

ID Number	A1-1986-0007-Eng
Title	Survey on the Living Conditions of the Poor in Busan, Ulsan, and Gyeongnam Areas, 3rd Wave

1. Please tell us about your family.

1) Number assigned to family member	2) Relationship with the respondent	3) Gender	4) Age	5) Education and graduation	
The respondent should answer in line 1	1. Self 2. Spouse 3. Child 4. Parent 5. Sibling 6. Grandchild 7. Other	1. Male 2. Female	Birth year, month, date	1. Preschool or younger 2. No formal education 3. Elementary school 4. Middle school 5. High school 6. Junior college 7. College 8. Graduate school	0. Not applicable 1. Currently attending 2. Graduated 3. On leave 4. Dropped out 5. Completed
01					
02					
03					
04					
05					
06					
07					

\* Please list the family members currently not living with you (married or unmarried children).

08				
09				
10				
11				

6) Marital status	7) Main activities	8) Occupation	9) Disability
0. Not applicable 1. Single 2. Married 3. Divorced 4. Widowed 5. Separated	0. Not applicable (Younger than 15 years of age, serving in the military)	0. Not applicable	0. Not applicable
	1. Regularly employed paid worker	1. Legislator, senior official, manager	1. Disabled (grade 1)
	2. Temporarily employed paid worker	2. Technician, semi professional	2. Disabled (grade 2)
	3. Daily employed paid worker	3. Clerical worker	3. Disabled (grade 3)
	4. Employer	4. Service worker	4. Disabled (grade 4)
	5. Self employed	5. Sales worker	5. Disabled (grade 5)
	6. Unpaid family worker	6. Agriculture, forestry and fisheries worker	6. Disabled (grade 6)
	7. Unemployed, conducting job-seeking activities	7. Skilled worker and workers in related field	7. Disabled (unregistered)
	8. Unemployed, gave up on job-seeking activities	8. Machine operation, installation, and assembly worker	
	9. In charge of household affairs (no intention of searching for a job)	9. Simple laborer	
	10. Unable to work due to childrearing responsibilities	10. Professional soldier	
	11. Unable to work due to caring for someone ill		
	12. Unable to work due to old age		
	13. Unable to work due to disability/illness etc.		
14. Student or preparing for further studies			
01			
02			
03			
04			
05			
06			
07			

\* Please list the family members currently not living with you (married or unmarried children).

08			
09			
10			
11			

10) Number of household members	11) Type of household	1. General household (grandparents + parents + children, parents + children) 2. Married-couple household 3. Mother with child(ren) household 4. Father with child(ren) household 5. One-person household 6. A child head of household 7. Grandparent with grandchild(ren) household 8. Other
_____ Persons		

12) Type of residence	1. Single family house 2. Apartment 3. Townhouse (including multiplex housing and multi-household homes) 4. Public rental housing (permanent lease/national rental housing etc.) 5. Deteriorated residence in a redevelopment area 6. Vinyl house 7. Other non-residential building	13) Type of ownership of residence	1. Self owned 2. Lease on a deposit basis 3. Rent 4. Rent with a deposit 5. Permanent lease 6. Free of charge

■ Move of household members and panel management

※ Questions 2 ~ 6 should be answered by all respondents.

2. Among the household members who have been living with you for the past year, are there any who are no longer living with you?

- 1) Yes ⇒ Go to question 3.
- 2) No ⇒ Go to question 4.

3. Those no longer living with you (for more than 3 months)?

Name	Relationship with the respondent*	Gender**	Age	Reason for no longer living together***

\* 1) Spouse 2) Child 3) Parent 4) Sibling 5) Grandchild 6) Parent of spouse 7) Other (specify\_\_\_\_\_)

\*\* 1) Male 2) Female

\*\*\* 1) Marriage 2) Employment 3) College entrance 4) Moved out for independent living  
5) Had to entrust to someone else due to the lack of a caregiver 6) Hospitalization  
7) Entered into a facility 8) Death 9) Ran away from home 10) Divorce 11) Other (specify\_\_\_\_\_)

4. Are there any household members who have started living together with you since last year?
- 1) Yes ⇒ Go to question 5.
  - 2) No ⇒ Go to question 6.

5. Household members who have started living together with you

Name	Relationship with the respondent*	Gender**	Age	Reason for living together***

\* 1) Spouse 2) Child 3) Parent 4) Sibling 5) Grandchild 6) Parent of spouse 7) Other (specify\_\_\_\_\_)

\*\* 1) Male 2) Female

\*\*\* 1) Birth 2) Marriage 3) Moved back to parent's home after divorce 4) Child rearing  
5) Discharged from military service 6) Graduated from school 7) Other (specify\_\_\_\_\_)

6. If the questionnaire cannot be completed due to the refusal of the designated respondent(panel) please answer the following questions.

6-1. Panel ID#: \_\_\_\_\_

6-2. Number of attempts made to encourage respondent to answer: \_\_\_\_\_ times

6-3. Reason for refusing to answer

- 1) Was unable to meet with the respondent because he/she did not show up at the time agreed upon
- 2) Respondent was unable to take part in the survey due to personal difficulties
- 3) It was difficult to set up a time to meet with the respondent because of the respondent's job
- 4) The respondent felt the contents of the survey were too personal and didn't want to respond
- 5) The respondent showed reluctance because it's a serial survey
- 6) The objection of his/her spouse or family
- 7) Difficult to respond due to deterioration of health
- 8) Other

7. Please answer the following questions if you were unable to locate respondents (panel) who have relocated.

7-1. Panel ID#: \_\_\_\_\_

7-2. Process of tracking respondents (panel): Please check all that apply.

- 1) Confirmed at place of residence
- 2) Confirmed through neighbor
- 3) Confirmed through the dong-office
- 4) Confirmed through visitation of new residence
- 5) Where is the new place of residence?

7-3. What is the reason for failing to track the respondent (panel)?

- 1) Unable to track because the respondent relocated to a location too far away
- 2) Don't know the place of new residence (address unknown)
- 3) Visited place of new residence but respondent did not live there
- 4) Visited place of new residence or place of extended stay but was unable to meet respondent
- 5) Visited place of new residence but was unable to respond due to health problems
- 6) Other

■ Family

※ Questions 8 ~ 9 should be answered by all respondents.

8. Where (hometown) were you born?

- 1) \_\_\_\_\_(metropolitan city) Si
- 2) \_\_\_\_\_Do
- 3) Abroad
- 4) Don't know.

9. Considering the total amount of house work in a household as 100%, what percentage of the housework are the following people responsible for?

	Housework/Member of household	Self	Spouse	Daughters	Sons	Parents	Parents of spouse	Grand-parents	Other	Total
1)	Cleaning									100%
2)	Laundry									100%
3)	Cooking									100%
4)	Childrearing									100%
5)	Shopping for necessities									100%
6)	Grocery shopping									100%
7)	Financial decision making power									100%

※ Question 10 should be answered by all those who have been married (including divorced, bereaved, separated etc.).

10. Please mark the applicable answer for the following questions.

	Questions	Strongly agree	Agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
1)	We respected each other and lived comfortably during our marriage					
2)	I have had trouble during my marriage due to the debt incurred by my spouse					
3)	During our marriage, my spouse didn't listen to what I had to say					
4)	During our marriage, my spouse gave me sufficient opportunities for me to express my opinions					
5)	During our marriage, there was very little I got to do according to my will					
6)	During our marriage, I had the financial decision making power					
7)	I believe that my current financial situation is the result of my marriage					

※ Question 11 should be answered by all women who have been married (if currently divorced, widowed, or separated please answer based on your experience during your period of marriage).

11. Please mark the applicable answer for the following questions.

	Questions	Strongly agree	Agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
1)	I am financially relying on my husband					
2)	I have a source of income after I am widowed (if I were to become widowed)					
3)	I am managing my husband's income					
4)	I have made provisions for my old age					
5)	I am responsible for childrearing					
6)	I am responsible for caring for the elderly in our household					
7)	I am unable to have a career due to my household responsibilities					
8)	I am unable to get a job because I am a woman					
9)	I have assets that I can use as I wish					
10)	When I spend money, it is mostly for my family					
11)	I always spend less money than my husband					

12)	If he has extra money, my husband tends to buy items of personal preference					
13)	If I have extra money, I buy necessary items for the household					

※ Question 12 should be answered only by those who currently have a spouse (including those with live-in girlfriend/boyfriend).

12. Have you given birth to a child in the past year? (Including children who have died after birth)

- 1) Yes ⇒ Go to question 12-1.
- 2) No

12-1. If yes,

Son \_\_\_\_\_, Daughter \_\_\_\_\_, Total \_\_\_\_\_ child(ren)

※ Questions 13 ~ 16 should be answered by only those with younger than school-age children (grandchildren).

13. Who is currently caring for your younger than school-age child (grandchild)?

Person (institution) caring for the child	Child (number)____*	Child (number)____*	Child (number)____*
1) Self			
2) Spouse			
3) Parents			
4) Parents of spouse			
5) Grown up child			
6) Relative (specify _____)	Grandchild 1 (number)____*	Grandchild 2 (number)____*	Grandchild 3 (number)____*
7) Relative of spouse (specify _____)			
8) Neighbor			
9) Housekeeper			
10) Kindergarten, preschool, or nursery school			
11) No specific caregiver			
12) Babysitter (someone paid to care for the child)			
13) Other (specify _____)			

\* The number assigned to the child (grandchild) is the same as the number assigned in the chart of household members.

14. Is your younger than school-age child (grandchild) attending a childcare facility? (Please mark all applicable persons and institutions)

Childcare facility	Child (number)____*	Child (number)____*	Child (number)____*
1) Public kindergarten			
2) Private kindergarten			
3) Nursery school			

4) Babysitter	Grandchild 1 (number)____*	Grandchild 2 (number)____*	Grandchild 3 (number)____*
5) Private educational institute			
6) Day care			
7) Other_____			

15. What is the average monthly amount spent on childrearing?

	Type of childrearing expenses	Cost
1)	Childcare cost (nursery school, kindergarten, babysitter etc.)	_____ won
2)	Private educational institute	_____ won
3)	Supplies (books, school supplies, toys etc.)	_____ won
4)	Snack	_____ won
5)	Medical costs	_____ won
6)	Other (specify: _____ )	_____ won
Total cost		_____ won

16. In raising a younger than school age child, what are some improvements you would like to see or support you would like to receive? Please list 2 in order of priority.

1st priority: \_\_\_\_\_ 2nd priority: \_\_\_\_\_

- 1) Increase in pay during maternity leave (providing childcare support according to the childcare leave system)
- 2) Expansion of medical coverage for pregnancy related issues
- 3) Childcare facilities at actual cost or for free (day care center, nursery)
- 4) Children's allowance (cash grant for children of low income families)
- 5) Expansion of free immunization
- 6) Expansion of maternity benefits and maternity support services
- 7) Other: \_\_\_\_\_

※ Please answer questions 17 ~ 18 if you have children aged 18 or older living with you or living independently (including both married and single).

17. Please tell us about your financial support of your child.

17-1. Are you providing living expenses or an allowance for your child?

- 1) Yes ⇒ Go to question 17-2.
- 2) No ⇒ Go to question 17-3.

17-2. If you are providing living expenses or an allowance for your child, how much is the average monthly amount?

\_\_\_\_\_ won



17-3. Is your child providing you with living expenses or giving you an allowance?

- 1) Yes ⇒ Go to question 17-4.
- 2) No ⇒ Go to question 18.

17-4. If your child is providing you with living expenses or giving you an allowance, how much is the average monthly amount?

\_\_\_\_\_ won

18. Please tell us about your non-financial relationship with your child who is currently not living with you.

18-1. Are you providing assistance to that child such as cleaning/cooking/care during illness/food, etc.?

- 1) Yes
- 2) No

18-2. Is that child providing you with assistance such as cleaning/cooking/caring during illness/food etc.?

- 1) Yes
- 2) No

※ Questions 19 ~ 24 are regarding the relationship between you and your parents. Please answer only if your parents are living.

19. Which of your parents are living?

- 1) Father
- 2) Mother
- 3) Both parents

20. Who are your parents currently living with?

- 1) With the respondent
- 2) Parents are living independently
- 3) With other sibling
- 4) With relative
- 5) In a paid facility
- 6) In a free facility
- 7) Don't know
- 8) Other

21. Are you currently providing financial assistance (living expenses, allowance etc.) to your parents?

- 1) Yes ⇒ Go to question 21-1.
- 2) No ⇒ Go to question 22.

21-1. If you are providing financial assistance to your parents, what is the average monthly amount?

\_\_\_\_\_ won

22. Are your parents currently providing financial assistance (ex. Living expenses, ) to you?

- 1) Yes ⇒ Go to question 22-1.
- 2) No ⇒ Go to question 23.

22-1. What is the average monthly amount of the financial assistance provided to you by your parents?

\_\_\_\_\_ won

23. Are your parents providing you with assistance such as cleaning/cooking/childrearing/food, etc.?

- 1) They are providing me with a lot of help everyday
- 2) They are providing some help
- 3) They are not providing much helping
- 4) They are not providing any help at all

24. Are you providing your parents with assistance such as cleaning/cooking/caretaking/food, etc.?

- 1) I am providing my parents with a lot of help everyday
- 2) I am providing some help
- 3) I am not providing much helping
- 4) I am not providing any help at all

※ Questions 25 ~ 30 are regarding your relationship with the parents of your spouse. Please answer if either one of your spouse's parents are living.

25. Which of your spouse's parents are living?

- 1) Spouse's father
- 2) Spouse's mother
- 3) Both spouse's parents

26. Who are your spouse's parents currently living with?

- 1) With the respondent
- 2) Spouse's parents are living independently
- 3) With other sibling
- 4) With relative
- 5) In a paid facility
- 6) In a free facility
- 7) Don't know
- 8) Other

27. Are you currently providing financial assistance (living expenses, allowance etc.) to your spouse's parents?

- 1) Yes ⇒ Go to question 27-1.
- 2) No ⇒ Go to question 28.

27-1. If you are providing financial assistance to your spouse's parents, what is the average monthly amount?

\_\_\_\_\_ won

28. Are your spouse's parents currently providing financial assistance (ex. Living expenses, ) to you?

- 1) Yes ⇒ Go to question 28-1.
- 2) No ⇒ Go to question 29.

28-1. What is the average monthly amount of the financial assistance provided to you by your spouse's parents?

\_\_\_\_\_ won

29. Are your spouse's parents providing you with assistance such as cleaning, cooking, childrearing, food, etc.?

- 1) They are providing me with a lot of help everyday
- 2) They are providing some help
- 3) They are not providing much helping
- 4) They are not providing any help at all

30. Are you providing your spouse's parents with assistance such as cleaning, cooking, caretaking, food, etc.?

- 1) I am providing my spouse's parents with a lot of help everyday
- 2) I am providing some help
- 3) I am not providing much helping
- 4) I am not providing any help at all

※ Question 31 should be answered by all respondents.

31. Please mark the applicable answer to the following questions.

	Question	Strongly agree	Agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
1)	It is important for women to be financially independent					
2)	I believe that there is a gap between the job performance of men and women					
3)	I believe that there are different jobs and roles for men and women					
4)	It is natural for women to care for the ill in the family					
5)	It is fair for men to receive higher wages than women for the same work					

■ Education

※ Questions 32 ~ 36 should be answered by all respondents.

32. Do you think that people become poor because they did not receive proper education?

- 1) Strongly agree
- 2) Agree
- 3) Disagree
- 4) Strongly disagree

33. Do you think that education is definitely necessary in order to escape from poverty?

- 1) Strongly agree
- 2) Agree
- 3) Disagree
- 4) Strongly disagree

34. Why do you think it is important to educate your child?

- 1) Greater opportunities for choosing secure jobs
- 2) As not to be looked down upon by others
- 3) To be successful and get ahead in the world
- 4) Because it is the duty of the parents to their children
- 5) Because other people send their children to school
- 6) To marry well
- 7) Other (specify: \_\_\_\_\_ )

35. What do you stress the most in educating your child?

- 1) The development of good character
- 2) Good grades for entering good schools
- 3) Amicable relations with friends
- 4) Graduation
- 5) Other (specify: \_\_\_\_\_ )

36. Do you think that your current area of residence is suitable for educating your child (grandchild)?

- 1) Strongly agree
- 2) Agree
- 3) Disagree
- 4) Strongly disagree

※ Please answer questions 37 ~ 41 if you have an elementary/middle/high school age child (grandchild).

37. How are your child's (grandchild's) grades? (Please use the numbers assigned to household members)

(Grand)Child _____*	(Grand)Child _____*	(Grand)Child _____*

- 1) Very good ⇒ Go to question 38.
- 2) Good ⇒ Go to question 38.
- 3) Average ⇒ Go to question 38.
- 4) Bad ⇒ Go to question 37-1.
- 5) Very bad ⇒ Go to question 37-1.

37-1. If his/her grades are bad, what do you think is the reason? (Please use the numbers assigned to household members)

(Grand)Child _____*	(Grand)Child _____*	(Grand)Child _____*

- 1) Indifference of parents
- 2) Parents' don't have the time to look after them
- 3) In ability to support costs of private educational institutions
- 4) Not enough effort by the child
- 5) Unhealthy peer relations
- 6) Domestic trouble
- 7) Poor health
- 8) Other (specify: \_\_\_\_\_ )

38. How often do you consult with your child's teacher regarding your child's (grandchild's) life in general including school work and relationships with friends? (Please use the numbers assigned to household members)

(Grand)Child _____*	(Grand)Child _____*	(Grand)Child _____*

- 1) More than twice a month
- 2) Once a month
- 3) Once every semester
- 4) Once a year
- 5) Almost never

39. What is the highest level of education you would like your child (grandchild) to attain? (Please use the numbers assigned to household members)

(Grand)Child _____*	(Grand)Child _____*	(Grand)Child _____*

- 1) Middle school ⇒ Go to question 39-1.
- 2) High school ⇒ Go to question 39-1.
- 3) Junior college ⇒ Go to question 39-2.
- 4) College ⇒ Go to question 39-2.
- 5) College or more ⇒ Go to question 39-2.
- 6) Other (specify: \_\_\_\_\_ )

39-1. If you don't plan on sending your child to college, what is the reason for it? (Please use the numbers assigned to household members)

(Grand)Child _____*	(Grand)Child _____*	(Grand)Child _____*

- 1) Financially unable to
- 2) Child (grandchild) has no desire to
- 3) Child (grandchild) is not interested in studying
- 4) Because one can be successful even without a college degree
- 5) Other (specify: \_\_\_\_\_ )

39-2. If you plan on educating your child beyond college, what is your reason for it? (Please use the numbers assigned to household members)

(Grand)Child _____*	(Grand)Child _____*	(Grand)Child _____*

- 1) I don't want them to live like I did (to escape from poverty)
- 2) So he/she can contribute as a necessary member of society
- 3) Because everyone goes to college nowadays
- 4) Because the child (grandchild) wants to

- 5) To get a good job
- 6) Because the child (grandchild) is academically talented
- 7) For the child to marry well
- 8) Other (specify: \_\_\_\_\_ )

40. Do you exchange information regarding education with other parents?

- 1) Often ⇒ Go to question 40-1.
- 2) Sometimes ⇒ Go to question 40-1.
- 3) Almost never ⇒ Go to question 41.
- 4) Never ⇒ Go to question 41.

40-1. If you exchange information regarding education with other parents, what is the information about?

- 1) Information about private educational institution
- 2) Information about life in school
- 3) Peer relationships
- 4) Private educational program other than private institution
- 5) Other (specify: \_\_\_\_\_ )

41. Is your child (grandchild) getting additional education other than through school work?

(Please mark all applicable answers)

	Category	Getting additional education or not?	Cost
1)	Private educational institution		
2)	Private tutoring		
3)	Art school		
4)	Music school		
5)	Physical/sports activities (Taekwondo, kendo, etc.)		
6)	After school program		
7)	Home-study material		
8)	Internet learning		
9)	Program at dong-office		
10)	Program at community welfare center		
11)	Program at a religious institution		
12)	Other		

■ Income and expenditure

42. What is the average monthly income of your household including earned income, business income, and secondary income? (Please answer using disposable income excluding personal and business income taxes)

Household member number	Earned income	Business income	Secondary income	Property income	Social income	Total
						_____ won
						_____ won
						_____ won
Total	_____ won	_____ won	_____ won	_____ won	_____ won	_____ won

\* Property income includes income from interests, rent, personal and private pension.

\* Social insurance includes national pension, industrial accident insurance, and unemployment benefits.

\* If it is difficult to classify income for each household member and income source, please provide the total household income.

43. What is the monthly average amount of monetary or material provisions (food, clothes, daily necessities etc.) provided to your household by parents, children, relatives, friends, or social organizations?

	Source	Type	Quantity	Amount (won)
1)	Family, relatives, friends			
2)	Institutions and organizations (welfare, religious)			
Total				

44. What is the average monthly public transfer income of your household?

	Category	Amount (won)
1)	National Basic Livelihood Security benefits	
2)	Single-parent household subsidy	
3)	Disabled household subsidy	
4)	Child head of household subsidy	
5)	Pension for senior citizens	
6)	Transportation subsidy	
7)	Veteran related subsidy	
8)	Other (specify: _____ )	
Total		



45. In comparison to that of last year, how has your household income hanged this year?

- 1) Increased ⇒ Go to question 45-1.
- 2) Decreased ⇒ Go to question 45-2.
- 3) Similar or has not changed ⇒ Go to question 46.

45-1. If your household income has increased in comparison to that of last year, what is the reason for the increase? (Please go to question 46 after answering)

- 1) Got a new job
- 2) Got a higher paying job
- 3) Same job but got a raise
- 4) Business did better than last year
- 5) Worked more days than last year
- 6) Other: \_\_\_\_\_

45-2. If your household income has decreased in comparison to that of last year, what is the reason for the decrease?

- 1) Laid off or retired
- 2) Changed to a lower paying job
- 3) Same job but experienced a pay cut
- 4) Business did worse than last year
- 5) Worked less days than last year
- 6) Other: \_\_\_\_\_

46. How do you think your household income will change in 5 years compared to that of today?

- 1) It will increase dramatically ⇒ Go to question 46-1.
- 2) It will increase somewhat ⇒ Go to question 46-1.
- 3) It will be similar to what it is now ⇒ Go to question 47.
- 4) It will decrease somewhat ⇒ Go to question 47.
- 5) It will decrease dramatically ⇒ Go to question 47.

46-1. If your household income will increase in 5 years, what is the reason for the increase?

- 1) Employment of respondent or a family member
- 2) Increase in savings
- 3) Repayment of debt
- 4) Pension income
- 5) Government subsidy income
- 6) Increase in the income of the respondent or a family member
- 7) Other: \_\_\_\_\_

47. Please state your average monthly household expenses for each category.

	Category	Amount (won)
1)	Groceries	
2)	Dining out	

3)	Housing (rent)	
4)	Health and medical expenses	
5)	Apartment maintenance, water, electricity, and heating	
6)	Culture and communication expenses ( Cellular phone, internet, newspaper, books and magazines, costs of using cultural facilities)	
7)	Public education (admission, tuition fees)	
8)	Private education (kindergarten, private educational institutions, tutoring, supply fees etc.)	
9)	Special occasions, family events	
10)	Transportation	
11)	Other: _____	
Total		

48. Is your household putting away money for saving each month?

- 1) Yes ⇒ Go to question 48-1.
- 2) No ⇒ Go to question 49.

48-1. If you are putting away money for saving each month, how much do you save each month?

\_\_\_\_\_ won per month

49. The following questions are regarding the financial situation of your household during the past month. Please mark the applicable answers.

	Questions	Strongly agree	Agree	Disagree	Strongly disagree
1)	Did not have enough money to buy groceries				
2)	Did not have enough money to pay housing costs (rent, maintenance fees)				
3)	Did not have enough money for health and medical (treatment, medication) expenses				
4)	Did not have enough money to pay for electricity, water, and heating				
5)	Did not have enough money to buy clothes				
6)	Did not have enough money to pay for children's private educational institution costs				

50. Please tell us about the real-estate and moveable assets of your household.

	Category	Amount (won)
1)	Building	
2)	Land	
3)	Automobile	
4)	Other moveable assets (livestock, timber, machinery etc.)	

5)	Other: _____	
Total		

51. Please tell us about your financial assets. (Please enter the cumulative amount)

	Category	Amount (won)
1)	Savings and installment savings	
2)	Refundable insurance and pension payments	
3)	Security deposit for rent/lease on a deposit basis	
4)	Stocks, bonds, promissory note, gye money (traditional private fund payment)	
Total		

52. Have your household assets increased compared to this time last year?

- 1) Increased ⇒ Go to question 52-1.
- 2) Decreased ⇒ Go to question 52-1.
- 3) Similar ⇒ Go to question 53.

52-1. If your household assets changed compared to this time last year, what is the reason for the change?

( \_\_\_\_\_ )

53. Does your household currently have a debt?

- 1) Yes ⇒ Go to question 53-1.
- 2) No ⇒ Go to question 57.

53-1. Please tell us about your household debt situation.

	Indebted to	Amount (won)
1)	Family or relative	
2)	Neighbor or coworker	
3)	Financial institution	
4)	Private moneylender	
5)	Credit card	
6)	Other	
Total		

54. Has the above debt increased or decreased compared to this time last year?

- 1) Increased ⇒ Go to question 54-1.
- 2) Decreased ⇒ Go to question 55.
- 3) No change ⇒ Go to question 55.

- 54-1. If debt has increased compared to this time last year, what is the reason for the increase?
- 1) Additional interest incurred due to inability to repay existing debt
  - 2) New debt incurred for daily household expenses
  - 3) New debt incurred due to sudden demand for funds due to illness, business etc.
  - 4) Other: \_\_\_\_\_

55. How much does your household spend on repaying debt (including the principal and interest) each month?

\_\_\_\_\_ won per month

56. If you currently have debt, how many years do you think it will take to repay it? (The period it will take to repay a debt if one makes the effort, even if it is a long term debt)
- 1) Within a year
  - 2) Within 3 years
  - 3) Within 5 years
  - 4) Within 10 years
  - 5) More than 10 years
  - 6) Unable to repay debt

57. Do you have someone in your household who is a delinquent borrower?
- 1) Yes
  - 2) No

58. Please state your degree of knowledge regarding the following food related issues.

	Questions	Very knowledgeable	Somewhat knowledgeable	Have heard of it	Not very knowledgeable but interested	Not at all knowledgeable
1)	Genetically modified agricultural products (GMO)					
2)	Avian influenza					
3)	Mad cow disease (BSE)					
4)	Foot-and-mouth disease					
5)	Dumpling crisis					
6)	Kimchi crisis					

59. The media including television broadcasts and the newspaper often report on the sanitary problems related to food items. In such cases, how does your household behave in regards to the consumption of the food item in question?
- 1) Greatly decrease the consumption or purchase of the food item
  - 2) Somewhat decrease the consumption or purchase of the food item
  - 3) Do not decrease the consumption or purchase of the food item but feel uneasy
  - 4) Have interest in the matter but often irrelevant due to small amounts of purchase
  - 5) Not at all interested

60. How much chicken did your household consume during the past month in comparison to 6 months ago?

- 1) Decreased ⇒ Go to question 60-1.
- 2) Almost the same ⇒ Go to question 61.
- 3) Increased ⇒ Go to question 61.
- 4) Do not consume chicken ⇒ Go to question 61.

60-1. If the amount of chicken consumed by your household during the past month decreased in comparison to 6 months ago, what is the main reason for the decrease?

- 1) Increase in the price of chicken
- 2) Avoiding consumption of meat due to weight gain or health issues
- 3) Due to the news regarding avian influenza and insecurity regarding chicken
- 4) Simple change in taste
- 5) Due to decrease in income

61. Do you check the country or place of origin when purchasing food items?

- 1) Always
- 2) Often
- 3) Sometimes
- 4) Have checked in the past
- 5) Never

62. Please mark the applicable answers regarding your household's consumption of tofu.

	Content	Yes	No
1)	Even if it costs more, I purchase tofu made with Korean beans		
2)	Even if imported beans are used, I purchase tofu made by well known companies		
3)	I mostly purchase tofu made by well known companies		
4)	I purchase the most inexpensive tofu regardless of the company or place or of origin		

■ Labor

※ Question 63 should be answered by all respondents.

63. What was the state of your employment during the past 3 months?

- 1) Paid worker ⇒ Go to question 64.
- 2) Unpaid worker ⇒ Go to question 72.
- 3) Unemployed (in case of unemployment longer than 3 months) ⇒ Go to question 77.

※ Please answer questions 64 ~ 71 only if you are a paid worker (permanent, temporary, daily worker).

64. What is the content of business conducted at your primary place of work?

(\* The interviewer should ask in detail and enter the response)

The content of business conducted at your place of work (type of business): \_\_\_\_\_

65. What is the work you do at this workplace?

(\* The interviewer should ask in detail and enter the response)

Type of work you do (occupation): \_\_\_\_\_

66. On average, how many days do you work in a week?

Weekly average, \_\_\_\_\_ days worked

Weekly average, \_\_\_\_\_ hours worked

67. On average, how many days did you work in a month?

Monthly average, \_\_\_\_\_ days worked

68. What is your wage at your current place of work?

Monthly average, \_\_\_\_\_ won

69. How has your wage changed since the last survey?

- 1) Increased
- 2) No change
- 3) Decreased

70. In terms of job security how have things changed since the last survey?

- 1) Secure
- 2) No change
- 3) Became unsecure

71. In terms of hours of work how have things changed since the last survey?

- 1) Increased
- 2) No change
- 3) Decreased

※ Please answer questions 72-75 only if you are an unpaid worker (employer, self-employed, unpaid family worker).

72. What is the work you currently do to make a living?

\_\_\_\_\_

(\*example: enter specifically such as fruit stand, cart bar, farming, etc.)

73. On average, how many days did you work in a week?

Weekly average, \_\_\_\_\_ days worked

Weekly average, \_\_\_\_\_ hours worked

74. On average, how many days did you work in a month?

Monthly average, \_\_\_\_\_ days worked

75. From the total income you have earned while working during the past year what is your net income excluding expenses (transportation costs, food costs, supply fees etc.)? (\* The interviewer should enter the monthly average amount by dividing the annual income by 12)

Monthly average, \_\_\_\_\_ won

※ Please answer question 76 both if you are a paid or an unpaid worker.

76. How satisfied are you at your current workplace regarding the following?

	Work satisfaction	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
1)	Wage or income					
2)	Job security					

3)	Content of work					
4)	Work environment					
5)	Hours of work					
6)	Possibility for personal development					
7)	Communication and human relations					

※ Please answer questions 77 ~ 78 only if you are unemployed (job seeker, economically inactive population).

77. Have you conducted job seeking activities during the past year?

- 1) Yes ⇒ Go to question 78.
- 2) No ⇒ Go to question 77-1.

77-1. If you have not conducted job seeking activities, what is the reason?

- 1) Due to illness or disability
- 2) I have decided to retire
- 3) Limited opportunities due to old age
- 4) Had to take full responsibility for taking care of the home (childrearing, caring for the sick etc.)
- 5) Didn't feel the need to work
- 6) Couldn't find a job that I liked
- 7) There were no jobs available
- 8) Because I am a delinquent borrower
- 9) Due to the lack of education, skills
- 10) Because it will disqualify me from receiving benefits
- 11) Other: \_\_\_\_\_

78. If there is a suitable job, would you work?

- 1) Yes ⇒ Go to question 78-1.
- 2) No ⇒ Go to question 78-2.

78-1. If yes, what type of job do you want?

Business content of job (type of business): \_\_\_\_\_

Type of work (occupation): \_\_\_\_\_

Average monthly income: \_\_\_\_\_ won



78-2. If no, what is your main reason for not wanting to work?

- 1) Due to illness or disability
- 2) I have decided to retire
- 3) Limited opportunities due to old age
- 4) Had to take full responsibility for taking care of the home (childrearing, caring for the sick etc.)
- 5) Didn't feel the need to work
- 6) Couldn't find a job that I liked
- 7) There were no jobs available
- 8) Because I am a delinquent borrower
- 9) Due to the lack of education, skills
- 10) Because it will disqualify me from receiving benefits
- 11) Other: \_\_\_\_\_

※ All respondents should answer questions 79 ~ 84.

79. Do you have a side job or extra work you do in addition to your main job?

- 1) Yes ⇒ Go to question 79-1.
- 2) No ⇒ Go to question 80.

79-1. Please list all side jobs or extra work activities you are currently conducting.

Type of side job: \_\_\_\_\_

Weekly average, \_\_\_\_\_ total hours

Income from side job: \_\_\_\_\_ won per month

80. If you were given the opportunity to receive job training, would you receive the training?

- 1) I will receive the training ⇒ Go to question 80-1.
- 2) I will receive the training if employment is guaranteed ⇒ Go to question 80-1.
- 3) I will receive the training if it is for a preferred type of occupation ⇒ Go to question 80-1.
- 4) I will not receive the training ⇒ Go to question 80-4.

80-1. If you were to receive job training what type of training would you like to receive?

- 1) Training longer than 6 months with a higher possibility for employment
- 2) Training of less than 3 months for obtaining basic skills for employment
- 3) Training for opening one's own business with a small amount of capital
- 4) Training that can be received while working even if it means getting a job or opening one's own business a little later
- 5) Other

80-2. The following questions are regarding your opinion on job training. Please mark the answer which most closely represents your own opinion.

	Question	Strongly agree	Agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
1)	It should be possible to receive training while working					
2)	In order to get a job one needs to become certified or licensed					
3)	If possibilities for employment are high I will receive long term training					
4)	Regardless of employment, a short training period is preferred					
5)	I may quit in the middle of training if there is a job opportunity					

80-3. What is the greatest difficulty you expect in receiving training?

- 1) Difficulty in living without an income during the training period
- 2) Inability to fully understand the content of training
- 3) Lack of help in caring for housework (childrearing, caring for the sick) while receiving training
- 4) The institution offering training is too far away from current place of residence
- 5) Other: \_\_\_\_\_

80-4. What is your greatest reason for not wanting to receive training?

- 1) Inability to take care of issues of livelihood
- 2) Small chance of employment following the training
- 3) Do not feel the need to receive training
- 4) The content of training may be too difficult
- 5) Due to health issues or disability
- 6) Other: \_\_\_\_\_

81. During the past year, have you participated in the following programs for fostering self-sufficiency?

- 1) Yes ⇒ Go to question 81-1.
- 2) No ⇒ Go to question 82.

(Example) Type of Self-sufficiency program

- 1) Community service (Caring for the elderly and disabled, repairing dilapidated dwellings, housekeeping support, childcare etc.)
- 2) Work programs run by the dong-office to foster self-sufficiency (mowing grass, taking care of flowerbeds, cleaning the streets etc.)
- 3) Work programs run by institutions supporting self-sufficiency (working as a helper at a public institution or welfare facility)
- 4) Community for the fostering of self-sufficiency (Recycling business, collective car wash business etc.)
- 5) Support for job seeking activities (Employment counseling and job placement)
- 6) Job training for fostering self-sufficiency

- 7) Internship for fostering self-sufficiency
- 8) Assistance for start-up businesses
- 9) Job seeking sales project (public works project for job seekers)
- 10) Other

81-1. If you have participated in programs for fostering self-sufficiency, please list all programs you have participated in from the above examples.

\_\_\_\_\_

81-2. Why did you participate in programs for fostering self-sufficiency?

- 1) Because if I don't participate I can't receive the cost-of-living allowance (mandatory participant)
- 2) It's financially helpful
- 3) To start up a business or get a job in the future
- 4) Because I can be with others in the same predicament as myself
- 5) Other: \_\_\_\_\_

81-3. How helpful do you think the government sponsored programs for fostering self-sufficiency are to you? (Please go to question 85 after answering this question)

- 1) Very helpful
- 2) Somewhat helpful
- 3) Neither helpful nor unhelpful
- 4) Not very helpful
- 5) Not at all helpful

82. Would you like to participate in programs fostering self-sufficiency in the future?

- 1) Yes ⇒ Go to question 83.
- 2) No ⇒ Go to question 84.

83. If you would like to participate in a self-sufficiency fostering program in the future, which program would you like to participate in the most? (Please select one from the examples in question 81) \_\_\_\_\_

84. If you would not like to participate in a program fostering self-sufficiency, what is the reason for not wanting to participate?

- 1) It seems it would be better to continue with my current work
- 2) Inability to work due to old age, disability, or illness
- 3) I have family members to look after (child, elderly, someone suffering from an illness)
- 4) Currently a student or in the middle of undergoing job training
- 5) It doesn't seem like it will be financially helpful
- 6) The work done by self-sufficiency fostering programs don't seem very promising
- 7) Other: \_\_\_\_\_

■ Community welfare

85. Is your household currently a recipient of medical care assistance?

- 1) Yes ⇒ Go to question 86.
- 2) No ⇒ Go to question 85-1.

85-1. Is your household currently receiving national healthcare insurance benefits?

- 1) Yes
- 2) No

86. Are you currently a recipient of basic livelihood security?

- 1) Yes ⇒ Go to question 86-1.
- 2) No ⇒ Go to question 91.

86-1. If you are a recipient how long have you been receiving the benefits? (If you received basic livelihood security benefits in the past please include that period as well)

Total \_\_\_\_\_ Years \_\_\_\_\_ Months

87. If you are currently a recipient of basic livelihood security, how is your livelihood benefit level?

- 1) More than sufficient ⇒ Go to question 88.
- 2) Sufficient ⇒ Go to question 88.
- 3) Appropriate ⇒ Go to question 88.
- 4) Insufficient ⇒ Go to question 87-1.
- 5) Very insufficient ⇒ Go to question 87-1.

87-1. If insufficient, how much do you feel is an appropriate amount?

Monthly average, \_\_\_\_\_ won

87-2. Why is it insufficient?

- 1) Food expenses
- 2) Medical expenses
- 3) Education expenses
- 4) Housing expenses
- 5) Debt
- 6) Other: \_\_\_\_\_

88. Aside from the livelihood benefits and medical benefits provided by basic livelihood security, what other benefits are you receiving? Please mark all benefits you are currently receiving.

- 1) Housing benefit (Residing in public rental housing, rental costs necessary for housing stability, repair costs provided)
- 2) Education benefits (Tuition and admissions fee waiver for middle school and high school students, cost of books, and free lunch provided)
- 3) Funeral benefits (Cash payment in case of the death of a household member)
- 4) Childbirth benefits (Cash payment in case of childbirth by a household member)
- 5) Waiver of utility bills (television subscription fee etc.)
- 6) Daily necessities
- 0) No other benefits are received

89. How do you feel about receiving basic livelihood security benefits?

- 1) I feel that it is a natural right
- 2) I am thankful to the government
- 3) I feel one can receive such benefits if necessary
- 4) I have not thought about it
- 5) I am embarrassed

90. Would you like to continue receiving basic livelihood security benefits?

- 1) Yes ⇒ Go to question 90-1.
- 2) No ⇒ Go to question 90-2.

90-1. If you would like to continue receiving benefits, what is the reason? (Please go to question 96 after answering this question)

- 1) Because of medical benefits
- 2) Because of permanent rental housing benefits
- 3) Because of childcare and education benefits
- 4) Unable to live without cost-of-living assistance
- 5) Because there is no possibility of my circumstances improving in the future
- 6) Other: \_\_\_\_\_

90-2. If you would not like to continue receiving benefits, what is the reason? (Please go to question 96 after answering this question)

- 1) Because I am embarrassed by it
- 2) Because it will have an adverse effect on my children (change)
- 3) Because it's not very helpful
- 4) Because I don't like the feeling of being controlled
- 5) Because my circumstances will improve in the future
- 6) Other: \_\_\_\_\_

91. Are you currently receiving any assistance from the government even though you are not a current beneficiary? Please mark all assistance you are receiving.

- 1) Medical assistance
- 2) Education and childcare assistance
- 3) Disability related assistance
- 4) Lone-parent household related assistance
- 5) Old-age pension
- 6) Child head of household assistance
- 7) Permanent rental housing
- 8) Daily necessities
- 9) No assistance received

92. If there is assistance you would like to receive from the government, please list the most necessary assistance.

- 1) Medical assistance
- 2) Education and childcare assistance
- 3) Various benefits (disability benefits, lone-parent household benefits, old-age pension etc.)
- 4) Permanent rental housing
- 5) Daily necessities
- 6) Other: \_\_\_\_\_
- 0) No other assistance necessary

93. If you are currently not a beneficiary, have you received assistance in the past?

- 1) Yes ⇒ Go to question 93-1.
- 2) No ⇒ Go to question 95.

93-1. If you have received assistance in the past, how long was the period during which you have received assistance? (If you have received basic livelihood security benefits in the past please include that period as well)

Total \_\_\_\_\_ Years \_\_\_\_\_ Months

94. If you were a beneficiary in the past but were no longer eligible (or chose to discontinue receiving assistance), what is the reason? (Please go to question 96 after answering this question)

- 1) Income exceeded eligibility requirements
- 2) Assets exceeded eligibility requirements
- 3) Eligibility requirements for person under obligation to support
- 4) Don't know
- 5) Other: \_\_\_\_\_

95. Please answer regarding your experience of applying for basic livelihood security benefits.

- 1) Applied but was ineligible
- 2) Applied but withdrew application
- 3) Didn't apply

96. If your household has received welfare service assistance from local public institutions or private organizations during the past year, please tell us about the type of services received (no more than two types), frequency of use, level of satisfaction etc.

Type of welfare service	Frequency of use	Level of satisfaction	Reason for dissatisfaction
1) Food related services (delivery of lunchboxes and side dishes, free lunch etc.) 2) Housekeeping assistance services (cleaning, grocery shopping, laundry, bath, errands etc.) 3) Housing services (repairs, wall papering etc.) 4) Nursing/medical house call services 5) Emergency bell service 6) Childcare service (nursery, kindergarten etc.) 7) Learning support (after school program, after school study room etc.) 8) Weekday care for the elderly and short and long term care 9) Counseling and treatment program 10) Ride services 11) Other 0) None	1) Almost everyday 2) 1-2 times a week 3) 1-2 times a month 4) Less than once every few months	1) Very satisfied 2) Satisfied 3) Neither satisfied nor dissatisfied 4) Dissatisfied 5) Very dissatisfied	1) The length of service is too short or the quantity of service is too small 2) The service quality is poor 3) The process for applying to receive assistance is too complicated 4) The staff or employees are disobliging 5) Other
1.			
2.			

97. Among the above listed types of welfare services, which service does your household need the most? (If the service is not listed, please specify the type of service.)

---

■ Poverty policy

98. What is your opinion about the following policies for those who are poor and struggling?  
Please mark the applicable answer.

	Question	←—————→				
		Very unnecess -ary	Unnecess -ary	Neither necessary nor unnecess -ary	Necessary	Very necessary
1)	Increase monthly benefit payment amount					
2)	Earned income or savings incurred while receiving benefits should be accepted					
3)	There is a need for a system which extends the period of qualification to receive benefits for 2 more years even if income exceeds the eligibility criterion					
4)	A percentage (ex. 30%) of the basic livelihood security benefit payments cut down due to income from a job should be accumulated and paid in the form of a severance pay					
5)	Expand internship type job training programs (ex. Obtaining skills while working as an intern (probationary employee) at beauty salons or restaurants and using the skills to find employment. Training allowance to be paid by the government)					
6)	Program through which professionals impart important practical know-how (ex. Starting up a business, management) and provide guidance (The costs for running such a program should be borne by the government)					
7)	Drastically expand social jobs (ex. Janitorial services in public offices)					
8)	Vitalization of preexisting exemplary programs for fostering self-sufficiency (ex: home repair, kimchi making, car wash)					
9)	The construction of permanent rental apartments of larger sizes (ex. 18 pyeong)					
10)	Supply more permanent rental apartments at a lower cost					
11)	Rental housing should not be concentrated in one area					
12)	Expand counseling (free) programs for married couples or children					
13)	Expand 24 hour childcare programs for couples working late hours					
14)	Necessary food items such as milk should be provided in the form of coupons for children under the age of 6					



15)	Expand short term care facilities or childcare support programs in case children (younger than elementary school age) must live apart from parents for the purposes of employment					
16)	Expand facilities and domiciliary services for those suffering from Alzheimer's, stroke, or disabilities and requiring long term care					
17)	Provide counseling and education to promote the desire to work					
18)	Support programs to reduce the burden of private education for children (ex. After school programs, study guide)					
19)	Need for paying wages discriminately depending on work performance in employment promotion programs by the government or self-sufficiency fostering programs					

99. Among the factors listed below, what do you think is the most important in escaping from poverty? (Please choose three in order of importance)

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

- 1) Government policy increasing benefits (free medical benefits) and payments in cash
- 2) Technical training programs allowing for long term employment
- 3) The individual's will to become self-reliant
- 4) Providing a free education assistance program from elementary school until graduating from high school
- 5) Psychological counseling and guidance (a program supporting a lifestyle of self-control (ex. Control in using credit card, drinking less etc.) overcoming the lack of enthusiasm in daily life and gaining self confidence)
- 6) Recovering one's health
- 7) Other (specify: \_\_\_\_\_ )

100. Do you think you can overcome poverty in the future?

- 1) Strongly agree
- 2) Agree
- 3) Disagree
- 4) Strongly disagree
- 5) Don't know

■ Politics - social consciousness

101. The following questions are regarding your political attitude. Please mark the answer which most closely represents your own opinion.

	Question	Strongly agree	Agree	Disagree	Strongly disagree
1)	Every time I read the newspaper I read the section on politics				
2)	When watching television, I'm very interested in political news				
3)	I often discuss political issues with others				
4)	I voluntarily vote during every election				
5)	If the government attempts to enact laws which are disadvantageous to me I will actively protest				
6)	It is the duty of citizens to vote in elections				
7)	The political future of our country is dismal				
8)	We need political reform in our country				
9)	Politicians are unable to represent our interests				
10)	Political issues have direct influences on my daily life				
11)	An individual's vote can influence the government's policy decisions				
12)	The participation of the public in politics is important for one's own interests				

102. Please select the answer which most closely represents your own opinion in regards to your confidence in the following organizations.

	Questions	Very confident	Confident	Not confident	Not at all confident
1)	Political and administrative organizations				
2)	Large corporations				
3)	Educational institutions				
4)	Judicial branch (court)				
5)	Police organization				
6)	Media organization				

103. What is your political tendency closest to?

- 1) Very liberal
- 2) Liberal
- 3) Moderate
- 4) Conservative
- 5) Very conservative

104. The following questions are regarding your government type and political processes. Please mark the answer which most closely represents your own opinion.

	Question	Strongly agree	Agree	Disagree	Strongly disagree
1)	Political action is only a means of gratifying the desire for power and leads to social unrest				
2)	I am satisfied with the legislative activities of the current members of the national assembly				
3)	Political parties are helpful in the development of democracy				
4)	Civic organizations are contributing to political development such as clean elections				
5)	In order to improve the quality of life of local residents local councils (si/gun/gu councils) are necessary				
6)	I am satisfied with the current activities of local council member				

105. What is your current party identification?

- 1) The Yeollin Uri Party
- 2) The Grand National Party
- 3) Democratic Labor Party
- 4) The New Millenium Democratic Party
- 5) The United Liberal Democrats
- 6) Other
- 7) Do not have a supporting party ⇒ Go to question 105-1.

105-1. If you do not have a party you support, what is the reason?

- 1) Due to the regionalism in party structure
- 2) Because party interests are put first
- 3) All parties are the same
- 4) Don't like them without a reason
- 5) No creditable persons
- 6) Other: \_\_\_\_\_

106. Did you vote during the 2004 election of the members of the national assembly?

- 1) Yes
- 2) No

107. When voting, in general, what characteristics of a candidate do you consider most importantly?

- 1) Party identification
- 2) Campaign pledges or policies of candidate
- 3) Qualifications and abilities of the candidate
- 4) Regional or school ties
- 5) Other: \_\_\_\_\_

108. What is your opinion regarding the following statements?

	Question	Strongly agree	Agree	Disagree	Strongly disagree
1)	A nation should do all that it can to help its citizens live a good life, and does not have to be a democracy				
2)	Sacrificing the freedom of an individual to a certain extent for the development of a nation is not a problem				
3)	A political leader should pursue to the end the policies he/she believes in without compromise				
4)	One should follow the decision of the majority even if the opinion of the group differs from one's own				
5)	It is right to protest or demonstrate against policies or decisions by the government or corporations that are wrong				
6)	The participation of women in public office should be expanded through legal devices (gender quota system etc.)				
7)	In our society, it is a loss for a person to abide by laws and regulations				
8)	In our society, people with power continue to live a good life even if they break the law				

109. Please mark your opinion regarding the following by agreeing or disagreeing with the statements below.

	Questions	Agree	Disagree	Don't know
1)	National security policy (positive US-Korea relations)			
2)	Abolition of the National Security Law			
3)	Expansion of aid to North Korea			
4)	Continual pursuit of chaebol reform			
5)	Expansion of welfare policies			
6)	Continue standardization of high schools			
7)	Abolition of the patriarchal family system			

■ Neighborhood environment and social assistance

110. What do you think the residents of other areas think about your neighborhood?

- 1) Very favorably
- 2) Favorably
- 3) Neither favorably nor unfavorably
- 4) Unfavorably
- 5) Very unfavorably

111. What do you think about the neighborhood you are currently living in?

- 1) I will live here my entire life
- 2) I would like to continue to live here
- 3) I have not thought about it
- 4) I would like to move to a different neighborhood if possible
- 5) I am going to move to a different neighborhood at all cost

112. How convenient is your neighborhood in using the following facilities?

	Facility and services	Very convenient	Convenient	Neither convenient nor inconvenient	Inconvenient	Very inconvenient	Don't know
1)	Childcare facility						
2)	Educational facility						
3)	Facility for the elderly						
4)	Sports facility						
5)	Cultural facility (movie theater, performance hall, art museum etc.)						
6)	Medical facility						
7)	Social welfare facility						
8)	Financial institution						
9)	Shopping amenities						
10)	Eup/myeon/dong office						
11)	Parking facilities						

113. How convenient is it to use the following modes of transportation when travelling from your current area of residence to a different area?

	Mode of transportation	Very convenient	Convenient	Neither convenient nor inconvenient	Inconvenient	Very inconvenient	No service
1)	Town bus						
2)	Bus						
3)	Subway						
4)	Taxi						

114. How often do you think various incidents and accidents occur in this area?

	Type of crime	Very often	Often	Average	Not often	Almost never	Don't know
1)	Minor arguments						
2)	Violence (including sexual violence)						
3)	Minor theft						
4)	Robbery						
5)	Murder						
6)	Juvenile delinquency						

115. What is the state of environmental problems in your current area of residence due to noise/dust/exhaust fumes etc.?

- 1) Very serious
- 2) Somewhat serious
- 3) Average
- 4) Not serious
- 5) Not at all serious

116. How satisfied are you with the overall living conditions of your current area of residence including the environment, transportation, education, culture, and basic amenities?

- 1) Very satisfied
- 2) Somewhat satisfied
- 3) Neither satisfied nor unsatisfied
- 4) Somewhat unsatisfied
- 5) Very unsatisfied

117. Do the people living in your neighborhood share a similar standard of living?

- 1) Strongly agree
- 2) Somewhat agree
- 3) Disagree
- 4) Strongly disagree

118. Please mark the applicable answer to the following questions.

	Questions	Strongly agree	Agree	Somewhat disagree	Strongly disagree	Don't know
1)	My neighbors are helpful to each other					
2)	My neighbors have a close relationship with each other					
3)	I can trust my neighbors					
4)	My neighbors don't get along very well					
5)	When I am sick, my neighbors can get the groceries for me					

6) If a conflict arises or a fight breaks out around their homes my neighbors try to mediate or break up the fight					
--	--	--	--	--	--

119. How close do you feel to the following people? Please mark the applicable answer to the following questions.

	Classification	Very far	Neither close nor far			Very close	Not applicable
		←				→	
		1	2	3	4	5	
1) Parents							
2) Parents of spouse							
3) Spouse							
4) Children							
5) Siblings							
6) Relatives							
7) People from one's hometown							
8) Alumni							
9) Friends other than people from one's hometown or alumni							
10) Neighbor							
11) Coworker							
12) Member of the same religious congregation							

120. How often do you have contact with the following people? Please mark the applicable answer to the following questions.

	Classification	More than once a week	1-3 times a month	1-3 times every 6 months	Once a year	Less than 2-3 times a year	Not applicable
1) Parents							
2) Parents of spouse							
3) Spouse							
4) Children							
5) Siblings							
6) Relatives							
7) People from one's hometown							
8) Alumni							
9) Friends other than people from one's hometown or alumni							
10) Neighbor							
11) Coworker							
12) Member of the same religious congregation							





14	The media (TV, newspaper, radio, internet etc.)						
----	---	--	--	--	--	--	--

**■ Health, medical treatment**

123. Please mark how often you have experienced the following problems during the past week.

	Questions	Strongly agree	Agree	Disagree	Strongly disagree
1)	I have no desire for life				
2)	I feel lonely				
3)	I am unable to fall asleep				
4)	I feel depressed				
5)	I feel that there is no hope for the future				
6)	Many times I easily became excited				
7)	I had an argument with someone				
8)	I yelled or threw an object				
9)	I got angry beyond control				
10)	I get tense for no reason				
11)	I get anxious for no reason				
12)	I have been restless				
13)	I was extremely anxious about something minor				

124. Please mark the applicable answer to the following questions.

	Questions	Strongly agree	Agree	Disagree	Strongly disagree
1)	I have often had to go to the hospital regularly for health issues				
2)	I have a feeling my health will deteriorate				
3)	I am very healthy				
4)	I easily get sick and am more susceptible to contracting diseases than others				

125. Please mark the applicable answer to the following questions.

	Questions	Strongly agree	Agree	Disagree	Strongly disagree
1)	There are a lot of issues that are difficult for me to handle on my own				
2)	My life sometimes seems to be being pushed along by something				
3)	It is difficult for me to control the things that happen to me				
4)	I can do anything I put my mind to				
5)	There is nothing in my life I can decide on my own				

126. Please mark the applicable answer to the following questions.

	Questions	Strongly agree	Agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
1)	I am making efforts to maintain my health and physical wellbeing					
2)	I tend to make plans before spending money					
3)	For the future, I am investing in the education and skill acquirement of myself or my family					
4)	I feel that I am an essential part of our society					
5)	I have something special in my life					
6)	I feel that my finances will improve					
7)	I can set a goal, work towards it, and accomplish that goal					
8)	I am unable to cope with unexpected situations					
9)	If something is difficult I don't even try to attempt it					

127. How often did the following take place during the past year?

	Questions	Never	Once	Twice	Three times	More than four times
1)	I have severely beaten someone (family, friend, neighbor)					
2)	I spent too much money on gambling or the lottery					
3)	I had to pay a fine for a traffic violation or minor infraction					
4)	I have been arrested by the police					

128. Please answer if the following important changes have taken place during the past year.

	Important change	Yes	No
1)	A new member of the family has come to live with us (parent, child, grandchild, relative)		
2)	The conflict in our family has worsened		
3)	I had a serious accident or acquired a serious illness		
4)	My family had a serious accident or acquired a serious illness		
5)	A member of our family has passed away		
6)	A married child(ren) has divorced or separated		
7)	Son or daughter had an unwanted pregnancy		
8)	I (my wife) had an unwanted pregnancy		
9)	I (my wife) had a miscarriage		
10)	My income or the income of my spouse has decreased		
11)	I lost my job or my spouse has lost his/her job		
12)	A child has lost his/her job		
13)	I have suffered from financial losses		

14)	My children have suffered from financial losses		
15)	My children have become delinquent borrowers		
16)	Had to move to a place with worse living conditions		
17)	Was victimized by crime such as fraud, theft, etc.		
18)	A child or member of the family was victimized by crime		

129.	<Chronic disease> Please answer if any of the family members living with you are currently suffering from a chronic disease or have suffered from a chronic disease during the past year. 1) Yes 2) No ⇒ Go to question 130 acute illness)					
Name of chronic Disease	Disease code: symptoms	Household member number				
Cancer	C1: Stomach cancer					
	C2: Liver cancer					
	C3: Lung cancer, bronchial cancer					
	C4: Intestinal cancer					
	C5: Breast cancer					
	C6: Cervical cancer					
	C7: Other cancer					
Musculoskeletal disease	C8: Arthritis, rheumatoid arthritis					
	C9: Gout					
	C10: Backache, ischiadynia					
	C11: Disc (disc herniation)					
	C12: Neuralgia					
	C13: Osteoporosis					
Digestive disease	C14: Other musculoskeletal disorders					
	C15: Peptic ulcer (gastritis, gastric ulcer, duodenal ulcer)					
	C16: Chronic hepatitis, liver cirrhosis					
	C17: Chronic constipation					
Endocrine, nutrition, and metabolic immune disorders	C18: Other digestive disorders – hernia					
	C19: Diabetes					
	C20: Thyroid disease					
	C21: Anemia					
Circulatory diseases	C22: Other endocrine and metabolic diseases					
	C23: Hypertension					
	C24: Stroke, cerebrovascular disease					
	C25: Myocardial infarction, angina					
	C26: Hemorrhoids, hemorrhoid					
	C27: Other circulatory diseases – varicose veins, arteriosclerosis					

Respiratory diseases	C28: TB, tuberculosis					
	C29: Chronic bronchitis, emphysema, obstructive lung disease					
	C30: Asthma					
	C31: Bronchiectasis					
	C32: Sinusitis (chronic sinusitis)					
	C33: Allergic rhinitis					
	C34: Other respiratory diseases - hay fever					
Disorders of the eyes and ears	C35: Cataracts, glaucoma					
	C36: Other Eye Diseases					
	C37: Chronic otitis media (ear pain and secretion of discharges)					
	C38: Other ear disorder					
Psychiatric disorders	C39: Neuroticism (anxiety, OCD)					
	C40: Depression, mood disorders					
	C41: Schizophrenia, psychosis					
	C42: Dementia (senility, Alzheimer's)					
	C43: Other mental disorders - epilepsy					
	C44: Chronic headaches, migraines					
	C45: Other neurological and sensory system disease					
Dermatological and genitourinary diseases	C46: Dermatitis - face: acne, ringworm, etc.					
	C47: Foot: Athlete's foot					
	C48: Other parts: ringworm, itching etc.					
	C49: Chronic allergies					
	C50: Other skin disorders					
	C51: Chronic renal failure, kidney disease					
	C52: Urinary Incontinence					
	C53: Other genitourinary diseases-Prostate disease, Lithonephria					

130.	<b>&lt;Acute disease&gt;</b> Has a member of your family suffered an illness during the past two weeks other than chronic diseases which led them to take medication, receive treatment, or experience limitations in conducting daily activities? 1) Yes 2) No				
Name of acute Disease	Disease code: symptoms	Household member number			
Infectious and parasitic diseases	D1: Whooping cough, chicken pox, measles, mumps				
	D2: Intestinal infection				
	D3: A viral disease				
	D4: Other Infectious Diseases				
Respiratory system	D5: Cold				
	D6: Influenza				
	D7: Acute Bronchitis				
	D8: Pneumonia				
Digestive system	D9: Other respiratory diseases				
	D10: Disease of the mouth				
	D11: Indigestion, nausea, vomiting				
	D12: Diarrhea, constipation				
Eyes and ears	D13: Other disorders of the digestive system				
	D14: Acute eye disorder				
	D15: Acute ear disorder				
Genitourinary system	D16: Tinnitus (sounding more than an hour)				
	D17: Acute urinary tract abnormality				
	D18: Other urinary tract abnormality				
	D19: Menstrual pain, menstrual symptoms				
Pregnancy/Childbirth	D20: Other reproductive disorders				
Dermatological disease	D21: Pregnancy, childbirth and complications				
Musculoskeletal system	D22: Dermatitis				
	D23: Acute pain in the neck, spine etc.				
Other	D24: Other acute musculoskeletal disorders				
	D25: Headache (migraine excluded)				
	D26: Fever				

<Questionnaire on treatment of diseases>						
⇒ If you do not have a disease from the above listed chronic and acute diseases please go to question 165						
	Classification	Type of disease				
		a	b	c	d	e
131	Diagnosis					
	Disease code (refer to the above lists of chronic and acute diseases)					
132	<b>Point of first recognition</b> 1) Within the last 2 weeks 2) 2 ~ 3 months ago 3) 3 months to 1 year ago 4) 1 ~ 3 years ago 5) 3 ~ 5 years ago 6) 5 ~ 10 years ago 7) Over 10 years ago					
133	<b>How was the disease first recognized?</b> 1) Observable symptoms 2) Medical examination 3) While treating other disease 4) Other					
134	<b>Doctor's diagnosis</b> 1) Doctor 2) Doctor of oriental medicine 3) Pharmacist 4) Nurse 5) Relative 6) Self diagnosis					
135	<b>Number of days sick during the past 2 weeks</b> 01 - 14, 00 if none					
136	<b>Number of absences from school/work during the past 2 weeks</b> 01 - 14, 00 if none					
137 - 138	<b>Whether or not the disease was treated</b> 1) Yes 2) No					
	<b>Reason for not receiving treatment</b> 1) Symptoms were minor 2) Cost 3) Time 4) Incurable disease 5) No medical facilities near by 6) Planning on getting treatment 7) Other 8) Already received treatment 9) Don't know					

139 - 140	<b>Medical facilities for the treatment of chronic disease</b> 1) Tertiary care institution/ university hospital 2) General hospital 3) Hospital 4) Clinic 5) Community health center 6) Public health care center 7) Oriental medicine clinic/ hospital 8) Pharmacy (excluding prescribed medication from hospital visit) (Please enter all applicable facilities)					
	<b>Main treatment facility among the above list of treatment facilities for chronic diseases</b>					
141 - 142	<b>Have you ever been hospitalized?</b> 1) Yes 2) No					
	<b>Hospitalization during the past year</b> 1) Yes -> Questionnaire on use of medical facilities 2) No					
143	<b>Receiving treatment or taking medication as an outpatient during the past 2 weeks</b> 1) Yes -> Questionnaire on use of medical facilities 2) No					
144	<b>Number of days treatments received during the past 2 weeks</b> (Unit: days)					

<Questionnaire on use of medical institutions> => Please list all medical facilities you have visited during the past 2 weeks due to illnesses, or medical institutions where you have been hospitalized during the past year.						
Hospitalization and outpatient treatment are all applicable						
	Detail	Type of Illness				
		a	b	c	d	e
145	<b>Type of medical institution</b> 0) None 1) University hospital 2) General hospital 3) Hospital 4) Clinic 5) Community health center 6) Public health care center 7) Oriental medicine clinic 8) Pharmacy 9) Dentist 10) Other					

146	<b>Classification of the use of medical institution</b> 1) Hospitalization 2) Outpatient treatment						
147	<b>Reason for choice</b> 1) Close from home 2) Close from work 3) Close to the institution where recommendation was made 4) Low cost 5) Treatment is effective 6) (company) designated hospital/ ambulance 7) Large hospital nearby 8) Other						
148	<b>Time required for visit</b> (Unit: minutes)						
149	<b>Type of payment for medical cost</b> 1) Health insurance 2) Car insurance 3) Occupational health and safety insurance 4) Medical care assistance 5) Private insurance 6) Own expenses 7) Treatment free of charge 8) Other						
150 - 152	<b>Out-of-pocket expenses</b>	150. Treatment (Unit: won)					
		151. Transportation (Unit: won)					
		152. Other expenses (Unit: won)					
153	<b>Degree of burden felt by medical expenses</b> 1) Not at all burdensome 2) Somewhat burdensome 3) Very burdensome						
154	<b>Degree of satisfaction with treatment</b> 1) Very satisfied 2) Satisfied 3) Neither satisfied nor dissatisfied 4) Dissatisfied 5) Very dissatisfied						

Applicable to hospitalization only							
	Detail		a	b	c	d	e
155 - 157	Period of hospitalization	155. Date admitted to hospital ( _ year, _ month, _ date)					
		156. Date discharged from hospital ( _ year, _ month, _ date)					
		157. Duration of hospital stay *Hospitalized:777					



Applicable to outpatient treatment only						
Detail		a	b	c	d	e
158	158. Number of hospital/clinic visits *In case of hospitalization:					
159	159. Number of pharmacy visits with prescription *In case of hospitalization:					
160 - 164	160. Number of days of administering treatment					
	Excluding pharmacy (hospital prescription)	161. Number of times medication was prescribed				
		162. Number of days injections were administered				
	Question when using pharmacy	163. Number of times prescribed medication was purchased				
164. Whether or not purchased medication was taken 1) Yes 2) No						

165	<p><b>&lt;Questionnaire on caretaking&gt;</b>            ⇒ Do you have any family members currently living with you requiring continuous care due to health issues during the past year?            1) Yes            2) No (Please go to question 176)</p>					
	Classification			1	2	3
166	Household member number of person being cared for					
167	Name of main diagnosed disease					
	<b>Main disease code</b> Enter the relevant disease code from the chart of chronic and acute diseases					
168	<b>When did the family member start to feel sick?</b> ( _ year, _ month, _ date)					
169	<b>Caregiver (up to two persons)</b> 1) Self 2) Parent 3) Spouse 4) Parent of spouse 5) Child 6) Other					
170	<b>Categories of care provided (please enter all relevant categories)</b> 1) Meal time assistance 2) Assistance with dressing 3) Assistance with bathing 4) Cleaning the house 5) Errands 6) Assistance with treatment (picking up medication, assisting hospital visit) 7) Hospital care 8) Companionship					

171	<b>Facility and service (please enter all relevant categories)</b> 1) Sanatorium 2) Specialized hospital 3) Weekday care facility 4) Clinic for the elderly 5) Home visiting nursing service 6) In-home helper dispatch service (nursing care worker)			
172	172. Average monthly hospital costs (Unit: won)			
-				
175	173. Average monthly medication costs (Unit: won)			
Expenses related to nursing and caring for the ill	174. Average monthly cost of hiring a caregiver (Unit: won)			
	175. Average monthly cost of medical supplies (ex. Syringe, bandages) (Unit: won)			

		<b>&lt;Questionnaire on accidents and poisoning&gt;</b>					
176	<b>Number of incidents</b>	176. (Annual) During the past year how many serious incidents such as accidents or poisonings took place which required hospitalization? (Annual hospitalization from accidents/poisonings) _____ incidents					
-		177. (2 weeks) How many of those occurred during the past 2 weeks? (Serious accident/poisoning in 2 weeks) _____ incidents					
178		178. In addition, how many times have accidents or poisonings occurred which didn't require hospitalization but required emergency treatment at a medical facility or resulted in pain lasting longer than a day, or disrupting normal daily activities? (Yearly other accident/poisoning) _____ incidents					
			a	b	c	d	e
179	<b>Cause</b> 1) Traffic accident 2) (unforeseeable) poisoning accident 3) (unforeseeable) drowning accident 4) (unforeseeable) fire accident 5) (unforeseeable) fall or slipping accident 6) Assault 7) Deliberate self-injury 8) Falling object 0) Other						
180	<b>Place of occurrence</b> 1) Home or near residential area 2) Road 3) School 4) Workplace 5) Commercial area 6) Rice paddy, field or other outdoor workplace 7) Other						

181	<b>Type of injury</b>					
	1) Fracture, dislocation					
	2) Sprain or torn ligament					
	3) Open wound, laceration					
	4) Contusion, superficial injury					
	5) Drug addiction					
	6) Other injury (enter all if any)					

■ Questions for interviewer

※ Please enter the area of survey and sample type.

Area of survey	Si(gun/gu)	Eup/myeon/dong
Type of sample: _____	1. Person incapable of working 2. Conditional recipients: unemployed 3. Conditional recipients: employed 4. Currently employed person among those excluded from conditional requirements 5. Persons excluded from conditional requirements and persons who have deferred conditional requirements, excluding those currently employed 6. Recipients of self-sufficiency fostering programs 7. Disqualified (eligibility requirements) 8. Disqualified (income requirements) 9. Non-applicant 10. General low-income bracket	