



Serial Number:

Respondent ID										First Name/Initials	
<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"/>

Interview Date: / /

Interviewer ID: _____

"50+ in Europe"
***The Survey of Health,
Ageing and Retirement in Europe***

2019/2020

Self-Administered Questionnaire

IPSOS d.o.o.
Leskoškova 9e
1000 Ljubljana

Tel.: 0590 26 803

FOREWORD

The paper questionnaire is designed to complement the standard questionnaire on health, aging and retirement in Europe (SHARE). With the questionnaire we want to give additional attention to topics that are especially important for Slovenia, and thus contribute to the study of these issues in Slovenia.

Your participation is completely voluntary. All your answers will be kept confidential and will be used exclusively for research purposes. The results of the survey will always be published only in anonymized form, which means that your name and your address will not be disclosed.

We thank you in advance for your cooperation and support to our research!

Ljubljana, September 2019

Signature of the CTL

Signature of the Survey Agency

How to FILL IN this questionnaire

Most of the questions on the following pages can be answered by simply checking the box below or alongside the answer that applies to you.

Please check a box:

Correct



or



Incorrect



Please proceed question by question. Skip questions only if there is an explicit instruction to do so.

Example:

Are you 70 years old or younger?



1 Yes



5 No



Go to question ...



If you check "Yes" in this example, you go on to the next question!

If you check "No" in this example, you go on to the question given in the instruction box!

How to RETURN this Questionnaire

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to him or her. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can. *If you need a replacement envelope, please call the survey agency Ipsos at 0590 26 803.*

PLEASE START THE QUESTIONNAIRE AT QUESTION 1.

In the case of a PROXY INTERVIEW, please, only answer questions 1 and 10. Question 10 asks about the respondent's (not proxy's) sex and year of birth.

ALL YOUR ANSWERS WILL REMAIN CONFIDENTIAL. THANK YOU AGAIN FOR YOUR HELP!

1. Table 1, on the next two pages, lists some everyday activities. For each activity we are interested in:

a) Whether you have any difficulties performing this activity due to a physical, mental, emotional or memory problem and need help from another person. Please, exclude any difficulties you expect to last less than three months.

b) How often you receive help performing this activity.

For each activity, please, indicate in column A how often you NEED help from another person, and in column B, how often you RECEIVE help from another person to perform this activity. Enter the appropriate number from 1 to 4, or 99:

- 1. All the time
- 2. Often
- 3. Sometimes
- 4. I have difficulties, but DON'T need/receive help
- 99. I don't have difficulties

EXAMPLE

You *often need* help from another person with dressing (including putting on shoes and socks) and you also *often receive* help in performing this activity. This means that the help you receive meets your needs. In this case enter number 2 in column A and B for this activity:

	A	B
	I NEED help from another person: 1. All the time 2. Often 3. Sometimes 4. I have difficulties, but DON'T need help 99. I don't have difficulties <i>For each activity, enter an appropriate number from 1 to 4, or 99, in the box</i>	I RECEIVE help from another person: 1. All the time 2. Often 3. Sometimes 4. I have difficulties, but DON'T receive help 99. I don't have difficulties <i>For each activity, enter an appropriate number from 1 to 4, or 99, in the box</i>
1. Dressing, including putting on shoes and socks	<input style="width: 40px; height: 20px;" type="text" value="2"/>	<input style="width: 40px; height: 20px;" type="text" value="2"/>

Table 1: Difficulties in performing everyday activities because of a physical, mental, emotional or memory problem

	A	B
	<p>I NEED help from another person:</p> <p>1. All the time 2. Often 3. Sometimes 4. I have difficulties, but DON'T need help 99. I don't have difficulties</p> <p><i>For each activity, enter an appropriate number from 1 to 4, or 99, in the box</i></p>	<p>I RECEIVE help from another person:</p> <p>1. All the time 2. Often 3. Sometimes 4. I have difficulties, but DON'T receive help 99. I don't have difficulties</p> <p><i>For each activity, enter an appropriate number from 1 to 4, or 99, in the box</i></p>
1. Dressing, including putting on shoes and socks	<input type="text"/>	<input type="text"/>
2. Walking across a room	<input type="text"/>	<input type="text"/>
3. Bathing or showering	<input type="text"/>	<input type="text"/>
4. Eating, such as cutting up your food	<input type="text"/>	<input type="text"/>
5. Getting in or out of bed	<input type="text"/>	<input type="text"/>
6. Using the toilet, including getting up or down	<input type="text"/>	<input type="text"/>

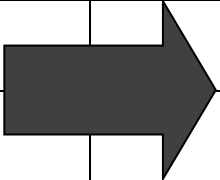
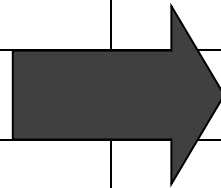


Table 1 (continuation)

	A	B
	<p>I NEED help from another person:</p> <p>1. All the time 2. Often 3. Sometimes 4. I have difficulties, but DON'T need help 99. I don't have difficulties</p> <p><i>For each activity, enter an appropriate number from 1 to 4 or 99 into the box</i></p>	<p>I RECEIVE help from another person:</p> <p>1. All the time 2. Often 3. Sometimes 4. I have difficulties, but DON'T receive help 99. I don't have difficulties</p> <p><i>For each activity, enter an appropriate number from 1 to 4 or 99 into the box</i></p>
7. Using a map to figure out how to get around in a strange place	<input type="text"/>	<input type="text"/>
8. Preparing a hot meal	<input type="text"/>	<input type="text"/>
9. Shopping for groceries	<input type="text"/>	<input type="text"/>
10. Making telephone calls	<input type="text"/>	<input type="text"/>
11. Taking medications	<input type="text"/>	<input type="text"/>
12. Doing work around the house or garden	<input type="text"/>	<input type="text"/>
13. Managing money, such as paying bills and keeping track of expenses	<input type="text"/>	<input type="text"/>
14. Leaving the house independently and accessing transportation services	<input type="text"/>	<input type="text"/>
15. Doing personal laundry	<input type="text"/>	<input type="text"/>



2. Is this a proxy interview?

₁ 1. Yes → Go to question no. 10

₅ 5. No

3. Are you 70 years old or younger?

₁ 1. Yes

₅ 5. No → Go to question no. 6

4. Please, indicate to what extent you agree with the statements below regarding your retirement. Would you retire later and not immediately after fulfilling the conditions for retirement, if ...

Select one option for each statement from a) to j). If you have never been employed or a certain statement does not apply to you, select option 99 "Does not apply to me".

	1 Disagree strongly	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Agree strongly	99 Does not apply to me
a) you received a bonus in addition to your salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
b) you received an additional, higher pension during retirement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
c) you had more flexible working hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
d) the working conditions were adjusted to your reduced working ability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
e) you received more help from your colleagues / superiors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
f) you received more training in relation to your work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
g) you performed less demanding work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
h) your superiors supported your intention to retire later	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
i) your colleagues supported your intention to retire later	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
j) you simply would not work longer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉

5. Please, indicate to what extent you agree with the statements below regarding your current employment, or your last employment in case you have already retired.

Select one option for each statement from a) to j). If you have never been employed, or you are currently unemployed, or a certain statement does not apply to you, select option 99 "Does not apply to me".

	1 Disagree strongly	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Agree strongly	99 Does not apply to me
a) I feel/felt respected by my immediate superior	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
b) I have/had enough time at work to do my job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
c) I have/had difficulty in doing my job due to health limitations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
d) My employer appreciates/appreciated me because of my experience	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
e) I can/could influence the decisions that are/were relevant to my work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
f) I feel/felt that my ability to work has reduced/had been reduced	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
g) I often feel/felt discriminated against on grounds of age at my workplace	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
h) I can/could balance my family and work life well	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉
i) I feel/felt satisfied at work knowing that I do / did my job well	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₉

6. Are you employed/self-employed on a regular basis?

₁ 1. Yes

₅ 5. No → Go to question No. 10

7.a Have you taken care of your partner and/or your parent / partner's parent over the past twelve months because he/she needs help from a third person to perform everyday activities (washing, eating, dressing, moving around, etc.)?

Select one answer only

<input type="checkbox"/> ₁	Yes, every day
<input type="checkbox"/> ₂	Yes, several times a week
<input type="checkbox"/> ₃	Yes, once a week
<input type="checkbox"/> ₄	Yes, but less than once a week
<input type="checkbox"/> ₅	No → Go to question No. 8

7.b How can you balance your work and care for the partner/parents mentioned above?

Select one answer only

<input type="checkbox"/> ₁	Very well
<input type="checkbox"/> ₂	Well
<input type="checkbox"/> ₃	Adequately
<input type="checkbox"/> ₄	Poorly
<input type="checkbox"/> ₅	Very poorly

8. Suppose the state abolished all current social transfers, such as financial social assistance, supplementary allowances, child benefits, etc. Instead, every individual, regardless of his/her financial situation, would receive €300 each month from the state budget. If you think of the total amount from the state budget that your household would receive, would you continue to work for pay; and how many hours a week would you work?

Select one answer only

<input type="checkbox"/> ₁	I would not work
<input type="checkbox"/> ₂	I would work up to 10 hours per week
<input type="checkbox"/> ₃	I would work more than 10 and up to 20 hours per week
<input type="checkbox"/> ₄	I would work more than 20 and up to 30 hours per week
<input type="checkbox"/> ₅	I would work more than 30 and up to 40 hours per week (or more)

9. In the case of 40 years of pension qualifying period, the retirement pension amounts to 63.5% of the pension-rating base (calculated using the best 24 years of net wages) according to the new proposed pension law. If you postpone retirement, you will be receiving a share of your pension (to which you would have been entitled upon meeting the conditions for retirement) in addition to your wage/salary and, at the same time, your prospective pension after your final retirement would rise. The table below shows the financial benefits of pension deferral of 1 to 5 years (for full time employment). How many years would you be willing to postpone retirement after fulfilling the conditions for retirement?

Select one answer only

I would postpone retirement for ...		Financial benefits for years of pension deferral	
		<i>In addition to the wage/salary you receive a pension in the amount of:</i>	<i>After final retirement, your pension will be higher by:</i>
<input type="checkbox"/> ₀	0 years	/	/
<input type="checkbox"/> ₁	1 year	40 % of pension	4,7 %
<input type="checkbox"/> ₂	2 years	40 % of pension	9,4 %
<input type="checkbox"/> ₃	3 years	40 % of pension	14,2 %
<input type="checkbox"/> ₄	4 years	20 % of pension	16,3 %
<input type="checkbox"/> ₅	5 years	20 % of pension	18,5 %
<input type="checkbox"/> ₉₉	Don't know		

10. Finally, please fill in your gender and year of birth:

(in the case of a proxy interview, fill in the information about the respondent for which the proxy interview is done)

a) I am...

Male	<input type="checkbox"/> ₁
Female	<input type="checkbox"/> ₂

b) I was born in (year)

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Thank you for your help!