

**PORTUGUESE SURVEY OF FERTILITY AND FAMILY
QUESTIONNAIRE FOR WOMEN**

IFF: SECTION 0 - CHARACTERISTICS OF THE HOUSEHOLD

001 To start off with, I would like to ask how many people live here, including yourself? □□

002 If 001=1 go to 005. If 001>1 go to 003.

003 Now I would like some information about each member of your household, starting with yourself.

FILL IN COLUMNS 004 TO 009

004 Relationship to person being interviewed

11 - Grandparents	41 - Son/Daughter
21 - Parents/Step-parents	42 - Spouse/Companion of Son/Daughter
22 - Parents of Spouse/Companion	43 - Adopted Son/Daughter
31 - Spouse/Companion	44 - Son/Daughter of Spouse/Companion
32 - Brother/Sister of Spouse/Comp.	51 - Grandson/Granddaughter
33 - Brother/Sister	61 - Other Relatives
34 - Spouse/Companion of Brother/Sister	
71 - Other non-relatives	

Interviewee	(2)	(3)	(4)	(5)
□□	□□	□□	□□	□□

005 Sex

Male	1
Female	2

□	□	□	□	□
---	---	---	---	---

006 Age (already completed)

□□	□□	□□	□□	□□
----	----	----	----	----

007 Check 006 (If <15, go to 011)

008 Marital status

Single	1
Married	
Legally	2
De facto	3
Widow/widower	4
Divorced	5
Separated	
Legally	6
De facto	7

□□	□□	□□	□□	□□
----	----	----	----	----

009 Employment status

Employed	1
Unemployed	2
Housewife/husband	3
Student	4
Retired	5
Other	6

□□	□□	□□	□□	□□
----	----	----	----	----

010 Check 001 (If 001=1, go to 012)

011 Repeat the questionnaire from 004 to 009 for the other family members. When finished go to no. 012.

012 Is this house rented or do you own it?

Owned (fully paid off)	1
Owned (not yet paid off)	2
Rented	3
Sub-let	4
Other (borrowed; lodgers; etc.)	5

□

013 How many rooms does the house have?

□□

IFF: MODULE 0 - EDUCATION AND PROFESSION

014 Next I'm going to ask you some questions regarding your educational and professional qualifications and those of your spouse/companion.
 (LEASE NOTE: when you reach the end of this section, start over and ask the same questions in relation to the interviewee's spouse/companion.
 If the interviewee has no spouse/companion, go to the next section.)

015 What is the highest level of education you have completed?

None	1
Elementary:	
*1º ciclo (1º a 4º ano de escolarAge)	2
*2º ciclo (5º a 6º ano de esc., Preparatório)	3
*3º ciclo (7º a 9º ano de esc.)	4
Secondary:	
10th to 12th grade	5
Non University Higher Education: intermediate / pol.	6
University	7

Interviewee Spouse/Companion

016 How old were you when you quit studying?
 (If "still studying", write 99)

Age

Age

017 Now lets talk about your professional career.
 Check 009: Working status

(If 009=1 or 5, go to 019)

018 Have you ever been employed for 3 consecutive months or more, whether or not you received a salary?

Yes	1
No	2

(If 018=2 or 7 to 9, go to 027)

019 How old were you when you started working, for the first time?

Age

Age

(If 009=3, 4 or 6, go to 026)
 (If 009=5, go to 025)

020 What is/was your profession? (Take into account main profession.)

(code to be defined.)

021 What type of work do/did you do (main activity)?

Write down a precise description.

(If 009=2, write down the answer and go to 027)

022 What is your professional status?

Employer	1
Self employed	2
Employee	3
Unpaid	4
Member of a co-op.	5
Other	6

023 How many hours a week do you usually work?

< 10h/week	0
10 - 24 h/week	1
25 - 34 h/week	2
35 - 44 h/week	3
45 and + h/week	4
it varies	5

024 Have you ever stopped working?

Yes	1
No	2

(If 024=1, go to 026)
(If 024=2 or 7 to 9, go to 027)

025 Before you retired, did you ever stop working?

Yes	1
No	2

(If 025=2 or 7 to 9, go to 027)

026 Why did you stop working?

Got married	01
Became pregnant/had a baby	02
Increased responsibilities at home	03
It became difficult because of the children	04
It was no longer necessary, financially	05
Spouse/companion didn't want her to continue working	06
Was unemployed	07
Inability, health problems	08
Early retirement	09
Other	10

027 What is your religion? And that of your spouse/companion?

(The response to this question is optional)

Catholic	1
Orthodox	2
Protestant	3
Other Christian	4
Jewish	5
Muslim	6
Other non-Christian	7
No Religion	8

IFF: SECTION 1 - QUESTIONS REGARDING PARENTS

100 Now I'd like to ask you some questions about your "parents' house"

101 How many live births did your mother have, including yourself?

102 What is your date of birth?

Day

Month

Year

103 Who did you live with most of the time until you were 15?

<i>Both parents</i>	1
<i>One parent and his/her spouse</i>	2
<i>Father only</i>	3
<i>Mother only</i>	4
<i>Grandparents</i>	5
<i>others</i>	6

104 Did your parents ever separate or get divorced?

Yes	1
No	2
Don't know	7

(If 104 = 2 or 7, go to 106)

105 How old were you when this happened?

106 Did you ever live away from your parents' home?

Yes	1
No	2

(If 106 = 2, go to 108)

107 When did you leave for the first time?

Month

Year

Age

(go to 110)

108 Does that mean you still live with your parents?

Yes	1
No	2

(If 108 = 1, go to 110)

109 On what date and at what age did you stop living with your parents?

Month

Year

Age

IFF: MODULE 1 - MIGRATORY HISTORY

110 How many times did you change your place of residence, for periods longer than 3 months,

before the age of 15?

after the age of 15 (inclusive)?

(If 00, go to 200)

111 After the age of 15, what led you to move house for the first time?

Schooling	1
Marriage / Cohabitation	2
Birth of first child	3
Desire to live alone / move out of parents' house	4
Professional reasons	5
House purchase	6
Preference for another area of residence	7
others	8

112 On what date did you move out?

Year

Age

(If interviewee moved only once, write down the answer and go to 200.)

113 What was the reason behind your last change of residence?

Marriage / Cohabitation	1
Birth of first child	2
Birth of other children	3
Divorce / Separation	4
Death of spouse/companion	5
Professional reasons	6
Schooling	7
House purchase	8
Preference for another area of residence	9
To be closer to family (children, etc.)	10
others	11

114 On what date did you last change your place of residence?

Year

Age

IFF: SECÇÃO 2 - SITUAÇÃO MARITAL

200 The following questions are about married life or similar situations

201 First, I would like to ask if you have ever been married (legally or de facto)? (If 008 > 1, write down the answer without asking)

Yes	1
No	2

(If 201 = 2 or 7 to 9, go to 207)

202 How many times have you been married?

203 Check 008: current marital status
(If 008 = 2 or 3 go to 205)
(If 008 = 4, go to 207)

204 What led to the separation/divorce?
(Indicate up to 3 answers, by order of importance (1,2,3))

- a) Addiction (alcohol; drugs; etc.)
- b) Lack of love
- c) Personality conflicts
- d) Agressive behaviour
- e) Infidelity
- f) Inability to have children
- g) unsatisfactory living conditions

(go to 207)

205 Does your husband live here with you?

Yes	1
Not at the moment	2
No	3
Not yet	4

(If 205 = 1, go to 208)

206 May I ask why?

Conjugal problems	1
Forced separation (for professional or other reasons)	2
Amicable choice	3

(If 205=2 or 4 go to 208)
(If 205=3 e 206=2, go to 208)

207 Do you live with someone you are having an intimate relationship with, and are not married to?

Yes	1
No	2

(If 201=2 e 207=2 go to 213)

208 Now I would like to ask you some questions about your first or only spouse/companion.

209 On what date did you start living with your spouse/companion, in the same house?

Month
Year
Age
(If 201=2 go to 210)

209A Were you legally married at the time?

Yes	1
No	2

210 How old was your spouse/companion when you started living together?

Age

211 Did he have children at the time (including adopted ones)?

Yes	1
No	2

(If 211=2, go to 300)

212 How many children did he already have?

(Write the no. and go to 300)

213 In order to avoid asking un-necessary questions, I'm going to have to ask you if you have ever had sexual relations?

Yes	1
No	2

(If 213=2, go to 602)

IFF: SECTION 3 - CHILDREN

300 Now I'd like to talk about your children, including adopted and step children.

301 Have you had any live births?

Yes	1
No	2

(If 301=2, go to 303)

302 How many children have you had?

303 Have you ever adopted a child?

Yes	1
No	2

(If 303=2, go to 305)

304 How many children did you adopt?

305 Have you ever had a step child living with you?

Yes	1
No	2

(If 305=2, go to 307)

306 How many step children did you have?

307 ADD 302, 304, 306

Total

308 Just to make sure we have everything right: you had a total of ____ children, correct?

Yes	1
No	2

(If 309=1, go to 310.)

(If 309=2, Check and correct 301 to 308, if necessary.)

310 Check 307. If total=0 go to 405.

311 Now I would like some information on each of the children.

Number of columns to enter the maternity table first = Total 302 (Blank = 0)

Number of columns to enter the maternity table next = Total 304 (Blank = 0)

Number of columns to enter the maternity table next = Total 306 (Blank = 0)

FILL IN COLUMNS 312 TO 320

**First write down information about natural children, then those for adopted children, and then those for step children.
Children of the same type should be registered by date of birth, from the first to the last born.**

312 On what date was each of these children born?

(First, second, ...)

	(01)	(02)	(03)	(04)	(05)	
Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

313 Was it a boy or a girl?

Boy	1
Girl	2

314 Does this child still live with you?

(If 314 = 1, go to 317)

Yes	1
No	2

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

315 Why doesn't he/she live with you?

- | |
|---|
| 1 - (S)he lives on his own |
| 2 - (S)he got married |
| 3 - (S)he went to live with one of his/her parents |
| 4 - The interviewee moved and the child stayed behind |
| 5 - (S)he died |
| 6 - (S)he was given up for adoption |
| 7 - Others |

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

316 Since when?

	(01)	(02)	(03)	(04)	(05)	
Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

317 Code without asking.

Natural	1
Adopted	2
Step child	3

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

(If 317 = 2 or 3, go to 320. Repeat for each item.)

318 Before this child was born, had you had an abortion (spontaneous or induced), or did you have any stillborn children?

Yes	1
No	2

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

(If 318 = 2, go to 321. Repeat for each item.)

319 How many pregnancies of this type did you have before this child was born?

(Write down the number and go to 321)

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

320 On what date did this child come to live with you?

	(01)	(02)	(03)	(04)	(05)	
Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

321 Repeat 312 - 320 for the other children, when finished go to 400.

IFF: SECTION 4 - OTHER PREGANCIAS

400 Check 301: Were there any live births?

(If 301=2, go to 405)

401 Since your last child was born, have you had a spontaneous or induced abortion, or a stillborn child?

Yes	1
No	2

(If 401=2, go to 403)

402 How many pregnancies of this kind have you had, since your last child was born?

403 Add up the answers to 319 and 402.

404 Check 403: Total number of other pregnancies.

(If total > 0, go to 407)

(If total = 0, go to 412)

405 Have you ever had a spontaneous or induced abortion, or a stillborn child?

Yes	1
No	2

(If 405 = 2, go to 412)

406 How many pregnancies of this kind have you had all together?

407 Now I would like to ask you some questions about each of these pregnancies.

(Number of columns to fill in equal to the total for 403 or 406)

408 In what month and year was this pregnancy (first, second,) terminated?

	(01)	(02)	(03)	(04)	(05)
Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

409 How many months did (each one) last?

410 Did it end in an induced abortion, spontaneous abortion or still birth?

Induced abortion	1
Spontaneous abortio	2
Still birth	3

411 Repeat 408 to 410 for each of the next pregnancies. If there were no others, go to 412.

412 Are you pregnant at the moment?

Yes	1
No	2

(If 412=2, go to 502)

413 When is the baby due?

Month

Year

(Fill in the year without asking.)

414 When you became pregnant, did you want to become pregnant, would you have preferred to wait until later or did you not want to become pregnant at all?

Wanted to be	1
Wanted to wait until later	2
Unwanted	3

(Write down the answer and go to 502)

IFF: SECTION 5 - FERTILITY ADJUSTMENT AND DISORDERS

502 How old were you when you had sexual relations for the first time? (Don't know = 97)

503 Did you and/or your partner take any measures to prevent a possible pregnancy the first time you had sexual relations?

Yes	1
No	2

(If 503=1, go to 506)

504 Have you and/or your partner ever taken any measures to prevent a possible pregnancy?

Yes	1
No	2

(If 504=2, go to 507)

505 How old were you when you (or your partner) first took measures to prevent a possible pregnancy? Age

506 What contraceptive method or combination of methods did you use?

<i>Interviewee was sterilised</i>	1	<i>Diaphragm, Contraceptive creams, Cervical Caps</i>	6
<i>Partner was sterilised</i>	2	<i>Male condom</i>	7
<i>Pill</i>	3	<i>Periodic abstinence, cycles, safe periods</i>	8
<i>Intrauterine Devices</i>	4	<i>Coitus Interruptus</i>	9
<i>Injection</i>	5	<i>Any other method</i>	10

Method A
Method B, if combination
of methods is used

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

507 Check 412 and 504: Are you pregnant? Have you ever used contraceptives?
(If: "Pregnant"(412=1) and "Has used contraceptives"(504=1 or blank), go to 517)
(If: "Pregnant"(412=1) and "Has never used contraceptives"(504=2), go to 607)
(If: "Not pregnant"(412=2), go to 508)

508 Have you undergone any operation that makes it difficult or impossible for you to have (more) children?

Yes	1
No	2

(If 508 = 2, go to 511)

509 When was this operation carried out? Month Year Age

510 Did you have the operation for medical or contraceptive reasons?

<i>Contraceptive</i>	1
<i>Medical</i>	2
<i>Both</i>	3

511 Do you know whether you could have children if you wanted to?

<i>I probably could</i>	1
<i>I probably couldn't</i>	2
<i>No</i>	3
<i>Don't know</i>	7

(If 508=1 and 511=3, go to 517)

512 Have you tried to have children without success?

Yes	1
No	2

(If 512=2, go to 517)

512a For how long? Months Years

513 Have you talked to your doctor?

<i>Only the interviewee has</i>	1
<i>Only the spouse/companion has</i>	2
<i>Both have</i>	3
<i>Neither</i>	4

(If 513=4, go to 515)

513a Where was the appointment?

State hospital	1
Private hospital	2
Family doctor	3
Specialist	4

514 How long ago was your first appointment? Months

Years

515 Do you know why you can't have children?

Yes	1
No	2

 (If 515=2, go to 517)

516 Indicate why:

<i>Female irregularities:</i> 1. Ovulation disorders 2. Tubal disorder 3. Uterus defects 4. Difficulty of sperm in penetrating the uterus 9. No known cause	<i>Male irregularities:</i> 5. No sperm 6. Low sperm count 7. Low sperm motility 8. Large number of abnormal sperm
--	--

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

517 Now I would like you to tell me about the main contraceptive methods or combination of methods that you and/or your spouse/companion may have used for at least 3 consecutive months.

Have you ever used any method, or combination of methods for this period of time?

Yes	1
No	2

 (If 517=2, go to 601)

518 How many methods or combinations of methods have you used?
 (Two methods, when used together, count as one)

519 Can you please tell me, which of the following contraceptive method(s) you have used, starting with the first?

Interviewee was sterilised	1	Diaphragm, Contraceptive creams, Cervical Caps	6
Partner was sterilised	2	Male condom	7
Pill	3	Periodic abstinence, cycles, safe periods	8
Intrauterine Devices	4	Coitus Interruptus	9
Injection	5	Any other method	10

520 Method(s) used:

Method A
 Method B (if combination is used)

(01)	(02)	(03)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

521 Please tell me why you stopped using each method

(Choose only one reason, the main one)

The method didn't work	1
Wants to have a child	2
Partner disapproved	3
Side effects	4
Health Reasons (doctor's orders)	5
Hard to find	6
Prefers another method	7
Uncomfortable to use	8
Doesn't have sexual relations	9
Fear	10
Religious reasons	11
High cost	12
Unreliable	13
other	14

(01)	(02)	(03)
<input type="text"/>	<input type="text"/>	<input type="text"/>

522 Repeat 520 and 521 for the other methods. When finished, go to 523.

523 Check 520: sterilization of partner? (If 520<=2, go to 525)

524 When did the spouse/companion become sterilised? Month Year Age of companion

525 Confirm 412: is the interviewee pregnant at the moment? (If 412=1, go to 607)

526 Check 511: Can she have children?

(If 511=1, go to 601)

(If 511=2 or 7 and 512=2, go to 601)

(If 511=3, go to 615)

(If 511=2 or 7 and 512=1, go to 615)

IFF: SECTION 6 - VIEWS ON HAVING CHILDREN

601 Confirm 301: Live births?

(If 301 = 1, go to 605)

(If 301 = 2, go to 602)

602 Do you intend to have children?

Yes	1
No	2
Don't know	7

(If 602=2, go to 610)

(If 602=7, go to 611)

603 How many children would you like to have?

Number

("Don't know" = 97)

604 What is the oldest you would like to be when you have your first child?

Age

(Write down the age and go to 612, "Don't know" = 97)

605 Do you want to have another child?

Yes	1
No	2
Don't know	7

(If 605=2, go to 610)

(If 605=7, go to 611)

606 How many more children would you like to have?

Number

("Don't know" = 97)

(Go to 609)

607 In addition to the child you are expecting,
would you like to have another?

Yes	1
No	2
Don't know	7

(If 607=2, go to 610)

(If 607=7, go to 611)

608 In addition to the child you are expecting,
how many more children would you like to have?

("Don't know" = 97)

609 How old, at most, would you like to be when you have your next child?

Age

(Write down the age and go to 612, "Don't know" = 97)

610 Now I'm going to list a number of reasons for which one might not wish to have (more) children.
Please tell me whether or not each one is important to you, at this time.

Important	1
Not important	2
Don't know	7

- (A) Children are an added expense, especially when they grow up
- (B) Children make it more difficult for a woman to get a job
- (C) Pregnancy, childbirth and taking care of the baby is hard on the woman
- (D) When one has children one has less time for other important things in life
- (E) Raising a child brings many problems
- (F) The house isn't big enough for more children
- (G) Health problems
- (H) Improper age
- (I) Difficulty in co-ordinating family and work

611 If you were to have an unwanted pregnancy, what would you do?

Have the baby and keep it	1
Have the baby and put it up for adoption	2
Maybe have an abortion	3
Have an abortion	4
Don't know	7

(Write down the answer and go to 613)

612 I'm going to list a number of reasons one might want to have one or more children. Please tell me how important each one is to you at the moment.

Important	1
Not important	2
Don't know	7

- (A) Children keep you company in your old age
- (B) Children increase one's sense of responsibility and make one more mature
- (C) It's wonderful to watch children grow and develop
- (D) It's very satisfying to see the family grow
- (E) Children provide a special feeling of happiness
- (F) Children strengthen the relationship of the parents
- (G) It's not good to be an only child
- (H) I want to have a boy
- (I) I want to have a girl

613 (If not living with spouse/companion go to 615)

We've talked about your desire to have children or not. Does your spouse/companion want the same number, more or fewer children?

The same	1
More	2
Fewer	3
Don't know	7

(If 613=7, go to 615)

614 Can you tell me how many children your spouse/companion wants?

("Don't know" = 97)

615 What do you feel is the ideal number of children in a family?

("Don't know" = 97)

IFF: SECTION 7 - OTHER OPINIONS

700 Now I'd like your opinion on other matters.

701 Please tell me how far you agree with the following statements.

I strongly agree	1
I agree	2
I neither agree nor disagree	3
I disagree	4
I strongly disagree	5

- (A) A couple should have at least one child
- (B) A person (man or woman) should have at least one child in order to feel fulfilled
- (C) I don't believe anyone can be truly happy without a child

702 (If not living with spouse/companion go to 703)

There is a lot of talk nowadays about changing the male and female roles. Can you tell me who the following applies to in your family:

More to the man	1
More to the woman	2
To both equally	3

- (A) Takes care of domestic chores
- (B) Takes care of the children
- (C) Contributes more towards household expenses
- (D) Dedicates more time to work (career)
- (E) Dedicates more time to the family
- (F) Has more free time

703 The following matters refer to population and political problems regularly discussed on the radio and television and in the newspapers. I would like your opinion on these matters.

704 Nowadays women have fewer children than in previous generations. How important are the following factors?

Very important	1
Relatively important	2
Not important	3
Don't know	7

- (A) The economic and unemployment crisis
- (B) An increase in the number of women working outside the house
- (C) An increase in the divorce rate
- (D) Inadequate help with child care
- (E) The financial burden of educating a child
- (F) The growing desire for independence and professional success
- (G) Housing conditions
- (H) Fear for the future
- (I) The idea that a smaller family is better for a child
- (J) The increased access to contraceptives
- (K) Difficulty in coordinating family life and career

705 There are many ways for a woman to coordinate her family and professional life, or to opt for one or the other. Which would you choose?
Of the choices given in the following list, which would be your first and second choices?

(Indicate the choice by order of preference (1,2))

- (A) Full time employment, with no children
- (B) Full time employment, with children
- (C) Part-time employment, with no children
- (D) Part-time employment, with children
- (E) Unemployed until children are old enough to go to school
- (F) Work at home until children grow up

706 The following group indicates several measures that some Governments in Europe have recently introduced or are getting ready to introduce, in order to make it easier for people to look after their children.

Tell me which three you consider to be most important, from the most to the least important.

(Indicate the choice by order of preference (1,2,3))

- (A) Improved maternity and paternity leave for working people
- (B) Reduced income tax for families with children to support
- (C) Greater ease in getting into child care centres and kindergarden
- (D) A subsidy for parents who can't get a job because they wish to stay home to look after their children while they are little
- (E) A substantial increase in childrens allowances
- (F) Introduction of activity centres for children outside school hours and during the holidays
- (G) Flexible working hours for employees with small children
- (H) More and improved part-time employment opportunities for people with small children
- (I) A substantial decrease in the cost of education
- (J) A decrease in housing costs for people with a larger number of children
