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**SWEDISH INSTITUTE FOR SOCIAL  
RESEARCH**

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**STATISTICS SWEDEN**

701 89 ÖREBRO (46 019 – 17 60 00)

UB-number

Box number

# LEVEL OF LIVING SURVEY 2000 Partner form

Your spouse/cohabitant is participating in the Level of Living Survey and is being interviewed about, among other things, his/her work and family situation. Perhaps a child in your household has already been interviewed? In order to get a better, overall picture of living conditions for families and cohabitant couples, we need your help and ask you, therefore, to please contribute by filling in this questionnaire. This questionnaire contains several of the questions we have already posed to your spouse/cohabitant, but in this case the questions are about you.

Naturally, your participation is voluntary, but your answers are important in creating a fair and reliable picture of Swedish households. If you have children, your participation is also important in helping us to shed light on their living conditions. Your answers will be kept strictly confidential, and the results will be presented such that individual participants can in no way be identified. Additional information can be found in the pamphlet your spouse/cohabitant has already received.

If you have any questions feel free to phone:

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When you have completed the questionnaire, please place it in the enclosed envelope, seal it and give it to the interviewer. Otherwise, please post it as soon as possible.

Use preferably the enclosed, post-free response envelope. If it has been misplaced, phone one of the above persons to receive a new envelope. You can also use your own envelope and send the questionnaire to: Statistics Sweden, 701 89 ÖREBRO.

*We thank you in advance for your participation!*

**Question 1 What year were you born?**

Year

**Question 2 Are you a man or a woman?**

- 1  Man  
2  Woman

**Question 3 Do you have or have you had siblings?**

- 1  No  
2  Yes → **How many?**   Number of siblings

**Question 4 Were both of your parents born in Sweden?**

- 1  No  
2  Yes

→ **Question 5 What is the birth country of your ...**

**Father?** Specify country .....

**Mother?** Specify country.....

**Question 6 During your childhood and adolescence, i.e., up to your 16th birthday, what language was spoken most in your home?**

- 1  Swedish  
2  Other language, specify: .....  
3  Two or more languages equally often, specify: .....  
.....

**Question 7 Where were you born?**

- 1  In Sweden → *Go to Question 9*  
2  Another country/which?  
.....

→ **Question 8 How old were you when you came to Sweden?**

Years old → *Go to Question 9*

**Question 9 Are your mother and father still living?**

*This question concerns those persons whom you regard as your parents.*

- 1  Yes, both are living  
2  Only my mother is living  
3  Only my father is living  
4  No, neither is living

*Next we have some questions about your childhood and adolescence (age 0–16).*

**Question 10 a** Did you live with both your natural (biological) parents during your whole childhood ?

1  Yes

2  No → **Question 10 b Why not?**

1  Divorce, judicial separation, separation

2  Parents never lived together

3  Both parents deceased

4  Father deceased

5  Mother deceased

6  Lived with foster parents

7  Lived with adoptive parents

**Question 11** What was your father's (foster father's) main profession/occupation during your childhood/adolescence?

*Specify complete title, e.g., write upper secondary school teacher instead of just "teacher".*

Occupation : .....

**Question 12 a** What was your mother's (foster mother's) main profession/occupation during your childhood/adolescence?

*Specify complete title, e.g., write upper secondary school teacher instead of just "teacher".*

Occupation : .....

*If you answered that your mother was a housewife:*

**b) Was your mother gainfully employed at any time during your childhood/adolescence?**

1  No

2  Yes, specify her main occupation .....

**Question 13** Which of the following best describes your father's and your mother's highest levels of education?

Father    Mother

1     1  Elementary or compulsory school only

2     2  Vocational training above elementary/compulsory level (e.g., vocational branch of upper secondary school)

3     3  Junior secondary school, 2-year social/econ/techn course at upper secondary level

4     4  General certificate-A level, 3- to 4-year academic course at upper secondary level

5     5  College education (e.g., elementary/compulsory school teacher, recreation instructor)

6     6  University degree (e.g., engineering, economics, B.A./B.Sc., dentistry)

7     7  Do not know

**Question 14** Was there any serious dissension in your family while you were growing up?

1  Yes

2  No

3  Uncertain

**Question 15 How many years altogether have you been to school or studied full-time?***Include all education from elementary school on.*

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 Number of years
**Question 16 Which of the following educational levels have you passed?**

- 1  Elementary school (normally 6–8 years)
- 1  Compulsory, comprehensive school (9 år)
- 1  Vocational training at least one year beyond elementary school (trade, shop, rural domestic, domestic science school)
- 1  2- or 3-year vocational branch of upper secondary school (e.g., nursing, metal work, electrical, building and construction, distributive trades and office work, motor mechanics.)
- 1  Lower school certificate, girls' school, general course at folk high-school
- 1  Vocational training at least one year beyond Junior secondary school (e.g., commercial school, elementary-school teachers' training college, technical training)
- 1  Social, economic or technical course (2 year) at continuation or upper secondary school
- 1  General certificate-A level (even continuation) or terminated 3- to 4-year upper secondary course
- 1  Education at least one year beyond general certificate-A level or 3- to 4-year upper secondary (e.g., elementary-school teacher's certificate, college or university studies without degree)
- 1  Degree from college/university, specify: .....
- 1  Other, specify: .....

***Now follow some questions about what jobs/occupations you have had.*****Question 17 About how many years altogether have you spent in gainful employment?**

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 Number of years

- 1  Have never been gainfully employed —————▶ *Go to Question 20*

**Question 18 When did you begin the first job you had that lasted at least 6 months (specify year and month)?***Approximate month is sufficient.*

Year	Month

 Began first job

- 1  Have never had a job lasting 6 months —————▶ *Go to Question 20*

**Question 19 What was your occupation or position in this job?***Specify complete title, e.g., write upper secondary school teacher instead of just "teacher".*

Occupation/position.....

**Question 20 What was your occupation when you moved in with your present spouse/cohabitant?**

1  Employed, full-time  
 2  Employed, part-time  
 3  Self-employed  
 4  Unemployed  
 5  Studying  
 6  Working in the home  
 7  Pensioner  
 8  Other

→ In what line/profession?.....  
 1  Same as my first (that specified in Question 19) → Go to Question 21 b  
 → What line/profession did you regard as yours when you began cohabiting?  
 Line/profession.....  
 1  Had no line/profession → Go to Question 23 a

**Question 21 a Can you specify approximately when you began the line/profession you had when you began cohabiting?**  
*Approximate month is sufficient.*

Year    Month  

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 Began in line/profession

**Question 21 b Can you specify approximately when you left the line/profession you had when you began cohabiting?**  
*Approximate month is sufficient.*

Year    Month  

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 Left the line/profession

1  Have not quit line/profession → Go to Question 24

**Question 22 a) What profession (or other occupation) did you change to then?**  
 Line/profession .....

**b) Have you changed lines/professions since then?**

1  No, haven't changed lines → Go to Question 24  
 2  Yes, have changed lines

**Question 23 a) What is your present line/profession?**  
 Line/profession.....

1  Have no profession → Go to Question 24

**b) When did you begin this profession?**  
 Year    Month  

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 Began present profession

**Question 24 What is your main occupation at present?**

1  Employed, full-time (even if you are currently on leave of absence, parental leave or sick leave)  
 2  Employed, part-time (even if you are currently on leave of absence, parental leave or sick leave)  
 3  Self-employed (even if you are currently on leave of absence, parental leave or sick leave)  
 4  Unemployed  
 5  Studying  
 6  Working at home  
 7  Pensioner  
 8  Other

→ When did you last engage in gainful employment lasting at least 6 months?  
 Year    Month  

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1  Have never had a job lasting for 6 months.

**Below are several questions about your present work.**

*Please answer even if you are currently on leave of absence, parental leave or sick leave.*

**If you do not have a job at present:** —————▶ **Go to Question 39**

**If you are self-employed (principally):** —————▶ **Go to Question 33**

**Question 25 Are you permanently or temporarily employed?**

- 1  Permanently  
2  Temporarily

**Question 26 What are your normal working hours or what shift do you work?**

- 1  Daytime, weekdays  
2  Evening, night, morning or Saturday/Sunday  
3  2- or 3-shifts  
4  Irregular passes per 24 hours or week

**Question 27 How many hours do you usually work per week?**

Hours per week

**Question 28 Is your normal working time what suits you best or would you prefer shorter or longer working hours?**

*Take into account that your wages would diminish or increase accordingly.*

- 1  Present working hours best  
2  Shorter hours better  
3  Longer hours better

**Question 29 How often do you work overtime in your present job?**

- 1  By and large never  
2  A few times a year —————▶ About how many hours overtime altogether in a year?  Hrs/year  
3  A few times a month —————▶ About how many hours overtime altogether in a month?  Hrs/month  
4  A couple times a week  
5  Several times a week —————▶ About how many hours overtime altogether in a week?  Hrs/week

**Question 30 Have you in the last 12 months had any kind of education on paid worktime?**

- 1  Yes —————▶ How many working days altogether was this education? (*one whole day is 8 hours*)  Days  
2  No

**Question 31 How great are the opportunities for advancement in a job like yours?**

- 1  Very great  
2  Fairly good  
3  Fairly poor  
4  Very poor

Question 32	<p>a) Do you have any kind of flexible working hours?</p> <p>b) Can you yourself determine your pace of work?</p> <p>c) Is your work mentally taxing?</p> <p>d) Is your work stressful?</p> <p>e) Is your work monotonous?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
Question 33	<p><b>How long does it usually take you to commute to and from work on a normal workday?</b>  <i>Count travel time round-trip and waiting time – but not time taken to shop or to drop off/pick up children.</i></p>	
	<p><input type="text"/> Daily commute time in minutes, <u>round-trip</u></p>	
	<p>1 <input type="checkbox"/> No commute/live at workplace (e.g. child-minding)</p> <p>1 <input type="checkbox"/> Have no permanent workplace/unable to specify</p>	
Question 34	<p><b>Do you ever stay overnight away from home because of your work, e.g., on a business trip?</b></p>	
	<p>1 <input type="checkbox"/> Yes <math>\longrightarrow</math> About how many nights are you away altogether during <u>one year's time</u>? <input type="text"/> Number of nights</p> <p>2 <input type="checkbox"/> No</p>	
Question 35	<p><b>Is any schooling or vocational training above elementary schooling necessary for your job?</b></p>	
	<p>1 <input type="checkbox"/> Yes <math>\longrightarrow</math> About how many years of education above elementary school are necessary <input type="text"/> Number of years</p> <p>2 <input type="checkbox"/> No</p>	
Question 36	<p><b>Do you have any supervisory tasks?</b></p>	
	<p>1 <input type="checkbox"/> Yes <math>\longrightarrow</math> How many persons do you supervise? <input type="text"/> Number of persons</p> <p>2 <input type="checkbox"/> No</p>	
Question 37	<p><b>What is your usual monthly salary from your regular employment?</b></p>	
	<p><i>Specify gross salary <u>or</u> net salary. If you are self-employed specify approximate income.</i></p>	
	<p><input type="text"/> Kronor per month, <u>gross salary</u> (before tax)</p>	
	<p><input type="text"/> Kronor per month, <u>net salary</u> (after tax)</p>	
Question 38	<p><b>a) Are you <u>physically</u> exhausted after work?      b) Are you <u>mentally</u> exhausted after work?</b></p>	
	<p>1 <input type="checkbox"/> Yes, always</p> <p>2 <input type="checkbox"/> Yes, most of the time</p> <p>3 <input type="checkbox"/> Yes, sometimes</p> <p>4 <input type="checkbox"/> No, seldom</p> <p>5 <input type="checkbox"/> No, never</p>	
Question 39	<p><b>Were you gainfully employed during calendar year 1999?</b></p>	
	<p>1 <input type="checkbox"/> Yes <math>\longrightarrow</math> How many weeks during 1999? <input type="text"/> Number of weeks</p> <p>2 <input type="checkbox"/> No      Number of hours/week on average? <input type="text"/> Hours/week</p>	

**Below are several questions about your family circumstances.**

**Question 40** Have you previously been married or cohabiting for at least 6 months?

- 1  No
- 2  Yes → How many times previously?  Number of times

**If Yes: When did your most recent marriage/cohabitation (of at least 6 months) end, i.e., when did you separate?**

Year      Month  
  Separated

**Question 41** Do you have children with a previous partner – children who do not live with you now?

Count possible adoptive or step-children, but not children you have with your present partner.

- 1  No, I do not have any → Go to Question 44
- 2  Yes, I have  (number) children who do not live with me → Specify year of birth of these children below.

Year of birth    Year of birth    Year of birth    Year of birth    Year of birth    Year of birth

**Question 42** About how often do you see this child/any of these children?

- 1  Several times a week
- 2  About once a week
- 3  1–3 times a month
- 4  Less often
- 5  Never

**Question 43** Do you pay maintenance for this child/any of these children?

- 1  Yes → How much do you pay altogether per month?  Kr/month
- 2  No
- 3  Not applicable

**Question 44** Do you receive any maintenance for children in your household – children you have with a previous partner?

- 1  Yes → How much do you receive altogether per month?  Kr/month
- 2  No
- 3  Not applicable

**Question 45** Do you normally help a family member or relative outside your household with personal care and housework?

- 1  Yes → On average, about how many hours per week altogether do you spend doing this?  Hours/week
- 2  No



**Question 46** About how many hours per week (on average) are spent doing the following chores in your household? Can you indicate about how many hours, respectively, are spent by you, your spouse/cohabitant and possible children?

*State approx. number of hours per week.*

Chores	I, myself	My spouse/ cohabitant	Possible children in the household
a) Buying groceries, cooking, washing dishes	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Laundry, ironing and other care of clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Cleaning	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Repair and maintenance of your residence, motor vehicle and other property belonging to your household	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Question 47** Does someone living outside your household do housework in your home?

1  No

2  Yes → **What person or persons do so?**

For the following categories of people, can you say approximately how many hours per week on average are involved?

Hours/week

a) Own children (not living in my household)

Hours/week

b) Parents

Hours/week

c) Other family member/relative

Hours/week

d) Municipal home-help service

Hours/week

e) Privately paid home-help service

Hours/week

f) Other, who? .....

**Question 48** How often do your opinions and those of your spouse/cohabitant differ with respect to....

*Mark one alternative per row (a – f).*

	Often 1	Some- times 2	Seldom 3	Never 4	Not applicable 5
a) Division of housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Use of money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Who you keep company with as a couple?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Child raising?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) How much your spouse/cohabitant works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) How much you work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 49** If a situation suddenly arose where you had to come up with 12 000 kr, could you manage it ?

1  No

2  Yes → **How would you manage that?** *State only one of the alternatives.*

1  Withdrawal from own bank account

2  Sale of stocks, fund shares or the like

3  Loan from family member

4  Loan from other relatives or friends

5  Bank loan or equivalent

6  Other way, what? .....

**Question 50** How do you judge your own general state of health?

1  Good

2  Bad

3  Something in-between

**Question 51** Have you in the last 12 months had any of the following illnesses or ailments?

Illness/ailment	No 1	Yes, mild 2	Yes, severe 3
a) Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) General tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Poor vision/disease of the eyes not helped by eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Impaired hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Aches in shoulders or shoulder blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Stomach pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Backache, pain in back or hips, sciatica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Overexertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Aches/pain in hands, elbows, legs or knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Nervous trouble (anxiety, uneasiness, anguish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Depression, deep dejection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 52** Do you at any time drink wine, strong beer or liquor?

1  Yes

2  No → *Go to Question 55*

**Question 53** About how often in the last 12 months have you consumed wine, strong beer or liquor?

1  Daily or almost daily

5  Once a month

2  2–4 times a week

6  6–11 times per year

3  Once a week

7  Less often

4  2–3 times per month

8  Never → *Go to Question 55*

**Question 54** On such occasions, how many glasses do you usually drink?

*One glass can be 1 glass of wine, 1 bottle or can of beer or 1 schnapps or drink.*

Number of glasses

**Question 55** Below are four proposals for the type of society some people feel that we in Sweden should concentrate on in the future. How do you evaluate these proposals?  
*Mark one alternative per row (a – d).*

What do you think of the idea of...	Very good idea	Rather good idea	Neither good nor bad	Rather bad idea	Very bad idea	Don't know
a) ... going in for a society with more private alternatives within school, nursing and care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b) ... going in for a society where income differences are small?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c) ... going in for a society where care for children and elderly occurs to a greater extent within the 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"/>
d) ... going in for a society where men take as much responsibility for children and the household as women do?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**Question 56** People sometimes refer to the different social groups or classes in society, e.g. working class, middle class and upper middle class. Do you feel any affinity to ...  
*Mark one alternative per row (a – c).*

Do you feel any affinity to ...	Very great affinity	Quite a lot of affinity	Not much affinity	No affinity at all	Don't feel that social classes exist	Don't know
a) .... the working class?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b) .... the middle class?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c) .... the upper middle class?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**Question 57** How do you yourself view your own living conditions? By and large what do you think about your situation?  
 1  Very good  
 2  Rather good  
 3  Neither good nor bad  
 4  Rather bad  
 5  Very bad

**Question 58** State today's date

Year	Month	Day
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

**Question 59** Do you have any views on the above questions or is there something else you would like to add?  
 .....  
 .....  
 .....

*Thank you for your participation!*