relationship end because of separation or your partner died?
Partnership 1			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Man <input type="checkbox"/> Woman	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Separated <input type="checkbox"/> Partner died
Partnership 2			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Man <input type="checkbox"/> Woman	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Separated <input type="checkbox"/> Partner died
Partnership 3			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Man <input type="checkbox"/> Woman	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Separated <input type="checkbox"/> Partner died
Partnership 4			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Man <input type="checkbox"/> Woman	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Separated <input type="checkbox"/> Partner died

LHI14) When did your partnership end?	LHI07) Do you or did you have any biological or adopted children together?	LHI12) At the time you started living together, did your partner have any children that were not yours?	LHI16) Who initiated the separation?
Partnership 1			
Year: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Month: <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> Me <input type="checkbox"/> Me and my partner together <input type="checkbox"/> My partner <input type="checkbox"/> Not applicable (partner died)
Partnership 2			
Year: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Month: <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> Me <input type="checkbox"/> Me and my partner together <input type="checkbox"/> My partner <input type="checkbox"/> Not applicable (partner died)
Partnership 3			
Year: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Month: <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> Me <input type="checkbox"/> Me and my partner together <input type="checkbox"/> My partner <input type="checkbox"/> Not applicable (partner died)
Partnership 4			
Year: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Month: <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> Me <input type="checkbox"/> Me and my partner together <input type="checkbox"/> My partner <input type="checkbox"/> Not applicable (partner died)

Child 3

LHI29) When was the child born?

Year:

Month:

LHI28) Is the child a boy or girl?

- Girl
 Boy

LHI31) Does he/she live in your household always or partly?

- Always
 Not always but more than half of the time
 About half of the time
 Regularly but less than half of the time
 Sometimes or seldom

LHI26) Is the child your biological child?

- Yes
 No, adopted
 No, step child
 No, foster child

LHI41) How satisfied are you with your relationship with her/him?

Not at all satisfied												Completely satisfied
	0	1	2	3	4	5	6	7	8	9	10	
	<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"/>	

Child 4

LHI29) When was the child born?

Year:

Month:

LHI28) Is the child a boy or girl?

- Girl
 Boy

LHI31) Does he/she live in your household always or partly?

- Always
 Not always but more than half of the time
 About half of the time
 Regularly but less than half of the time
 Sometimes or seldom

LHI26) Is the child your biological child?

- Yes
 No, adopted
 No, step child
 No, foster child

LHI41) How satisfied are you with your relationship with her/him?

Not at all satisfied												Completely satisfied
	0	1	2	3	4	5	6	7	8	9	10	
	<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"/>	

CP 05 Do you have children who do not live in your household, for example children that have moved out?

- Yes
 No → Proceed to FER05

Childbearing and fertility

This section includes some questions that can be perceived as sensitive or private. Remember that your answers are treated in confidence. If you are 50 years or older proceed to FER23.

FER 05	For some people it is not physically possible to have children. As far as you know, is it physically possible for you (and your partner) to have a/another child?		
<input type="checkbox"/>	Definitely not		
<input type="checkbox"/>	Probably not	—————>	<i>Proceed to FER10a</i>
<input type="checkbox"/>	Probably yes	—————>	<i>Proceed to FER01SWE</i>
<input type="checkbox"/>	Definitely yes	—————>	<i>Proceed to FER01SWE</i>
FER 06	Have you or your current partner had an operation that makes it impossible for you to have a child/ more children?		
<input type="checkbox"/>	Yes	—————>	<i>Proceed to FER23</i>
<input type="checkbox"/>	No		<i>Proceed to FER23</i>
FER 01 SWE	Are you or your partner currently pregnant?		
<input type="checkbox"/>	Yes	—————>	<i>Proceed to FER16a</i>
<input type="checkbox"/>	No		
FER 10a	Are you (and your current partner) currently trying to get pregnant?		
<input type="checkbox"/>	Yes	—————>	<i>Proceed to FER16a</i>
<input type="checkbox"/>	No		
FER 12	Do you or your partner currently use any contraceptives to prevent pregnancy?		
<input type="checkbox"/>	Yes		
<input type="checkbox"/>	No		
FER 14	Do you intend to have a/another child during the next three years?		
<input type="checkbox"/>	Definitely not		
<input type="checkbox"/>	Probably not		
<input type="checkbox"/>	Probably yes	—————>	<i>Proceed to FER16a</i>
<input type="checkbox"/>	Definitely yes	—————>	<i>Proceed to FER16a</i>
FER 15	Supposing you do not have a/another child during the next three years, do you intend to have any (more) children at all?		
<input type="checkbox"/>	Definitely not	—————>	<i>Proceed to FER27c</i>
<input type="checkbox"/>	Probably not	—————>	<i>Proceed to FER27c</i>
<input type="checkbox"/>	Probably yes		
<input type="checkbox"/>	Definitely yes		
FER 16a	How many more children do you intend to have (not counting any ongoing pregnancy)?		
<input type="text" value="0"/>	<input type="text" value="0"/>	children	

FER 17 **Would you prefer your next child to be a boy or a girl?**

- Boy
- Girl
- It does not matter

FER 17b **At what time of year do you prefer the child to be born?**

- SWE**
- January, February, March
 - April, May, June
 - July, August, September
 - October, November, December
 - It does not matter → *Proceed to FER27c*

FER 17c **What is the main reason for wanting your child to be born at that period of the year?**

- SWE**
- Job-related reasons for me or my partner
 - Planning of parental leave
 - Time of school start
 - Zodiac sign preferences
 - Plans for daycare entry
 - Timing in relation to summer vacation
 - Other reasons

FER 27c **Does your partner want to have a/another child?**

- Do not have a partner
- Definitely not
- Probably not
- Probably yes
- Definitely yes

FER 23 **How old were you when you first had sexual intercourse?**

years

- Not applicable/ does not want to answer

FER 04b **Was the pregnancy leading to your youngest child (or your current pregnancy) intended?**

- Do not have any children → *Proceed to FER04d*
- No → *Proceed to FER04d*
- Yes
- Didn't mind either way

FER 04c **Did the pregnancy occur sooner than wanted, later, or at about the right time?**

- Sooner
- Later
- About the right time

FER 04d	Was there ever a time when you and a partner were trying to get pregnant but did not conceive within at least 12 months?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
FER 11	Have you ever undergone any medical treatment to facilitate a pregnancy?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
FER 16c	Generally speaking, what do you think is the ideal number of children for a family?
	<input type="text"/> children <input type="checkbox"/> No opinion

Childhood

This section includes questions about your background, parents and childhood.

DEM 02 (control)	In what year were you born? Write the year with four digits, for example 1972 or 2001.
	Year: <input type="text"/>
GEN 52a	When did you for the first time start living separately from your parents for at least three months?
	Year: <input type="text"/> Month: <input type="text"/>
	<input type="checkbox"/> Still living in childhood home
GEN 09	When was your mother born?
	Year: <input type="text"/> Month: <input type="text"/>
GEN 01	Is your mother still alive?
	<input type="checkbox"/> Yes <input type="checkbox"/> No → Proceed to GEN23 <input type="checkbox"/> Do not know → Proceed to GEN23
GEN 15a	How often do you meet with your mother in person?
	<input type="checkbox"/> Daily or almost daily <input type="checkbox"/> Once or twice a week <input type="checkbox"/> Once or twice a month <input type="checkbox"/> Less than once a month <input type="checkbox"/> Never

Next follow some further questions about your family background and childhood.

GEN 37a	Are, or were, your parents ever married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No —————> <i>Proceed to GEN38a</i> <input type="checkbox"/> Do not know —————> <i>Proceed to GEN38a</i>
GEN 37	When did they marry? Year: <input type="text"/>
GEN 38a	Did your parents ever separate? <input type="checkbox"/> Yes <input type="checkbox"/> No —————> <i>Proceed to GEN46</i> <input type="checkbox"/> Not applicable, they have never lived together —————> <i>Proceed to GEN46</i>
GEN 38b	When did they separate? Year: <input type="text"/>
GEN 46	With whom did you live most of your childhood (until the age of 15)? <input type="checkbox"/> With both biological parents <input type="checkbox"/> With biological mother only <input type="checkbox"/> With biological father only <input type="checkbox"/> With biological mother and stepfather <input type="checkbox"/> With biological father and stepmother <input type="checkbox"/> Other
GEN 47	Overall, how was the relationship between your parents during that time? Really bad Absolutely perfect 0 1 2 3 4 5 6 7 8 9 10 <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"/>
GEN 48	What was your father's occupation when you were 15? <i>If your father had multiple jobs, fill in his main occupation or job. Try to make the title as detailed as possible. Instead of teacher, write, for example, primary school teacher.</i> Example: <input type="text"/> Write your father's occupation/job with CAPITAL letters: <input type="text"/> <input type="checkbox"/> Not employed <input type="checkbox"/> Not applicable

WEL 02 How is your health in general?

- Very good
- Good
- Fair
- Bad
- Very bad

WEL 12 Do you have any chronic diseases or other long-term difficulties with your health?

- SWE**
- Yes
 - No

WEL 06 How much do you weigh?

kg

WEL 07 How tall are you?

cm

WEL 13 Below are a number of personality traits that may or may not apply to you.

SWE **WEL13aSWE) Optimists are people who look to the future with confidence and who mostly expect good things to happen. How would you describe yourself? How optimistic are you in general?**

Express your opinion on a scale of 1 to 5.

Not at all optimistic

Very optimistic

1

2

3

4

5

WEL13bSWE) Would you describe yourself as someone who tries to avoid risk (risk averse) or someone who likes to take chances (a risk taker)?

Express your opinion on a scale of 1 to 5.

Risk averse

Risk taker

1

2

3

4

5

ATT02) Do you generally plan for your future or do you just take each day as it comes?

Express your opinion on a scale of 1 to 5.

I plan for my future
as much as
possible

I just take each day
as it comes

1

2

3

4

5

WEL Thinking about the future, how much does the following worry you?

14 Check one option in each row.

SWE

		Very worrying	Somewhat worrying	Not particularly worrying	Not at all worrying
a.	Terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Overpopulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Economic crises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Increased number of refugees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	High unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Organised crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Military conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Global epidemics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Weakened democracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Increased social inequality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Political extremism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Prospects of coming generations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEL Compared with your parents when they were your age, do you consider your life to be better or worse?

15a

SWE

- Much better
- Better
- Neither better nor worse
- Worse
- Much worse

WEL When your children will be your age, do you think their life will be better or worse?

15b Try to respond even if you do not have any children.

SWE

- Much better
- Better
- Neither better nor worse
- Worse
- Much worse

WEL 09 The following statements are about your current experiences. Please indicate for each of them to what extent they have applied to you recently.

Check one option in each row.

	Yes	More or less	No
a. There are plenty of people I can rely on when I have problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I experience a general sense of emptiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I miss having people around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There are many people I can trust completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Often, I feel rejected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There are enough people that I feel close to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEL 10 Who are the people with whom you typically discuss important personal matters?

You may choose multiple alternatives.

- Partner
- Mother
- Father
- Step-mother
- Step-father
- Other family member
- Friend, acquaintance, neighbour, colleague, or other person
- I do not discuss important personal matters with anyone

WEL XX SWE Over the last 12 months, how often have you experienced discrimination or harassment due to the following?

Check one option in each row.

	Never	Once or twice	Often
a. Your gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your physical appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your health or disability status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work

Next follow some questions about your employment.

DEM 06 Which of the items best describes your current employment status?
Check only one option. If several alternatives are relevant, select the one which is most accurate.

- Employed
- Self-employed → Proceed to WRK23
- In education or training → Proceed to WRK03b
- Unemployed → Proceed to WRK03b
- On parental leave or childcare leave → Proceed to WRK03b
- Other → Proceed to WRK03b

WRK 17 Is the business or organization where you work private or public?

- Private
- Public
- Other

WRK 18 Is your current contract a permanent, fixed term, or temporary contract?

- Permanent
- Fixed term
- Temporary
- No written contract

WRK 23X How many employees are there at the business or organization where you work, not counting yourself?

If you are self-employed, also include family members who work for pay.

- 0
- 1–9
- 10–49
- 50–99
- 100–500
- 500 or more

WRK 04 What is your current occupation?

If you have multiple jobs, fill in your main occupation or job.

Try to make the title as detailed as possible. Instead of teacher, write, for example, primary school teacher.

Example: Instead of chaufför (driver), write, for example, busschaufför (bus driver):

BUSSCHAUFFÖR

Write your occupation/job with CAPITAL letters:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

WRK 03a When did this period of employment/self-employment begin?

Year:

--	--	--	--

 Month:

--	--

WRK 01a How satisfied are you with your current occupation?

Not at all satisfied

Completely satisfied

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

WRK 06 Is your work full time or part time?

- Full time
 Part time

WRK 16a How likely is it that you will lose your job in the next twelve months?

- Very unlikely
 Unlikely
 Unsure
 Likely
 Very likely

WRK 16b If you did lose your job, how likely do you think it is that you would find an equivalent job within twelve months?

SWE

- Very unlikely
 Unlikely
 Unsure
 Likely
 Very unlikely

WRK 08 On a normal workday, how long does it take you to get from home to your main work place?

Hours: Minutes:

WRK 51a What are your normal working hours?

Check only one option.

SWE

- Day work
 Evening work
 Night work
 Shift work, two-shift
 Shift work, three-shift
 Timetable work (i.e. following a duty rota)
 Discretionary/unregulated working hours
 Other

WRK 20 Does your employment situation allow regular flexible time arrangements for personal reasons, like for adapting to children's schedules?

- Yes
 No

WRK 15 How often has each of the following happened to you during the past three months?
Check one option in each row.

		Several times a week	Several times a month	Once or twice a month	Never
a.	I have come home from work too tired to do the chores that need to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	It has been difficult for me to fulfill my family responsibilities because of the amount of time I spent on my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I have arrived at work too tired to function well because of the household work I have done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I have found it difficult to concentrate at work because of my family responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WRK 21 Do you currently earn money from an additional job or business?

Yes
 No → Proceed to DEM26

WRK 22 How many hours per week do you normally work in your additional job or business?

hours

Next follow some questions for those who are students, unemployed, on parental leave, and others who are not employed. Persons who are employed should proceed to DEM26.

WRK 03b For students, persons unemployed, on parental leave, and others:
When did this period of activity begin?

Year: Month:

WRK 01b How satisfied are you with your current activity?

Not at all satisfied									Completely satisfied	
0	1	2	3	4	5	6	7	8	9	10
<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"/>

WRK 26 Did you have a job or business directly before your current activity?

Yes
 No → Proceed to WRK31

WRK What was your last occupation?

27

If you had multiple jobs, fill in the main occupation or job.

Try to make the title as detailed as possible. Instead of teacher, write, for example, primary school teacher.

Example: Instead of chaufför (driver), write, for example:

B U S S C H A U F F Ö R

Write your occupation/job with CAPITAL letters:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

WRK What was the main reason you stopped working in your previous job or business?

30

- Laid off (business closure, redundancy, early retirement, dismissal etc.)
- End of contract/temporary job
- Family related reasons
- Sale/closure of own or family business
- Began studying
- Health reasons
- Other reason

WRK Do you intend to take a job or start a business within the next three years?

31

- Definitely not
- Probably not
- Probably yes
- Definitely yes

Next follow some questions about your partner's employment status. If you do not have a partner, please proceed to INC01.

DEM Which of the items best describes your partner's current employment status?

26

Check only one option. If several alternatives are relevant, select the one that fits the best.

- Employed
- Self-employed —————> *Proceed to WRK34*
- In education or training —————> *Proceed to INC01*
- Unemployed —————> *Proceed to INC01*
- On parental leave or childcare leave —————> *Proceed to INC01*
- Other —————> *Proceed to INC01*

WRK Is the business or organisation where your partner works private or public?

43

- Private
- Public
- Other

WRK 46 Does your partner's employment situation allow regular flexible time arrangements for personal reasons, like for adapting to children's schedules?

- Yes
 No

Income

The next questions are about you and your household's financial situation.

INC 01 What is the combined approximate value of any property that you own?
Include your accommodation and any other real estate that you own in the total amount.

SEK

- Do not own such properties

INC 02 Taking into account your household's all mortgages - how much would you say your total debt to banks or credit institutions is?

SEK

INC 03 How easy or difficult is it for your household to make ends meet every month?

- With great difficulty
 With difficulty
 With some difficulty
 Fairly easily
 Easily
 Very easily

INC 05 Has your household been in arrears at any time during the past 12 months, that is unable to pay as scheduled your mortgage, rent or other bills?

- Yes
 No

HHD 37 SWE Does your household regularly pay someone to do housework?

- Yes
 No

INC 12 Do you think that your financial situation will get better or worse or will be about the same in three years from now?

- Much better
 Better
 Neither better nor worse
 Worse
 Much worse

ATT 05 - ATT 12 Do you agree or disagree with the following statements?

Check one option in each row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
05b. Parents ought to provide financial help for their adult children when the children are having financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06a. Children should take responsibility for caring for their parents when parents are in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06b. Children ought to provide financial help for their parents when their parents are having financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12a. A pre-school child is likely to suffer if his/her mother is working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12b. Children often suffer because their fathers concentrate too much on work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATT 13 SWE The next questions ask your opinion about different institutions in society.
How much confidence do you have in the way the following institutions and groups do their job?

Check one option in each row.

	Very high trust	Quite high trust	Neither high nor low trust	Quite low trust	Very low trust
a. The government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The civil service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. News media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The EU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATT 08 Which religious denomination do you adhere to?

- Church of Sweden
- Catholic Church
- An Orthodox Church or congregation
- One of the Swedish free churches
- Other Christian movement or group
- Judaism
- Islam
- Islam with Shiite denomination
- Hinduism
- Buddhism
- Other religion
- No religious denomination

**ATT
09**

How regularly do you attend religious services?

Do not count weddings, baptisms, funerals or such services.

- Several times every week
- About once every week
- 1–3 times every month
- 1–3 times every three months
- Less than once every three months
- Never

**ATT
10**

Regardless of whether you belong to a particular religion, how religious would you say you are?

Not at all
religious

Very
religious

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <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"/> |

Thank you for your participation!