1. What is your gender?

|  |  |
| --- | --- |
| Male | 1 |
| Female | 2 |

1. How old are you? \_\_\_\_\_\_\_\_\_\_ years
2. What is your marital status?

|  |  |
| --- | --- |
| Single, have never been married | 1 |
| Married/co-habiting | 2 |
| Divorced/separated – within last year | 3 |
| Divorced/separated – for more than 1 year | 4 |
| Widow/Widower – within last year | 5 |
| Widow/Widower – for more than 1 year | 6 |

1. What is your highest level of education?

|  |  |
| --- | --- |
| Primary (less than 7 grades) | 1 |
| Incomplete secondary (less than 10 grades) | 2 |
| Trade factory apprenticeship or professional courses after 7-8 grades | 3 |
| Completed secondary (10-11 grades) | 4 |
| Trade factory apprenticeship or professional courses after 10-11 grades | 5 |
| Secondary technical education | 6 |
| Uncompleted higher education (3 courses or less) | 7 |
| Completed higher education | 8 |

1. Do you have any long-term illness, health problem or handicap which limits your daily activities or the work you can do?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |

1. In general, would you say your health is....

|  |  |
| --- | --- |
| Very good | 1 |
| Good | 2 |
| Fair | 3 |
| Poor | 4 |
| Very poor | 5 |