

This is a translation of the Dutch, French and German questionnaire "Uw persoon", "Votre personne", "ihre Person".
 You can use this text to help you fill in the questionnaire; we must ask you though to fill in the original Dutch, French or German questionnaire and only use this as a guide.

It is no trouble if you need a bit more time to fill in the questionnaire.
 We expect your answer before the end of November.

General Socio-economic Survey 2001 Situation on the 1st of October	These questions are only used to draw up global and anonymous statistics. Your personal data will be destroyed afterwards.
<p>Please complete this form in black or blue ink. One tick per box One character per box To correct</p> <p>Do not mark a box unnecessarily To be avoided</p>	<p style="text-align: center;">YOUR PERSON</p> <p>Surname, First Name and Birth date</p> <p>If your date of birth is not printed or appears to be inaccurate, please write it in here.</p>

To be completed by everyone

1. To which category of persons do you belong?

- I am a schoolchild or student
- I have a job (under any statute, including apprentices, even if away from work ill, on holiday, on a career break or temporarily laid off)
- I lost or resigned my previous job and am now looking for a new job.
- I am looking for a job for the first time
- I have never worked and I am not looking for a job

I do not longer work and am no(t) (longer) looking for a new job because of:

- retirement
- early retirement or equal (e.g. detention)
- family, social, personal, health or other reasons
- I do not think there is a job available for me (too old, do not have the required qualifications, etc.)

When did you stop working? Month (1 to 12) Year
 - other (please describe)

2. Would you say your health is on the whole?

- very good - good - fairly good - bad - very bad

3.a Do you have any long-term illness, health problem or disability?

- yes - no

3b. If you have answered yes, do they limit your daily activities?

- constantly
- once in a while
- not or seldom

3c. If you have answered yes (question 3a) are you bedridden because of it?

- constantly
- once in a while
- not or seldom

To be completed by everyone

4a. Do you, at least once a week, look after, or give any help to one or more persons having any long-term illness, health problem or disability (e.g. reduced mobility)?

- yes
- no

4b. If you have answered yes is/are this/these person(s):

(tick all the boxes that apply)

- a household member
- (a) family member(s) that does not belong to the household
- a neighbour(s)
- (a) friend(s), relative(s), etc.

4c. If you have answered yes, how much time do you usually spend on this help or care?

- at least once a week (but not each day)
- daily, less than 30 minutes
- daily, from 30 minutes to less than 2 hours
- daily, from 2 hours to less than 4 hours
- daily, 4 hours or more

To be completed by all women of 14 and older

5a. How many live-born children did you have?

(please include meanwhile deceased children)

(women who had no live-born children write in "0")

5b. Birth year of the children mentioned under question 5a

(in case of multiple births you write in the same date several times)

6a. In which year did you marry for the first time?

(write in "0" if you have never been married)

6b. In which year did you start cohabiting (inside or outside a marriage)?

(write in "0" if you have never cohabited)

To be completed by everyone aged 15 and over

7. Are you receiving education or have you received education (in school or elsewhere)?

- yes
 - no
- If you have answered NO, please go to question 15*

8. How many years have you received education (yet)?

(Do not include the current school year if you are still in school)

(Please write in "0" if you have not followed any year in the level concerned)

- primary school**
 - secondary school**
 - higher education**
- (lower + higher) (short or long course, university)

9a. Tick the HIGHEST level of education that you have successfully completed

- primary school

lower secondary school (first three years)

- general education
- arts education
- technical education
- vocational training

higher secondary education (last three years)

- general education
- arts education
- technical education
- vocational training (craft trade apprenticeships included)

- post-secondary not-higher education (1)

- higher education (short course, long course or university)

9b. At which age did you complete this level?

9c. Where did you complete this level?

- in Belgium
- abroad

10. If you took a certificate of vocational training or technical secondary education, in which branch of studies was that?

- applied sciences (physics, chemistry, etc.)
- industry (electronics, electricity, mechanics, etc.)
- trade, accounting, office work
- social sciences, education
- sports, health, paramedical
- services, beauty care, etc.
- clothing, sewing, dressmaking
- construction, woodwork
- agricultural science, agronomics
- food (bakery, butchery, etc.)
- hotel business, tourism
- living languages
- informatics
- other

11a. Tick ALL certificates that you took in higher education

- nursery school teacher, teacher of primary school, teacher of lower level of secondary school
- short course non-university higher education (one cycle)
- university or higher education, long course: first cycle (candidature)
- university or higher education, long course: second cycle (2)
- university or higher education advanced/additional education (3)
- doctorate with thesis

11b. What is the full name of the certificates of higher education mentioned in question 11a?

(e.g.: graduate informatics, secondary (lower level) teacher training history, licentiate in Romance languages, civil engineering in architecture, master in actuarial sciences, etc.)

To be completed by everyone who took a certificate after a recognised vocational training of at least 600 hours (equals a fulltime training of 6 months)

12. It concerned a: *(tick all the boxes that apply)*

- vocational training by FOREM, IBFFP, Arbeitsamt, VDAB, Classes moyennes, promotion sociale, ...
- training in the framework of your profession
- vocational training followed on your own initiative

To be completed by everyone who takes classes or follows a vocational training, irrespective of he/she is working

13. The education or vocational training that you are currently following is

- fulltime
- part time during the daytime (separate course included)
- evening and/or weekend education
- correspondence course

14. What kind of education or vocational training are you receiving?

- nursery education (special education included)
- primary education (special education included)

special secondary education

- special secondary education

first stage of secondary education (1st and 2nd year)

- general (1st or 2nd year A)
- vocational (1st year B, 2nd preparing for vocational year)

second or third stage of secondary education (other years)

- general
- technical/art
- vocational (part-time and craft trade apprenticeship included)
- post-secondary non-higher education (1)
- short course non-university higher education / one cycle
- long course non-university higher education / two cycles
- university (4)
- university or higher education advanced/additional education (3)
- doctorate with thesis
- other vocational training

(1) 7th year of secondary education, additional secondary vocational education (4th stage), business starters' training

(2) licentiate, engineer, doctor without thesis, etc.

(3) academic degree of advanced studies (GGS), academic degree of complementary studies GAS, postgraduate, special licentiate degree, qualified teacher's degree, etc. candidature, licentiate, engineer, doctor of medicine, etc.

*To be completed by everyone who is or was doing any work
(even if the activity lasted only for one hour)*

15. Your current employment situation

- I have a fulltime job without sideline job
- I have a fulltime job and one or more sideline jobs
- I have a sideline job
- I have several sideline jobs
- I am retired and have a sideline job
- I had a job but not anymore (unemployed, retired, etc.)

16. In the framework of your:

(last) main job current sideline job

(unemployed people, retired people etc. write in their last job)

(out of several sideline jobs you chose that one in which you work most hours per week or provided the highest income)

a. Which is (was) your professional statute?

- civil servants
- civil servants not in the public sector
- managing director, employed
- other employee in the private sector
- worker in the private sector, apprentice
- managing director, self-employed
- self-employed working mainly for one person or company
- other own-account worker, liberal profession
- contributing family worker (of an employer)
- household servant or domestic staff
- other statute (e.g. PWA)
- without statute

b. Which is (was) the activity sector of the company where you work(ed)?

- agriculture, forestry, fishing
- industry
- construction
- wholesale or retail trade
- repair of (consumer) goods and vehicles
- transport, storage and communication
- hotels, cafes and restaurants (catering)
- financial institutes (banks, insurance)
- real estate, renting
- service activities to companies
- private households with employed persons
- public administration
- education, training
- international organizations
- army
- health care and social work
- other service activities

*To be completed by everyone who is doing any paid work (even if only for one hour per week)
Answers for the main job*

17. What is the full name of the company, administration or institution you run or where you work?

18. What is the business of your employer at the place where you work?
(e.g. garage, furniture retail, etc.)

19. What is the full title of your main job?
(e.g. electrician, accountant, technician, web-designer, etc.)

Describe the rank, title and/or qualification of your function
(if you are a civil servant, give your level and/or rank)

20. If you are an employer how many people do you pay?

Answers for the main job and for the most important sideline job

21. How many hours a week do you usually work?
(hours spent by teachers for preparations and overtime included, whether paid or not)
(if necessary, give average for several weeks)

main job	sideline job
hours a week	hours a week

(if you have not a sideline job write in "0")

22. If you are an employee, what kind of work do you do in the framework of your:

- | main job | sideline job |
|--|---------------------|
| - stable contract (having tenure or an employment contract on a continuous basis) | |
| - work as a temp | |
| - seasonal work | |
| - fixed-term contract | |
| - work as an employment promotion employee (ALE, TCT, ACE, PRIME, FBI, art. 123,) | |
| - apprenticeship, work as a trainee or alternating training | |
| - student contract | |
| - casual work (without any formal contract) or other | |

23. In the framework of your: **main job** **sideline job**

a. which working hours do you usually have?

- | | |
|---|--|
| - fixed working hours | |
| - interrupted working hours (e.g. in two blocks: morning and evening) | |
| - staggered working hours (flexitime) | |
| - flexible hours (determined by your employer according to the needs of the service or on request of customers) | |
| - shift system with consecutive shifts | |
| - other (please describe) | |

b. where do you usually work?

- | | |
|--|--|
| - I work at a fixed workplace (office, factory, yard, etc.) outside my house | |
| - I have a travelling job and leave from home | |
| - I have a travelling job and leave from elsewhere (station, depot, etc.) | |
| - I work at home (via remote working) | |
| - I work at home (but not via remote working) | |

c. were you doing any work between 1 and 7 October 2001?

- yes
- no

d. if you have answered NO to question 23c, for what reason(s)?

- flexitime, holiday, paid leave
- temporary work, fixed-term contract, work as a temp
- part-time or technical unemployment
- conflict at the workplace (strike, lock-out)
- illness, accident, temporary incapacity for work, maternity leave, family reasons
- (voluntary) career break unpaid leave
- education, training
- other (please describe):

To be completed by everyone who is doing any paid work or is receiving any education except for homework or travelling job from home

(if you work and receive education, please answer for the activity that brings along the most movements)

(if you have several jobs, give priority to your main job)

24. What is the address of the place where you actually work or receive education?

Name

No

Street

Postcode

Municipality

25. To go to your work or school place do you usually leave from

- your home (*your official residence*)
- another home (*please write in the address*)

No

Street

Postcode

Municipality

26a. How many times a day do you cover the distance there and back of your usual journey to work or school?

- once a day
- twice or more times a day

b. How many days a week do you cover this distance there and back?

- 1
- 2
- 3
- 4
- 5
- 6 or 7

c. What kind of transportation do you usually use to completely cover this distance?

- none (on foot)
- bicycle
- moped, motorcycle
- transportation organised by employer or school
- car, as driver
- car, as a passenger
- train
- bus, tram, underground/metro (De Lijn, TEC, MIVB)

d. What is the distance covered for a single journey? (not a turnaround)

kilometre(s)

(when the distance is less than 1 kilometre, write in "1")

e. At what time did you leave and arrive at your last usual journey?

(when you covered the distance twice a day, write in the first journey there, and the last journey back)

	Departure		Arrival	
	h	min	h	min
journey THERE: (first)				
journey BACK: (last)				

f. How many times a week do you usually combine this journey with the following activities?

ACTIVITIES		NUMBER OF TIMES A WEEK			
journey THERE					
run errands		0	1	2	3 or more
bring a child to school/ day care centre	0	1	2	3 or more	
other (sport, culture, visit, etc.)		0	1	2	3 or more
journey BACK					
run errands		0	1	2	3 or more
bring a child to school/ day care centre	0	1	2	3 or more	
other (sport, culture, visit, etc.)		0	1	2	3 or more

1b. Are there rooms (such as kitchens, living rooms, dining-rooms) for use by other households?

- yes - no

2a. How many dwellings are there in the building where you live?

1	10 to 19
2	20 to 49
3 or 4	50 and more
5 to 9	unknown

2b. If you live in a building with more than one dwelling

- How many floors are there in the building?

Ground floor not included.

Write in "0" if there are no floors.

- On which floor do you live?

Write in "0" for the ground floor. "1" for the 1st floor, etc.

*Give the lowest floor for **maisonettes**.*

*If you live in the **basement**, tick the box alongside - basement*

- What is the number of your letterbox?

- If there are several dwellings on your floor, they may be indicated by a letter or code

- If so, which one?

- How many lifts are there in the building?

none 1 2 3 or more

3. Your dwelling is situated in a building destined

- solely for housing

- mainly (more than 50%) for housing

- for another purpose (more than 50% trade, industry, administration, agriculture or horticulture, etc.)

4a. What kind of dwelling rooms are there in your dwelling and how many of each?

Do not count bathrooms, toilets, ironing rooms, halls, verandas, garages, attics, cellars and other rooms that are not mentioned in the list below, for they are not considered to be dwelling rooms.

Kind	Number		
- studio or loft	none	1	
- separate kitchen (min. 4 m ²)	none	1	2 or more
- equipped kitchen integrated into another room	none	1	2 or more
- living (living room and dining room)	none	1	2 or more
- separate living room	none	1	2 or more
- separate dining room	none	1	2 or more
- office for private use	none	1	2 or more
- play room, recreation room, etc.	none	1	2 or more
- bedroom (attic rooms included)	none	1	2 or more
	none	1	2 3 4 5 or more

4b. What is the total number of the dwelling rooms mentioned in question 4a?
dwelling rooms

4c. What is the total surface area of the dwelling rooms mentioned in question 4a?

- less than 35 m²
- from 35 to 54 m²
- from 55 to 84 m²
- from 85 to 104 m²
- from 105 to 124 m²
- 125 m² and more

5. How many other rooms are there in your dwelling and how many of each?

Do not count bathrooms, toilets, halls and verandas.

- room for professional use
none 1 2 or more
- attics and attic rooms (not equipped as a dwelling room)
none 1 2 or more
- ironing room, storage room and cellar (except garage)
none 1 2 or more

6a. When was your dwelling built?

- before 1919
- from 1919 to 1945
- from 1946 to 1960
- from 1961 to 1970
- from 1971 to 1980
- from 1981 to 1990
- from 1991 to 1995
- in 1996 or later

- I do not know but I think
- 20 years ago or more
- less than 20 years ago

6b. Have there been important alterations to your dwelling since 1991, modifying the surface area and/or the number of rooms?

- yes
- no
- I do not know

7a. Do you own or rent your dwelling?

- I am the owner, shared owner or usufructuary
- I rent it and the owner is
 - a private person
 - a social housing association
 - another public organisation (Public Social Assistance Centre, council...)
 - a private partnership

- I live here rent-free

7b. If you rent your dwelling, do you rent it furnished?

- yes
- no

7c. If you rent your dwelling, how much rent a month do you pay (without additional costs)?

- less than 10.000 BEF (less than 247.89 EUR)
- 10,000 to less than 20,000 BEF (247.89 to less than 495.79 EUR)
- 20,000 to less than 30,000 BEF (495.79 to less than 743.68 EUR)
- 30,000 to less than 40,000 BEF (743.68 to less than 991.57 EUR)
- 40,000 BEF or more (991.57 EUR or more)

8. How is your dwelling heated?

(tick one box, for the main system)

- individual installation for central heating
- communal installation for central heating for:
 - several dwellings in the same building
 - several buildings
- other heating installation (hearth, stove, convector, electric heater, etc.)

9. What kind of energy do you mainly use for heating?

(tick one box)

- fuel oil (heating oil)
- coal
- wood
- heat pump
- write in:
- electricity
- natural gas
- butane gas, propane gas
- other energy sources

10. Is there a natural gas main in your street?

- yes
- no
- I do not know

11. Do you use alternative energy sources?

- yes
- no
- If so, which one?
 - solar energy
 - wind energy
 - bio energy
 - other (e.g. hydropower, etc.)

12. How is your dwelling insulated?

- Does your dwelling have double-glazing?
 - yes
 - no
 - I do not know
- If so:
 - partly
 - completely
- Is the roof insulated?
 - yes
 - no
 - I do not know
- Are the outer walls of the building insulated ?
 - yes
 - no
 - I do not know
- Are the heating pipes (outside the dwelling rooms) insulated?
 - yes
 - no
 - I do not know

13. How is the wastewater drained off?

- Is your dwelling connected to the public sewer grid?
 - yes
 - no
 - I do not know
- Does your dwelling have its own water treatment?
 - yes
 - no
 - I do not know
- Does your dwelling have a septic tank?
 - yes
 - no
 - I do not know
- Does your dwelling have a cesspit?
 - yes
 - no
 - I do not know

14. Which sanitary utilities are there in your dwelling and how many of each?

- bathroom (with bath and/or shower)
 - none
 - 1
 - 2 or more
- toilets (in bathroom or separate)
 - none
 - 1
 - 2 or more

15. Which other conveniences are there in your dwelling?

- | | | | |
|-------------------------------------|---------------------------|-------------|------|
| garage, private parking area | | - yes | - no |
| If so, for how many cars? | - 1 | - 2 or more | |
| rain drain | | - yes | - no |
| garden (for private use) | | - yes | - no |
| If so: | If so: | | |
| - less than 50 m ² | - ornamental garden | | |
| - between 50 and 300 m ² | - kitchen garden, orchard | | |
| - more than 300 m ² | - mixed | | |

16. What do you think of the state of your dwelling (or the building your dwelling belongs to)?

- | | in good condition | requires
small repairs | requires
large repairs |
|-----------------------------|-------------------|---------------------------|---------------------------|
| the electrical installation | | | |
| the inner walls | | | |
| the outer walls | | | |
| the windows | | | |
| the gutter | | | |
| the roof | | | |

17. How do you consider the close vicinity of your dwelling?

- | | very pleasant | satisfactory | rather unpleasant |
|---|---------------|--------------|-------------------|
| the appearance of buildings | | | |
| the cleanness | | | |
| the quality of the air
(air pollution) | | | |
| the quietness
(noise or noise pollution) | | | |

18. How do you consider the facilities (amenities) that are provided in your neighbourhood?

- | | very good
provided for | normally
provided for | ill-provided
for |
|--|---------------------------|--------------------------|---------------------|
| - footpaths | | | |
| - bicycle paths | | | |
| - streets | | | |
| - green spaces | | | |
| - public transport | | | |
| - shops | | | |
| - health services (doctor, nurse, etc.) | | | |
| - administrative amenities | | | |
| - liberal professions except for those concerning health | | | |
| - social and school amenities | | | |
| - day care centres and childminders | | | |
| - cultural and recreational amenities | | | |

Household conveniences

19. How many vehicles does your household have?

bicycle	none	1	2	3 or more
moped	none	1	2	3 or more
motor cycle	none	1	2	3 or more
car	none	1	2	3 or more

20. Which other conveniences does your household have?

fixed telephone connection (1 connection = 1 number)	none	1	2 or more
GSM	none	1	2 or more
computer	none	1	2 or more
internet connection	none	1	2 or more

These questions are only used to draw up global and anonymous statistics. Your personal data will be destroyed afterwards.

YOUR HOUSEHOLD

The complete composition of your household is drawn up on the basis of the National Population Register on the 1st of October. There are no questions about this item.

Supplementary information is asked about the members of your household who are not related to the reference person.

Reference person:

If there is no new reference person or if there are no data pre-printed in the first box, please go to the box below concerning the young children.

Data on persons unrelated to the reference person

Please tick for each of them one of the three boxes alongside their name and birth date.

Surname and first name person	Birth date	Partner of reference person	Child of partner	Other unrelated
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Children born between 01/01/1996 and 30/09/2001

There is no form "your person" for children born in 1996 and later.

We only ask to fill out the questions below for them.

1. How many children born between 01/01/1996 and 30/09/2001 are part of your household?

none 1 2 3 4 5 or more

2. How many of them (tick all that apply)

are attending nursery school?	none	1	2	3 or more
are going to a crèche (day care centre)?	none	1	2	3 or more
are being held by a childminder?	none	1	2	3 or more
are mainly held by a member of the household?	none	1	2	3 or more
are mainly held by family or someone of your acquaintances ?	none	1	2	3 or more