

# Household

1. On a typical day, about how many hours do you spend using the internet, whether for work or personal use?

2. On a typical day, about how many hours do you spend on social media?

*By social media we mean e.g. Instagram, Twitter, Facebook, TikTok or Tinder.*

- ☐ 0 hours
- ☐ 1 hour or less
- ☐ 1-2 hours
- ☐ 2-4 hours
- ☐ More than 4 hours

3. What language do you usually speak at home or with your closest family?

☐ Swedish

☐ Other, which?

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4. Do you live at the same address today as you did three years ago?

- ☐ Yes —————> Proceed to question 6
- ☐ No

5. What was the main reason for moving to your current address?

- ☐ Better housing (acquired larger housing, etc)
- ☐ Better neighbourhood
- ☐ Family related reasons
- ☐ Financial reasons
- ☐ Education related reasons
- ☐ Health related reasons
- ☐ To move in with a partner
- ☐ Other

6. How many persons live in your household?

*Include yourself. Children with shared accommodation are counted if they live at least half of the time in the household.*

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persons

**7. How satisfied are you with your accommodation?**

Not at all satisfied											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**8. Do you intend to move to another address in Sweden within the next 3 years?**

☐ Definitely not

☐ Probably not

☐ Probably yes

☐ Definitely yes

**9. Do you intend to move to another country within the next 3 years?**

☐ Definitely not

☐ Probably not

☐ Probably yes

☐ Definitely yes

## Family and relationships

**10. Do you have a partner at the moment, that is someone with whom you have a relationship?**

☐ Yes

☐ No      **→ Proceed to question 34**

**11. When did this relationship start?**

Year:          Month:

**12. How did you and your partner meet?**  
*Check only one option.*

☐ Through work

☐ In school/university

☐ At church or equivalent

☐ Online dating

☐ Other online setting

☐ Vacation or business trip

☐ At a bar, nightclub, etc.

☐ Through a social organization, gym or volunteer group

☐ At a private party or social event

☐ Through friends

☐ Through family

☐ Other

**13. When was your partner born?**

Year:          Month:

<b>14. How satisfied are you with the relationship between you and your partner?</b>										
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>Not at all satisfied</span> <span>Completely satisfied</span> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>0</span><span>1</span><span>2</span><span>3</span><span>4</span><span>5</span><span>6</span><span>7</span><span>8</span><span>9</span><span>10</span> </div> <div style="display: flex; justify-content: space-around; text-align: center;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div>										
<b>15. Within the last 12 months, how often did you and your partner have disagreement about the following?</b> <i>Check one option in each row.</i>										
		Never	Seldom	Some- times	Frequently	Very frequently	Not applicable			
a	Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b	Relations with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c	Child raising issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>16. Couples deal with disagreements in various ways.</b> <b>When you have a serious disagreement with your partner, how often do you....</b> <i>Check one option in each row.</i>										
		Never	Seldom	Sometimes	Frequently	Very frequently				
a.	...avoid discussion by giving in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b.	...discuss your disagreement calmly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c.	...argue heatedly or shout?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
d.	...refuse to talk about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>17. Even people who get along well with their partners sometimes wonder whether their marriage or partnership will work.</b> <b>Over the past 12 months, did you ever think about breaking up with your partner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>18. a) Does your partner live with you in the same household?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>→ Proceed to question 26</b>  <b>b) When did you start living together?</b>  <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">Year:</span> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <span style="margin: 0 10px;">Month:</span> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div>										
<b>19. a) Are you and your partner married?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>→ Proceed to question 20</b>  <b>b) When did you marry?</b>  <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">Year:</span> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <span style="margin: 0 10px;">Month:</span> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div>										

**20. How do you and your partner divide the housework?**

☐ I do the most

☐ We share equally

☐ My partner does most

- [illegible]

[illegible]

**22. How do you and your partner organise your household income?**

☐ I manage all the money and give my partner his/her share

☐ My partner manages all the money and gives me my share

☐ We pool all the money and each takes out what we need

☐ We pool some of the money and keep the rest separate

☐ We each keep our own money separate

☐ Other

☐ I manage all the money and give my partner his/her share

☐ My partner manages all the money and gives me my share

☐ We pool all the money and each takes out what we need

☐ We pool some of the money and keep the rest separate

☐ We each keep our own money separate

☐ Other

- 23. Is there any child younger than 16 in your household?**  
Count children with shared accommodation.
- ☐ Yes
- ☐ No      **→** *Proceed to question 34*

Count children with shared accommodation.

☐ Yes

☐ No      **→** *Proceed to question 34*

[illegible][illegible][illegible][illegible]

Questions 26 to 33 should only be answered if you have a partner that you do not live with. Others should continue to question 34.

**26. Is your partner male or female?**

- ☐ Male  
☐ Female

**27. Was your partner born in Sweden or abroad?**

- ☐ In Sweden  
☐ Abroad

**28. What is the highest level of education your partner has completed?**

- ☐ Basic education or lower  
☐ Upper secondary education (gymnasium)  
☐ Tertiary education, less than two years  
☐ Tertiary education, two years or more

**29. Do you intend to start living with your partner during the next 3 years?**

- ☐ Definitely not  
☐ Probably not  
☐ Probably yes  
☐ Definitely yes

**30. What is the reason that you do not live together?**

- ☐ I want to live apart  
☐ We both want to live apart  
☐ Partner wants to live apart  
☐ We are constrained by circumstances (e.g. financial, housing or family reasons)

**31. Approximately how long does it take you to get from your home to your partner's home?**

Hours   minutes

**32. How often do you meet your partner in person?**

- ☐ Daily or almost daily  
☐ Once or twice a week  
☐ Once or twice a month  
☐ Less than once a month

**33. How often do you have contact with your partner by phone, email, SMS or similar?**

- ☐ Daily or almost daily  
☐ Once or twice a week  
☐ Once or twice a month  
☐ Less than once a month

## Previous relationships and children

The following questions are about children and previous relationships. It is important for us to understand when things happened so that we can better understand your life story.

<b>34. Not including any current partner, have you ever <u>before</u> lived with someone as a couple?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No —————> <i>Proceed to question 36</i>			
<b>35. About your previous partnerships</b> <i>To understand your life history we would like to know about your previous relationships, in which you have lived together. Start with a first partnership as your number 1, etc. If you have had more than four previous partnerships, it is possible to report this in the web version of the survey.</i>			
<b>a) When did you start living together?</b>	<b>b) What was the partner's sex?</b>	<b>c) When was he/she born?</b>	<b>d) Did your relationship end because of separation or your partner died?</b>
<b>Partnership 1</b>			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Man <input type="checkbox"/> Woman	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Separated <input type="checkbox"/> Partner died
<b>Partnership 2</b>			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Man <input type="checkbox"/> Woman	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Separated <input type="checkbox"/> Partner died
<b>Partnership 3</b>			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Man <input type="checkbox"/> Woman	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Separated <input type="checkbox"/> Partner died
<b>Partnership 4</b>			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Man <input type="checkbox"/> Woman	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Separated <input type="checkbox"/> Partner died

e) When did your partnership end?	f) Do you or did you have any biological or adopted children together?	g) At the time you started living together, did your partner have any children that were not yours?	h) Who initiated the separation?
<b>Partnership 1</b>			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> Me <input type="checkbox"/> Me and my partner together <input type="checkbox"/> My partner <input type="checkbox"/> Not applicable (partner died)
<b>Partnership 2</b>			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> Me <input type="checkbox"/> Me and my partner together <input type="checkbox"/> My partner <input type="checkbox"/> Not applicable (partner died)
<b>Partnership 3</b>			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> Me <input type="checkbox"/> Me and my partner together <input type="checkbox"/> My partner <input type="checkbox"/> Not applicable (partner died)
<b>Partnership 4</b>			
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/>	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> No, no children <input type="checkbox"/> Yes, 1 child <input type="checkbox"/> Yes, 2 children <input type="checkbox"/> Yes, 3 children <input type="checkbox"/> Yes, 4 children or more	<input type="checkbox"/> Me <input type="checkbox"/> Me and my partner together <input type="checkbox"/> My partner <input type="checkbox"/> Not applicable (partner died)

**36. Do you have children that live with you in the household?**

Count both your own and any partner's children that live in your household, regardless of age.  
Also count children who only partly live in the household.

☐ Yes

☐ No → Proceed to question 38

**37. Children in the household**

The following few questions are about children in the household. Start with the youngest child. If there are more than four children living in your household, it is possible to report this in the web version of the survey.

**Child 1****a) When was the child born?**

Year:

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Month:

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**b) Is the child a boy or girl?**

☐ Girl

☐ Boy

**c) Does he/she live in your household always or partly?**

☐ Always

☐ Not always but more than half of the time

☐ About half of the time

☐ Regularly but less than half of the time

☐ Sometimes or seldom

**d) Is the child your biological child?**

☐ Yes

☐ No, adopted

☐ No, step child

☐ No, foster child

**e) How satisfied are you with your relationship with her/him?**Not at all  
satisfiedCompletely  
satisfied

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☐☐☐☐☐☐☐☐☐☐☐**Child 2****a) When was the child born?**

Year:

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Month:

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**b) Is the child a boy or girl?**

☐ Girl

☐ Boy

**c) Does he/she live in your household always or partly?**

☐ Always

☐ Not always but more than half of the time

☐ About half of the time

☐ Regularly but less than half of the time

☐ Sometimes or seldom

**d) Is the child your biological child?**

☐ Yes

☐ No, adopted

☐ No, step child

☐ No, foster child

**e) How satisfied are you with your relationship with her/him?**Not at all  
satisfiedCompletely  
satisfied

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**Child 3****a) When was the child born?**

Year:

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Month:

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**b) Is the child a boy or girl?**☐ Girl☐ Boy**c) Does he/she live in your household always or partly?**☐ Always☐ Not always but more than half of the time☐ About half of the time☐ Regularly but less than half of the time☐ Sometimes or seldom**d) Is the child your biological child?**☐ Yes☐ No, adopted☐ No, step child☐ No, foster child**e) How satisfied are you with your relationship with her/him?**Not at all  
satisfiedCompletely  
satisfied

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☐☐☐☐☐☐☐☐☐☐☐**Child 4****a) When was the child born?**

Year:

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Month:

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**b) Is the child a boy or girl?**☐ Girl☐ Boy**c) Does he/she live in your household always or partly?**☐ Always☐ Not always but more than half of the time☐ About half of the time☐ Regularly but less than half of the time☐ Sometimes or seldom**d) Is the child your biological child?**☐ Yes☐ No, adopted☐ No, step child☐ No, foster child**e) How satisfied are you with your relationship with her/him?**Not at all  
satisfiedCompletely  
satisfied

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☐☐☐☐☐☐☐☐☐☐☐**38. Do you have children who do not live in your household, for example children that have moved out?**☐ Yes☐ No → Proceed to question 40

**39. Children who do not live in the household.** Now there will be a few questions about biological and adopted children that do not at all live in the household. Start with the youngest child. If you have more than four children who do not live in your household, it is possible to report this in the web version of the survey.

### Child 1

**a) When was the child born?**

Year:

Month:

**b) Is the child a boy or girl?**

☐ Girl

☐ Boy

**c) What is the child's main activity at present?**

☐ In education

☐ Employed

☐ Unemployed

☐ Other

**d) How often do you meet with the child in person?**

☐ Daily or almost daily

☐ Once or twice a week

☐ Once or twice a month

☐ Less than once a month

☐ Never

**e) How often do you have contact with the child, by phone, email, SMS or similar?**

☐ Daily or almost daily

☐ Once or twice a week

☐ Once or twice a month

☐ Less than once a month

☐ Never

**f) How satisfied are you with your relationship with her/him?**

Not at all  
satisfied

Completely  
satisfied

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### Child 2

**a) When was the child born?**

Year:

Month:

**b) Is the child a boy or girl?**

☐ Girl

☐ Boy

**c) What is the child's main activity at present?**

☐ In education

☐ Employed

☐ Unemployed

☐ Other

**d) How often do you meet with the child in person?**

☐ Daily or almost daily

☐ Once or twice a week

☐ Once or twice a month

☐ Less than once a month

☐ Never

**e) How often do you have contact with the child, by phone, email, SMS or similar?**

☐ Daily or almost daily

☐ Once or twice a week

☐ Once or twice a month

☐ Less than once a month

☐ Never

**f) How satisfied are you with your relationship with her/him?**

Not at all  
satisfied

Completely  
satisfied

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**Child 3****a) When was the child born?**

Year:

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Month:

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**b) Is the child a boy or girl?**☐ Girl☐ Boy**c) What is the child's main activity at present?**☐ In education☐ Employed☐ Unemployed☐ Other**d) How often do you meet with the child in person?**☐ Daily or almost daily☐ Once or twice a week☐ Once or twice a month☐ Less than once a month☐ Never**e) How often do you have contact with the child, by phone, email, SMS or similar?**☐ Daily or almost daily☐ Once or twice a week☐ Once or twice a month☐ Less than once a month☐ Never**f) How satisfied are you with your relationship with her/him?**Not at all  
satisfiedCompletely  
satisfied

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☐☐☐☐☐☐☐☐☐☐☐**Child 4****a) When was the child born?**

Year:

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Month:

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**b) Is the child a boy or girl?**☐ Girl☐ Boy**c) What is the child's main activity at present?**☐ In education☐ Employed☐ Unemployed☐ Other**d) How often do you meet with the child in person?**☐ Daily or almost daily☐ Once or twice a week☐ Once or twice a month☐ Less than once a month☐ Never**e) How often do you have contact with the child, by phone, email, SMS or similar?**☐ Daily or almost daily☐ Once or twice a week☐ Once or twice a month☐ Less than once a month☐ Never**f) How satisfied are you with your relationship with her/him?**Not at all  
satisfiedCompletely  
satisfied

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## Childbearing and fertility

This section includes some questions that can be perceived as sensitive or private. Remember that your answers are treated in confidence. If you are 50 years or older proceed to question 52.

**40. For some people it is not physically possible to have children. As far as you know, is it physically possible for you (and your partner) to have a/another child?**

- ☐ Definitely not
- ☐ Probably not —————→ *Proceed to question 43*
- ☐ Probably yes —————→ *Proceed to question 42*
- ☐ Definitely yes —————→ *Proceed to question 42*

**41. Have you or your current partner had an operation that makes it impossible for you to have a child/ more children?**

- ☐ Yes —————→ *Proceed to question 52*
- ☐ No —————→ *Proceed to question 52*

**42. Are you or your partner currently pregnant?**

- ☐ Yes —————→ *Proceed to question 47*
- ☐ No

**43. Are you (and your current partner) currently trying to get pregnant?**

- ☐ Yes —————→ *Proceed to question 47*
- ☐ No

**44. Do you or your partner currently use any contraceptives to prevent pregnancy?**

- ☐ Yes
- ☐ No

**45. Do you intend to have a/another child during the next three years?**

- ☐ Definitely not
- ☐ Probably not
- ☐ Probably yes —————→ *Proceed to question 47*
- ☐ Definitely yes —————→ *Proceed to question 47*

**46. Supposing you do not have a/another child during the next three years, do you intend to have any (more) children at all?**

- ☐ Definitely not —————→ *Proceed to question 51*
- ☐ Probably not —————→ *Proceed to question 51*
- ☐ Probably yes
- ☐ Definitely yes

**47. How many more children do you intend to have (not counting any ongoing pregnancy)?**

children

**48. Would you prefer your next child to be a boy or a girl?**

- ☐ Boy
- ☐ Girl
- ☐ It does not matter

**49. At what time of year do you prefer the child to be born?**

- ☐ January, February, March
- ☐ April, May, June
- ☐ July, August, September
- ☐ October, November, December
- ☐ It does not matter —————→ *Proceed to question 51*

**50. What is the main reason for wanting your child to be born at that period of the year?**

- ☐ Job-related reasons for me or my partner
- ☐ Planning of parental leave
- ☐ Time of school start
- ☐ Zodiac sign preferences
- ☐ Plans for daycare entry
- ☐ Timing in relation to summer vacation
- ☐ Other reasons

**51. Does your partner want to have a/another child?**

- ☐ Do not have a partner
- ☐ Definitely not
- ☐ Probably not
- ☐ Probably yes
- ☐ Definitely yes

**52. How old were you when you first had sexual intercourse?**

<div><div></div><div></div></div>	years
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- ☐ Not applicable/ does not want to answer

**53. Was the pregnancy leading to your youngest child (or your current pregnancy) intended?**

- ☐ Do not have any children —————→ *Proceed to question 55*
- ☐ No —————→ *Proceed to question 55*
- ☐ Yes
- ☐ Didn't mind either way

**54. Did the pregnancy occur sooner than wanted, later, or at about the right time?**

- ☐ Sooner
- ☐ Later
- ☐ About the right time

**55. Was there ever a time when you and a partner were trying to get pregnant but did not conceive within at least 12 months?**

☐ Yes

☐ No

**56. Have you ever undergone any medical treatment to facilitate a pregnancy?**

☐ Yes

☐ No

**57. Generally speaking, what do you think is the ideal number of children for a family?**

children

☐ No opinion

## Childhood

This section includes questions about your background, parents and childhood.

**58. In what year were you born?**

Write the year with four digits, for example 1972 or 2001.

Year:

Month:

**59. When did you for the first time start living separately from your parents for at least three months?**

Year:

Month:

☐ Still living in childhood home

**60. When was your mother born?**

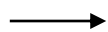
Year:

Month:

**61. Is your mother still alive?**

☐ Yes

☐ No



Proceed to question 65

☐ Do not know



Proceed to question 65

**62. How often do you meet with your mother in person?**

☐ Daily or almost daily

☐ Once or twice a week

☐ Once or twice a month

☐ Less than once a month

☐ Never

**63. How often do you have contact with your mother by phone, email, SMS or similar?**

- ☐ Daily or almost daily
- ☐ Once or twice a week
- ☐ Once or twice a month
- ☐ Less than once a month
- ☐ Never

**64. How satisfied are you with the relationship with your mother?**

Not at all  
satisfied

Completely  
satisfied

[illegible]

**65. When was your father born?**

Year:

Month:

--	--

**66. Is your father still alive?**

- ☐ Yes
- ☐ No  $\longrightarrow$  Proceed to question 70
- ☐ Do not know  $\longrightarrow$  Proceed to question 70

**67. How often do you meet with your father in person?**

- ☐ Daily or almost daily
- ☐ Once or twice a week
- ☐ Once or twice a month
- ☐ Less than once a month
- ☐ Never

**68. How often do you have contact with your father by phone, email, SMS or similar?**

- ☐ Daily or almost daily
- ☐ Once or twice a week
- ☐ Once or twice a month
- ☐ Less than once a month
- ☐ Never

69. How satisfied are you with the relationship with your father?

Not at all  
satisfied

Completely  
satisfied

[illegible]

Next follow some further questions about your family background and childhood.

**70. Are, or were, your parents ever married to each other?**

- ☐ Yes
- ☐ No —————→ *Proceed to question 72*
- ☐ Do not know —————→ *Proceed to question 72*

**71. When did they marry?**

Year: 

--	--	--	--

**72. Did your parents ever separate?**

- ☐ Yes
- ☐ No —————→ *Proceed to question 74*
- ☐ Not applicable, they have never lived together —————→ *Proceed to question 74*

**73. When did they separate?**

Year: 

--	--	--	--

**74. With whom did you live most of your childhood (until the age of 15)?**

- ☐ With both biological parents
- ☐ With biological mother only
- ☐ With biological father only
- ☐ With biological mother and stepfather
- ☐ With biological father and stepmother
- ☐ Other

**75. Overall, how was the relationship between your parents during that time?**

Really bad											Absolutely perfect
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**76. What was your father's occupation when you were 15?**

*If your father had multiple jobs, fill in his main occupation or job.*

*Try to make the title as detailed as possible. Instead of teacher, write, for example, primary school teacher.*

**Example:**

L	O	K	F	Ö	R	A	R	E											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

**Write your father's occupation/job with CAPITAL letters:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- ☐ Not employed
- ☐ Not applicable



*Try to make the title as detailed as possible. Instead of teacher, write, for example, primary school teacher.*

HEMSAMARIT

[illegible]

- |  |  |
|--|--|
|  |  |
|--|--|

--	--

[illegible][illegible]

**82. How is your health in general?**

- ☐ Very good  
☐ Good  
☐ Fair  
☐ Bad  
☐ Very bad

**83. Do you have any chronic diseases or other long-term difficulties with your health?**

- ☐ Yes  
☐ No

**84. How much do you weigh?**

kg

**85. How tall are you?**

cm

**86.** Below are a number of personality traits that may or may not apply to you.

**a) Optimists are people who look to the future with confidence and who mostly expect good things to happen. How would you describe yourself? How optimistic are you in general?**

*Express your opinion on a scale of 1 to 5.*

Not at all optimistic

Very optimistic

1

2

3

4

5

☐☐☐☐☐

**b) Would you describe yourself as someone who tries to avoid risk (risk averse) or someone who likes to take chances (a risk taker)?**

*Express your opinion on a scale of 1 to 5.*

Risk averse

Risk taker

1

2

3

4

5

☐☐☐☐☐

**c) Do you generally plan for your future or do you just take each day as it comes?**

*Express your opinion on a scale of 1 to 5.*

I plan for my future  
as much as possible

I just take each day  
as it comes

1

2

3

4

5

☐☐☐☐☐

**87. Thinking about the future, how much does the following worry you?***Check one option in each row.*

		Very worrying	Somewhat worrying	Not particularly worrying	Not at all worrying
a.	Terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Overpopulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Economic crises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Increased number of refugees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	High unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Organised crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Military conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Global epidemics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Weakened democracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Increased social inequality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Political extremism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Prospects of coming generations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**88. Compared with your parents when they were your age, do you consider your life to be better or worse?**

- ☐ Much better  
☐ Better  
☐ Neither better nor worse  
☐ Worse  
☐ Much worse

**89. When your children will be your age, do you think their life will be better or worse?***Try to respond even if you do not have any children.*

- ☐ Much better  
☐ Better  
☐ Neither better nor worse  
☐ Worse  
☐ Much worse

**90. The following statements are about your current experiences. Please indicate for each of them to what extent they have applied to you recently.**

*Check one option in each row.*

	Yes	More or less	No
a. There are plenty of people I can rely on when I have problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I experience a general sense of emptiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I miss having people around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There are many people I can trust completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Often, I feel rejected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There are enough people that I feel close to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**91. Who are the people with whom you typically discuss important personal matters?**

*You may choose multiple alternatives.*

- ☐ Partner
- ☐ Mother
- ☐ Father
- ☐ Step-mother
- ☐ Step-father
- ☐ Other family member
- ☐ Friend, acquaintance, neighbour, colleague, or other person
- ☐ I do not discuss important personal matters with anyone

**92. Over the last 12 months, how often have you experienced discrimination or harassment due to the following?**

*Check one option in each row.*

	Never	Once or twice	Often
a. Your gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your physical appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your health or disability status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Work

Next follow some questions about your employment.

**93. Which of the items best describes your current employment status?**

*Check only one option. If several alternatives are relevant, select the one which is most accurate.*

- |   |        |                         |
|---|--------|-------------------------|
| <input type="checkbox"/> Employed                             | —————→ | Proceed to question 96  |
| <input type="checkbox"/> Self-employed                        | —————→ | Proceed to question 109 |
| <input type="checkbox"/> In education or training             | —————→ | Proceed to question 109 |
| <input type="checkbox"/> Unemployed                           | —————→ | Proceed to question 109 |
| <input type="checkbox"/> On parental leave or childcare leave | —————→ | Proceed to question 109 |
| <input type="checkbox"/> Other                                | —————→ | Proceed to question 109 |

**94. Is the business or organization where you work private or public?**

- ☐ Private  
☐ Public  
☐ Other

**95. Is your current contract a permanent, fixed term, or temporary contract?**

- ☐ Permanent  
☐ Fixed term  
☐ Temporary  
☐ No written contract

**96. How many employees are there at the business or organization where you work, not counting yourself?**

*If you are self-employed, also include family members who work for pay.*

- ☐ 0  
☐ 1–9  
☐ 10–49  
☐ 50–99  
☐ 100–500  
☐ 500 or more

**97. What is your current occupation?**

*If you have multiple jobs, fill in your main occupation or job.*

*Try to make the title as detailed as possible. Instead of teacher, write, for example, primary school teacher.*

**Example: Instead of chaufför (driver), write, for example, busschaufför (bus driver):**

B U S S C H A U F F Ö R

**Write your occupation/job with CAPITAL letters:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**98. When did this period of employment/self-employment begin?**

Year: 

--	--	--	--

 Month: 

--	--

**99. How satisfied are you with your current occupation?**

Not at all  
satisfied

Completely  
satisfied

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**100. Is your work full time or part time?**

- ☐ Full time  
☐ Part time

**101. How likely is it that you will lose your job in the next twelve months?**

- ☐ Very unlikely  
☐ Unlikely  
☐ Unsure  
☐ Likely  
☐ Very likely

**102. If you did lose your job, how likely do you think it is that you would find an equivalent job within twelve months?**

- ☐ Very unlikely  
☐ Unlikely  
☐ Unsure  
☐ Likely  
☐ Very unlikely

**103. On a normal workday, how long does it take you to get from home to your main work place?**

Hours:   Minutes:

**104. What are your normal working hours?**

*Check only one option.*

- ☐ Day work  
☐ Evening work  
☐ Night work  
☐ Shift work, two-shift  
☐ Shift work, three-shift  
☐ Timetable work (i.e. following a duty rota)  
☐ Discretionary/unregulated working hours  
☐ Other

**105. Does your employment situation allow regular flexible time arrangements for personal reasons, like for adapting to children's schedules?**

- ☐ Yes  
☐ No

106. How often has each of the following happened to you during the past three months?  
Check one option in each row.

	Several times a week	Several times a month	Once or twice a month	Never
a. I have come home from work too tired to do the chores that need to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It has been difficult for me to fulfill my family responsibilities because of the amount of time I spent on my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have arrived at work too tired to function well because of the household work I have done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have found it difficult to concentrate at work because of my family responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107. Do you currently earn money from an additional job or business?  
☐ Yes  
☐ No      → Proceed to question 115

108. How many hours per week do you normally work in your additional job or business?  

hours

Next follow some questions for those who are students, unemployed, on parental leave, and others who are not employed. Persons who are employed should proceed to question 115.

109. For students, persons unemployed, on parental leave, and others:  
When did this period of activity begin?  
Year:  Month:

110. How satisfied are you with your current activity?  

Not at all satisfied											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

111. Did you have a job or business directly before your current activity?  
☐ Yes  
☐ No      → Proceed to question 114

**112. What was your last occupation?**

*If you had multiple jobs, fill in the main occupation or job.*

*Try to make the title as detailed as possible. Instead of teacher, write, for example, primary school teacher.*

**Example: Instead of chaufför (driver), write, for example:**

BUSSCHAUFFÖR

**Write your occupation/job with CAPITAL letters:**

**113. What was the main reason you stopped working in your previous job or business?**

- ☐ Laid off (business closure, redundancy, early retirement, dismissal etc.)
- ☐ End of contract/temporary job
- ☐ Family related reasons
- ☐ Sale/closure of own or family business
- ☐ Began studying
- ☐ Health reasons
- ☐ Other reason

**114. Do you intend to take a job or start a business within the next three years?**

- ☐ Definitely not
- ☐ Probably not
- ☐ Probably yes
- ☐ Definitely yes

Next follow some questions about your partner's employment status. If you do not have a partner, please proceed to question 124.

**115. Which of the items best describes your partner's current employment status?**

Check only one option. If several alternatives are relevant, select the one that fits the best.

- ☐ Employed
- ☐ Self-employed → Proceed to question 118
- ☐ In education or training → Proceed to question 124
- ☐ Unemployed → Proceed to question 124
- ☐ On parental leave or childcare leave → Proceed to question 124
- ☐ Other → Proceed to question 124

**116. Is the business or organisation where your partner works private or public?**

- ☐ Private  
☐ Public  
☐ Other



**117. Is your partner's current work contract a permanent, fixed term contract, or temporary contract?**

- ☐ Permanent
- ☐ Fixed term
- ☐ Temporary
- ☐ No written contract

**118. What is your partner's current occupation?**

*If your partner has multiple jobs, fill in his/her main occupation or job.*

*Try to make the title as detailed as possible. Instead of teacher, write, for example, primary school teacher.*

**Example: Instead of chaufför (driver), write, for example:**

BUSSCHAUFFÖR

**Write your partner's occupation/job with CAPITAL letters:**

**119. Does your partner work full time or part time?**

- ☐ Full time
- ☐ Part time

**120. What are your partner's normal working hours?**

*Check only one option.*

- ☐ Day work
- ☐ Evening work
- ☐ Night work
- ☐ Shift work, two-shift
- ☐ Shift work, three-shift
- ☐ Timetable work (i.e. following a duty rota)
- ☐ Discretionary/unregulated working hours
- ☐ Other

**121. How likely is it that your partner will lose his/her job in the next twelve months?**

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Unsure
- ☐ Likely
- ☐ Very likely

122. If your partner did lose his/her job, how likely do you think it is that he/she would find an equivalent job within twelve months?

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Unsure
- ☐ Likely
- ☐ Very likely

**123. Does your partner's employment situation allow regular flexible time arrangements for personal reasons, like for adapting to children's schedules?**

☐ Yes

☐ No

## Income

The next questions are about you and your household's financial situation.

**124. What is the combined approximate value of any property that you own?**

*Include your accommodation and any other real estate that you own in the total amount.*

--	--	--	--	--	--	--	--

 SEK

☐ Do not own such properties

**125. Taking into account your household's all mortgages - how much would you say your total debt to banks or credit institutions is?**

--	--	--	--	--	--	--	--

 SEK

**126. How easy or difficult is it for your household to make ends meet every month?**

☐ With great difficulty

☐ With difficulty

☐ With some difficulty

☐ Fairly easily

☐ Easily

☐ Very easily

**127. Has your household been in arrears at any time during the past 12 months, that is unable to pay as scheduled your mortgage, rent or other bills?**

☐ Yes

☐ No

**128. Does your household regularly pay someone to do housework?**

☐ Yes

☐ No

**129. Do you think that your financial situation will get better or worse or will be about the same in three years from now?**

☐ Much better

☐ Better

☐ Neither better nor worse

☐ Worse

☐ Much worse

## Attitudes and opinions

The final part of the survey is about your opinions, we want to understand your perspective on families and relationships.

**130. Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with other people?**

☐ Most people can be trusted

☐ Need to be very careful

**131. Do you think that most people would try to take advantage of you if they got a chance or would they try to be honest and fair?**

☐ Would take advantage

☐ Would try to be honest and fair

**132. Do you agree or disagree with the following statements?**

*Check one option in each row.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Parents never get a mental break from their children, even when they are physically apart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is important for children to be involved in classes, lessons, and activities that engage and stimulate them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Childrearing is a really demanding job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children should be the center of their parents' attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Finding the best educational opportunities for children is important even before they go to school (at age 6-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Children's needs should come before their parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**133. Do you agree or disagree with the following statements?***Check one option in each row.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Parents ought to provide financial help for their adult children when the children are having financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children should take responsibility for caring for their parents when parents are in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Children ought to provide financial help for their parents when their parents are having financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A pre-school child is likely to suffer if his/her mother is working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children often suffer because their fathers concentrate too much on work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**134. The next questions ask your opinion about different institutions in society.****How much confidence do you have in the way the following institutions and groups do their job?***Check one option in each row.*

	Very high trust	Quite high trust	Neither high nor low trust	Quite low trust	Very low trust
a. The government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The civil service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. News media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The EU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**135. Which religious denomination do you adhere to?**

- ☐ Church of Sweden
- ☐ Catholic Church
- ☐ An Orthodox Church or congregation
- ☐ One of the Swedish free churches
- ☐ Other Christian movement or group
- ☐ Judaism
- ☐ Islam
- ☐ Islam with Shiite denomination
- ☐ Hinduism
- ☐ Buddhism
- ☐ Other religion
- ☐ No religious denomination

**136. How regularly do you attend religious services?**

*Do not count weddings, baptisms, funerals or such services.*

- ☐ Several times every week
- ☐ About once every week
- ☐ 1–3 times every month
- ☐ 1–3 times every three months
- ☐ Less than once every three months
- ☐ Never

**137. Regardless of whether you belong to a particular religion, how religious would you say you are?**

Not at all  
religious

Very  
religious

0

1

2

3

4

5

6

7

8

9

10

☐☐☐☐☐☐☐☐☐☐☐

**Thank you for your participation!**