

CENTRAL STATISTICAL OFFICE Register number: 1711 <i>Supply of data is not obligatory!</i>	TIME USE SURVEY 1999-2000 The data of people living together List of subscriptions for periods I-IV	County code: <input type="text"/>
		Code of settlement: <input type="text"/>
		Enumeration district number: <input type="text"/>
		Serial number of dwelling: <input type="text"/>
		Serial number of household: <input type="text"/>
		Serial number of person: <input type="text"/>
		Subsample: (1), (2) <input type="text"/>

Serial number of the designated person a) in the dwelling: , b) in the household

The household is : (1) designated, (2) not designated for the EUROSTAT survey

Has the household got any own/rented garden, estate in which a member of the household does any work? (1) yes, (2) no

Number of papers attached to part IV of questions: (1-4), – no attached paper (0),

I. THE SUCCESS OF THE SURVEY

1. The success of the survey: period I: , period II: , period III: , period IV:

(1) successful, temporary failure: (2) due to permanent absence abroad, (3) medical treatment, (4) other reasons, permanent failure: (5) refusal, (6) moving, (7) death, (8) dwelling no longer exists, (9) other reason

2. In case of permanent failure: Is there any new interviewee? (1) yes, (2) no

IF YES : Data of new interviewee... Regional number: Enumerat. dist. num.:

S. num. of dwelling: S. num. of the household: S. num. of the person a) in the dwelling: b) in the household:

II. THE REALIZATION AND THE DATE OF SURVEY IN THE 4 PERIODS (month, day)

Denomination	period I	period II	period III	period IV
Personal code of the interviewer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1. Date of designated day a) original date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) possible change of date (and reason):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
reason, after the date: (1) domestic holiday, (2) holiday abroad, (3) other journey abroad, (4) medical treatment, (5) other				
2. Date of interviews:				
The data of people living together	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household questionnaire I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time use diary (4 occasions)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eating and drinking (2 occasions in the diary)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household questionnaire II	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual questionnaire I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual questionnaire II	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Questionnaire of important activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Complement I: Subjective questions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Complement II: Furnishing of dwelling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EU questionnaires (for how many people)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of receiving EU questionnaires	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reduced agricultural time use budget , piece.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
– serial number of person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

III. CHANGES IN THE DATA OF HOUSEHOLD DURING THE SURVEY

1. Changes in the data of household in periods II-IV:

Keys to the signs of the column a-d: a: period, b: serial num. of family, c: serial num. of person, d: cause of change

IF THERE IS NOT ANY CHANGE WITHIN A PERIOD: a) = serial number of period, b-c-d) = 0000

1.	a	b	c	d	3.	a	b	c	d	5.	a	b	c	d	7.	a	b	c	d	9.	a	b	c	d
2.					4.					6.					8.					10.				

Code of change: (1) a child was born, (2) adoption of a child, (3) new partner (cohabiting partner also), (4) moving back, moving together, (5) death, (6) moving because of marriage, (7) divorce, (8) other moving, (9) other change in any data of the person (a new row must be filled in block IV with the same serial number (No) of person!)

2. Number of families and persons living together in the...	period I		period II		period III		period IV	
	a) number of families, b) number of persons	a) <input type="text"/> b) <input type="text"/>	a) <input type="text"/> b) <input type="text"/>	a) <input type="text"/> b) <input type="text"/>	a) <input type="text"/> b) <input type="text"/>			

IV. DATA OF PERSONS LIVING TOGETHER IN THE HOUSEHOLD

Serial num. of person	Serial num. of family	Gender: (1) male, (2) female	Date of birth a) year: 19 - - b) month	a) Marital status b) Family status c) Cause of temp. absence CA: 1, 2, 3	a) Educational attainment b) school years CA: 4	Economic activity (socio-economic group) CA: 5	Only for employed person (9/b for students also!)		
							a) Employment status b) Subordinates num. c) Num. of shifts CA: 6, 7, 8	Occupation (FEOR-93) CA: 9	Employer a) sector b) settlement (of school also) c) property form CA: 10, 11, 12
							7	8	9
							1	2	3
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IV. DATA OF PERSONS LIVING TOGETHER (continuation)

CONTINUATION OR/AND CHANGES IN THE DATA (In case of change only the serial num. and the changed data must be recorded)

Serial num. of person	Serial num. of family	Gender: (1) male (2) female	Date of birth a) year b) month	a) Marital status b) Family status c) Cause of temp. absence	a) Edu- cational attainment b) School years	Economic activity	Only for employed person (9/b:also for students!)		
							a) Employment status b) Subordinates num c) Num of shifts	Occupation (FEOR-93)	Employer a) Sector of employer b) Settlement (also of school) c) Property of employer
							7	8	9
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

V. EXPENDITURES FOR MAINTENANCE OF DWELLINGS

1. Expenditures in details for maintenance of dwellings in the last month?

HUF

	1. period	2. period	3. period	4. period
1. rent of dwelling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. common cost of dwelling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. electricity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. gas *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. heating (without gas, electricity)*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. water charge, sewerage fee, waste *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. telephone (mobile also)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. insurance of dwelling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOGETHER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comment of items of 1-8.: IF NOT HAVE: (00000); DO NOT KNOWN: (99999)

* IF HAVE, but the common cost contains it: (88888)

VI. INCOME OF THE HOUSEHOLD (IN PERIOD II AND IV ONLY; CARD 1 ON THE CODE OF ANSWERS)

1. How much was the last monthly income of the household in details? (1000 HUF)

a) in period II: ;b) in period IV:

(99) No answer

(00) Nothing	(05) 60 – 79	(10) 160 – 179	(15) 260 – 279
(01) – 20	(06) 80 – 99	(11) 180 – 199	(16) 280 – 299
(02) 20 – 29	(07) 100 – 119	(12) 200 – 219	(17) 300 – 349
(03) 30 – 39	(08) 120 – 139	(13) 220 – 239	(18) 350 – 399
(04) 40 – 59	(09) 140 – 159	(14) 240 – 259	(19) 400 –

2. Concerning your present living standard how did your household manage to live within your income? (IN PERIOD IV)

(1) with great difficulties, (2) with difficulties, (3) with some difficulties, (4) relatively easily, (5) easily

3. During the last 12 months your financial position (IN PERIOD IV)

(1) has got much better, (2) has got better, (3) has not changed, (4) has got worse, (5) has got much worse

VII. RESIDENTIAL ENVIRONMENT, DWELLING (IN PERIOD I)

1. The building of the dwelling ...

a) what kind? (the interviewer fills it!) (1) a traditional house built in a housing block,

(2) a building of a housing estate, (3) a 3–12 dwellings building in a green zone, (4) other building in a green zone (with more than 12 dwellings),

(5) a one-storied detached or semi-detached family house, (6) a storied detached or semi-detached family house,

(7) a traditionally built peasant house, (8) a detached farmstead, (9) a gipsy settlement, (10) other building built not for the purposes of dwelling,

b) How many flats are in the building?flats, c) floors? (00) one floor, (01–x) number of floors

b) c)

2. Do the following premises belong to the flat ... IF YES: num. of premises, floor space of living rooms; IF NOT: (0)

Name of premises	Number, (piece)	Total floor space	Name	(0) not have, (1) have, used by the household, (2) have, do not used by the household
1. living room	<input type="text"/>	<input type="text"/> m ²	5. cellar, place for storage	<input type="text"/>
2. kitchen	<input type="text"/>		6. courtyard, garden	<input type="text"/>
3. bathroom	<input type="text"/>		7. garage	<input type="text"/>
4. toilet	<input type="text"/>		8. workshop	<input type="text"/>

CENTRAL STATISTICAL OFFICE Register number: 1711 Supply of data is not obligatory!	TIME USE SURVEY 1999-2000 Household questionnaire I	County code: <input type="text"/> Code of settlement: <input type="text"/> Enumeration district number: <input type="text"/> Serial number of dwelling: <input type="text"/> Serial number of household: <input type="text"/> Serial number of interviewee: <input type="text"/>
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I. RESIDENTIAL ENVIRONMENT, DWELLING

1. The building in which the dwelling is ...

- a) ownership of building?* (1) owned by the self-government, (2) owned mainly by the self-government, (3) mixed, (4) private
- b) Has the building any technical problem?* (THREE ANSWERS ARE POSSIBLE)
- YES: (1) unterpropped, (2) continuously leaking, (3) damaged roof, (4) needs insulation, (5) needs roof change, (6) needs change of public utilities, (7) needs renovation, (8) has other technical problem, (000) NO
- c) When was the building last renovated?*year, (01) DID NOT, (09) do not know

2. The head of the household

- a) tenant status:* (1) owner, (2) renter of a self-governmental dwelling, (3) renter of a private dwelling, (4) usufructuary, (5) user of a private or official dwelling, (6) without legal title
- b) when did you move into the present dwelling?* in the year of 19....., (00) do not know, no answer
- c) how did you get the present dwelling?* (Answers on the CODE LIST/ 22.)

3. According to your opinion *a) the dwelling is:* (1) dry, (2) moist, (3) mouldy

- b) do environmental harms appear in the immediate proximity of the dwelling?* (FOUR ANSWER)
- YES: (1) noise, (2) air pollution, (3) dust, (4) no satisfactory water supply, (5) few green area, (6) destruction of plants, (7) waste, dirt, (8) soil pollution, (0000) NO

4. The quality of the dwelling ... IF NOT: (0), IF other: (8)

- a) type of heating:* (1) district heating, (2) central heating of building, (3) central heating of dwelling, (circle), (4) special room heating
- b) fuel used:* (1) electricity, (2) gas, (3) fuel oil, (4) coal, (5) wood, (6) mixed
- c) water supply:* (1) watermains, (2) domestic water supply system, (3) well, (4) other
- d) type of the well-drain:* (1) sewerage, (2) domestic gully, (3) sewerage sink
- e) type of warm water supply:* (1) transmission line, (2) central boiler, (3) circle-boiler, (4) electric boiler, (5) gas boiler, (6) bath boiler, (7) kitchen boiler

5. Floor space of the present dwelling m² **6. Did you utilize.....to obtain the present dwelling?** (THREE ANSWERS ARE POSSIBLE)

- (1) social or housing allowance, (2) bank loan, loan from the National Saving Bank (3) special youth loan
(4) loan from employer or self-government without interest, (5) loan from family or friends, (6) support from self-government, employer, (7) family support, (8) other financial support (000) NO, (999) do not know

II. SATISFACTION

1. Are you satisfied with your present dwelling circumstances? *Answers:* (1) YES,

- NO, because: (THREE ANSWERS) (2) the environment of dwelling is not satisfactory, (3) the building is not satisfactory, (4) the dwelling is not satisfactory, (5) dwelling is far from the working place, (6) family reasons (divorce, marriage), (7) the maintenance cost of dwelling is too high, (8) other

2. Do you plan to change your dwelling circumstances (in 1-2 years)?

- YES: (1) within the present dwelling, (2) by change of dwelling, (3) NO, (4) not yet, only later

III. DURABLE CONSUMER GOODS AND REAL ESTATE OWNED OR USED BY THE HOUSEHOLD

1. Have you got in your household ...

If no answer : 9

IF HAVE: a) number of goods, b) age of the newest one (under 1 year=01), by freezer: how many litre,

IF NOT: a) piece: (0), b) age: empty block

	a) b)		a)		a)
1. automatic washing machine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10. sewing machine	<input type="checkbox"/>	19. cable TV	<input type="checkbox"/>
2. other washing machine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11. bicycle	<input type="checkbox"/>	20. satellite aerial of your own	<input type="checkbox"/>
3. centrifuge	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12. motorcycle	<input type="checkbox"/>	21. video cassette	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. dish-washer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13. telephone	<input type="checkbox"/>	22. book (number)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. refrigerator	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14. mobile telephone	<input type="checkbox"/>	23. record, CD disk	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. deep freezer (piece, litre)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15. not-colour TV	<input type="checkbox"/>	24. lorry, bus	<input type="checkbox"/>
7. colour TV	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16. Internet	<input type="checkbox"/>	25. machine above 100.000 HUF	<input type="checkbox"/>
8. personal computer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17. video recorder	<input type="checkbox"/>	26. country or weekend house	<input type="checkbox"/>
9. microwave oven	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18. video camera	<input type="checkbox"/>	27. other real estate, workshop	<input type="checkbox"/>

2. Do you have a car? Answer: number, IF NOT: (0)

IF YES: (if more than 1 car the data must be with regard to the more valuable one)

a) cylinder capacity: (1) less than 1000 cm³, (2) 1000–1199 cm³, (3) 1200–1499 cm³, (4) above 1500 cm³

b) type: (1) western-european, american (2) far-easter, (3) from ex-socialist countries

c) construction year: 19year; d) km drives in the last 12 months:(thousand km)

c) 19

e) how did you get it? (1) buying as new, (2) buying as used, (3) inherited, (4) got for permanent use

f) what do you use the car for? (THREE ANSWERS ARE POSSIBLE) (1) earning activity, (2) going to work,

(3) shopping, administration (4) weekend trips, (5) only for long journeys, summer holiday (6) other

IV. PUBLIC SECURITY, VICTIMIZATION

1. How safe is the environment of dwelling?

(1) very safe, (2) relatively safe, (3) not safe enough, (4) not safe at all

2. Did any incidents or criminal acts happen to you or someone in your household since 1995?

(1) yes, (2) no, (9) no answer

IF NOT: go forward to question 15. IF YES:

3. What did happen, how many times, to whom, last time in which year and did somebody report it to the police?

Action	a)	b)	c)	d)	Action	a)	b)	c)	d)
1. traffic injury	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. car theft	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. physical violence	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. burglary	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. forced or unwanted sexual act	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. vandalism	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. robbery	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. bribery	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. theft	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Answers:

a) How many times did it happen since 1995: (1) once, (2) twice, (3) three times, (4) four times, (5) five times, (6) more than five times, (7) regularly, (8) do not know, (9) no answer

b) To whom did it happen in the household? (serial number), (41) to the whole household, (42) to more persons, (43) someone from the injured persons lives no more in the household, (44) someone from the injured persons died until now, (88) do not know, (99) no answer

c) In which year? (1) 1995, (2) 1996, (3) 1997, (4) 1998, (5) 1999, (8) do not know, (9) no answer

d) Did somebody report it to the police? (1) yes, (2) no, (3) not every time, (8) do not know, (9) no answer

QUESTIONS 4–14. REFER TO THE LAST OCCURRENCE.

- 4. What did happen last time in your household?** (see the number in the table of question 3.)
- 5. When did it happen?** if do not know: year=00, month=99 year: month:
- 6. Settlement of perpetration of crime**
- (1) residence of the injured person; *Other settlement:* (2) Budapest, (3) Pécs /Győr /Debrecen/ Miskolc /Szeged,
(4) other county town, (5) other town, (6) other village, (7) foreign country, (9) do not know
- 7. Locality of perpetration:**
- (01) flat, house or ground around the house belonging to the injured person, (02) garage, (03) villa or plot,
(04) neighbourhood of house, (05) other private flat, house or ground, (06) inner city: street, car park, playground,
(07) outer area: road, picnic spot, (08) public transport, (09) public building, institution (10) place of work, (11) place of
entertainment: restaurant, pub, bar, club, cinema, (12) other place, (99) do not know
- 8. Number of perpetrators:** (1) one, (2) two, (3) three, (4) four or more, (9) do not know
- 9. Notoriety of perpetrator(s):**
- (1) unknown, (2) somebody from the household, (3) relative, (4) close acquaintance, (5) distant acquaintance,
(6) do not know, (9) no answer
- 10. What was the motive of perpetration in your opinion?** (TWO ANSWERS ARE POSSIBLE).
- (1) money-getting, (2) dislike, (3) revenge, (4) jealousy, (5) sexual desire, (6) was not any motivation, (7) other motive,
(9) do not know
- 11. Did somebody report it to the police?**
- (see the table of question 3.: if the answer is (3) in the column d, then the question must be asked),
(1) yes, (2) no, (8) can not remember, do not know, (9) no answer
- IF YES:
- a) *it was successful:* (1) the perpetrator was arrested and brought to justice, (2) the damage was recovered, (3) both
- b) *it was not successful, because:* (TWO ANSWERS ARE POSSIBLE)
- (1) according to the police it will be inconclusive, (2) investigations are in progress, (3) the perpetrator has not been
found, (4) the perpetrator is not indictable, (5) the investigations have been stopped, (6) the damage was not recovered,
(7) the damage was partly recovered, (8) other, (99) do not know
- IF NOT:
- c) *Why not?* (TWO ANSWERS ARE POSSIBLE)
- (1) it was an unimportant case, (2) it seemed to be manageable otherwise, (3) the insured person knew the perpetrator, (4)
the insured person was afraid of the perpetrator, (5) the insured person came to know of perpetration late, (6) the insured
person did not trust the procedure, (7) police did not accept the report, (8) other reason, (9) do not know.
- 12. The amount of caused damage:** thousand HUF (88888) more than 10 million meghaladó kár,
(00000) the damage can not be valued in HUF, (99999) do not know, no answer
- 13. Was anybody insured?**
- (1) no, (2) yes, slightly, (3) yes, seriously, (4) yes, fatally, (9) do not know
- 14. Did you turn to other organization in addition/instead of the police?**
- (1) to private investigation office, (2) to legal aid organization, (3) to victim aid organization, (4) other organisation, (9) no answer
- 15. Have you got any instruments for self-defence or property-defence?**
- (THREE ANSWERS ARE POSSIBLE).
- a) (1) more than two locks, (2) grid, beltlock, strengthened door, (3) burglar alarm in flat,
(4) central alarm system, (5) dog, (6) other, (000) neither of them, (999) no answer
- b) (1) gas-spray, (2) stabbing, cutting, hitting instrument, (3) gas- or warning pistol, (4) gun,
(5) other instrument (000) neither of them, (999) no answer

CENTRAL STATISTICAL OFFICE Register number: 1711 Supply of data is not obligatory!	TIME USE SURVEY 1999-2000 Household questionnaire II	County code: <input type="text"/> <input type="text"/>
		Code of settlement: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Enumeration district num: <input type="text"/> <input type="text"/> <input type="text"/>
		Serial num of dwelling: <input type="text"/> <input type="text"/>
		Serial num. of household: <input type="text"/>
		Serial num. of interviewee: <input type="text"/> <input type="text"/>

I. ACTIVITIES PERFORMED IN OWN FARM, REAL ESTATE, WEEKEND FARM

1. Have you got a ground-plot cultivated by the household? (1) yes, (2) no

IF YES: a) What size is the ground-plot?

(1) m², (2) n.öl, (3) kh, (4) ha

from this: vineyard, fruit garden (1) m², (2) n.öl, (3) kh, (4) ha

b) Do you cultivate, a) for what purpose and b) in what quantity

(If the cultivation is only for own purpose: 100%, if only for sale, 0%)

Keys for the table 1 a) column and 2/ b) : (1) only for own need, (2) for family members, but not for sale
(3) also for sale, (4) generally for sale, WHAT IS NOT CULTIVATED: the code is (0)

Product	a) Purpose of production	b) Percent of prod. for own consumption	Product	a) Purpose of production	b) Percent of prod. for own consumption
1. vegetables	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	5. fruits	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2. potato	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	6. wine	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3. cereals	<input type="text"/>		7. flowers, other plants	<input type="text"/>	
4. maize	<input type="text"/>		8. plants under folia camp	<input type="text"/>	

2. Do you breed animals? (1) yes, (2) no

IF YES: a) How many b) for what purpose were the following animals bred?

Kind of animal	a) Piece	b) Purpose	Kind of animal	a) Piece	b) Purpose
1. cow	<input type="text"/> <input type="text"/>	<input type="text"/>	6. duck, goose	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
2. other cattle	<input type="text"/> <input type="text"/>		7. gallinaceae	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
3. horse	<input type="text"/> <input type="text"/>		8. rabbit	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
4. pig	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	9. bee	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
5. goat, sheep	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	10. other domestic animal	<input type="text"/> <input type="text"/>	<input type="text"/>

c) How many percent of your annual meat consumption is catered with own production?

II. CONSUMER BEHAVIOUR, ECONOMIC HABITS

1. Are you paying instalments of credit in your household? (1) yes, (2) no, (9) no answer

IF YES: a) What kind of credit is paved? **ANSWER THE CARD ON CODES OF ANSWERS 2 (for questions 1/a, 2, 3).**

b) How much is the amount of monthly total instalments?

FOUR ANSWERS ARE POSSIBLE: POSSIBLE ANSWERS ON THE CODE LIST/ 23.

a) type of credit or loan

b) monthly instalment, HUF

a) type of credit or loan

b) monthly instalment, HUF

1.

2.

3.

4.

2. Did you raise a loan in the last 12 months in order to pay off debts? (1) yes, (2) no

IF YES: What kind of debts were paid from the loan? Answers like at question 1

3. Have you got debts in the last 12 months that you were not able to pay off or were paid off late?

(1) yes, (2) no, (9) no answer

IF HAVE OR HAD:

a) type of debts:

FOUR ANSWERS ARE POSSIBLE; POSSIBLE ANSWERS ON THE CODE LIST/ 23.

b) How often does it happen that you can not pay your obligations?

(if you have more paying obligation enter the more frequent one)

(1) monthly, (2) in every two months, (3) in every three month, (4) half-yearly, (5) rarely, (9) does not know

c) Why were you not able to pay off debts? (THREE ANSWER IS POSSIBLE)

(1) unemployment, (2) decrease of income due to other reasons (permanent illness, retirement),
 (3) stopping of subsidiary payment, (4) rapid increase of dwelling costs, (5) inflation,
 (6) bankrupt of undertaking, (7) unexpected event (divorce, death), (8) other reason

d) Has it ever happened, that because of your debts? (FOUR ANSWER IS POSSIBLE)

(1) open sale of dwelling, (2) distraint upon personal property, (3) real estate was burdened with mortgage,
 (4) electric supply was interrupted, (5) gas supply was interrupted, (6) other grave sanction,
 (9) no answer

4. Did you ask for or receive social benefit in the last year?

(1) received without request, (2) requested and received, (3) requested but not received (4) not requested and not received, (9) no answer

For question 4/a SEE THE CARD ON CODES OF ANSWERS 2!

IF RECEIVED: a) what kind of benefit, b) from who/what organisation and c) how often did you receive?

FOUR ANSWER IS POSSIBLE, ANSWERS ON THE CODE LIST/24

a) type of benefit:

b) from who

c) frequency

a) type of benefit:

b) from who

c) frequency:

1.

2.

3.

4.

Codes b) from who: (1) self-government, (2) church, (3) other non-profit organization (foundation, association),
 (4) employer, c) frequency: (1) once, (2) some occasion, (3) regulary

5. Can your household save money? (1) yes, (2) no, (9) no answer

IF YES: How often? (1) in every 1-2 months, (2) rarely, in 2-5 occasion in a year, (9) no answer

6. Last time a) when and b) where did you buy the following articles? If did not buy: a) when: (0)

1. milk	a) <input type="checkbox"/>	b) <input type="checkbox"/>	5. underwear, stocking	a) <input type="checkbox"/>	b) <input type="checkbox"/>	9. sweets	a) <input type="checkbox"/>	b) <input type="checkbox"/>
2. meat	<input type="checkbox"/>	<input type="checkbox"/>	6. pullover, trousers	<input type="checkbox"/>	<input type="checkbox"/>	10. tools	<input type="checkbox"/>	<input type="checkbox"/>
3. vegetables, fruits	<input type="checkbox"/>	<input type="checkbox"/>	7. shoes	<input type="checkbox"/>	<input type="checkbox"/>	11. durable consumer goods	<input type="checkbox"/>	<input type="checkbox"/>
4. detergent	<input type="checkbox"/>	<input type="checkbox"/>	8. coffee	<input type="checkbox"/>	<input type="checkbox"/>	(e.g. refrigerator)	<input type="checkbox"/>	<input type="checkbox"/>

Codes of answers For questions 6/a-b SEE THE CARD ON CODES OF ANSWERS 3!

a) when did you buy: (0) did not buy at all (1) in last 4 weeks, (2) not in last 4 weeks, but in last 12 months yes,
 (3) not in last 12 months (9) do not know

b) where did you buy: (0) did not buy at all (1) in a small shop, (2) discount shop, (3) shopping center, (4) supermarket
 (5) butique (6) second-hand shop, (7) market, (8) vendor, (9) other place

7. SUPPORTS

What kind of supports did you receive/give in the last 4 weeks or in the last 12 months?

Non-financial support (work)	Received		Given		Financial support	Received		Given	
	help					help			
	a: from	b: when	a: for	b: when		a: from	b: when	a: for	b: when
1. housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. food, clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. care for child/sick person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. money for everyday costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. housing, renovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. money for greater costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. money for undertaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. agricultural work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Codes of answers:

For question 7/a-b SEE THE CARD ON CODES OF ANSWERS 3!

III. RECREATION HABITS OF THE HOUSEHOLD

1. Were one or more members of household on a short vacation (1-3 days) in the last 12 month?

(trips lasting 1-3 days)

(1) yes, (2) no, (9) no answer

IF YES:

a) How many members of the household was on the trip? (1-7) number of persons, (8) more than 8 person, (9) do not know

b) How many occasions were in total? (1-7) number of occasions, (8) more than 8, (9) do not know

2. Were one or more members of household on a longer vacation in the last 12 month?

(more than 4 days)

(1) yes, (2) no, (9) no answer

IF YES:

a) How many members of the household was on the trip? (1-7) number of persons, (8) more than 8 person, (9) do not know

b) How many occasions were in total? (1) one occasion (2) 2-8 occasions (9) do not know

c) How many days did the journeys take? (if there was more than 1 journey, the longest)

d) Data of journey with the most participant: (if there was more than 1 journey, the latest)

1. Data of participants		2. length (days)	3. In which month?	of journey		6. Type of accom.	7. vehicle
a) num.	b) serial num.			4. place	5. type		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

text:

8. How much did the vacation/journey cost? thousand HUF

Answers: 1/b. Serial number of participants in the household

IF MORE THAN 4 PERSONS: the persons with lower serial number must be coded

2. Duration (including the day of travelling)

3. In which month: Serial num. of month in which the journey began

4. Place: five-digit identification number of the settlement

5. Form of organisation: (1) organised on your own, (2) travel agency, (3) working place, (4) school, (5) other

6. Type of accommodation: (1) hotel, (2) camping, (3) private house, (4) by friends, relatives not for money,

(5) own weekend house, (6) rest-house of the working place, (7) other

7. Type of vehicle: (THREE ANSWERS ARE POSSIBLE) (1) car, (2) train, (3) coach, (4) ship,

(5) airplane, (6) motorcar, (7) bicycle, (8) on foot, (9) other

3. How many years were in the last 5 years in which you went on vacation? (together with your family)

(1-5) number of years, (0) was/were not on vacation, (9) no answer.

IV. HEALTH CONDITIONS

1. How many persons live in your household who have*(permanent illness: registrated by a doctor, lasting more than 3 months)*a) *handicap, but not permanent illness*b) *have permanent illness, but do not have handicap*c) *have permanent illness and handicap*d) *have reduced working possibilities because of permanent illness or handicap*

Codes of answers: (0) not have, (1–8) number of persons, (9) no answer

IF HAVE PERMANENT ILLNESS OR HANDICAP: Please enter only one handicap/illness in one line. If a person has more than one illness/handicap more lines must be filled out. In the filled lines (0) must be coded at the unfilled places.

Serial num. of person	Handicap		OR: Permanent illness		of handicap/illness		f) Degree of disablement %
	a) type	b) reason	denomination	c) code	d) year of begining	e) in what you handicapped	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 9 <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 9 <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 9 <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 9 <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 9 <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 9 <input type="text"/>	<input type="text"/>	<input type="text"/>

*Code of answers:**Handicap ...*

a) *type*: (01) physically handicapped, (02) absence of hands, (03) absence of legs, (04) other physically handicap, (05) mentally handicapped, (06) defect of hearing, (07) defect of speach, (08) mute, (09) deaf-mute, (10) defect of eyesight, (11) blind for one eye, (12) blind, (13) other

b) *reason*: (1) borned with it, (2) accident, (3) illness

c) *code of the permanent illness*: (According to the code list for permanent illness)

e) *In what the person is handicapped due to the illness or handicap?*

(1) self-catering, (2) working ability, (3) everyday life, transport,
 (4) spending spare time, (5) no handicap

f) *Degree of disablement according to the doctor*

2. Is it in your habit of backing, cooking? (1) yes, (2) no, (9) no answerIF YES: a) *What kind of fats do you use?*

(1) oil, margarine, (2) fat, (3) mixed, (4) cooking without fats, (9) no answer

b) *How do you make the vegetables?*

(1) with roux, (2) with stirring, (3) mixed, (4) cook in steam, (9) no answer

CENTRAL STATISTICAL OFFICE Register number: 1711 <i>Supply of data is not obligatory!</i>	TIME USE SURVEY 1999-2000 Individual questionnaire I	County code: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Code of settlement: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Enumeration district number: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Serial number of dwelling: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Serial number of household: <input style="width: 20px;" type="text"/> Serial number of person: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> – gender: (1) male, (2) female <input style="width: 20px;" type="text"/> – year of birth: 19... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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I. HISTORY OF EMPLOYMENT

1. Have you ever had a paid work? (1) yes, and have now, (2) had, but do not have now, (3) have not had

IF HAD OR HAVE PAID WORK (I/1=1, 2)

2. How many years have you worked till now together?

(00) have not had a working place lasting more than three months, (01) 3-12 months, (02–49) if the paid work lasted more than 1 year the last started year must be recorded, (99) do not know, no answer

3. How many permanent working place did you have (permanent=more than 1 year)?

(00) did not have, (01–x) number of them, (99) do not know, no answer

4. The first and last working place of interviewee: if you are now employed, the present working place must be coded. (The data of present working place are valid for those who are working beside being on maternity leave, retirement, studies)

Serial number	of the working place: 1. sector, 2. property form, 3. settlement, 4. num. of staff	5. Occupation and assignment (FEOR-93)	6. a) Employ- ment status b) Subordinates	7. From/until when did you work	8. Cause of termi- nation
	CA: 10., 12., 13., 14.	CA: 9.	CA: 6., 7.		CA: 15.
First	1. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	2. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	3. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	4. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Last / present	1. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	2. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	3. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	4. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

IF YOU ARE EMPLOYED NOW (I/1=1)

5. Employment: (1) existing, (2) temporarily interrupted (be on child-care), (3) terminated (e.g. dismissal)

6. Labour contract: (1) valid for unfixed term, (2) valid for a fixed term

7. How many hours do you work on weekly average? hours/week, (88) much varied, (99) no answer

8. How far is the working place from the dwelling?
(000) work at home, (001–xxx) distance in km, (888) working place is changing, (999) do not know

9. How long does it take to get to your working place?
(000) work at home, (001–xxx) time (minute), (888) working place is changing, (999) do not know

10. How are you satisfied with your present work? SEE THE CARD 4 ON CODES OF ANSWERS.

11. What is the possibility of loosing your present job in the near future?
SEE THE CARD 4 ON CODES OF ANSWERS.

12. What do you think, could you easily find an other working place, similar to the present, in case of loosing your present job? SEE THE CARD 4 ON CODES OF ANSWERS.

II. YEARLY HOLIDAY OF EMPLOYED PERSONS

1. How much paid holiday did you have in 1999?

(00) did not have any paid holiday in 1999, (01-xx) num. of days, (88) did not work in 1999, (99) does not know

2. How many days did you use from your paid holidays? (together with the unused days of 1998)

(00) did not use the paid holiday, (01-xx) num. of days, (88) did not work in 1999 (99) does not work

3. How many days did you spend with the following activities by using your paid holidays? (With the normal holidays during the paid holiday (Saturday, Sunday) (Please code one activity on one day)

Activity	Num. of days	Activity	Num. of days
1. travelling, vacation inland	<input type="text"/>	6. learning	<input type="text"/>
2. travelling, vacation abroad	<input type="text"/>	7. housing	<input type="text"/>
3. leisure at home (trips, sports)	<input type="text"/>	8. agricultural work	<input type="text"/>
4. care for sick person	<input type="text"/>	9. other income-supplementary work	<input type="text"/>
5. care for a child	<input type="text"/>	10. other (housework, administration)	<input type="text"/>

III. QUESTIONS RELATING TO THE UNEMPLOYMENT AND PAID WORK

ALL PEOPLE WHO ENDED STUDIES

1. Were you unemployed after ending studies? (1) yes, now also (2) yes, earlier (3) no (9) no answer

IF YES: How many times? (1-7) 1-7 times, (8) more than 8 times

ALL PEOPLE, WHO DOES NOT WORK

2. Did you work at least for 1 hour last week? (1) yes, (2) no

IF DID NOT WORK LAST WEEK (III/2=2) AND NOT EMPLOYED (I/5=2)

3. Now you are not employed. What is the reason for it? (THREE ANSWERS ARE POSSIBLE)

SEE THE CARD 4 ON CODES OF ANSWERS (CA/ 16.)

4. Do you seek for a job? (1) yes, (2) no

IF YES:

a) Since when have you been seeking for a job?

(1) less than 2 years, (2) since 1-5 months, (3) 6-12 months (4) 1-1,5 years, (5) 1,5-2 years, (6) more than 2 years

b) What did you do in the last 4 weeks to find a job?

THREE ANSWERS ARE POSSIBLE: (1) got in contact with unemployment office, (2) applied for a job directly at the employer, (3) read advertisement, advertising, (4) asked relatives, friends (5) did other things

5. Are you registered at the unemployment office? (1) yes, and received help, addresses in order to find a job

(2) yes, but did not receive any help (3) no, (9) no answer

6. Since when have you been unemployed? year:, month:

7. If you found a satisfactory job, could you begin to work in two weeks? (1)yes, (2)no, (9)no answer

IV. INCOME SUPPLEMENTARY ACTIVITIES (QUESTION FOR ALL PEOPLE)

Recently almost all people must rely on more financial sources. In connection with this phenomenon I would like to ask:

1. Have you done any income supplementary activity in the last 12 months?

(1) yes, also now, (2) yes, in the last 12 months, (3) just earlier, (4) no, never, (9) no answer

2. IF YES: What kind of work have you done, how often? (TWO ACTIVITIES CAN BE SIGNED)

See codes of answers (CA) : 17-21.

Activity				5. working hours	
1. exact work	2. labour contract	3. legal framework	4. frequency	hour/week	day/year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	or <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	or <input type="text"/>

3. IF YOU DID IT EARLIER (question 1= 3):

a) When did you finish the income supplementary work? (9999) can not remember

b)and why? (1) possibility ceased, (2) was not economic enough, (3) own illness, (4) did not need it, (5) other

CENTRAL STATISTICAL OFFICE Register number: 1711 Supply of data is not obligatory!	TIME USE SURVEY 1999-2000 Individual questionnaire II	County code: <input type="text"/> <input type="text"/> Code of settlement: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enumeration district number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Serial number of dwelling: <input type="text"/> <input type="text"/> <input type="text"/> Serial number of household: <input type="text"/> <input type="text"/> Serial number of person: <input type="text"/> <input type="text"/> – gender: (1) male, (2) female <input type="text"/> – year of birth: 19..... <input type="text"/> <input type="text"/>
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I. DATA ON CHILDREN, PARENTS, OTHER RELATIVES OF INTERVIEWEE

1. First permanent residence of interviewee:code of settlement/country

2. Qualification, employment of parents and grandparents of interviewee

Definition	1. Economic activity	2. Occupation (according to the FEOR-93)	3. a) Employment status, b) Subordinates	4. Sector of employer	5. Educational attainment
		CA: 9.	CA: 6., 7.	CA: 10.	CA: 4.
Data on father at the age of 10–14 of interviewee	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Data on mother at the age of 10–14 of interviewee	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Last occupation of grandfather (father)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Last occupation of grandfather (mother)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Answers: 1. Economic activity: (1) economically active, (2) old-age pensioner on his own right, (3) pensioner not on his own right, (4) disability pensioner, (5) economically inactive (receive regular income not for work), (6) homemaker, (7) other dependent, (8) died, (9) do not know

3. Number of sisters/brothers born alive: (0) only child, (1–7) num. of them, (8) more than 8, (9) no answer

4. Have you got any own children? (0) no, (1) yes, (9) no answer

IF HAVE/HAD: a) Num. of children born alive:.... , b) Num. of present dependent children:.....

a) b)

c) Year of birth of the first child: 19.....

19

5. IF HAVE DEPENDENT CHILDREN: How many dependent children live ... (if 8 or more: 8)

a) in your present family:.... , b) in other family:.... , c) in state home:....

a) b) c)

6. What was the standard of living of your family like when you were 10-14 years old?

Answer: (1) much worse, (2) worse, (3) similar to the average, (4) better, (5) much better, (6) do not know

II. STUDIES

1. Studies: (If you have higher qualification, the data of primary school do not have to be coded)

1. Kind of school	2. Settlement of school	3. Type of school	4. Specialisation	5. Completed classes	6. Starting year of studies	7. Do you study now?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Answers: 1. Type of school: (1) primary school, (2) vocational school since 1961,

(3) vocational secondary school, (4) grammar school, (5) college, (6) university

2. Settlement of school: (1) Budapest, (2) Győr, Sopron, Pécs, Szeged, Debrecen, Miskolc, (3) other town, (4) village, (5) western-european country, USA, (6) other foreign country, (9) unknown

3 Department: (1) regular, (2) evening, (3) correspondence, (4) open school

4. Specialisation (by vocational secondary school and higher school): (1) health, (2) technology, (3) agriculture, (4) economics, law, (5) trade, (6) philosophy, arts (7) natural sciences, (8) pedagogy (9) other

7. Do you study now?: (1) yes, (2) no

- 2. Do you study somewhere (not in the educational system) now?** (1) yes, (2) no
- 3. How are you satisfied with your education?** SEE THE CARD 4 ON CODES OF ANSWERS.
- 4. If you study now...** a) have to pay for it (1) school fee, (2) other contribution, (3) do NOT have to pay
 b) yearly sum of school fee: thousand HUF
 c) Have you got any scholarship or social support? (1) yes, (2) no
 d) amount of the scholarship:thousand HUF
 e) social support from it:thousand HUF

III. LANGUAGE AND COMPUTER KNOWLEDGE

1. Do you speak any foreign languages? (1) yes, (2) no, (9) no answer

IF YES: Which languages, on what level do you speak? THREE LANGUAGES ARE POSSIBLE

1st language - level: 2nd language - level: 3rd language - level:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Languages: (1) English, (2) German, (3) Russian, (4) French, (5) Spanish (6) Italian, (7) nationality language, (8) other

Level of knowledge: (1) only speak, (2) speak and write, (3) have language examination (intermediate or higher) (4) mother language

2. Do you study any foreign languages now? (1) yes, (2) no

IF YES, which languages? (TWO LANGUAGES ARE POSSIBLE) See answers for Question 1.

3. Do you use computer? (1) yes, (2) no

IF YES: a) for what purpose? (1) for what you use, (0) for what you do not use

1. Word processing	<input type="text"/>	3. Internet	<input type="text"/>	5. E-mail	<input type="text"/>
2. User programs	<input type="text"/>	4. Writing programs	<input type="text"/>	6. Computer games	<input type="text"/>

b) where do you use computer? (1) at working place, school, (2) at home, (3) on both places, (4) at other places

IV. HISTORY OF PARTNERSHIP

1. How many times did you marry/hold up a cohabiting partnership?

(0) was not married, did not have cohabiting partnership (9) no answer

No	Type of relation: (1) marriage (2) cohabitation	of marriage or cohabitation		Relation: (1) existing ended: (2) separated, (3) divorce, (4) death	Was a child born? yes: num. (1-8), (9) no
		year of begining	if ended, year of end		
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IF YOU ARE NOW MARRIED OR HAVE A COHABITATION:

2. How are you satisfied with your marriage/partnership? SEE THE CARD 4 ON CODES OF ANSWERS!

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V. READING

1. Do you read daily paper regularly? (1) yes, (2) no

IF YES: a) How many papers do you read regularly? (piece)

b) Please list these papers:

2. Do you read weekly paper, journal regularly? (1) yes, (2) no

IF YES: a) How many weekly papers do you read regularly? (piece)

b) Please list these papers:

3. Did you read any books (beside school-books) during the last 12 months? (1) yes, (2) no

IF YES: How many books did you read during the last *a) 4 weeks:*, *b) 12 months:*

a)

b)

c) What kind of books did you read? (TWO ANSWERS ARE POSSIBLE)

- (1) mainly works of literature, (2) mainly entertaining works, (3) mainly professional works,
- (4) foreign language literature (5) religious books, (6) mixed

d) If you are reading a book at present, please tell the title and author of it:

VI. SPORTS

1. Do you do any sports? (1) yes, (2) no

IF YES: what sports do you do, how often? (THREE ANSWERS ARE POSSIBLE)

No	1. Type of sports	2. Frequency	3. Organisational framework
1.	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

Answers: 1. Type of sports: (01) gymnastics, (02) athletics, (03) swimming, (04) ride on bicycle, (05) football, (06) table tennis, (07) tennis, (08) handball, (09) basketball, (10) volleyball, (11) skiing, (12) water sport or touristics, (13) hunting, (14) fishing, (15) fighting sports (16) body building, (17) running, (18) jogging, (19) other

2. Frequency: (1) competitively; not competitively: (2) during the whole year, (3) from spring till autumn (4) only in winter (5) only on holiday, (6) not regularly

3. Organisational framework: (1) sports association, (2) working place, (3) school, (4) fitness-club (5) other (organisation or service) (6) on your own/ in the family

VII. RELATION WITH FRIENDS (NOT A PARTNERSHIP)

1. Do you have a friend? (1) yes, (2) no

IF YES: *a) how many friends do you have?*

b) how often do you meet your best friend?

c) the origin of the friendship with the best friend:

Answers for b): (1) almost every day, (2) at least once a week, (3) at least once a month, (4) less often

c) origin: (1) childhood, (2) school, (3) working place, (4) relatives, (5) neighbourhood, (6) other

VIII. MEMBERSHIP IN VOLUNTARY ORGANISATIONS

1. Are you currently a member of any voluntary organisation? (1) yes, (2) no, (9) no answer

IF YES, of what organisation? *Code:* (1) IF NOT: (0)

1. Trade union	<input type="text"/>	8. Environmental organisation, association for crime prevention and public safety	<input type="text"/>
2. Chamber (of commerce, legal, etc.) Employers' association	<input type="text"/>	9. Neighbourhood association (pensioner, family protection)	<input type="text"/>
3. Friendly society, Voluntary health/pension insurance	<input type="text"/>	10. Sports club, hobby association (tourism, fishing, etc.)	<input type="text"/>
4. Scientific, professional association	<input type="text"/>	11. Hungarian Automobile Association	<input type="text"/>
5. Cultural organisation	<input type="text"/>	12. Church related association	<input type="text"/>
6. Educational organisation	<input type="text"/>	13. Leisure club	<input type="text"/>
7. Association for health/social services	<input type="text"/>	14. Political party	<input type="text"/>
		15. Board of any foundation	<input type="text"/>

IX. RELIGIOUS LIFE

1. Are you baptised or registered as a member of a church? (1) yes, (2) no, (3) do not know, (9) no answer

IF YES: In which church? (1) catholic (Roman or Greek), (2) Calvinist, (3) Lutheran,
(4) orthodox christian, (5) Jewish, (6) other, (7) do not know, (9) no answer

2. Do you belong to a religious community/church at present? (1) yes, (2) no, (9) no answer

IF YES: To what church? See the answers for question 1.

3. Are you religious? (1) yes, expressed (2) yes, somehow (3) not religious but not not-religious
(4) somehow not religious, (5) expressed not religious, (9) no answer

X. GENERAL HEALTH CONDITION

1. Have you got any regularly recurring health-complaint? (1) yes, (2) no, (9) no answer

IF YES: a) What kind, how often? (FIVE COMPLAINTS can be signed)

(1) head-ache, (2) coughing, (3) chest-pain, (4) heart-complaint, (5) nervousness, (6) fatigability, (7) pains in the joints
(8) dizziness, (9) wheezing, suffocation, (10) abdominal pains, (11) renal colic, (12) other, (99) no answer

b) Have you seen the doctor with your health-complaint? (1) yes, (2) no, (9) no answer

IF NOT: Why not? (TWO ANSWERS ARE POSSIBLE)

(1) have the proper medicines, (2) have no trust in the health service, (3) does not have time to go to the doctor
(4) hope, that the complaint will be finished without the doctor (5) fear of results, (6) fear of costs,
(7) does not want to be on sick-leave, (8) other reason, (9) no answer

2. Do you regularly take medicines? (1) yes, (2) no, (9) no answer

IF YES: a) How much do you spend monthly on medicines? HUF

b) Has it ever happened, that you was not able to buy the necessary medicines?

(1) yes, (2) no, (9) no answer

3. Are the following sentences valid for you or not? Answers: (1) yes, (2) no, (9) no answer

1. I often get spells of complete exhaustion or fatigue.
2. I usually feel unhappy or depressed.
3. I often wear myself out worrying about my health.
4. I often suffer from pressure and pains in my head.
5. I am often bothered by the thumping of my heart.
6. My thinking gets completely mixed up when I have to do things quickly.
7. I often shake and tremble.
8. I am constantly keyed up and jittery.
9. Frightening thoughts again and again come back in my mind.

4. What is your a) body weight kg

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b) height cm

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5. Are you smoking? YES: (1) smoking, (2) smoke a pipe, (3) smoke a cigar, (4) mixed, (5) NO, (9) no answer

IF YOU SMOKE CIGARETTE: How many cigarettes do you daily smoke? (99) do not know, changing

6. Do you consume alcohol frequently? (1) yes, (2) no, (9) no answer

IF YES: a) How often? (1) regularly, daily, more times a week (2) less frequent, occasionally

b) What kind of alcoholic drinks do you consume? (Two answers are possible)

(1) beer, (2) wine, (3) short drinks, (4) mixed

7. Have you ever tried drugs? (1) yes, (2) no, (9) no answer

8. How are you satisfied with your health condition? SEE THE CARD 4 ON CODES OF ANSWERS.

CENTRAL STATISTICAL OFFICE Register number: 1711 <i>Supply of data is not obligatory!</i>	TIME USE SURVEY 1999-2000 Main activities in the last 3 or 12 months	County code: <input type="text"/>
		Code of settlement: <input type="text"/>
		Enumeration district number: <input type="text"/>
		Serial number of dwelling: <input type="text"/>
		Serial number of household: <input type="text"/>
		Serial number of person: <input type="text"/>
		– gender: (1) male, (2) female: <input type="text"/>
		– year of birth: 19...: <input type="text"/>

Have you ever done the following activities in the last 3 months?

If not: Have you done it in the last 12 months?

Answer: (1) yes, (2) no

Activities	3	12	Activities	3	12
	months			months	
Self-education, learning	<input type="checkbox"/>	<input type="checkbox"/>	Being in restaurant, cafe, pub,		
Working for free for a friend, relative, other acquaintance	<input type="checkbox"/>	<input type="checkbox"/>	consuming drinks, coffee, listening to music	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary work for organisation	<input type="checkbox"/>	<input type="checkbox"/>	Have a meal at a restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Big cleaning (at home)	<input type="checkbox"/>	<input type="checkbox"/>	Go to friends as a guest (for lunch, dinner)	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning the windows (at home)	<input type="checkbox"/>	<input type="checkbox"/>	Receiving guests (for lunch, dinner)	<input type="checkbox"/>	<input type="checkbox"/>
Baking (at home)	<input type="checkbox"/>	<input type="checkbox"/>	Playing cards	<input type="checkbox"/>	<input type="checkbox"/>
Preserving fruit, vegetable in bottle	<input type="checkbox"/>	<input type="checkbox"/>	Celebrating birthday, nameday	<input type="checkbox"/>	<input type="checkbox"/>
Making, repairing clothes for free	<input type="checkbox"/>	<input type="checkbox"/>	Going to theatre	<input type="checkbox"/>	<input type="checkbox"/>
Other women's craftwork (e.g. knitting)	<input type="checkbox"/>	<input type="checkbox"/>	Going to cinema	<input type="checkbox"/>	<input type="checkbox"/>
Carpentering	<input type="checkbox"/>	<input type="checkbox"/>	Visiting museum, exhibition	<input type="checkbox"/>	<input type="checkbox"/>
Working at a housing for free	<input type="checkbox"/>	<input type="checkbox"/>	Listening to a concert, be in operahouse	<input type="checkbox"/>	<input type="checkbox"/>
Reparation of dwelling (painting)	<input type="checkbox"/>	<input type="checkbox"/>	Taking part in other musical events	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance (of electricity, water supply system)	<input type="checkbox"/>	<input type="checkbox"/>	Reading at a library, borrowing books	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of your own car (small repair, maintenance, care of car)	<input type="checkbox"/>	<input type="checkbox"/>	Taking part in a sport event	<input type="checkbox"/>	<input type="checkbox"/>
Administration at self-government, police	<input type="checkbox"/>	<input type="checkbox"/>	Playing with own child, grandchild	<input type="checkbox"/>	<input type="checkbox"/>
Hairdresser	<input type="checkbox"/>	<input type="checkbox"/>	Being at the puppet show, amusement park, zoo with the child	<input type="checkbox"/>	<input type="checkbox"/>
Working in own garden	<input type="checkbox"/>	<input type="checkbox"/>	Going on excursion	<input type="checkbox"/>	<input type="checkbox"/>
Visiting the doctor because of illness	<input type="checkbox"/>	<input type="checkbox"/>	Listening to music from CD disk, cassette recorder	<input type="checkbox"/>	<input type="checkbox"/>
Treatment in a hospital	<input type="checkbox"/>	<input type="checkbox"/>	Dancing	<input type="checkbox"/>	<input type="checkbox"/>
Lying at home because of illness	<input type="checkbox"/>	<input type="checkbox"/>	Care for pets	<input type="checkbox"/>	<input type="checkbox"/>
			Physical training	<input type="checkbox"/>	<input type="checkbox"/>

CENTRAL STATISTICAL OFFICE Register number: 1711 <i>Supply of data is not obligatory!</i>	TIME USE SURVEY 1999-2000 EU individual questionnaire of persons in the household aged 10 and above	County code:	<input type="text"/>
		Code of settlement:	<input type="text"/>
		Enumeration district number:	<input type="text"/>
		Serial number of dwelling:	<input type="text"/>
		Serial number of household:	<input type="text"/>
		Serial number of person	<input type="text"/>
		– gender: (1) male, (2) female	<input type="text"/>
		– Year of birth: 19....	<input type="text"/>

I. GAINFUL ACTIVITY/WORK

(For interviewees aged 15 and above. Those aged 10-14 should go to block II on other side of page.)

- 1. Did you do at least one hour paid work in the last week?** (1) yes, (2) no
- IF NO:
- 2. Do you have paid employment or business at present from which you were temporarily absent for some reason in the last week?** (1) yes, (2) no
- 3. If you were temporarily absent (in the last week), what was the reason for it?**
- (1) paid holiday, (2) own illness, (3) study, (4) unpaid holiday, (5) justified absence, (6) other reason

FOR EMPLOYEES ONLY

- 4. Is your present job full-time or part-time?** (1) full-time, (2) part-time
- 5. What are your contracted working hours?** (hours/week)
- IF NOT FIXED BY CONTRACT (0) must be coded
- 6. How much paid holiday do you have by contract?** (number of days)
- IF NOT FIXED BY CONTRACT (0) must be coded

IF PAID WORK IS DONE

- 7. Did you do any other gainful work beside the main job or business in the last week?** (agricultural work also should be taken into account) (1) yes, (2) no
- IF YES:
- 8. What are the fixed working hours in your supplementary job?** (hours/month)
- IF NOT FIXED BY CONTRACT (0) must be coded

IF NO PAID WORK IS DONE

- 9. You do not have any work at present. What is the reason for it?**
- Codes of answers: (1) undertakes training, education,
(2) is a pensioner and does not want to work,
(3) person is unemployed,
(4) keeps a house, takes care of child(ren) or other persons
(5) other reason

IF THE PERSON IS UNEMPLOYED:

- 10. Did you use any active methods to find a job in the last four weeks?** (1) yes, (2) no
- IF YES:
- 11. What methods did you use to find a job in the last four weeks?** (two answers are possible)
- Codes of answers: (1) got in contact with unemployment office
(2) applied for a job directly at the employer
(3) answered advertisements
(4) asked relatives, friends
(5) other steps

II. TRAINING OUTSIDE THE EDUCATIONAL SYSTEM

(Trainig outside the full-time education system, further training, retraining, course, training at workplace)

1. Have you ever taken part in any training or course? (1) yes, (2) no

2. Are you taking part in a training or course at present? (1) yes, (2) no

IF YES:

3. What training or course are you taking part in of the following? *(two answers can be marked)*

- Codes of answers: (1) Further or vocational training 1 year or shorter outside the educational system
 (2) Further or vocational training longer than 1 year outside the educational system
 (3) language course
 (4) computer course
 (5) other course

III. VOLUNTARY WORK

(Unpaid work done through voluntary organisations or church.)

1. Have you done any voluntary work through associations or church for the last 4 weeks? (1) yes, (2) no

IF YES:

2. How many times did you do voluntary work for the last four weeks? (Please, enter the number in cells)

IV. FREE TIME ACTIVITIES

1. Were you in the last weeks...

IF YES, please indicate **the number of occasions** in the cells, IF NO, 0 must be coded.

- to a cinema?

- to a library?

- to a theatre, ballet, concert, opera?

- to a sports event (as spectator)?

- to an art exhibition, museum?

- to excursions, sight seeing, amusement park?

2. During the past four weeks did you perform any of the following sports?

IF YES, please indicate **the number of occasions** in the cells, IF NO, 0 must be coded.

- Jogging, running, walking

- Gymnastics

- Cycling

- Ball games

- Skiing

- Rowing, sailing, windsurfing

- Swimming

- other sports

V. TIME USE

(For interviewees aged 15 and above.)

1. If you consider your average day, do you find that daily tasks (e.g. work, housework, child care, etc) conflict with any of the following?

Codes of answers: (1) yes, (2) no, (3) does not apply

- My partner's working hours

- The starting and finishing time of my children's kindergarten/crèche/school

- Opening and closing hours of government and local authority offices

- Opening hrs. of public amenities you use (swimming pool, library, post office, physician's room, etc)

- Opening hours of shops (where you are used to or would buy goods)

- The timetable of public transport

2. How often does it occur that you feel rushed?

Answers: (1) never, (2) seldom, (3) few times a month, (4) more than once a week, (5) every day, all the time

3. If you consider how you spend your time on weekdays, do you often feel that it is just too short to do all the things you want? (1) yes, (2) no

CENTRAL STATISTICAL OFFICE Register number: 1711 <i>Supply of data is not obligatory!</i>	TIME USE SURVEY 1999-2000 Subjective well-being	County code: <input type="text"/> <input type="text"/> Code of settlement: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enumeration district: <input type="text"/> <input type="text"/> <input type="text"/> Serial number of dwelling: <input type="text"/> <input type="text"/> Serial number of household: <input type="text"/> Serial number of person: <input type="text"/> – gender: (1) male, (2) female <input type="text"/> – year of birth: 19... <input type="text"/> <input type="text"/>
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I. SATISFACTION WITH LIFE

1. The different areas of life might be of different importance for the well-being and satisfaction of people. Please tell us of the following areas if they are:

(1) very important, (2) important, (3) not very important, (4) unimportant, (9) do not know

- | | | | | | |
|-----------------------|----------------------|-------------------------------------|----------------------|------------------------------|----------------------|
| 1. work | <input type="text"/> | 5. successful career | <input type="text"/> | 9. child | <input type="text"/> |
| 2. family | <input type="text"/> | 6. leisure time | <input type="text"/> | 10. health | <input type="text"/> |
| 3. income | <input type="text"/> | 7. faith | <input type="text"/> | 11. natural environment | <input type="text"/> |
| 4. love and affection | <input type="text"/> | 8. influence of political decisions | <input type="text"/> | 12. protection against crime | <input type="text"/> |

2. What do you mean, how satisfied are you at present with the following things?

Completely satisfied (10), completely dissatisfied (0). (ANSWER CODE CARD 5.)

- | | | | |
|---|----------------------|--|----------------------|
| 1. with your apartment or house | <input type="text"/> | 8. with spending of leisure time | <input type="text"/> |
| 2. with the neighbourhood in which you live | <input type="text"/> | 9. with the environmental situation in Hungary | <input type="text"/> |
| 3. with public safety in general | <input type="text"/> | 10. with the economic state of Hungary | <input type="text"/> |
| 4. with your health | <input type="text"/> | 11. with influence on political decisions | <input type="text"/> |
| 5. with the relationships in your family | <input type="text"/> | 12. with your life in general | <input type="text"/> |
| 6. with your household income | <input type="text"/> | 13. with your life expectations | <input type="text"/> |
| 7. with your job (if you do not work, code: 99) | <input type="text"/> | 14. with the standard of living of your family | <input type="text"/> |

3. Taking all things together, would you say you are:

(1) very happy, (2) pretty happy, (3) not too happy, (4) very unhappy, (9) do not answer.

II. QUALITY OF SOCIAL RELATIONS

1. Generally speaking, would you say that most people can be trusted or that you can not be careful enough in dealing with people?

Answers: (1) most people can be trusted, (2) can't be careful enough, (9) do not know

2. Now we want to read to you several statements dealing with general problems of life.

Please, tell us, by help of this list, if you:

(1) completely agree, (2) somewhat agree, (3) somewhat disagree, (4) do not agree, (9) do not know

See text of this statements on ANSWER CODE CARD 5

- | | | | | | |
|--|----------------------|--|----------------------|---|----------------------|
| 1. I have no influence on my fate. | <input type="text"/> | 6. To get ahead you are forced to do things... | <input type="text"/> | 11. Violators of the law often escape | <input type="text"/> |
| 2. I often feel lonely. | <input type="text"/> | 7. The wealthy look down on the others | <input type="text"/> | 12. Nowadays courts do not give justice... | <input type="text"/> |
| 3. I don't really enjoy my work. | <input type="text"/> | 8. The well-educated look down on the others | <input type="text"/> | 13. You can prosper only immorally in this ... | <input type="text"/> |
| 4. Life has become so complicated today... | <input type="text"/> | 9. Nobody cares for the other. | <input type="text"/> | 14. During the socialist regime it was easier ... | <input type="text"/> |
| 5. I am very optimistic about the future. | <input type="text"/> | 10. The law prefers people being in power. | <input type="text"/> | | |

II. QUALITY OF SOCIAL RELATIONS (continuation)

3. According to your opinion, why do people live in poverty? (TWO ANSWERS ARE POSSIBLE)

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

If you mention two reasons, please note the more important one in the first place!

- (1) They have no luck, (2) They are lazy, they have no will-power, (3) This is the reason of unfairness of society,
- (4) Poverty is a necessary concomitant of development, (5) They inherited poverty from their parents, (6) Other reasons,
- (9) Do not know.

4. In all countries there are differences or even conflicts between different social groups.

In your opinion, how much conflict is there between..?

Answers: (1) very strong, (2) strong, (3) only weak, (4) no conflicts, (9) do not know

- | | | | | | |
|-----------------------------------|--------------------------|---------------------------|--------------------------|------------------------------|--------------------------|
| 1. poor and rich people | <input type="checkbox"/> | 4. management and workers | <input type="checkbox"/> | 6. men and women | <input type="checkbox"/> |
| 2. employed and unemployed people | <input type="checkbox"/> | 5. young and older people | <input type="checkbox"/> | 7. Hungarians and immigrants | <input type="checkbox"/> |
| 3. gipsy and not gipsy population | <input type="checkbox"/> | | | | |

III. MINIMUM STANDARD OF LIVING

1. There are different views about what one needs for a decent living. What is your opinion: what items on this list:

- could be renounced,
- is desirable but not necessarily needed,
- should every household be able to afford?

Please, show the list and note the answers with help of ANSWER CODE CARD 5:

Answer: (1) could be renounced, (2) desirable but not necessary, (3) necessary, (9) do not know

2. Now if you consider your own living conditions, what do you have or can do?

- what do you have or can do,,
- what can you not afford,
- what do you not have or do you not do out of other reasons?

Please, show the list and note the answers with help of ANSWER CODE CARD 5:

Answer: (1) I have or do it, (2) I can not afford it, (3) I don't have or don't do it out of other reasons, (9) do not answer, (0) I don't have children (see questions 21-24.)

Table for coding answers for 1. and 2. See text of these statements on ANSWER CODE CARD 5.

Question	Answers		Question	Answers		Question	Answers	
	1.	2.		1.	2.		1.	2.
1. Own room for everybody	<input type="checkbox"/>	<input type="checkbox"/>	9. One cooked meal per day	<input type="checkbox"/>	<input type="checkbox"/>	17. Saving money regularly	<input type="checkbox"/>	<input type="checkbox"/>
2. WC and bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	10. Invite friends once a month	<input type="checkbox"/>	<input type="checkbox"/>	18. Private pension plan	<input type="checkbox"/>	<input type="checkbox"/>
3. Garden, balcony or terrace	<input type="checkbox"/>	<input type="checkbox"/>	11. Family out for dinner	<input type="checkbox"/>	<input type="checkbox"/>	19. Video-recorder	<input type="checkbox"/>	<input type="checkbox"/>
4. One week travel per year	<input type="checkbox"/>	<input type="checkbox"/>	12. Car	<input type="checkbox"/>	<input type="checkbox"/>	20. Computer	<input type="checkbox"/>	<input type="checkbox"/>
5. Subscription to a newspaper	<input type="checkbox"/>	<input type="checkbox"/>	13. Television	<input type="checkbox"/>	<input type="checkbox"/>	21. Meal for children 3-times	<input type="checkbox"/>	<input type="checkbox"/>
6. Phone	<input type="checkbox"/>	<input type="checkbox"/>	14. Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	22. Bicycle for children	<input type="checkbox"/>	<input type="checkbox"/>
7. Able to buy new clothes	<input type="checkbox"/>	<input type="checkbox"/>	15. Deep freezer	<input type="checkbox"/>	<input type="checkbox"/>	23. Winter shoes for children	<input type="checkbox"/>	<input type="checkbox"/>
8. Replace worn-out furniture	<input type="checkbox"/>	<input type="checkbox"/>	16. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	24. Own room for children	<input type="checkbox"/>	<input type="checkbox"/>

3. If you were asked to choose one of these namings for your social class, which would you say you belong to?

- (1) lower class, (2) working class, (3) middle class, (4) upper middle class, (5) upper class, (9) do not know

<input type="checkbox"/>

4. Please, choose one of these statements that characterises your feeling if you pay the tax:

- Answer: (1) I contribute to something, (2) I give up something, (3) Something is taken away from me, (9) Do not answer, (0) Do not pay tax.

<input type="checkbox"/>

5. Did you vote in the last general parliamentary election (in 1998)?

- Answer: (1) yes, (2) no, (3) no right to vote, (9) do not answer

<input type="checkbox"/>

CENTRAL STATISTICAL OFFICE Register number: 1711 <i>Supply of data is not obligatory!</i>	TIME USE SURVEY 1999-2000 Interior decoration	County code <input type="text"/> <input type="text"/> Code of settlement <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enumeration district number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Serial number of dwelling <input type="text"/> <input type="text"/> <input type="text"/> Serial number of household <input type="text"/> <input type="text"/> Serial number of person <input type="text"/> <input type="text"/>
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I. PLACES OF FLAT

1. How many and what kind of places as used your flat is composed of? (9) there is no answer

1. living-room	<input type="text"/>	8. study	<input type="text"/>	15. corridor	<input type="text"/>
2. bedroom	<input type="text"/>	9. spare room	<input type="text"/>	16. built balcony	<input type="text"/>
3. children's room	<input type="text"/>	10. office room (own enterprise)	<input type="text"/>	17. veranda, winter garden	<input type="text"/>
4. kitchen	<input type="text"/>	11. bathroom	<input type="text"/>	18. laundry	<input type="text"/>
5. dining room	<input type="text"/>	12. toilet	<input type="text"/>	19. back-kitchen	<input type="text"/>
6. American kitchen	<input type="text"/>	13. pantry	<input type="text"/>	20. fitness room	<input type="text"/>
7. multifunctional room (living-, bedroom)	<input type="text"/>	14. wardrobe	<input type="text"/>	21. swimming-pool, sauna	<input type="text"/>

2. In which place you spend the most time in your flat? TWO ANSWERS ARE POSSIBLE

3. Which places have got TV in your flat? (99) have not TV

4. How many people you can seat around a table at the same time... (88) there aren't that places, (99) no answer

a) in the kitchen/dining room b) in a room c) in the balcony/veranda

5. Have you got a bed out of everyday use which is suitable for relatives, friends?

(1) yes, (2) no, (9) no answer

IF YES: How many beds you have?

II. FURNITURE

1. Which furniture are you consider as the most valuable in your flat?

1: 2:

(1) wall units, (2) settee, (3) double bed, (4) furniture of children's room, (5) kitchen furniture, (6) other, (9) no answer

a) How many years ago... 1: 2: and b) how you got these furniture? 1: 2:

Number of answer for b) question: (1) newly bought, (2) second hand bought, (3) inherited, (4) presented, (4) other, (5) not remembered, unknown, (9) no answer

2. Did you buy something of fancy articles or trinkets for your flat?

(1) yes, if the old one is ruined, (2) yes, if I want something, I buy it, (3) no, because of lack of money, (4) no, because it is all right as it is, (5) other, (9) no answer

3. When you furnished the flat (1) you had determined idea, (2) you were helpless,

(3) the furniture partly or entirely was given, (4) you didn't deal with it, (9) you don't know

4. What is the thing which specify the looking and furniture of a flat? THREE ANSWERS IN ORDER

(1) available, inherited furniture, (2) taste of the inhabitants, (3) opinion of parents, relatives, (4) the market, supply of furniture, (5) money, financial possibility, (6) characteristics of flat (size, division), (7) expertness of interior decoration, (8) other, (9) unknown, no answer

5. Did you have regrouped the flat in the last 12 months? (1) no, YES (TWO ANSWERS ARE POSSIBLE):

(2) changing functions of rooms, (3) varying given furniture, (4) changing of the main furniture, (9) no answer

6. If occurred that some kind of your furniture became unnecessary? (1) yes, (2) no, (9) no answer

IF YES: What you did with the unnecessary furniture for the last time? (TWO ANSWERS ARE POSSIBLE)

(1) you sold it, (2) you presented it, (3) you cleared out it, (4) it was taken to the site or cottage or other house, (5) other way, (6) you don't know, (9) no answer

III. SUBJECTIVE OPINION (For 1. and 2. question SEE THE CARD 4 ON CODES OF ANSWERS!)**1. In your opinion how suit the next qualities to furniture of your flat? Mark it from 1 to 10!!**

- | | | | | | | | |
|----------------|----------------------|-------------|----------------------|------------------|----------------------|-----------------|----------------------|
| 1. comfortable | <input type="text"/> | 4. modern | <input type="text"/> | 7. cheerful | <input type="text"/> | 10. fashionable | <input type="text"/> |
| 2. practical | <input type="text"/> | 5. simple | <input type="text"/> | 8. original | <input type="text"/> | 11. well-kept | <input type="text"/> |
| 3. homely | <input type="text"/> | 6. spacious | <input type="text"/> | 9. well cleaning | <input type="text"/> | 12. luxurious | <input type="text"/> |

2. How satisfied are you with furniture of your flat? Mark it from 1 to 10!**3. How do you like the next living rooms....THE ANSWER IS THE NUMBER OF PICTURES, (99) no answer**

- | | | | | | |
|---------------|----------------------|----------------|----------------------|--|----------------------|
| a) the most ? | <input type="text"/> | b) the least ? | <input type="text"/> | c) Which one is most similar to yours? | <input type="text"/> |
|---------------|----------------------|----------------|----------------------|--|----------------------|

4. How do you like the next kitchen ANSWER IS ON THE BASIS OF PICTURES, (99) No answer

- | | | | | | |
|---------------|----------------------|----------------|----------------------|--|----------------------|
| a) the most ? | <input type="text"/> | b) the least ? | <input type="text"/> | c) Which one is most similar to yours? | <input type="text"/> |
|---------------|----------------------|----------------|----------------------|--|----------------------|

IV. HAVE YOU GOT...**1. Have you got a charwoman, cleaner?** (1) yes, (2) no, but had before, (3) no, (9) no answer**2. Do you have any of the following items in your flat?** (99) no answer

- | | | | | | | | |
|-------------------------|----------------------|------------------------|----------------------|---------------------|----------------------|----------------------------------|----------------------|
| 1. picture, graphic art | <input type="text"/> | 2. statue, plastic art | <input type="text"/> | 3. photo (in frame) | <input type="text"/> | 4. repro, bill, poster | <input type="text"/> |
| 5. carpet | <input type="text"/> | 6. indoor plant | <input type="text"/> | 7. curtain | <input type="text"/> | 8. reading lamp or standard lamp | <input type="text"/> |

3. Do you keep any animals in the flat? (1)yes, (2) no, (9) no answer

- | | | | | | | | |
|---------------------------|--|---------|----------------------|------------|----------------------|------------|----------------------|
| IF YES: <i>how many</i> : | | 1. dog | <input type="text"/> | 2. cat | <input type="text"/> | 3. parrot | <input type="text"/> |
| | | 4. fish | <input type="text"/> | 5. reptile | <input type="text"/> | 6. rodents | <input type="text"/> |
| | | | | | | 7. other | <input type="text"/> |

4. Comment of interviewer:

CODE SHEET OF EATING AND DRINKING DURING THE INVESTIGATED DAY

Name of county:		County code:			Code of settlement:				
-----------------	--	--------------	--	--	---------------------	--	--	--	--

Enumeration district num.:					Serial num. of dwelling			Serial num. of household:		Serial num. of person:			Gen-der	
----------------------------	--	--	--	--	-------------------------	--	--	---------------------------	--	------------------------	--	--	---------	--

Year of birth:			Period:		Date:					Number of coder		
----------------	--	--	---------	--	-------	--	--	--	--	-----------------	--	--

Serial num.	Serial num. of eating activity	Unit	Amount	Code of food/drink	Serial num.	Serial num. of eating activity	Unit	Amount	Code of food/drink
01					18				
02					19				
03					20				
04					21				
05					22				
06					23				
07					24				
08					25				
09					26				
10					27				
11					28				
12					29				
13					30				
14					31				
15					32				
16					33				
17					34				

<p>CENTRAL STATISTICAL OFFICE</p> <p>Register number: 1711</p> <p><i>Supply of data is not obligatory!</i></p>	<p>TIME USE SURVEY</p> <p>1999-2000</p> <p>Data sheet on failed interviews</p>	<p>County code: <input type="text"/><input type="text"/></p> <p>Code of settlement: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Enumeration district number: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Serial number of dwelling: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Serial num. of the household in the dwelling: <input type="text"/> <input type="text"/></p>
--	---	---

1. Cause of failure: (5) refusal, (6) moving, (7) death, (8) the dwelling no longer exists (9) other reason

2. The designated day

a) day: mo., day, b) name of the day :

Name: (1) Monday, (2) Tuesday, (3) Wednesday, (4) Thursday, (5) Friday, (6) Saturday, (7) Sunday

3. Serial number of designated person

a) in the dwelling: , b) in the household:
gender (1) male, (2) female , year of birth

4. Are there any new interviewee from the reserve sample? (1) yes, (2) no

IF YES: the new person...

code of settlement: Enum. district num. :

S. num. of dwelling: S. num. of household: S. num. of person a) in the dwelling: b) in the household:
gender (1) male, (2) female , year of birth

CENTRAL STATISTICAL OFFICE Register number: 1711 <i>Supply of data is not obligatory!</i>	TIME USE SURVEY 1999-2000 Relationship within household	County code: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Code of settlement: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Enumeration district number: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Serial number of dwelling: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Serial num. of the household in the dwelling: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td></tr></table>														

Line serial number of person	01	02	03	04	05	06	07	08	09	10
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

Codes of relationship:

1. spouse
2. partner, cohabitee
3. child
4. sibling
5. parent
6. grand child
7. grand parent
8. son/daughter-in-law
9. mother-in law, father-in-law
10. other relative
11. not related