

Generational Transmissions in Finland

Baby boomers

Background information

1. Gender

- 1 Female
2 Male

2. What is 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. Your 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 Middle school
 - 4 Baccalaureate
 - 5 Vocational school or other vocational training
 - 6 Vocational college-level training
 - 7 University of applied sciences or other lower university degree
 - 8 Master's degree
 - 9 Licentiate or doctorate degree
 - 10 Other
- b. What is the highest level of education your spouse has completed? Is it: Choose only one option.
- 1 Part of elementary school or less
 - 2 Elementary school
 - 3 Middle school
 - 4 Baccalaureate
 - 5 Vocational school or other vocational training
 - 6 Ammatillinen opistoasteen tutkinto
 - 7 University of applied sciences or other lower university degree
 - 8 Master's degree
 - 9 Licentiate or doctorate degree
 - 10 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. How would you describe your health?
- 1 Very good
 - 2 Good
 - 3 Fair
 - 4 Poor
 - 5 Very poor
-

9. Do you have any long-term health issue, disease or permanent disability?
- 1 Yes → If yes, which? _____
 - 2 No
-

10. 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

11. How would you describe your economic situation? Are you:
- 1 wealthy
 - 2 comfortably off
 - 3 middle-income
 - 4 low-income
-

12. How happy are you nowadays? Choose a number which describes your happiness or unhappiness the best.

Very un-
happy

Not happy nor
unhappy

Very happy

0 1 2 3 4 5 6 7 8 9 10

13. How important religion is in your life?

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

14. 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 45.

15. 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 neither you nor your partner have GRANDCHILDREN, move to question 18.

16. How many grandchildren you and your spouse have? *Write down the number of grandchildren.*

- a. We have altogether _____ grandchildren from which:
 - b. _____ are shared grandchildren
 - c. _____ are only my grandchildren
 - d. _____ are only my spouse's grandchildren
-

If neither you nor your partner have GREAT-GRANDCHILDREN, move to question 18.

17. How many great-grandchildren you and your spouse have? *Write down the number of great-grandchildren.*

- a. We have altogether _____ great-grandchildren, from which:
 - b. _____ are shared great-grandchildren
 - c. _____ are only my great-grandchildren
 - d. _____ are only my spouse's great-grandchildren
-

The following questions consider your own alive CHILDREN. If you have more than four children, answer on the part of the oldest four. Write the answers in the order of age.

If you don't have any alive children, move to question 45.

18. Sex of the child?

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

19. In what year was your child 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: _____

20. How many children does he/she have?

	None	One	Two	Three	Four	Five or more
a. The oldest 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. The second oldest 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. The third oldest 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. The fourth oldest 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"/>

21. Are all of his/hers children his/her biological children?

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

22. In what year was your child's youngest child born?

- a. My oldest child's youngest child was born in year (approx.): _____
- b. My second oldest child's youngest child was born in year (approx.): _____
- c. My third oldest child's youngest child was born in year (approx.): _____
- d. My fourth oldest child's youngest child was born in year (approx.): _____

23. On average, how much have you been in touch with your GRANDCHILDREN in person, by e-mail/through internet in the last 12 months?

Answer considering the grandchild 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 child'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 child'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 child'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 child'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 ask questions about how you keep in touch with your grandchildren.

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

When answering, consider the grandchild you have been in touch the most. 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
1. MY OLDEST child's child:						
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 letter or a postcard	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. MY SECOND OLDEST child's child:						
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 letter or a postcard	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. MY THIRD OLDEST child's child:						
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 letter or a postcard	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. MY FOURTH OLDEST child's child:						
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 letter or a postcard	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

The following questions consider your own alive CHILDREN who have turned 18 years old.

If you don't have alive children over 18 years old, move to question 45.

25. At what age did he/she move away from his/her childhood home?

		Moved away	Still lives in his/her childhood home
a. The oldest child	approx. _____ years old		2 <input type="checkbox"/>
b. The second oldest child	approx. _____ years old		2 <input type="checkbox"/>
c. The third oldest child	approx. _____ years old		2 <input type="checkbox"/>
d. The fourth oldest child	approx. _____ years old		2 <input type="checkbox"/>

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

a. The oldest child	approx. _____ away
b. The second oldest child	approx. _____ away
c. The third oldest child	approx. _____ away
d. The fourth oldest child	approx. _____ away

27. How would you describe your child's economic situation?

Is he/she:	wealthy	comfortably off	middle-income	low-income
a. The oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The second oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The third oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The fourth oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

28. On average, how much have you been in touch with your child 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. The oldest 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. The second oldest 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. The third oldest 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. The fourth oldest 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.

29. On average, how often have you been in touch with your children by following ways in the last 12 months?

Answer on the part of each way of communication.

1. THE OLDEST child:	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 letter or a postcard	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. THE SECOND OLDEST child:	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 letter or a postcard	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. THE THIRD OLDEST child:	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 letter or a postcard	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. THE FOURTH OLDEST child:	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 letter or a postcard	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

30. How close do you feel to your child?

	Very close	Close	Neither close nor distant	Distant	Very distant
a. The oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The second oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The third oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The fourth oldest child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

31. Disagreements between close people can lead to conflicts. Have you had conflicts with your child? How often?

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

32. Disagreements between close people can lead to conflicts. Have you had conflicts with your child's current spouse? How often?

This question considers only those of your children who have a spouse.

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

33. Disagreements with children or children's spouses can be caused by various reasons. If you want to specify your answer, write it down below:

Next, we ask questions about free practical and financial help you have RECEIVED from your children.

34. In the last 12 months, have you received practical help from your child? How often?

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 once a month	About 1–3 times a week	About once per week	Daily or several times per week
a. From my oldest child	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 child	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 child	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 child	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

35. In the last 12 months, have you received financial help from your 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.

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

Next, we ask questions about free help (childcare, practical and financial help) you have GIVEN to your children.

36. In the last 12 months, have you taken care of his/her child/children? How often?
Answer only on part of those of your children who have a child/children.

	Not once	1–6 times	7–12 times	13–25 times	26–50 times	Over 50 times
a. My oldest child'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 child'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 child'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 child'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"/>

37. In the last 2 weeks, how many hours in total did you take care of his/her children?

- a. I took care of my oldest child's children approx. ____ hours
- b. I took care of my second oldest child's children approx. ____ hours
- c. I took care of my third oldest child's children approx. ____ hours
- d. I took care of my fourth oldest child's children approx. ____ hours

38. The amount of given and needed help with childcare can vary a lot. If you want to specify your answer, write it down below:

39. In the last 12 months, has your child limited the contact between you and your grandchild?
Answer only on part of those of your children who have a child/children.

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

40. If you like, you can tell why your child has or has not limited your contact with your grandchild.

41. In the last 12 months, has your child's spouse limited the contact between you and your grandchild?

	Not once	Rarely	Once in a while	Often
a. My oldest child's spouse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My second oldest child's spouse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. My third oldest child's spouse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. My fourth oldest child's spouse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

42. If you like, you can tell why your child's spouse has or has not limited your contact with your grandchild.

43. In the last 12 months, have you given practical help to your child? 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 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. To my oldest child	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 child	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 child	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 child	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

44. In the last 12 months, have you given financial help to your 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.

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

Your and your spouse's parents

Questions 45, 46, 47 and 48 consider also parents who have passed.

45. Is your/your spouse's parent alive? If not, in which year did he/she pass?

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

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

46. When you were 0–1 year old, with whom did you live in the same household?

- 1 Biological mother and biological father
- 2 Biological mother
- 3 Biological father
- 4 Neither

47. If your biological parents have been married or cohabitated at some point, have they separated?

If they have separated and got back together several times, consider only the first time of separation.

- 1 No
- 2 Yes → if yes, how old were you when they separated? I was approx. _____ years old.
- 3 This question doesn't concern me

48. Have your current spouse's parents separated?

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

The following questions consider your and your spouse's alive parents only. If both of your and your spouse's both parents have passed, move to question 52.

49. In which year was your and your spouse's parents born?

- a. Mother was born in year (approx.): _____
- b. Father was born in year (approx.): _____
- c. Spouse's mother was born in year (approx.) _____
- d. Spouse's father was born in year (approx.): _____

50. Where does he/she live?

	In his/her own home	In my place	In some other relative's place	In assisted living building	In a nursing home or hospital	Somewhere else
a. Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <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"/>	6 <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"/>	6 <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"/>	6 <input type="checkbox"/>

51. On average, how much have you been in contact in person, by phone or by email/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"/>

Siblings

If you don't have/don't have had any siblings, move to question 79.

52. How many siblings you have/have had?

- a. ____ altogether, from which:
 b. ____ sister(s)
 c. ____ brother(s)

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

I am the ____-born.

Next, we ask questions (54–78) about your alive siblings. If you don't have any alive siblings, move to question 79. If you have more than four alive siblings, fill in the information considering the oldest four. Do not count yourself in the following order of siblings.

54. In what year was your sibling born?

- a. My oldest sibling was born in year (approx.): _____
 b. My second oldest sibling was born in year (approx.): _____
 c. My third oldest sibling was born in year (approx.): _____
 d. My fourth oldest sibling was born in year (approx.): _____

55. Sex of 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"/>

56. 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"/>

57. 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"/>

58. 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"/>

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

- The oldest sibling lives (approx.) _____ km away
- The second oldest sibling lives (approx.) _____ km away
- The third oldest sibling lives (approx.) _____ km away
- The fourth oldest sibling lives (approx.) _____ km away

60. How would you describe his/her economic situation?

Do you consider 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"/>

61. On average, how often have you been in contact 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. 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.

62. 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
1. THE OLDEST sibling:						
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 letter or a postcard	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. THE SECOND OLDEST sibling:						
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 letter or a postcard	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. THE THIRD OLDEST sibling:						
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 letter or a postcard	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. THE FOURTH OLDEST sibling:						
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 letter or a postcard	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

63. How close you feel your sibling is to you?

	Very close	Close	Neither 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. The fourth oldest sibling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

64. Disagreements between close people can lead to conflicts. Have you had conflicts with your siblings? 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"/>

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

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

	Yes	No	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"/>

67. If you like, you can specify down below how the equal or unequal treatment by parent(s) displayed:

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

68. 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. We will ask about financial help 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"/>

69. In the last 12 months, have you received financial help 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 free help with personal care, practical help and financial help you have GIVEN to your siblings.

70. In the last 12 months, have you given help with personal care to him/her? How often?

By help with personal care, we mean helping with e.g. washing up, eating and dressing.

	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"/>

71. 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 caring 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. 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"/>

72. 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 about your siblings' alive children.

73. 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 alive children, move to question 79, otherwise continue from question 74.

74. When was your sibling's youngest child born? Answer considering only the ones 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.): _____

75. Are all of his/her children his/her biological children? Answer considering only the ones who have 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"/>

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

Answer considering the sibling's child with whom you have been in contact with 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. With 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. With 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. With 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. With 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.

77. On average, how often have you kept in touch with your siblings' children by following ways in the last 12 months?

When answering, consider the sibling's child with whom you have been in touch the most. 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
1. THE OLDEST sibling's child:						
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 letter or a postcard	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. THE SECOND OLDEST sibling's child:						
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 letter or a postcard	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. THE THIRD OLDEST sibling's child:						
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 letter or a postcard	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. THE FOURTH OLDEST sibling's child:						
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 letter or a postcard	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

78. 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 help the most.

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

Other relatives and friends

Questions 79–86 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.

79. On average, how much 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.

<i>When answering, consider the aunt/uncle/cousin you have been in touch the most.</i>	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
Maternal relatives:							
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"/>
<i>When answering, consider the aunt/uncle/cousin you have been in touch the most.</i>							
Paternal relatives:							
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"/>
<i>When answering, consider the friend you have been in touch the most</i>							
g. With 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 about practical and financial help you have RECEIVED from friends.

80. In the last 12 months, have you received practical help from a friend? How often?
By practical help, we mean help in e.g. housework, yard work, renovation or using technology. We will ask about financial help later. Answer considering the friend from whom you have gotten 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 financial help from a 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. Answer considering the friend from whom you have gotten financial help the most.

- 9 I don't have any friends (alive)
 - 0 Not once
 - 1 Yes, 250 euros or less in total
 - 2 Yes, over 250 euros in total
-

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

82. In the last 12 months, have you given help with personal care to a friend? How often?
By help with personal care we mean helping with e.g. washing up, eating and dressing. When answering, consider the friend whom you have helped 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
-

83. In the last 12 months, have you given practical help to a friend? How often?
By practical help, we mean help in e.g. housework, yard work, renovation or using technology. Do not consider help with care as we asked about it earlier. We will ask about financial help later. When answering, consider the friend to whom you have given 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
-

84. In the last 12 months, have you given financial help to a 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. Answer considering the friend to whom you have given financial support 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. 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 contact on social media?

Choose every correct option.

- | | |
|--|--|
| 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/siblings' children |
| 4 <input type="checkbox"/> Stepfather | 15 <input type="checkbox"/> Aunt(s) |
| 5 <input type="checkbox"/> Spouse's mother | 16 <input type="checkbox"/> Uncle(s) |
| 6 <input type="checkbox"/> Spouse's father | 17 <input type="checkbox"/> Cousin(s) |
| 7 <input type="checkbox"/> Daughter(s) (including ex-/current spouse's children and foster children) | 18 <input type="checkbox"/> Friend(s) |
| 8 <input type="checkbox"/> Son(s) (including ex-/current spouse's children and foster children) | 19 <input type="checkbox"/> Co-worker(s) |
| 9 <input type="checkbox"/> Daughter's spouse/daughters' spouses | 20 <input type="checkbox"/> Neighbour(s) |
| 10 <input type="checkbox"/> Son's spouse/sons' spouses | 21 <input type="checkbox"/> Someone else |
| 11 <input type="checkbox"/> Grandchild/grandchildren | |

Matter of opinions about support and help between family members

89. The following statements regard 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 the responsibility of helping their parents when they need care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. It's natural that daughters take more responsibility of taking care of parents more 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 with daily chores (e.g., cleaning, doing 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"/>