

GOOD MORNING / GOOD AFTERNOON: MY NAME IS <name of interviewer> AND I WORK WITH \_\_\_\_\_, A MARKET RESEARCH AND OPINION COMPANY. WE'RE CONDUCTING A SURVEY OF MEMBERS OF THE PUBLIC IN BARCELONA ON DIFFERENT ISSUES RELATING TO CULTURE. WOULD YOU BE WILLING TO ANSWER A FEW QUESTIONS?

Yes ..... 1 -> "THANK YOU FOR YOUR TIME"

No ..... 2 -> "OK, THANK YOU VERY MUCH" -> **(End of interview)**

Z1. A1. WHICH LANGUAGE WOULD YOU LIKE TO DO THE INTERVIEW IN? A2. DAY |\_\_||\_\_| MONTH |\_\_||\_\_|  
Catalan (by default / indifferent) 1 **(Use the Catalan questionnaire)** A3. HOUR AND MINUTE OF THE START OF THE INTERVIEW:  
Spanish ..... 2 **(Use Spanish questionnaire)** HOUR |\_\_||\_\_| MINUTE |\_\_||\_\_|

THIS INTERVIEW IS BEING RECORDED TO ENSURE IT IS CONDUCTED ACCORDING TO OUR INSTRUCTIONS. AFTER THESE QUALITY CONTROLS, IT WILL BE DELETED.

I ALSO NEED TO INFORM YOU THAT ALL THE INFORMATION YOU PROVIDE IS COVERED BY STATISTICAL SECRECY REGULATIONS, IT IS STRICTLY CONFIDENTIAL AND CANNOT BE USED FOR ANY PURPOSE OTHER THAN PRODUCING AN OPINION SURVEY.

Interview: |\_\_||\_\_||\_\_||\_\_|

Interviewer: |\_\_||\_\_|

Z2. Neighbourhood (List of 21 neighbourhoods):

|\_\_||\_\_|

Audio recording: Yes..1 / No..2

Monitoring: Yes..1 / No..2

Date (dd.mm.yyyy) |\_\_|

Time (hh:mm:ss) |\_\_|

Re-contact: Yes..1 / No..2

Date (dd.mm.yyyy) |\_\_|

Time (hh:mm:ss) |\_\_|

## QUOTAS

Q1. GENDER (Don't ask, note it down directly)

Man ..... 1

Woman ..... 2

Q2. HOW OLD ARE YOU?

|\_\_||\_\_| years

**CONTROL: Code automatically.**

Under 16 ..... 00

**(End interview)**

16 to 24 ..... 01

25 to 34 ..... 02

35 to 44 ..... 03

45 to 54 ..... 04

55 to 64 ..... 05

65 and over ..... 06

Did not answer ..... 99

**(End interview)**

Q3. WHAT IS YOUR NATIONALITY? **(Spontaneous. Only one answer)**

**CLARIFICATION: Note the country. In the case of dual nationality, the priorities are Spanish national - EU - other.**

Spanish ..... 724

Other ..... |\_\_||\_\_||\_\_|

Q4. **(If Q3=724)** HAVE YOU ALWAYS HAD SPANISH NATIONALITY? **(Read the options. Only one answer)**

Yes, I have always had Spanish nationality ..... 01

No, I used to have another nationality ..... 02

**(Don't read)** Did not answer ..... 99

Q5. **(If Q4=02)** AND WHAT WAS YOUR PREVIOUS NATIONALITY? **(Spontaneous. Only one answer)**

**CLARIFICATION: Note the country. In the case of dual nationality, the priorities are EU – other.**

..... |\_\_||\_\_||\_\_|

Q6. WHAT IS YOUR CURRENT WORK SITUATION? **(Read the options. Only one answer)**

**CLARIFICATION: If a student, confirm the person is not unemployed or a housewife doing a training course or preparing for a competitive examination. If they are working and studying, ask which they devote more time to. If they are a pensioner and working, mark pensioner.**

**CONTROL: Check <age of interviewee>. If they are 65 or over and working, make sure they are not retired/a pensioner. And if they are under 65 and a pensioner, make sure they are not working.**

Self-employed (business owner, freelance) ..... 01

Employed (wage earner) ..... 02

Retired / pensioner (unfit for work) ..... 03

Unemployed / looking for work ..... 04

Unpaid household tasks ..... 05

Student ..... 06

**(Don't read)** Did not answer ..... 99

**QUESTIONNAIRE**

1. COULD YOU TELL ME THE 3 **ACTIVITIES** THAT YOU LIKE TO DO IN YOUR FREE TIME?,  
(Spontaneous. **Maximum 3 answers. Don't make suggestions!**)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. WHAT FOR YOU ARE THE 3 MOST IMPORTANT **PLACES** FOR **CULTURAL LIFE IN A NEIGHBOURHOOD**?  
(Spontaneous. **Don't read OR SHOW THEM the options. Maximum 3 answers**)

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- |  |   |
|--|---|
| <input type="checkbox"/> Bookshop  | <input type="checkbox"/> Primary/secondary/nursery school |
| <input type="checkbox"/> Café or bar   | <input type="checkbox"/> Art or music school              |
| <input type="checkbox"/> Religious centre  | <input type="checkbox"/> Exhibition hall or museum        |
| <input type="checkbox"/> Square, park or beach                                   | <input type="checkbox"/> Disco                            |
| <input type="checkbox"/> Theatre, concert venue                                  | <input type="checkbox"/> Cinema                           |
| <input type="checkbox"/> Library   | <input type="checkbox"/> Market, shopping centre          |
| <input type="checkbox"/> Community centre, neighbourhood centre, cultural centre | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Senior citizen centre                                   |   |

3. COULD YOU TELL ME IF YOU HAVE DONE ANY OF THE FOLLOWING ACTIVITIES **IN THE LAST SIX MONTHS**?

	Never	Occasionally	Often or very often
Storytelling (to children or other groups of people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities to do with arts and crafts, woodwork, gardening, traditional cooking, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practising <b>group</b> games or sports, not with a federation or in a professional capacity (from board games to walking, running, or meeting up with friends to play a match, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in traditional or popular <b>collective</b> events, or other community activities (from neighbourhood festivals, to carnival, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to religious places or places of worship, or undertaking any <b>collective</b> spiritual practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to restaurants, bars, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to discos, clubs, dance halls, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to fairs and markets (second-hand, Christmas, etc.). Markets selling everyday produce are not included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking around the city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking in nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. WOULD YOU LIKE TO SPEND MORE TIME DOING ANY OF THE ACTIVITIES I HAVE READ OUT TO YOU? WHICH?

	Yes
Storytelling	<input type="checkbox"/>
Activities to do with arts and crafts, woodwork, gardening, traditional cooking, etc.	<input type="checkbox"/>
Practising <b>group</b> games or sports	<input type="checkbox"/>
Participating in traditional or popular <b>collective</b> events, or other community activities	<input type="checkbox"/>
Going to religious places or places of worship, or undertaking any <b>collective</b> spiritual practices.	<input type="checkbox"/>
Going to restaurants, bars, etc.	<input type="checkbox"/>
Going to discos, clubs, dance halls, etc.	<input type="checkbox"/>
Going to fairs and markets	<input type="checkbox"/>
Walking around the city	<input type="checkbox"/>
Walking in nature	<input type="checkbox"/>

5. AND FROM THE FOLLOWING LIST, COULD YOU TELL ME IF YOU HAVE DONE ANY OF THESE ACTIVITIES **IN THE LAST SIX MONTHS?**

	Never	Occasionally	Often or very often
Going to see a film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to dance shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in theatre productions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing, doing any kind of dance (sevillanas, hip-hop, classical dance, contemporary, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting exhibitions, museums, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting, drawing, making sculptures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing (blogs, novels, articles, essays, short stories, poetry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities related to reading, poetry, literature in general.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography, artistic creations related to audiovisual culture, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing instruments, singing, making music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. WOULD YOU LIKE TO SPEND MORE TIME DOING ANY OF THESE?

	Yes
Going to see a film	<input type="checkbox"/>
Going to concerts	<input type="checkbox"/>
Going to dance shows	<input type="checkbox"/>
Going to the theatre	<input type="checkbox"/>
Taking part in theatre productions	<input type="checkbox"/>
Dancing	<input type="checkbox"/>
Visiting exhibitions, museums, etc.	<input type="checkbox"/>
Painting, drawing, making sculptures, etc.	<input type="checkbox"/>
Reading books	<input type="checkbox"/>
Writing	<input type="checkbox"/>
Activities related to reading, poetry, literature in general.	<input type="checkbox"/>
Photography, artistic creations related to audiovisual culture, etc.	<input type="checkbox"/>
Playing instruments, singing, making music	<input type="checkbox"/>

7. IN GENERAL, WOULD YOU SAY THAT YOU PARTICIPATE IN CULTURAL ACTIVITIES MORE OR LESS THAN OTHER PEOPLE OF YOUR AGE? **(One answer)**

- Much less than them
- Less than them
- Same as them
- More than them
- Much more than them

8. NOW I'M GOING TO READ SOME SENTENCES TO YOU. COULD YOU TELL ME TO WHAT EXTENT YOU AGREE WITH EACH ONE?

**(Read the scale for each one)**

WOULD YOU PARTICIPATE IN MORE CULTURAL OR ARTS ACTIVITIES...	Totally disagree										Totally agree		DK	NA
	0	1	2	3	4	5	6	7	8	9	10	98	99	
If you had a family member or friend to go with.														
If the activities on offer were more in keeping with my needs and interests.														
If there were more cultural activities in my neighbourhood.														
If the activities were free or less expensive.														

9. COULD YOU TELL ME HOW IMPORTANT THESE ACTIVITIES ARE IN YOUR LIFE **(read scale for each option)**

	Not important										Very important		DK	NA
	0	1	2	3	4	5	6	7	8	9	10	98	99	
Reading, books, literature, poetry... (or other forms of oral or written expression)														
Cinema, photography, audiovisual														
Music (listening, singing, playing instruments, etc.)														
Painting, drawing, visual arts, arts and crafts														
Dancing														
Theatre or circus														
Popular events (such as traditional cultural festivals, gatherings or activities, etc.)														

10. IF THE LOCAL NEIGHBOURHOOD LIBRARY WERE TO CLOSE DOWN...? (Read the scale for each one)

	Not at all										A lot		I don't know of any	DK	NA
	0	1	2	3	4	5	6	7	8	9	10	96	98	99	
How much would it affect you?															
How much would it affect people in the neighbourhood?															

11. AND IF THE LOCAL NEIGHBOURHOOD CIVIC CENTRE WERE TO CLOSE DOWN? (Read the scale for each one)

	Not at all										A lot		I don't know of any	DK	NA
	0	1	2	3	4	5	6	7	8	9	10	96	98	99	
How much would it affect you?															
How much would it affect people in the neighbourhood?															

12. PRIMARY AND SECONDARY SCHOOL PUPILS HAVE VISUAL ARTS AND MUSIC CLASSES, AND IN SOME CASES FILM AND DRAMA CLASSES AS WELL. GIVE A SCORE FROM 0 TO 10 BASED ON HOW IMPORTANT YOU THINK THESE CLASSES ARE FOR CHILDREN AND YOUNG PEOPLE'S EDUCATION [0 - THEY'RE A WASTE OF TIME / 10 - THEY'RE ESSENTIAL]

Waste of time										Essential		DK	NA
0	1	2	3	4	5	6	7	8	9	10	98	99	

13. COULD YOU TELL ME TO WHAT EXTENT YOU AGREE WITH THE FOLLOWING STATEMENTS?

	Totally disagree					Totally agree					DK	NA	
	0	1	2	3	4	5	6	7	8	9	10	98	99
Through arts and culture I have learned to appreciate points of view different to mine.													
Participating in cultural activities has given me the opportunity to interact with others and get to know people.													
Arts and culture are necessary for society.													
Cultural activities contribute to community harmony.													
Sports activities contribute to community harmony.													

14. DO YOU CURRENTLY PARTICIPATE IN ANY OF THE ENTITIES OR GROUPS I'M GOING TO READ OUT NOW?

	Yes	No	DK	NA
Artistic or cultural entity or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social entity or movement (family association, non-formal education, NGO, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports club or hiking centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual or religious entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other entities or groups for carrying out shared activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(If affirmative).</b> Could you tell me which entity or group? _____				

15. NOW I'M GOING TO ASK YOU TO THINK ABOUT YOUR FAMILY. COULD YOU TELL ME IF YOUR **MOTHER** PRACTICES (OR USED TO PRACTICE) ANY KIND OF ACTIVITY RELATED WITH...

**CONTROL:** If the person being interviewed has two mothers, this question should be included twice.

	Yes	No	Doesn't have one / Didn't know her	DK	NA
Playing instruments, singing, making <b>music</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading or writing</b> (blogs, prose, poetry, articles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting or taking part in <b>theatre</b> productions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing, taking part in <b>dance</b> groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting, drawing, arts and crafts (making clothes, pottery, etc.), sculpture, etc. ( <b>visual arts</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filming, artistic photography, making films, short films, etc. ( <b>audiovisuals</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. HOW ABOUT YOUR **FATHER**?

**CONTROL:** If the person being interviewed has two fathers, this question should be included twice.

	Yes	No	Doesn't have one / Didn't know him	DK	NA
Playing instruments, singing, making <b>music</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading or writing</b> (blogs, prose, poetry, articles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting or taking part in <b>theatre</b> productions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing, taking part in <b>dance</b> groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting, drawing, arts and crafts (making clothes, pottery, etc.), sculpture, etc. ( <b>visual arts</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filming, artistic photography, making films, short films, etc. ( <b>audiovisuals</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DISPLAY Q15 AND Q16 ON THE TABLET:**

15. NOW I'M GOING TO ASK YOU TO THINK ABOUT YOUR FAMILY. COULD YOU TELL ME IF YOUR **MOTHER** PRACTICES (OR USED TO PRACTICE) ANY KIND OF ACTIVITY RELATED WITH...

16. HOW ABOUT YOUR **FATHER**?

[Start the block](#)

- Playing instruments, singing, making **music**

**MOTHER**

Yes   
  No   
  Doesn't have one   
  DK   
  NA

**FATHER**

Yes   
  No   
  Doesn't have one   
  DK   
  NA

17. DO YOU HAVE ANY CHILDREN?

- No → [\(Go to Q19\)](#)
- Yes

18. DO ANY OF YOUR **CHILDREN** PRACTICE (OR HAVE THEY PRACTISED, OR BEEN FANS OF) ANY ACTIVITIES RELATED WITH...?

	Yes	No	DK	NA
Playing instruments, singing, making <b>music</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading or writing</b> (blogs, prose, poetry, articles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting or taking part in <b>theatre</b> productions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing, taking part in <b>dance</b> groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting, drawing, arts and crafts (making clothes, pottery, etc.), sculpture, etc. ( <b>visual arts</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filming, artistic photography, making films, short films, etc. ( <b>audiovisuals</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. NOW I'M GOING TO READ OUT SOME ACTIVITIES. COULD YOU TELL ME IF YOU HAVE ANY TRAINING OR HAVE DONE COURSES IN THEM AT SOME TIME IN YOUR LIFE?

(Read the scale for each one)

	I've got no training	I'm self taught	I have studied or done courses	I have higher education qualifications
Playing instruments, singing, composing <b>music</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writing</b> prose, poetry, articles, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting or taking part in <b>theatre</b> productions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing, taking part in <b>dance</b> groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting, drawing, arts and crafts (making clothes, pottery, etc.), sculpture, etc. ( <b>visual arts</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filming, artistic photography, making films, short films, etc. ( <b>audiovisuals</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. DO YOU HAVE INTERNET ACCESS?

- No → (Go to Z3)  
 Yes

21. WHEN YOU CONNECT TO THE INTERNET (APART FROM WORK OR STUDIES) HOW OFTEN DO YOU DO THE FOLLOWING ACTIVITIES?

22. COULD YOU TELL ME WHETHER OR NOT EACH OF THESE ACTIVITIES IS VERY IMPORTANT FOR YOU? (PLEASE NOTE: IF THEY SAY NEVER, YOU DON'T HAVE TO ASK THEM HOW IMPORTANT IT IS).

	Never	Occasionally	Often or very often	→	It is very important to you	
					Yes	No
Sharing your artistic creations (music, photographs, works of art, audiovisuals, etc.) on websites or social networks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Writing (articles, tales, stories, etc.) and sharing what you write on websites, blogs or social networks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Making videos on a <b>particular subject</b> and sharing them with followers (YouTubers, educational videos, training, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

**CLASSIFICATION DETAILS**

- Z3. **(Self-employed: Q6=01)**  
 YOU SAID EARLIER YOU WERE SELF-EMPLOYED. COULD YOU PLEASE TELL ME HOW MANY EMPLOYEES YOU HAVE?  
**(Read the options. Only one answer)**
- No employees, is a freelancer ..... 01
  - 1 to 3 employees ..... 02
  - More than 3 employees ..... 03
  - (Don't read)** Does not know ..... 98
  - (Don't read)** Did not answer ..... 99

- Z4. **(Employed: Q6=02)**  
 YOU SAID EARLIER YOU WERE EMPLOYED. WHAT IS YOUR CURRENT PROFESSION?  
**(Spontaneous, don't make suggestions. Note literally the profession, with as much detail as possible. Only one answer)**

**CONTROL: Don't fill this in, code it later bearing in mind the interviewee's studies**

- Director / manager ..... 01
- Professional /technician / middle management ..... 03
- Office administration, services, commercial staff ..... 04
- Hotel and catering, retail, personal services, security services ..... 05
- Industrial or construction worker ..... 06
- Does not answer ..... 99

- Z5. WHAT IS YOUR highest level of **completed** studies?  
**(Read the options. Only one answer)**  
**CONTROL: If the age of the interviewee Q2<20, they cannot have completed university or postgraduate studies (Z16={05,06}).**

- Has not finished compulsory education ..... 01
- Compulsory (primary, secondary - EGB, ESO)..... 02
- General secondary (baccalaureate, PREU, BUP, COU) ..... 03
- Vocational secondary (commerce, VT1, VT2, modules, intermediate/advanced) ..... 04
- University level studies (diploma, degree) ..... 05
- Postgraduate studies (university master, postgraduate qualification, doctorate) ..... 06
- (Don't read)** Does not know ..... 98
- (Don't read)** Did not answer ..... 99

- Z6. HOW MANY PEOPLE LIVE IN YOUR HOME (INCLUDING YOURSELF)?  
 Lives alone..... 01 **(End interview)**  
 Living in my home, there are **(including you)**|\_\_||\_\_| people

**ON THE MEMBERS OF THIS HOUSEHOLD (EXCEPT THE PERSON INTERVIEWED).**

- Z7. COULD YOU TELL ME WHAT IS YOUR RELATIONSHIP WITH EACH OF THESE PEOPLE?  
**CONTROL: Check <gender> and <age of the interviewee>.**

**Ask the questions on the relationship of each member of the interviewee's household**

RELATIONSHIP\_P02, RELATIONSHIP\_P03, RELATIONSHIP\_P10  
 TYPE OF RELATIONSHIP:

	<u>P2</u>	<u>P3</u>	<u>P4</u>	<u>P5</u>	<u>P6</u>	<u>...</u>	<u>P10</u>
Partner.....	2	2	2	2	2	2	2
Father / mother.....	3	3	3	3	3	3	3
Grandfather/mother -							
Great grandfather/mother.....	4	4	4	4	4	4	4
Son/daughter .....	5	5	5	5	5	5	5
Grandchild .....	6	6	6	6	6	6	6
Brother/sister .....	7	7	7	7	7	7	7
Other relatives.....	8	8	8	8	8	8	8
Friends / Other non-relatives .....	9	9	9	9	9	9	9

NAME OF THE PERSON INTERVIEWED: \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
**(only to verify the interview)**

**READ: THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER THE QUESTIONS. I MUST INFORM YOU THAT IN A FEW DAYS YOU MAY RECEIVE A PHONE CALL FROM A SUPERVISOR TO GUARANTEE THAT I HAVE CONDUCTED THE INTERVIEW ACCORDING TO INSTRUCTIONS.**

A4. HOUR AND MINUTE INTERVIEW ENDED: HOUR |\_\_||\_\_| MINUTE |\_\_||\_\_|