

# Generational Transmissions in Finland 2018

## Adult children of Baby boomers

### Background information

1. Gender

- 1  Female  
2  Male

2. Your current marital status

- 1  Unmarried  
2  Cohabitation  
3  Married  
4  Registered partnership  
5  Divorced  
6  Widowed

If you are married or live together with your partner (referred as spouse from now on), answer questions 3-6 also on behalf of him/her.

3. a. Your year of birth

--	--	--	--	--

b. Spouse's year of birth

--	--	--	--	--

4. How long have you been together with your current spouse?

\_\_\_ years and \_\_\_ months

5. a. Which of the following describes your current situation best? Are you:

*Choose only one option.*

- 1  Working  
2  Unemployed  
3  Student  
4  Part-time retired  
5  Retired due to age or working years  
6  On disability pension or chronically ill  
7  Taking care of own, under 15-year-old children  
8  Taking care of elderly, ill or disabled relative  
9  Other

b. Which of the following describes your spouse's current situation best? Is he/she:

*Choose only one option.*

- 1  Working  
2  Unemployed  
3  Student  
4  Part-time retired  
5  Retired due to age or working years  
6  On disability pension or chronically ill  
7  Taking care of own, under 15-year-old children  
8  Taking care of elderly, ill or disabled relative  
9  Other

6. a. What is the highest level of education you have completed? Is it: *Choose only one option.*

- 1  Part of elementary school or less
- 2  Elementary school
- 3  Baccalaureate
- 4  Vocational school or other vocational training
- 5  Vocational college-level training
- 6  University of applied sciences or other lower university degree
- 7  Master's degree
- 8  Licentiate or doctorate degree
- 9  Other

b. What is your spouse's highest level of education he/she has completed? Is it: *Choose only one option.*

- 1  Part of elementary school or less
- 2  Elementary school
- 3  Baccalaureate
- 4  Vocational school or other vocational training
- 5  Vocational college-level training
- 6  University of applied sciences or other lower university degree
- 7  Master's degree
- 8  Licentiate or doctorate degree
- 9  Other

---

7. What is your current living arrangement?

*You can choose multiple options.*

- 1  I live alone
- 2  I live with my spouse (married or cohabiting)
- 3  I live with my child/children
- 4  I live with my parent(s)
- 5  I live with my spouse's parent(s)
- 6  I live with someone else

---

8. At what age did you move away from your childhood home?

*Write down the age you were when you moved away from your childhood home. If you haven't moved away from your childhood home, choose option 2.*

- 1  I moved away around \_\_\_\_\_ years old
- 2  I still live in my childhood home

---

9. How would you describe your health?

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

---

10. Do you have any long-term health issue, disease or permanent disability?

- 1  Yes → If yes, which? \_\_\_\_\_
- 2  No

---

11. How much is your average net income per month (after taxes)?

*Take into account all your regular incomes after taxation, such as earned and capital incomes, pension and other social security benefits (e.g. housing benefit).*

Approx. \_\_\_\_\_ euros a month

---

12. How would you describe your economic situation? Are you:

- 1  Wealthy
- 2  Comfortably off
- 3  Middle-income
- 4  Low-income

13. How happy are you nowadays?

Choose a number which describes your happiness or unhappiness best.

Very un-  
happy

Not happy or  
unhappy

Very happy

- 0  1  2  3  4  5  6  7  8  9  10

14. How important religion is in your life?

- 1  Very important
- 2  Somewhat important
- 3  Not very important
- 4  Not important at all

15. In the last 12 months, have you:

You can choose multiple options.

- 1  given money to a charity (e.g., The Red Cross, Finn Church Aid)
- 2  given clothes or goods to charity
- 3  given money to a beggar
- 4  done volunteer work
- 5  none of these

### Children and grandchildren

If neither you nor your partner have alive children, move to question 20.

16. How many children you and your spouse have?

Write down the number of children. Count only alive children.

- a. We have altogether \_\_\_\_\_ children, from which:
- b. \_\_\_\_\_ are shared children
- c. \_\_\_\_\_ are only my child/children
- d. \_\_\_\_\_ are only my spouse's child/children

If you and your spouse have more than four children, consider the four oldest in your answers. Answer in age order of children.

17. Sex of the child?

	Girl	Boy
a. The oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Second oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Third oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Fourth oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>

18. In what year were your children born?

- a. The oldest child was born in year: \_\_\_\_\_
- b. The second oldest child was born in year: \_\_\_\_\_
- c. The third oldest child was born in year: \_\_\_\_\_
- d. The fourth oldest child was born in year: \_\_\_\_\_

If neither you nor your spouse have grandchildren, move to question 20.

19. How many grandchildren you and your spouse have? Write down the number of children.
  - a. We have altogether \_\_\_\_\_ grandchildren, from which:
    - b. \_\_\_\_\_ are shared grandchildren
    - c. \_\_\_\_\_ are only my grandchildren
    - d. \_\_\_\_\_ are only my spouse's grandchildren

### Your and your spouse's parents

Questions 20, 21, 22 and 23 consider also parents who have passed.

20. Is your/your spouse's parent alive? If not, in what year did your/your spouse's parent pass?

	Yes	No		
a. Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	passed (year, approx) _____
b. Father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	passed (year, approx) _____
c. Spouse's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	passed (year, approx) _____
d. Spouse's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	passed (year, approx) _____

We are interested if you lived with your biological parents as an infant. Answer considering only your biological parents, even if there were other people living with you.

21. When you were 0–1 years old, with whom were you living in a same household?

- 1  With my biological mother and biological father
- 2  With my biological mother
- 3  With my biological father
- 4  With neither

22. If your biological parents have been married or cohabitated, have they separated from each other?  
*If they have separated and got back together many times, consider only the first time.*

- 1  No
- 2  Yes → If yes, how old were you during the separation? I was approx. \_\_\_\_\_ years old.
- 3  This question doesn't concern me

23. Have your spouse's parents separated from each other?

- 1  No
- 2  Yes
- 3  This question doesn't concern me

The following questions consider your and your spouse's alive parents. If both your and your spouse's both parents have passed, move to question 43.

24. In what year were your and your spouse's parents born?

- a. My mother was born in (approx.): \_\_\_\_\_  
 b. My father was born in (approx.): \_\_\_\_\_  
 c. My spouse's mother was born in (approx.): \_\_\_\_\_  
 d. My spouse's father was born in (approx.): \_\_\_\_\_

25. Is he/she your/your spouse's biological parent?

	Yes	No	I don't know
a. Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Spouse's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Spouse's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

26. How would you describe their economic situation?

Is he/she:	wealthy	comfortably off	middle-income	low-income
a. Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Spouse's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Spouse's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

27. How far away from you does he/she live?

- a. Mother lives approx. \_\_\_\_\_ km away  
 b. Father lives approx. \_\_\_\_\_ km away  
 c. Spouse's mother lives approx. \_\_\_\_\_ km away  
 d. Spouse's father lives approx. \_\_\_\_\_ km away

28. How would you describe their health?

	Very good	Good	Fair	Poor	Very poor	Don't know
a. Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Spouse's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
d. Spouse's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

29. On average, how much have you been in touch in person, by phone or by e-mail/through internet in the last 12 months?

	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
a. Mother	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Father	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Spouse's mother	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Spouse's father	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Next, we want to know how you keep in touch.

30. On average, how often have you kept in touch by following ways in the last 12 months? Answer on the part of each way of communication.

1. with MOTHER:	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g. Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g. text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. with FATHER:	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g. Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g. text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. with SPOUSE'S MOTHER:	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g. Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g. text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. with SPOUSE'S FATHER:	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g. Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g. text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

31. How close do you feel the following people are to you?

	Very close	Close	Neither close nor distant	Distant	Very distant
a. Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Spouse's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Spouse's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

32. Disagreements between close people can lead to conflicts. Have you had conflicts with him/her? How often?

	Never	Rarely	Once in a while	Often
a. With my mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. With my father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. With spouse's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. With spouse's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

33. Disagreements between one's own and spouse's parents can be caused by various reasons. If you want to specify your answer, write it down below:

---



---



---

Next, we ask questions about free help (childcare, practical and financial help) you have RECEIVED from your own and your spouse's parents.

Questions 34–38 consider help with childcare from your and your spouse's parents. If you don't have any children, move to question 39.

34. In the last 12 months, have he/she taken care of your children? How often?

	Not once	1–6 times	7–12 times	13–25 times	26–50 times	Over 50 times
a. Mother	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Father	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Spouse's mother	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Spouse's father	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

35. In the last 2 weeks, how many hours did he/she take care of your children?

- a. Mother approx. \_\_\_ hours
- b. Father approx. \_\_\_ hours
- c. Spouse's mother approx. \_\_\_ hours
- d. Spouse's father approx. \_\_\_ hours

36. The amount of needed or received help with childcare can vary a lot. If you'd like to tell about the childcare help from your and your spouse's parents, you can do it here:

---



---



---

37. Have you ever felt the need to limit the contact between grandparent and their grandchild?

	Yes	No
a. Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Father	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Spouse's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Spouse's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>

38. If you'd like, you can tell below about the reasons why you have or have not felt the need to limit the contact between grandparent and grandchild.

---



---



---

39. In the last 12 months, have you received practical help from your or your spouse's parents? How often? By *practical help*, we mean help in e.g. housework, yard work, renovation or using technology. Do not consider help with childcare since we asked about it earlier. Questions about financial help will come later on.

	Not once	Less than once a month	About 1–3 times a month	About once a week	Daily or several times per week
a. Mother	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Father	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Spouse's mother	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Spouse's father	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

40. In the last 12 months, have you received financial help from him/her? How much in total? By *financial help* we mean giving money or participating in costs in e.g. education, purchases or travelling. We do not mean loans or legacy.

	No	Yes	if yes	250 euros in total or less	Over 250 euros in total
a. From mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. From father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. From spouse's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. From spouse's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Next, we ask questions about free practical and financial help you have GIVEN to your and your spouse's parents.

41. In the last 12 months, have you given practical help to him/her? By *practical help*, we mean help in e.g. housework, yard work, renovation or using technology. Questions about financial help will come later on.

	Not once	Less than a month	About 1–3 times a month	About once a week	Daily or several times per week
a. To mother	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. To father	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. To spouse's mother	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. To spouse's father	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



42. In the last 12 months, have you given financial help to him/her? How much in total? By financial help we mean giving money or participating in costs in e.g. education, purchases or travelling. We do not mean loans.

	No	Yes	if yes	250 euros in total or less	Over 250 euros in total
a. To mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. To father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. To spouse's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. To spouse's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**Siblings**

If you don't have/have had any siblings, move to question 73.

43. How many siblings you have/have had?
- \_\_\_ siblings altogether, from which:
  - \_\_\_ are sisters and
  - \_\_\_ are brothers

44. What is your birth order (e.g., first-born, third-born)?

I am the \_\_\_\_\_ -born.

Next, we ask questions about your alive siblings (questions 45–72). If you don't have any siblings, move to question 73. If you have more than four alive siblings, consider the four oldest when answering the questions. Don't count yourself in the order of siblings.

45. In what year was your sibling born?
- My oldest sibling was born in (approx.): \_\_\_\_\_
  - My second oldest sibling was born in (approx.): \_\_\_\_\_
  - My third oldest sibling was born in (approx.): \_\_\_\_\_
  - My fourth oldest sibling was born in (approx.): \_\_\_\_\_

46. Sex of the sibling?

	Female	Male
a. The oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. The second oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. The third oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. The fourth oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>

47. Do you have (with him/her):

	Same mother and father	Same mother only	Same father only	Neither
a. The oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The second oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The third oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The fourth oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

48. Did you live with your sibling right after you were born (if you are the younger one) or right after your sibling was born (if you are the older one)?

	Yes	No
a. The oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. The second oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. The third oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. The fourth oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>

49. How long did you live in the same household with your sibling until you turned 18 years old?

	The whole time	Over half of the time	Less than half of the time	Only a short period	Not at all
a. The oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The second oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The third oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The fourth oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

50. How far away from you does he/she live nowadays?

- a. The oldest sibling lives (approx.) \_\_\_\_\_ km away
- b. The second oldest lives (approx.) \_\_\_\_\_ km away
- c. The third oldest lives (approx.) \_\_\_\_\_ km away
- d. The fourth oldest lives (approx.) \_\_\_\_\_ km away

51. How would you describe their economic situation?

Would you describe him/her:	wealthy	comfortably off	middle-income	low-income
a. The oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The second oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The third oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The fourth oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

52. On average, how often have you been in touch in person, by phone, by e-mail/through internet in the last 12 months?

	Not once	Less than once a month	About 1–3 times a month	About once a week	Daily or several times a week	Several times a day
a. The oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The second oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The third oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The fourth oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Next, we want to know how you keep in touch.

53. On average, how often have you kept in touch by following ways in the last 12 months?

Answer on the part of each way of communication.

	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
<b>1. THE OLDEST sibling:</b>						
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g., Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g., text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>2. THE SECOND OLDEST sibling:</b>						
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g., Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g., text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>3. THE THIRD OLDEST sibling:</b>						
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g., Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g., text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>4. THE FOURTH OLDEST sibling:</b>						
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g., Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g., text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

54. How close do you feel your sibling is to you?

	Very close	Close	Not close nor distant	Distant	Very distant
a. The oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The second oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The third oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. T	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

55. Disagreements between close people can lead to conflicts. Have you had conflicts with him/her? How often?

	Never	Rarely	Once in a while	Often
a. With my oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. With my second oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. With my third oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. With my fourth oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

56. Disagreements with siblings can be caused by various reasons. If you want to specify your answer, write it down below:

---



---



---

57. In your opinion, have your parents treated you and your siblings equally?

	Yes	No	I don't know
a. Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

58. If you like, you can specify how the equal or unequal treatment by parent(s) displayed.

---



---



---

Next, we ask questions about free help (childcare, practical and financial help) you have RECEIVED from your siblings.

Questions 59–61 consider help with childcare from your siblings.  
If you don't have any children, move to question 62.

59. In the last 12 months, has he/she taken care of your children? How often?

	Not once	1–6 times	7–12 times	13–25 times	26–50 times	Over 50 times
a. The oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The second oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The third oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The fourth oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

60. In the last two weeks, how many hours did he/she take care of your children?

- a. The oldest sibling approx. \_\_\_\_ hours
- b. The second oldest sibling approx. \_\_\_\_ hours
- c. The third oldest sibling approx. \_\_\_\_ hours
- d. The fourth oldest sibling approx. \_\_\_\_ hours

61. The amount of needed or received help with childcare can vary a lot. If you'd like to tell about the childcare help from your siblings, you can do it here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

62. In the last 12 months, have you received practical help from your siblings? How often? By *practical help*, we mean help in e.g. housework, yard work, renovation or using technology. Do not consider help with childcare since we asked about it earlier. Questions about financial help will come later on.

	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week
a. From my oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. From my second oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. From my third oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. From my fourth oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

63. In the last 12 months, have you received financial support from your siblings? How much in total? By *financial help*, we mean giving money or participating in costs in e.g. education, purchases or travelling. We do not mean loans or legacy.

	No	Yes	if yes	250 euros in total or less	Over 250 euros in total
a. From my oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. From my second oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. From my third oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. From my fourth oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Next, we ask questions about practical and financial help you have GIVEN to your siblings.

64. In the last 12 months, have you given practical help to him/her? How often?

By practical help, we mean help in e.g. housework, yard work, renovation or using technology. Do not consider help with childcare or financial help, we will ask about them later on.

	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week
a. To my oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. To my second oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. To my third oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. To my fourth oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

65. In the last 12 months, have you given financial help to him/her? How much in total?

By financial help we mean giving money or participating in costs in e.g. education, purchases or travelling. We do not mean loans or legacy.

	No	Yes	if yes	250 euros in total or less	Over 250 euros in total
a. To my oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. To my second oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. To my third oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. To my fourth oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Next, we ask questions about your siblings' alive children.

66. Do your siblings have alive children? How many?

	None	One	Two	Three	Four	Five or more
a. The oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The second oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The third oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The fourth oldest sibling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

If none of your siblings have children, move to question 73. Otherwise continue from question 67.

67. When was your sibling's youngest child born?

Answer only on the part of those who have children.

a. My oldest sibling's youngest child was born in year (approx.): \_\_\_\_\_

b. My second oldest sibling's youngest child was born in year (approx.): \_\_\_\_\_

c. My third oldest sibling's youngest child was born in year (approx.): \_\_\_\_\_

d. My fourth oldest sibling's youngest child was born in year (approx.): \_\_\_\_\_

68. Are all of his/her children his/her biological children?

	Yes	No
a. The oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. The second oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. The third oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. The fourth oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>

69. In the last 12 months, have you taken care of his/her child/children? How often?

*Answer only on the part of those of your siblings who have children.*

	Not once	1–6 times	7–12 times	13–25 times	26–50 times	Over 50 times
a. My oldest sibling's children	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. My second oldest sibling's children	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. My third oldest sibling's children	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. My fourth oldest sibling's children	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

70. On average, how often have you been in touch in person, by phone, by e-mail/through internet with your sibling's child in the last 12 months?

*Answer considering the sibling's child with whom you have been in touch the most.*

	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
a. My oldest sibling's child	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. My second oldest sibling's child	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. My third oldest sibling's child	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. My fourth oldest sibling's child	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Next, we want to know how you keep in touch with your siblings' children.

71. How often have you kept in touch with your siblings' children by the following ways in the last 12 months?  
 Answer considering the sibling's child with whom you have kept in touch the most. Answer to each way of communication presented.

	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
<b>1. MY OLDEST SIBLING'S child</b>						
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g., Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g., text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>2. MY SECOND OLDEST SIBLING'S child:</b>						
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g., Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g., text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>3. MY THIRD OLDEST SIBLING'S child:</b>						
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g., Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g., text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>4. MY FOURTH OLDEST SIBLING'S child:</b>						
a. Meeting in person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Calling by phone (not a video call)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Video call (e.g., Skype)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using other messaging service (e.g., text message, e-mail)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Sending or receiving a post card or a letter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



72. In the last 12 months, have you given financial help to your sibling's child? How much in total?  
*By financial help we mean giving money or participating in costs in e.g. education, purchases or travelling. We do not mean loans or legacy. Answer considering the sibling's child to whom you have given financial support the most.*

	No	Yes	if yes	250 euros in total or less	Over 250 euros in total
a. To my oldest sibling's child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. To my second oldest sibling's child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. To my third oldest sibling's child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. To my fourth oldest sibling's child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>

## Grandparents

Next, we ask questions about your grandparents. Questions 73–75 consider also passed grandparents.

73. Are your grandparents alive? If not, in what year did he/she pass?

	Yes	No	
a. Mother's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→ she passed in year (approx.) _____
b. Mother's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→ he passed in year (approx.) _____
c. Father's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→ she passed in year (approx.) _____
d. Father's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→ he passed in year (approx.) _____

74. Compared to your siblings, have you ever felt discriminated by your grandparents?

	Yes	No	Doesn't concern me
a. Mother's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Mother's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Father's mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Father's father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

75. If you'd like to specify your answer, you can write it down here:

---



---



---

Questions 76–77 consider only alive grandparents of yours. If all of your grandparents have passed, move to question 78.

76. In what year were your grandparents born?

- a. Mother's mother was born (approx.): \_\_\_\_\_  
 b. Mother's father was born (approx.): \_\_\_\_\_  
 c. Father's mother was born (approx.): \_\_\_\_\_  
 d. Father's father was born (approx.): \_\_\_\_\_

77. On average, how often have you been in touch in person, by phone, by e-mail/through internet in the last 12 months?

	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
a. Mother's mother	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Mother's father	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Father's mother	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Father's father	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Other relatives and friends**

Questions 78–86 consider your relatives and friends who do not live in the same household with you. By friend we mean anyone you consider as your friend.

78. On average, how often have you been in touch with following persons in person, by phone, by e-mail/through internet in the last 12 months?

*Choose the frequency of contact separately on each person.*

*When answering, consider the aunt/uncle/cousin you have been in touch the most.*

Maternal relatives:

	Isn't alive or doesn't exist	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
a. With aunt	9 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. With uncle	9 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. With cousin	9 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

*When answering, consider the aunt/uncle/cousin you have been in touch the most.*

Paternal relatives:

	Isn't alive or doesn't exist	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
d. With aunt	9 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. With uncle	9 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. With cousin	9 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

*When answering, consider the friend you have been in touch the most.*

	Isn't alive or doesn't exist	Not once	Less than once a month	About 1–3 times a month	About once per week	Daily or several times per week	Several times a day
g. With a friend	9 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Next, we ask questions about free help (childcare, practical and financial help) you have RECEIVED from your friends.

Question 79 considers help with childcare you have received. If you don't have any children, move to question 80.

79. In the last 12 months, has your friend taken care of your children? How often?  
*When answering, consider the friend from whom you have received help with childcare the most.*

- 9  I don't have any friends (alive)  
0  Not once  
1  1–6 times  
2  7–12 times  
3  13–25 times  
4  26–50 times  
5  Over 50 times
- 

80. In the last 12 months, have you received practical help from your friend? How often?  
*By practical help, we mean help in e.g. housework, yard work, renovation or using technology. Do not consider help with childcare since we asked about it earlier. Questions about financial help will come later on. When answering, consider the friend from whom you have received practical help the most.*

- 9  I don't have any friends (alive)  
0  Not once  
1  Less than once a month  
2  About 1–3 times a month  
3  About once per week  
4  Daily or several times per week
- 

81. In the last 12 months, have you received any financial help from your friend? How much in total?  
*By financial help we mean giving money or participating in costs in e.g. education, purchases or travelling. We do not mean loans or legacy. In your answer, consider the friend from whom you have received financial help the most.*

- 9  I don't have any friends (alive)  
0  No  
1  Yes, 250 euros in total or less  
2  Yes, over 250 euros in total
- 

Next, we ask questions about free help with childcare and free practical and financial help you have GIVEN to friends.

82. In the last 12 months, have you taken care of your friend's child/children? How often?  
*NB! Answer this question only if your friend has at least one child under the age of 14. When answering, consider the friend to whom you have given help with childcare the most.*

- 9  I don't have any friends (alive)  
0  Not once  
1  1–6 times  
2  7–12 times  
3  13–25 times  
4  26–50 times  
5  Over 50 times
-

83. In the last 12 months, have you given practical help to your friend? How often?  
*By practical help, we mean help in e.g. housework, yard work, renovation or using technology. Do not consider help with childcare as we asked about it earlier. Questions about financial help will come later on.*
- 9  I don't have any friends (alive)
  - 0  Not once
  - 1  Less than once a month
  - 2  About 1–3 times a month
  - 3  About once per week
  - 4  Daily or several times per week
- 

84. In the last 12 months, have you given financial help to your friend? How much in total?  
*By financial help, we mean giving money or participating in costs in e.g. education, purchases or travelling. We do not mean loans or legacy. When answering, consider the friend to whom you have given financial help the most.*
- 9  I don't have any friends (alive)
  - 0  No
  - 1  Yes, 250 euros or less in total
  - 2  Yes, over 250 euros in total
- 

85. How many close friends do you have? *Estimate the correct number and write it down.*
- \_\_\_\_\_
- 

86. How many relatives do you have that you feel close to?  
*Do not count in family members who you live in the same household with. Estimate the correct number and write it down.*
- \_\_\_\_\_
- 

87. Do you use social media?  
*By social media we mean e.g., Facebook, Instagram, Twitter and Snapchat.*
- 1  Yes
  - 2  No
- 

88. With whom are you in touch on social media?  
*Choose all correct options.*

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Mother  | 12 <input type="checkbox"/> Sister(s)                  |
| 2 <input type="checkbox"/> Father  | 13 <input type="checkbox"/> Brother(s)                 |
| 3 <input type="checkbox"/> Stepmother  | 14 <input type="checkbox"/> Siblings' child/children   |
| 4 <input type="checkbox"/> Stepfather  | 15 <input type="checkbox"/> Grandparent(s)             |
| 5 <input type="checkbox"/> Spouse's mother   | 16 <input type="checkbox"/> Aunt(s)                    |
| 6 <input type="checkbox"/> Spouse's father   | 17 <input type="checkbox"/> Paternal/maternal uncle(s) |
| 7 <input type="checkbox"/> Daughter(s) (including ex-/current spouse's children and foster children) | 18 <input type="checkbox"/> Cousin(s)                  |
| 8 <input type="checkbox"/> Son(s) (including ex-/current spouse's children and foster children)      | 19 <input type="checkbox"/> Friend(s)                  |
| 9 <input type="checkbox"/> Daughter's spouse/daughters' spouses                                      | 20 <input type="checkbox"/> Co-worker(s)               |
| 10 <input type="checkbox"/> Son's spouse/sons' spouses   | 21 <input type="checkbox"/> Neighbour(s)               |
| 11 <input type="checkbox"/> Grandchild/grandchildren   | 22 <input type="checkbox"/> Someone else               |

## Matter of opinions about support and help between family members

89. The following statements concern responsibilities between family members. What do you think about them?

	Totally agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Totally disagree
a. It is grandparents' responsibility to take care of small grandchildren	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. It is grandparents' responsibility to advance grandchildren and their families' financial security	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. If parents can't take care of their children, it is grandparents' responsibility to take care of their grandchildren	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

90. The following statements regard responsibilities between family members as well. What do you think about them?

	Totally agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Totally disagree
a. Children should take responsibility of taking care of their parents when needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. It is natural that daughters take more responsibility of taking care of their parents than sons.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. When parents can't live independently, children should take them to live with them.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

91. In your opinion, how should family and society share the responsibility on following things?

	Exclusively family's responsibility	Mainly family's responsibility	Both are equally responsible	Mainly society's responsibility	Exclusively society's responsibility
a. Economic support of senior citizens	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Helping seniors in day-to-day tasks (e.g., cleaning, laundry)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Caring of seniors (e.g., washing, dressing, feeding)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

92. What do you think about giving help and support to relatives?

	Totally agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Totally disagree
a. If I help my relative I expect him/her to help me when I need it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I only help relatives whom I like	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. My relatives demand too much from me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>