

Iceland  
ISSP 2017 –  
Social Networks and Social Resources  
Questionnaire  
(English)



The aim of the survey is to examine public attitudes, with a focus on **social networks**. The responses of participants will help scholars, students and others interested in research related to the role of government. The main results will be published on the Social Science Research Institute's website next winter.

You are not obliged to answer the survey as a whole or individual questions. Nevertheless it is important that all questions are answered so that the results are as reliable as possible. All responses are confidential and the results will only be published in a manner that ensures that answers cannot be traced back to individual respondents.

Thank you in advance and with hope for a good reception,

A handwritten signature in blue ink, reading 'Guðbjörg Andrea Jónsdóttir', is positioned below the text.

Guðbjörg Andrea Jónsdóttir  
Director, Social Science Research Institute



**A3. People have different opinions on who should provide services in Iceland. Who do you think should primarily provide health care for the sick?**

PLEASE TICK ONE BOX ONLY

- |   |   |
|---|---|
| Government                                      | <input style="width: 30px; height: 15px;" type="checkbox"/> 1 |
| Private companies/for-profit organisations      | <input style="width: 30px; height: 15px;" type="checkbox"/> 2 |
| Non-profit organisations/charities/cooperatives | <input style="width: 30px; height: 15px;" type="checkbox"/> 3 |
| Religious organisations                         | <input style="width: 30px; height: 15px;" type="checkbox"/> 4 |
| Family, relatives or friends                    | <input style="width: 30px; height: 15px;" type="checkbox"/> 5 |
| <i>Can't choose</i>                             | <input style="width: 30px; height: 15px;" type="checkbox"/> 8 |

**A4. And, who do you think should primarily provide care for older people?**

PLEASE TICK ONE BOX ONLY

- |   |   |
|---|---|
| Government                                      | <input style="width: 30px; height: 15px;" type="checkbox"/> 1 |
| Private companies/for-profit organisations      | <input style="width: 30px; height: 15px;" type="checkbox"/> 2 |
| Non-profit organisations/charities/cooperatives | <input style="width: 30px; height: 15px;" type="checkbox"/> 3 |
| Religious organisations                         | <input style="width: 30px; height: 15px;" type="checkbox"/> 4 |
| Family, relatives or friends                    | <input style="width: 30px; height: 15px;" type="checkbox"/> 5 |
| <i>Can't choose</i>                             | <input style="width: 30px; height: 15px;" type="checkbox"/> 8 |

**Some activities are done with others in organised groups, clubs or associations. The next questions are about your participation, if any, in such activities.**

**A5. In the past 12 months, how often, if at all, have you taken part in activities...?**

PLEASE TICK ONE BOX ON EACH LINE

	Once a week or more	One to three times a month	Several times in the past year	Once in the past year	Never	<i>Can't choose</i>
a. ... of groups or associations for leisure, sports or culture?	<input style="width: 30px; height: 15px;" type="checkbox"/> 1	<input style="width: 30px; height: 15px;" type="checkbox"/> 2	<input style="width: 30px; height: 15px;" type="checkbox"/> 3	<input style="width: 30px; height: 15px;" type="checkbox"/> 4	<input style="width: 30px; height: 15px;" type="checkbox"/> 5	<input style="width: 30px; height: 15px;" type="checkbox"/> 8
b. ... of political parties, political groups or political associations?	<input style="width: 30px; height: 15px;" type="checkbox"/> 1	<input style="width: 30px; height: 15px;" type="checkbox"/> 2	<input style="width: 30px; height: 15px;" type="checkbox"/> 3	<input style="width: 30px; height: 15px;" type="checkbox"/> 4	<input style="width: 30px; height: 15px;" type="checkbox"/> 5	<input style="width: 30px; height: 15px;" type="checkbox"/> 8
c. ... of charitable or religious organisations that do voluntary work?	<input style="width: 30px; height: 15px;" type="checkbox"/> 1	<input style="width: 30px; height: 15px;" type="checkbox"/> 2	<input style="width: 30px; height: 15px;" type="checkbox"/> 3	<input style="width: 30px; height: 15px;" type="checkbox"/> 4	<input style="width: 30px; height: 15px;" type="checkbox"/> 5	<input style="width: 30px; height: 15px;" type="checkbox"/> 8





**A10. How often do you think that people would try to take advantage of you if they got the chance, and how often would they try to be fair?**

PLEASE TICK ONE BOX ONLY

- |  |   |
|--|---|
| Try to take advantage almost all of the time | <input style="width: 30px;" type="text" value="1"/> |
| Try to take advantage most of the time       | <input style="width: 30px;" type="text" value="2"/> |
| Try to be fair most of the time              | <input style="width: 30px;" type="text" value="3"/> |
| Try to be fair almost all of the time        | <input style="width: 30px;" type="text" value="4"/> |
| <i>Can't choose</i>                          | <input style="width: 30px;" type="text" value="8"/> |

**A11. Generally speaking, would you say that people can be trusted or that you can't be too careful in dealing with people?**

PLEASE TICK ONE BOX ONLY

- |   |   |
|---|---|
| People can almost always be trusted                           | <input style="width: 30px;" type="text" value="1"/> |
| People can usually be trusted                                 | <input style="width: 30px;" type="text" value="2"/> |
| You usually can't be too careful in dealing with people       | <input style="width: 30px;" type="text" value="3"/> |
| You almost always can't be too careful in dealing with people | <input style="width: 30px;" type="text" value="4"/> |
| <i>Can't choose</i>   | <input style="width: 30px;" type="text" value="8"/> |

**A12. Using the following scale ranging from 0 to 10, where 0 means "No trust at all" and 10 means "Complete trust", please indicate how much trust you personally have in...?**

PLEASE TICK ONE BOX ON EACH LINE

How much trust do you personally have in ...	No trust at all											Complete trust	
													<i>Can't choose</i>
	00	01	02	03	04	05	06	07	08	09	10		
a. ... Iceland's courts	<input style="width: 30px;" type="text" value="0"/>	<input style="width: 30px;" type="text" value="1"/>	<input style="width: 30px;" type="text" value="2"/>	<input style="width: 30px;" type="text" value="3"/>	<input style="width: 30px;" type="text" value="4"/>	<input style="width: 30px;" type="text" value="5"/>	<input style="width: 30px;" type="text" value="6"/>	<input style="width: 30px;" type="text" value="7"/>	<input style="width: 30px;" type="text" value="8"/>	<input style="width: 30px;" type="text" value="9"/>	<input style="width: 30px;" type="text" value="10"/>	<input style="width: 30px;" type="text" value="98"/>	
b. ... major private companies in Iceland	<input style="width: 30px;" type="text" value="0"/>	<input style="width: 30px;" type="text" value="1"/>	<input style="width: 30px;" type="text" value="2"/>	<input style="width: 30px;" type="text" value="3"/>	<input style="width: 30px;" type="text" value="4"/>	<input style="width: 30px;" type="text" value="5"/>	<input style="width: 30px;" type="text" value="6"/>	<input style="width: 30px;" type="text" value="7"/>	<input style="width: 30px;" type="text" value="8"/>	<input style="width: 30px;" type="text" value="9"/>	<input style="width: 30px;" type="text" value="10"/>	<input style="width: 30px;" type="text" value="98"/>	

**A13. To what extent do you agree or disagree with the following statements?**

PLEASE TICK ONE BOX ON EACH LINE

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	<i>Can't choose</i>
a. Adult children have a duty to look after their elderly parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You should take care of yourself and your family first, before helping other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People who are better off should help friends who are less well off.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A14. In general, do your family members put pressure on you about the way you live or organise your personal life?**

PLEASE TICK ONE BOX ONLY

No, never	<input type="checkbox"/>
Yes, but rarely	<input type="checkbox"/>
Yes, sometimes	<input type="checkbox"/>
Yes, often	<input type="checkbox"/>
Yes, very often	<input type="checkbox"/>
<i>Can't choose</i>	<input type="checkbox"/>

**A15. Do you feel that your family, relatives and/or friends make too many demands on you?**

PLEASE TICK ONE BOX ONLY

No, never	<input type="checkbox"/>
Yes, but rarely	<input type="checkbox"/>
Yes, sometimes	<input type="checkbox"/>
Yes, often	<input type="checkbox"/>
Yes, very often	<input type="checkbox"/>
<i>Can't choose</i>	<input type="checkbox"/>

**A16. Thinking about the important people in your life, such as your spouse or partner, your family members, or close friends, how often in the past 4 weeks did any of these people act angry or upset with you?**

PLEASE TICK ONE BOX ONLY

- |                     |                          |
|---------------------|--------------------------|
| Never               | <input type="checkbox"/> |
| Rarely              | <input type="checkbox"/> |
| Sometimes           | <input type="checkbox"/> |
| Often               | <input type="checkbox"/> |
| Very often          | <input type="checkbox"/> |
| <i>Can't choose</i> | <input type="checkbox"/> |

**The following questions are about your social activities.**

**A17. How often do you go out to eat or drink with three or more friends or acquaintances who are not family members?**

PLEASE TICK ONE BOX ONLY

- |                            |                          |                     |
|----------------------------|--------------------------|---------------------|
| Daily                      | <input type="checkbox"/> | Answer question A18 |
| Several times a week       | <input type="checkbox"/> | Answer question A18 |
| Once a week                | <input type="checkbox"/> | Answer question A18 |
| Two to three times a month | <input type="checkbox"/> | Answer question A18 |
| Once a month               | <input type="checkbox"/> | Answer question A18 |
| Several times a year       | <input type="checkbox"/> | Answer question A18 |
| Less often                 | <input type="checkbox"/> | Answer question A18 |
| Never                      | <input type="checkbox"/> | Go to question A19  |
| <i>Can't choose</i>        | <input type="checkbox"/> | Answer question A18 |

**A18. At these occasions, how often do you make new friends or acquaintances?**

PLEASE TICK ONE BOX ONLY

- |                     |                          |
|---------------------|--------------------------|
| Never               | <input type="checkbox"/> |
| Rarely              | <input type="checkbox"/> |
| Sometimes           | <input type="checkbox"/> |
| Often               | <input type="checkbox"/> |
| Very often          | <input type="checkbox"/> |
| <i>Can't choose</i> | <input type="checkbox"/> |

**A19. Please indicate about how many people do you have contact with on a typical weekday irrespective of whether you know them or not. Include anyone you chat with, talk to, or text, either face-to-face, by phone, internet or any other communication device.**

PLEASE TICK ONE BOX ONLY

- |                     |                          |
|---------------------|--------------------------|
| 0-4 people          | <input type="checkbox"/> |
| 5-9                 | <input type="checkbox"/> |
| 10-19               | <input type="checkbox"/> |
| 20-49               | <input type="checkbox"/> |
| 50-99               | <input type="checkbox"/> |
| 100 or more         | <input type="checkbox"/> |
| <i>Can't choose</i> | <input type="checkbox"/> |

**A20. About how many of these people do you see face-to-face on a typical weekday?**

PLEASE TICK ONE BOX ONLY

- |                             |                          |
|-----------------------------|--------------------------|
| All or almost all of them   | <input type="checkbox"/> |
| Most of them                | <input type="checkbox"/> |
| About half of them          | <input type="checkbox"/> |
| Some of them                | <input type="checkbox"/> |
| None or almost none of them | <input type="checkbox"/> |
| <i>Can't choose</i>         | <input type="checkbox"/> |

**A21. Please think about the parent you have contact with most frequently: How often do you have contact with that parent, either face-to-face, by phone, internet or any other communication device?**

PLEASE TICK ONE BOX ONLY

- |   |                          |
|---|--------------------------|
| <i>My parents are no longer alive</i>                                   | <input type="checkbox"/> |
| <i>The parent I have contact with the most frequently lives with me</i> | <input type="checkbox"/> |
| <hr/>   |                          |
| Daily   | <input type="checkbox"/> |
| Several times a week  | <input type="checkbox"/> |
| Once a week   | <input type="checkbox"/> |
| Two to three times a month  | <input type="checkbox"/> |
| Once a month  | <input type="checkbox"/> |
| Several times a year  | <input type="checkbox"/> |
| Less often  | <input type="checkbox"/> |
| Never   | <input type="checkbox"/> |

**A22. Think about the brother or sister you have contact with most frequently: How often do you have contact with that brother or sister, either face-to-face, by phone, internet or any other communication device?**

PLEASE TICK ONE BOX ONLY

*I do not have any brothers and sisters*  95

*The brother or sister I have contact with the most frequently lives with me*  96

---

Daily  1

Several times a week  2

Once a week  3

Two to three times a month  4

Once a month  5

Several times a year  6

Less often  7

Never  8

**A23. Think about your adult child you have contact with most frequently: How often do you have contact with this child aged at least 18, either face-to-face, by phone, internet or any other communication device?**

PLEASE TICK ONE BOX ONLY

*I do not have any adult children*  95

*The adult child I have contact with the most frequently lives with me*  96

---

Daily  1

Several times a week  2

Once a week  3

Two to three times a month  4

Once a month  5

Several times a year  6

Less often  7

Never  8

**A24. Now, think about the other family member you have contact with most frequently, aside of your spouse or partner, parents, siblings or adult children. How often do you have contact with that family member, either face-to-face, by phone, internet or any other communication device?**

PLEASE TICK ONE BOX ONLY

*I do not have other family members*  95

*The other family member I have contact with the most frequently lives with me*  96

---

Daily  1

Several times a week  2

Once a week  3

Two to three times a month  4

Once a month  5

Several times a year  6

Less often  7

Never  8

**A25. And, think about the close friend you have contact with most frequently: How often do you have contact with that close friend, either face-to-face, by phone, internet or any other communication device?**

PLEASE TICK ONE BOX ONLY

*I do not have any close friends*  95

*The close friend I have contact with the most frequently lives with me*  96

---

Daily  1

Several times a week  2

Once a week  3

Two to three times a month  4

Once a month  5

Several times a year  6

Less often  7

Never  8

**A26. Think now of your contact with all of your family members and close friends. How much of it is through text messages, mobile phones, or other communication devices that use the internet?**

PLEASE TICK ONE BOX ONLY

- |  |   |
|--|---|
| All or almost all of it                  | <input style="width: 30px; height: 15px;" type="text" value="1"/> |
| Most of it                               | <input style="width: 30px; height: 15px;" type="text" value="2"/> |
| About half of it                         | <input style="width: 30px; height: 15px;" type="text" value="3"/> |
| Some of it                               | <input style="width: 30px; height: 15px;" type="text" value="4"/> |
| None or almost none of it                | <input style="width: 30px; height: 15px;" type="text" value="5"/> |
| <i>I do not use any of these devices</i> | <input style="width: 30px; height: 15px;" type="text" value="7"/> |
| <i>Can't choose</i>                      | <input style="width: 30px; height: 15px;" type="text" value="8"/> |

**Now, we would like to ask you some questions about other aspects of your life.**

**A27. In general, would you say your health is...**

PLEASE TICK ONE BOX ONLY

- |                     |   |
|---------------------|---|
| Excellent           | <input style="width: 30px; height: 15px;" type="text" value="1"/> |
| Very good           | <input style="width: 30px; height: 15px;" type="text" value="2"/> |
| Good                | <input style="width: 30px; height: 15px;" type="text" value="3"/> |
| Fair                | <input style="width: 30px; height: 15px;" type="text" value="4"/> |
| Poor                | <input style="width: 30px; height: 15px;" type="text" value="5"/> |
| <i>Can't choose</i> | <input style="width: 30px; height: 15px;" type="text" value="8"/> |

**A28. During the past 4 weeks how often...**

PLEASE TICK ONE BOX ON EACH LINE

	Never	Rarely	Sometimes	Often	Very often	<i>Can't choose</i>
a. ... have you felt unhappy and depressed?	<input style="width: 30px; height: 15px;" type="text" value="1"/>	<input style="width: 30px; height: 15px;" type="text" value="2"/>	<input style="width: 30px; height: 15px;" type="text" value="3"/>	<input style="width: 30px; height: 15px;" type="text" value="4"/>	<input style="width: 30px; height: 15px;" type="text" value="5"/>	<input style="width: 30px; height: 15px;" type="text" value="8"/>
b. ... have you felt difficulties were piling up so high that you could not overcome them?	<input style="width: 30px; height: 15px;" type="text" value="1"/>	<input style="width: 30px; height: 15px;" type="text" value="2"/>	<input style="width: 30px; height: 15px;" type="text" value="3"/>	<input style="width: 30px; height: 15px;" type="text" value="4"/>	<input style="width: 30px; height: 15px;" type="text" value="5"/>	<input style="width: 30px; height: 15px;" type="text" value="8"/>

**A29. To what extent is the following statement true or untrue for you?**

**It is easy for me to accomplish my goals.**

PLEASE TICK ONE BOX ONLY

- |                          |                          |
|--------------------------|--------------------------|
| Completely true          | <input type="checkbox"/> |
| Mostly true              | <input type="checkbox"/> |
| Somewhat true            | <input type="checkbox"/> |
| Neither true, nor untrue | <input type="checkbox"/> |
| Somewhat untrue          | <input type="checkbox"/> |
| Mostly untrue            | <input type="checkbox"/> |
| Completely untrue        | <input type="checkbox"/> |
| <i>Can't choose</i>      | <input type="checkbox"/> |

**A30. All things considered, how satisfied are you with your life as a whole nowadays?**

PLEASE TICK ONE BOX ONLY

- |                                    |                          |
|------------------------------------|--------------------------|
| Completely satisfied               | <input type="checkbox"/> |
| Very satisfied                     | <input type="checkbox"/> |
| Fairly satisfied                   | <input type="checkbox"/> |
| Neither satisfied nor dissatisfied | <input type="checkbox"/> |
| Fairly dissatisfied                | <input type="checkbox"/> |
| Very dissatisfied                  | <input type="checkbox"/> |
| Completely dissatisfied            | <input type="checkbox"/> |
| <i>Can't choose</i>                | <input type="checkbox"/> |

**A31. Thinking of your household's total income, including all the sources of income of all the members who contribute to it, how difficult or easy is it currently for your household to make ends meet?**

PLEASE TICK ONE BOX ONLY

- |                            |                          |
|----------------------------|--------------------------|
| Very difficult             | <input type="checkbox"/> |
| Fairly difficult           | <input type="checkbox"/> |
| Neither easy nor difficult | <input type="checkbox"/> |
| Fairly easy                | <input type="checkbox"/> |
| Very easy                  | <input type="checkbox"/> |
| <i>Can't choose</i>        | <input type="checkbox"/> |



**The next questions deal with your background.**

**B1. Are you...**

*Please tick one box only*

1 Male

2 Female

**B2. When were you born?**

*Please write in the year of your birth (use four digits for the year)*

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**B3. How many years (full-time equivalent) have you been in formal education?**

Include all primary and secondary schooling, university and other post-secondary education, and full-time vocational training, but do not include repeated years. If you are currently in education, count the number of years you have completed so far.

*Please enter number of years or tick a box applicable*

\_\_\_\_\_ years

0 I have no formal schooling

**B4. What is the highest level of education that you have attained?**

*Please tick one box only*

- 1 Primary school not finished
- 2 Primary school (until around 12 years old)
- 3 Primary school (until around 14 years old)
- 4 Compulsory school, secondary school exams, the nationally co-ordinated junior college entrance examination
- 5 Short vocational training on secondary school level (e.g. home economics, marine captain study programme, foundation courses in trade, shorter music studies)
- 6 Secondary education (gymnasium), exam from the university bridging course exam from the preliminary studies department
- 7 Apprenticeship - upper secondary (vocational training)
- 8 Longer vocational training on secondary school level (e.g. nursing assistant certificate programme, masseuse training, trade exam)
- 9 Vocational training on completion of secondary school level (e.g. Grade 4 marine captain or engineer, medical secretary)
- 10 Master craftsman - licence to supervise apprentices
- 11 Short, practical training at university level, diploma
- 12 Short vocational training at university level, basic diploma, 2-3 years (e.g. system analysis, business management, music and instrument teachers, music studies at a university level, art studies at a university level)
- 13 Undergraduate degree BA/BS/B.Ed. or additional diploma
- 14 Studies at university longer than 4 years, at an undergraduate level, such as medicine, law, pharmacology, theology, odontology
- 15 Master's degree MA/MS
- 16 Doctoral degree PhD
- 17 Other, what? \_\_\_\_\_
- 97 Do not want to answer

## The next questions deal with your work situation.

By work we mean doing income-producing work, as an employee, self-employed or working for your own family's business, for at least one hour per week. If you temporarily are not working for pay because of temporary illness/ parental leave/vacation/strike, etc., please refer to your normal work situation.

**B5. Are you currently working for pay, did you work for pay in the past, or have you never been in paid work?**

*Please tick one box only*

- |                          |   |                                 |
|--------------------------|---|---------------------------------|
| <input type="checkbox"/> | I am currently in paid work                                     | <b>Please continue with B6</b>  |
| <input type="checkbox"/> | I am currently not in paid work but I had paid work in the past | <b>Please continue with B7</b>  |
| <input type="checkbox"/> | I have never had paid work                                      | <b>Please continue with B14</b> |

**B6. How many hours, on average, do you usually work for pay in a normal week, including overtime?**

*If you work for more than one employer, or if you are both employed and self-employed, please count the total number of working hours that you do.*

*Please write in.*

On average, I work \_\_\_\_\_ hours a week, overtime included.

## The next questions deal with some more details on your work situation.

If you work for more than one employer, or if you are both employed and self-employed, please refer to your main job.

If you are retired or not currently working, please refer to your last main job.

**B7. Are/were you an employee, self-employed, or working for your own family's business?**

*Please tick one box only*

- |                          |  |                                |
|--------------------------|--|--------------------------------|
| <input type="checkbox"/> | An employee                            | <b>Please continue with B9</b> |
| <input type="checkbox"/> | Self-employed without employees        | <b>Please continue with B9</b> |
| <input type="checkbox"/> | Self-employed with employees           | <b>Please continue with B8</b> |
| <input type="checkbox"/> | Working for your own family's business | <b>Please continue with B9</b> |

**B8. How many employees do/did you have, not counting yourself?**

*Please write in.*

\_\_\_\_\_ employees

**B9. Do/did you supervise other employees?**

*Please tick one box only*

1 Yes

**Please continue with B10**

2 No

**Please continue with B11**

**B10. How many other employees do/did you supervise?**

*Please write in.*

\_\_\_\_\_ employees

**B11. Do/did you work for a for-profit organisation or for a non-profit organisation?**

*Most private companies are run as for-profit companies. Charities and public institutions such as educational and health services are examples of non-profit organisations.*

*Please tick one box only*

1 I work/ed for a for-profit organisation

2 I work/ed for a non-profit organisation

**B12. Do/did you work for a public or a private employer?**

*Please tick one box only*

1 Public employer

2 Private employer

**B13. What is/was your occupation – i.e., what is/was the name or title of your main job?**

*Please write in and describe as clearly as possible.*

a. My occupation is/was:

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b. In your main job, what kind of activities do/did you do most of the time?

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c. What does/did the firm/organisation you work/worked for mainly make or do – i.e., what kind of production/function is/was performed at your workplace?

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**B14. Which of the following best describes your current situation?**

*If you temporarily are not working because of temporary illness/parental leave/vacation/strike etc., please refer to your normal work situation*

*Please tick one box only*

- 1 In paid work (as an employee, self-employed, or working for your own family's business)
- 2 Unemployed and looking for a job
- 3 In education (not paid for by employer), in school/student/pupil even if on vacation
- 4 Apprentice or trainee
- 5 Permanently sick or disabled
- 6 Retired
- 7 Doing housework, looking after the home, children or other persons
- 9 Other

**B15. Do you have a spouse or a steady partner and, if yes, do you share the same household?**

*Please tick one box only*

- |                          |  |  |
|--------------------------|--|--|
| <input type="checkbox"/> | Yes, I have a spouse/partner and we share the same household       | <b>Please continue with B16</b>        |
| <input type="checkbox"/> | Yes, I have a spouse/partner but we don't share the same household | <b>Please continue with B16</b>        |
| <input type="checkbox"/> | No, I don't have a spouse/partner                                  | <b>Please continue with <u>B22</u></b> |

**The next questions deal with the work situation of your spouse/partner.**

By work we mean doing income-producing work, as an employee, self-employed or working for his/her own family's business, for at least one hour per week. If he/she temporarily is not working for pay because of temporary illness/parental leave/vacation/strike, etc., please refer to his/her normal work situation.

**B16. What is the highest level of education that your spouse or partner attained?**

- |                              |                          |
|------------------------------|--------------------------|
| No formal education          | <input type="checkbox"/> |
| Primary school               | <input type="checkbox"/> |
| Lower secondary              | <input type="checkbox"/> |
| Upper secondary              | <input type="checkbox"/> |
| Post-secondary, non-tertiary | <input type="checkbox"/> |
| Lower level tertiary         | <input type="checkbox"/> |
| Upper level tertiary         | <input type="checkbox"/> |
| <i>No answer</i>             | <input type="checkbox"/> |

**B17. Is your spouse/partner currently working for pay, did he/she work for pay in the past, or has he/she never been in paid work?**

*Please tick one box only*

- |                          |   |                                 |
|--------------------------|---|---------------------------------|
| <input type="checkbox"/> | He/she is currently in paid work  | <b>Please continue with B18</b> |
| <input type="checkbox"/> | He/she is currently not in paid work but he/she had paid work in the past | <b>Please continue with B19</b> |
| <input type="checkbox"/> | He/she has never had paid work  | <b>Please continue with B22</b> |

**B18. How many hours, on average, does your spouse/partner usually work for pay in a normal week, including overtime?**

*If he/she works for more than one employer, or if he/she is both employed and self-employed, please count the total number of working hours that he/she does.*

*Please write in.*

On average, he/she works \_\_\_\_\_ hours a week, overtime included.

**The next questions deal with some more details on your spouse's/partner's work situation.**

If he/she works for more than one employer, or if he/she is both employed and self-employed, please refer to his/her main job.

If he/she is retired or not currently working, please refer to his/her last main job.

**B19. Is/was your spouse/partner an employee, self-employed, or working for his/her own family's business?**

*Please tick one box only*

- 1 An employee
- 2 Self-employed without employees
- 3 Self-employed with employees
- 4 Working for his/her own family's business

**B20. Does/did your spouse/partner supervise other employees?**

*Please tick one box only*

- 1 Yes
- 2 No

**B21. What is/was your spouse's/partner's occupation – i.e., what is/was the name or title of his/her main job?**

*Please write in and describe as clearly as possible.*

a. His/her occupation is/was:

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b. In his/her main job, what kind of activities does/did he/she do most of the time?

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c. What does/did the firm/organisation he/she work/worked for mainly make or do – i.e., what kind of production/function is/was performed at his/her workplace?

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**B22. Which of the following best describes your spouse's/partner's current situation?**

*If he/she temporarily is not working because of temporary illness/parental leave/vacation/strike etc., please refer to his/her normal work situation.*

*Please tick one box only*

- 1 In paid work (as an employee, self-employed, or working for your own family's business)
- 2 Unemployed and looking for a job
- 3 In education (not paid for by employer), in school/student/pupil even if on vacation
- 4 Apprentice or trainee
- 5 Permanently sick or disabled
- 6 Retired
- 7 Doing housework, looking after the home, children or other persons
- 9 Other

**B23. Are you or have you ever been a member of a trade union or similar organisation?  
If yes: is that currently or only previously?**

*Please tick one box only*

- 1 Yes, currently
- 2 Yes, previously but not currently
- 3 No, never

**B24. Do you belong to a religion and, if yes, which religion do you belong to?**

*Please tick one box only*

- 0 No religion
- 1 Icelandic National Church
- 2 Catholic
- 3 Protestant (but do not belong to the Iceland National Church)
- 4 Orthodox
- 5 Other Christian
- 6 Jewish
- 7 Islamic
- 8 Buddhist
- 9 Hindu
- 10 Other Asian religions
- 11 Paganism (belief in the old Nordic gods)
- 12 Other religions

**B25. Apart from such special occasions as weddings, funerals, etc., how often do you attend religious services?**

*Please tick one box only*

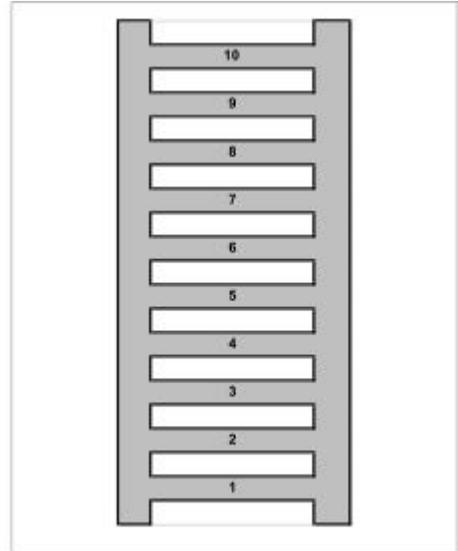
- 1 Several times a week or more often
- 2 Once a week
- 3 2 or 3 times a month
- 4 Once a month
- 5 Several times a year
- 6 Once a year
- 7 Less frequently than once a year
- 8 Never

**B26. In our society, there are groups which tend to be towards the top and groups which tend to be towards the bottom. Below is a scale that runs from the top to the bottom.**

**Where would you put yourself on this scale?**

*Please tick one box only.*

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



**B27. Some people don't vote nowadays for one reason or another. Did you vote in the last Icelandic national election in October 2016?**

*Please tick one box only.*

<input type="checkbox"/>	1	Yes, I did vote	<b>Please continue with B28</b>
<input type="checkbox"/>	2	No, I did not vote	<b>Please continue with B29</b>
<input type="checkbox"/>	3	I was not eligible to vote in the last election	<b>Please continue with B29</b>

**B28. Thinking back to the last general election in October 2016. Which party did you vote for?**

*Please tick one box only.*

- 1 Alþýðufylkinguna (People's front of Iceland (R))
- 2 Bjarta framtíð (Bright Future (A))
- 3 Dögun (Dawn (T))
- 4 Flokk fólksins (People's Party (F))
- 5 Framsóknarflokkinn (Progressive Party (B))
- 6 Húmanistaflokkinn (Humanist Party (H))
- 7 Íslensku þjóðfylkinguna (Icelandic National Front (E))
- 8 Pírata (Pirate Party (P))
- 9 Samfylkinguna (Social Democratic Alliance (S))
- 10 Sjálfstæðisflokkinn (Independence Party (D))
- 11 Viðreisn (The Reform Party (C))
- 12 Vinstri hreyfinguna - grænt framboð (Left-Green Movement (V))
- 13 Other party, which one? \_\_\_\_\_
- 14 Empty ballot

**B29. Do you belong to a national minority or ethnic minority here in Iceland?**

*Please select one or two groups only.*

- 1 Yes, which one? \_\_\_\_\_
- 2 No

**B30. Including yourself, how many people – including children – usually live in your household?**

*Please write in.*

Adults of 18 years and older

Children between 6-17 years of age

Children up to the age of 5 years

---

This makes a total of how many people?

**B31. Before taxes and other deductions, what on average is your own total monthly income?**

*By total income we mean all wages, including from extra jobs and overtime, student loans, disability payments, retirement payments, housing benefits etc.*

*Please write in.*

My total monthly income (in ISK) is on average: \_\_\_\_\_

**If you live in a single household - Please continue with B33**

**B32. Before taxes and other deductions, what on average is the total monthly income of your household?**

*By total income we mean all wages, including from extra jobs and overtime, student loans, disability payments, retirement payments, housing benefits etc.*

*Please write in.*

The total monthly income (in ISK) of my household is on average: \_\_\_\_\_

**B33. What is your current legal marital status?**

*If you have never been married but are in informal cohabitation, please answer "I have never been married."*

*Please tick one box only.*

- 1 Married
- 2 In unregistered cohabitation (Civil partnership )
- 3 In registered cohabitation (Civil partnership)
- 4 Separated from my spouse/civil partner (but still legally married/still legally in a civil partnership)
- 5 Divorced from spouse/legally separated from my civil partner
- 6 Widowed/my civil partner died
- 7 I have never been married/never been in a civil partnership

**B34. In which country was your father born?**

*Please write in or tick the box.*

- 1 Iceland
- 2 Other country, which? \_\_\_\_\_

**B35. In which country was your mother born?**

*Please write in or tick the box.*

- 1 Iceland
- 2 Other country, which? \_\_\_\_\_

**B36. Would you describe the place where you live as...**

*Please tick one box only.*

- 1 A big city
- 2 The suburbs or outskirts of a big city
- 3 A small city or town
- 4 A country village
- 5 A farm or home in the country

Finally we would like to invite you to participate in Félagsvísindastofnun's online panel, where people are invited to respond to surveys online on a regular basis. Most surveys are in Icelandic and the respondents have a good chance of winning gift certificates. You can unregister from the panel at any time.

C1. Are you interested in participating in the online panel?

1 Yes

2 No

C2. If you are interested in participating in the online panel, please write your e-mail address below.

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C3. Do you have any comments regarding the survey as a whole or individual questions?

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The survey is completed. If you have answered all the questions you wish to answer, we kindly ask you to put the questionnaire in the accompanying envelope. The post fee has been paid, so you can place the envelope in the nearest postbox or deliver it to the post office.

Thank you for participating in the International Social Survey Programme.



HÁSKÓLI ÍSLANDS  
FÉLAGSVÍSINDASTOFNUN

Iceland  
ISSP 2017 –  
Social Networks and Social Resources  
Questionnaire  
(Web version)  
(English)

# ISSP 2017 Social Networks

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Start of Block: ISSP 2017

intro ISSP International Social Survey Programme Social Networks If you want to pause the survey and return to it later, you can always close it and click the survey link again when you want to resume the survey. Your answers are automatically saved. You are not obligated to answer individual questions, if you do not wish to answer, please press "Next" to skip the question. Click "Next" to begin the survey. Thank you for your participation. *Guðbjörg Andrea Jónsdóttir Director of the Social Science Research Institute*

*Veldu "Icelandic" í fellilistanum hér að ofan til að svara könnuninni á íslensku.*

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Page Break

metainfo Browser Meta Info

Browser (1)

Version (2)

Operating System (3)

Screen Resolution (4)

Flash Version (5)

Java Support (6)

User Agent (7)

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time Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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q1 Here is a list of jobs that people you know may have. These people could be family or relatives, close friends or someone else you know. By “knowing” a person, we mean that you know him/her by name and well enough to contact him/her. If you know several people who have a job from the list below, please only tick the box for the person who you feel closest to. Each of these jobs could be held by a woman or a man. Do you know a woman or a man who is...? Please tick one box on each line.

	Family or relative (1)	Close friend (2)	Someone else I know (3)	No one (4)	Can't choose (8)
a bus/lorry driver (v1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a senior executive of a large company (v2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a home or office cleaner (v3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a hairdresser/barber (v4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a human resource manager/personnel manager (v5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a lawyer (v6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a car mechanic (v7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a nurse (v8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a police officer (v9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a school teacher (v10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break



q2 To what extent do you agree or disagree with the following statements? *Please tick one box on each line.*

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)	Can't choose (8)
Differences in income in Iceland are too large. (v11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For a society to be fair, differences in people's standard of living should be small. (v12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is the responsibility of the government to reduce the differences in income between people with high incomes and those with low incomes. (v13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The social benefits in Iceland make people lazy. (v14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break





v15 People have different opinions on who should provide services in Iceland. Who do you think should primarily provide health care for the sick?

- Government (1)
  - Private companies/for-profit organisations (2)
  - Non-profit organisations/charities/cooperatives (3)
  - Religious organisations (4)
  - Family, relatives or friends (5)
  - Can't choose* (8)
- 



v16 And, who do you think should primarily provide care for older people?

- Government (1)
  - Private companies/for-profit organisations (2)
  - Non-profit organisations/charities/cooperatives (3)
  - Religious organisations (4)
  - Family, relatives or friends (5)
  - Can't choose* (8)
- 

Page Break



q5 Some activities are done with others in organised groups, clubs or associations. The next questions are about your participation, if any, in such activities. In the past 12 months, how often, if at all, have you taken part in activities...? *Please tick one box on each line.*

	Once a week or more (1)	One to three times a month (2)	Several times in the past year (3)	Once in the past year (4)	Never (5)	Can't choose (8)
... of groups or associations for leisure, sports or culture? (v17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... of political parties, political groups or political associations? (v18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... of charitable or religious organisations that do voluntary work? (v19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



v20 To what extent do you agree or disagree with the following statement? People like me don't have any say about what the government does.

- Strongly agree (1)
- Agree (2)
- Neither agree nor disagree (3)
- Disagree (4)
- Strongly disagree (5)
- Can't choose* (8)

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Page Break



q7 This section is about who you would turn to for help in different situations, if you needed it. For each of the following situations, please tick one box to say who you would turn to first. If there are several people you are equally likely to turn to, please tick the box for the one you feel closest to. Who would you turn to first to ... *Please tick one box on each line.*

	Close family member (1)	More distant family member (2)	Close friend (3)	Neighbour (4)	Someone I work with (5)	Someone else (6)	No one (7)	Can't choose (8)
... help you with a household or a garden job that you can't do yourself? (v21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... help you around your home if you were sick and had to stay in bed for a few days? (v22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... be there for you if you felt a bit down or depressed and wanted to talk about it? (v23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... give you advice about family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

problems?  
(v24)

... enjoy a  
pleasant  
social  
occasion  
with?  
(v25)

---

Page Break



q8 For each of the following situations, please tick one box to say who or where you would turn to first for help. If there are several choices you are equally likely to make, please tick the box for the one you would try first. Who or where would you turn to first to ... Please tick one box on each line.

	Family members or close friends (1)	Other persons (2)	Private companies (3)	Public services (4)	Non-profit or religious organ-isations (5)	Other organ-isations (6)	No person or organ-isation (7)
... help you if you needed to borrow a large sum of money? (v26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... help you if you needed to find a job? (v27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... help you with administrative problems or official paperwork? (v28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... help you if you needed to find a place to live? (v29)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... look after you if you were seriously ill? (v30)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



q9 The next questions are about how you feel about different aspects of your life. For each one, please indicate how often during the past 4 weeks you have felt that way. How often in the past 4 weeks have you felt that... Please tick one box on each line.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)	Can't choose (8)
... you lack companionship? (v31)	<input type="radio"/>					
... you are isolated from others? (v32)	<input type="radio"/>					
... you are left out? (v33)	<input type="radio"/>					

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Page Break



v34 How often do you think that people would try to take advantage of you if they got the chance, and how often would they try to be fair?

- Try to take advantage almost all of the time (1)
  - Try to take advantage most of the time (2)
  - Try to be fair most of the time (3)
  - Try to be fair almost all of the time (4)
  - Can't choose* (8)
- 



v35 Generally speaking, would you say that people can be trusted or that you can't be too careful in dealing with people?

- People can almost always be trusted (1)
  - People can usually be trusted (2)
  - You usually can't be too careful in dealing with people (3)
  - You almost always can't be too careful in dealing with people (4)
  - Can't choose* (8)
- 



q12 Using the following scale ranging from 0 to 10, where 0 means “No trust at all” and 10 means “Complete trust”, please indicate how much trust you personally have in...? How much trust do you personally have in ... Please tick one box on each line.

	No trust at all 00 (0)	01 (1)	02 (2)	03 (3)	04 (4)	05 (5)	06 (6)	07 (7)	08 (8)	09 (9)	Complete trust 10 (10)	Can't choose (98)
... Iceland's courts (v36)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... major private companies in Iceland (v37)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



q13 To what extent do you agree or disagree with the following statements? *Please tick one box on each line.*

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)	Can't choose (8)
Adult children have a duty to look after their elderly parents. (v38)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You should take care of yourself and your family first, before helping other people. (v39)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who are better off should help friends who are less well off. (v40)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



v41 In general, do your family members put pressure on you about the way you live or organise your personal life?

- No, never (1)
  - Yes, but rarely (2)
  - Yes, sometimes (3)
  - Yes, often (4)
  - Yes, very often (5)
  - Can't choose* (8)
- 

v42 Do you feel that your family, relatives and/or friends make too many demands on you?

- No, never (1)
  - Yes, but rarely (2)
  - Yes, sometimes (3)
  - Yes, often (4)
  - Yes, very often (5)
  - Can't choose* (6)
- 



v43 Thinking about the important people in your life, such as your spouse or partner, your family members, or close friends, how often in the past 4 weeks did any of these people act angry or upset with you?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very often (5)
- Can't choose* (8)

---

Page Break



v44 The following questions are about your social activities. How often do you go out to eat or drink with three or more friends or acquaintances who are not family members?

- Daily (1)
- Several times a week (2)
- Once a week (3)
- Two to three times a month (4)
- Once a month (5)
- Several times a year (6)
- Less often (7)
- Never (8)
- Can't choose* (98)

Skip To: v46 If v44 = 8

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v45 At these occasions, how often do you make new friends or acquaintances?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Often (4)
  - Very often (5)
  - Can't choose* (8)
-





v46 Please indicate about how many people do you have contact with on a typical weekday irrespective of whether you know them or not. Include anyone you chat with, talk to, or text, either face-to-face, by phone, internet or any other communication device.

- 0-4 people (1)
  - 5-9 (2)
  - 10-19 (3)
  - 20-49 (4)
  - 50-99 (5)
  - 100 or more (6)
  - Can't choose* (8)
- 

v47 About how many of these people do you see face-to-face on a typical weekday?

- All or almost all of them (1)
  - Most of them (2)
  - About half of them (3)
  - Some of them (4)
  - None or almost none of them (5)
  - Can't choose* (6)
- 

Page Break



v48 Please think about the parent you have contact with most frequently: How often do you have contact with that parent, either face-to-face, by phone, internet or any other communication device?

- My parents are no longer alive (95)
  - The parent I have contact with the most frequently lives with me (96)
  - Daily (1)
  - Several times a week (2)
  - Once a week (3)
  - Two to three times a month (4)
  - Once a month (5)
  - Several times a year (6)
  - Less often (7)
  - Never (8)
- 



v49 Think about the brother or sister you have contact with most frequently: How often do you have contact with that brother or sister, either face-to-face, by phone, internet or any other communication device?

- I do not have any brothers and sisters (95)
- The brother or sister I have contact with the most frequently lives with me (96)
- Daily (1)
- Several times a week (2)
- Once a week (3)
- Two to three times a month (4)
- Once a month (5)
- Several times a year (6)
- Less often (7)
- Never (8)



v50 Think about your adult child you have contact with most frequently: How often do you have contact with this child aged at least 18, either face-to-face, by phone, internet or any other communication device?

- I do not have any adult children (95)
- The adult child I have contact with the most frequently lives with me (96)
- Daily (1)
- Several times a week (2)
- Once a week (3)
- Two to three times a month (4)
- Once a month (5)
- Several times a year (6)
- Less often (7)
- Never (8)



v51 Now, think about the other family member you have contact with most frequently, aside of your spouse or partner, parents, siblings or adult children. How often do you have contact with that family member, either face-to-face, by phone, internet or any other communication device?

- I do not have other family members (95)
- The other family member I have contact with the most frequently lives with me (96)
- Daily (1)
- Several times a week (2)
- Once a week (3)
- Two to three times a month (4)
- Once a month (5)
- Several times a year (6)
- Less often (7)
- Never (8)



v52 And, think about the close friend you have contact with most frequently: How often do you have contact with that close friend, either face-to-face, by phone, internet or any other communication device?

- I do not have any close friends (95)
- The close friend I have contact with the most frequently lives with me (96)
- Daily (1)
- Several times a week (2)
- Once a week (3)
- Two to three times a month (4)
- Once a month (5)
- Several times a year (6)
- Less often (7)
- Never (8)



v53 Think now of your contact with all of your family members and close friends. How much of it is through text messages, mobile phones, or other communication devices that use the internet?

- All or almost all of it (1)
- Most of it (2)
- About half of it (3)
- Some of it (4)
- None or almost none of it (5)
- I do not use any of these devices* (7)
- Can't choose* (8)

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Page Break

X→

v54 Now, we would like to ask you some questions about other aspects of your life. In general, would you say your health is...

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Can't choose (8)

X→

q28 During the past 4 weeks how often... Please tick one box on each line.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)	Can't choose (8)
... have you felt unhappy and depressed? (v55)	<input type="radio"/>					
... have you felt difficulties were piling up so high that you could not overcome them? (v56)	<input type="radio"/>					

Page Break





v57 To what extent is the following statement true or untrue for you? It is easy for me to accomplish my goals.

- Completely true (1)
  - Mostly true (2)
  - Somewhat true (3)
  - Neither true, nor untrue (4)
  - Somewhat untrue (5)
  - Mostly untrue (6)
  - Completely untrue (7)
  - Can't choose* (8)
- 

v58 All things considered, how satisfied are you with your life as a whole nowadays?

- Completely satisfied (1)
  - Very satisfied (2)
  - Fairly satisfied (3)
  - Neither satisfied nor dissatisfied (4)
  - Fairly dissatisfied (5)
  - Very dissatisfied (6)
  - Completely dissatisfied (7)
  - Can't choose* (8)
-



v59 Thinking of your household's total income, including all the sources of income of all the members who contribute to it, how difficult or easy is it currently for your household to make ends meet?

- Very difficult (1)
  - Fairly difficult (2)
  - Neither easy nor difficult (3)
  - Fairly easy (4)
  - Very easy (5)
  - Can't choose* (8)
- 

v60 How many languages do you speak well enough to hold a conversation in, including the language(s) you speak at home?

- One language (1)
  - Two languages (2)
  - Three languages (3)
  - Four or more languages (4)
- 

Page Break

---



q33 To what extent do you agree or disagree with the following statements?

Please tick one box on each line.

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)	Can't choose (8)
It is all right to develop friendships with people just because they can be of use to you. (v61)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When another person does a favour for you, you should feel obligated to pay that person back. (v62)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



q34 The next section is about your social activities and the contact you might have with specific people. When you go out to eat or drink with three or more friends or acquaintances who are not family members, how often do you experience the following situations? How often ... Please tick one box on each line.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)	Can't choose (8)	It does not apply (0)
... does one person dominate the conversation at these occasions? (v63)	<input type="radio"/>	<input type="radio"/>					
... is consideration given to who sits near whom? (v64)	<input type="radio"/>	<input type="radio"/>					

---

Page Break

BV\_intro **The next questions deal with your bakground.**

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SEX Are you ...

- Male (1)
- Female (2)
- 



BIRTH

When were you born?

▼ 2000 (2000) ... 1900 (1900)

---



EDUCYRS How many years (full-time equivalent) have you been in formal education? *Include all primary and secondary schooling, university and other post-secondary education, and full-time vocational training, but do not include repeated years. If you are currently in education, count the number of years you have completed so far. Please enter number of years or tick a box as applicable.*

- (1) \_\_\_\_\_
- I have no formal schooling (0)
- 



IS\_DEGR What is the highest level of education that you have attained?

- Primary school not finished (1)
- Primary school (until around 12 years old) (2)
- Primary school (until around 14 years old) (3)
- Compulsory school, secondary school exams, the nationally co-ordinated junior college entrance examination (4)
- Short vocational training on secondary school level (e.g. home economics, marine captain study programme, foundation courses in trade, shorter music studies) (5)
- Secondary education (gymnasium), exam from the university bridging course exam from the preliminary studies department (6)
- Apprenticeship - upper secondary (vocational training) (7)
- Longer vocational training on secondary school level (e.g. nursing assistant certificate programme, masseuse training, trade exam) (8)
- Vocational training on completion of secondary school level (e.g. Grade 4 marine captain or engineer, medical secretary) (9)
- Master craftsman - licence to supervise apprentices (10)
- Short, practical training at university level, diploma (11)
- Short vocational training at university level, basic diploma, 2-3 years (e.g. system analysis, business management, music and instrument teachers, music studies at a university level, art studies at a university level) (12)
- Undergraduate degree BA/BS/B.Ed. or additional diploma (13)
- Studies at university longer than 4 years, at an undergraduate level, such as medicine, law, pharmacology, theology, odontology (14)
- Master's degree MA/MS (15)
- Doctoral degree PhD (16)
- Other, what? (17) \_\_\_\_\_

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Page Break

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WS\_text **The next questions deal with your work situation.** By work we mean doing income-producing work, as an employee, self-employed or working for your own family's business, for at least one hour per week. If you temporarily are not working for pay because of temporary illness/parental leave/vacation/strike, etc., please refer to your normal work situation.

---



WORK Are you currently working for pay, did you work for pay in the past, or have you never been in paid work?

- I am currently in paid work (1)
- I am currently not in paid work but I had paid work in the past (2)
- I have never had paid work (3)

Skip To: WS\_det\_text If WORK = 2

Skip To: MAINSTAT If WORK = 3

---



WRKHRS

How many hours, on average, do you usually work for pay in a normal week, including overtime?

*If you work for more than one employer, or if you are both employed and self-employed, please count the total number of working hours that you do.*

On average, I work

---

---

Page Break

WS\_det\_text **The next questions deal with some more details on your work situation.** If you work for more than one employer, or if you are both employed and self-employed, please refer to your main job. If you are retired or not currently working, please refer to your last main job.

---

X→

EMPREL Are/were you an employee, self-employed, or working for your own family's business?

- An employee (1)
  - Self-employed without employees (2)
  - Self-employed with employees (3)
  - Working for your own family's business (4)
- 

*Display This Question:*

*If EMPREL = 3*

JS

NEMPLOY How many employees do/did you have, not counting yourself? *Please write in.*

---

X→

WRKSUP Do/did you supervise other employees?

- Yes (1)
  - No (2)
- 

*Display This Question:*

*If WRKSUP = 1*

NSUP How many other employees do/did you supervise? *Please write in.*

---



TYPORG1 Do/did you work for a for-profit organisation or for a non-profit organisation? *Most private companies are run as for-profit companies. Charities and public institutions such as educational and health services are examples of non-profit organisations.*

- I work/ed for a for-profit organisation (1)
  - I work/ed for a non-profit organisation (2)
- 



TYPORG2  
Do/did you work for a public or a private employer?

- Public employer (1)
  - Private employer (2)
- 

Page Break

---



ISCO08a What is/was your occupation – i.e., what is/was the name or title of your main job?  
*Please write in and describe as clearly as possible. My occupation is/was:*

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

---



ISCO08b  
In your main job, what kind of activities do/did you do most of the time?  
*Please write in and describe as clearly as possible.*

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

---



ISCO08c  
What does/did the firm/organisation you work/worked for mainly make or do – i.e., what kind of production/function is/was performed at your workplace?  
*Please write in and describe as clearly as possible.*

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

---

Page Break \_\_\_\_\_



MAINSTAT Which of the following best describes your current situation?

*If you temporarily are not working because of temporary illness/parental leave/vacation/strike etc., please refer to your normal work situation.*

- In paid work (as an employee, self-employed, or working for your own family's business) (1)
- Unemployed and looking for a job (2)
- In education (not paid for by employer), in school/student/pupil even if on vacation (3)
- Apprentice or trainee (4)
- Permanently sick or disabled (5)
- Retired (6)
- Doing housework, looking after the home, children or other persons (7)
- Other (9)

---

Page Break



PARTLIV

Do you have a spouse or a steady partner and, if yes, do you share the same household?

- Yes, I have a spouse/partner and we share the same household (1)
- Yes, I have a spouse/partner but we don't share the same household (2)
- No, I don't have a spouse/partner (3)

*Skip To: UNION If PARTLIV = 3*

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Page Break

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SPWtext **The next questions deal with the work situation of your spouse/partner.** By work we mean doing income-producing work, as an employee, self-employed or working for his/her own family's business, for at least one hour per week. If he/she temporarily is not working for pay because of temporary illness/parental leave/vacation/strike, etc., please refer to his/her normal work situation.

---



SPDEGREE What is the highest level of education that your spouse or partner attained?

- No formal education (0)
  - Primary school (1)
  - Lower secondary (2)
  - Upper secondary (3)
  - Post-secondary, non-tertiary (4)
  - Lower level tertiary (5)
  - Upper level tertiary (6)
  - No answer (0)
- 



SPWORK

Is your spouse/partner currently working for pay, did he/she work for pay in the past, or has he/she never been in paid work?

- He/she is currently in paid work (1)
- He/she is currently not in paid work but he/she had paid work in the past (2)
- He/she has never had paid work (3)

*Skip To: SPDtext If SPWORK = 2*

JS

SPWRKHRS

How many hours, on average, does your spouse/partner usually work for pay in a normal week, including overtime?

*If he/she works for more than one employer, or if he/she is both employed and self-employed, please count the total number of working hours that he/she does.*

*Please write in.*

On average, he/she works

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Page Break

SPDtext **The next questions deal with some more details on your spouse's/partner's work situation.** If he/she works for more than one employer, or if he/she is both employed and self-employed, please refer to his/her main job. If he/she is retired or not currently working, please refer to his/her last main job.

---



SPEMPREL Is/was your spouse/partner an employee, self-employed, or working for his/her own family's business?

- An employee (1)
  - Self-employed without employees (2)
  - Self-employed with employees (3)
  - Working for his/her own family's business (4)
- 



SPWRKSUP

Does/did your spouse/partner supervise other employees?

- Yes (1)
  - No (2)
- 

Page Break

---



SPISCO08a

What is/was your spouse's/partner's occupation – i.e., what is/was the name or title of his/her main job?

*Please write in and describe as clearly as possible.*

His/her occupation is/was:

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

---



SPISCO08b

In his/her main job, what kind of activities does/did he/she do most of the time?

*Please write in and describe as clearly as possible.*

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

---



SPISCO08c

What does/did the firm/organisation he/she work/worked for mainly make or do – i.e., what kind of production/function is/was performed at his/her workplace?

*Please write in and describe as clearly as possible.*

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

---

Page Break \_\_\_\_\_



## SPMAINST

Which of the following best describes your spouse's/partner's current situation?

*If he/she temporarily is not working because of temporary illness/parental leave/vacation/strike etc., please refer to his/her normal work situation.*

- In paid work (as an employee, self-employed, or working for your own family's business) (1)
- Unemployed and looking for a job (2)
- In education (not paid for by employer), in school/student/pupil even if on vacation (3)
- Apprentice or trainee (4)
- Permanently sick or disabled (5)
- Retired (6)
- Doing housework, looking after the home, children or other persons (7)
- Other (9)

---

Page Break



## UNION

Are you or have you ever been a member of a trade union or similar organisation?

If yes: is that currently or only previously?

- Yes, currently (1)
  - Yes, previously but not currently (2)
  - No, never (3)
- 



IS\_RELIG

Do you belong to a religion and, if yes, which religion do you belong to?

- No religion (0)
  - Icelandic National Church (1)
  - Catholic (2)
  - Protestant (but do not belong to the Iceland National Church) (3)
  - Orthodox (4)
  - Other Christian (5)
  - Jewish (6)
  - Islamic (7)
  - Buddhist (8)
  - Hindu (9)
  - Other Asian religions (10)
  - Paganism (belief in the old nordic gods) (11)
  - Other religions (12)
- 



## ATTEND

Apart from such special occasions as weddings, funerals, etc., how often do you attend religious services?

- Several times a week or more often (1)
- Once a week (2)
- 2 or 3 times a month (3)
- Once a month (4)
- Several times a year (5)
- Once a year (6)
- Less frequently than once a year (7)
- Never (8)

---

Page Break



## TOPBOT

In our society, there are groups which tend to be towards the top and groups which tend to be towards the bottom. Below is a scale that runs from the top to the bottom.

Where would you put yourself on this scale?

10 - Top (10)

9 (9)

8 (8)

7 (7)

6 (6)

5 (5)

4 (4)

3 (3)

2 (2)

1 - Bottom (1)

---

Page Break



VOTE\_LE

Some people don't vote nowadays for one reason or another. Did you vote in the last icelandic national election in october 2017?

- Yes, I did vote (1)
- No, I did not vote (2)
- I was not eligible to vote in the last election (0)

---

*Display This Question:*

*If VOTE\_LE = 1*



IS\_PRTY

Thinking back to the last general election in October 2017. Which party did you vote for?

- Alþýðufylkingin (People's front of Iceland (R)) (1)
- Björt framtíð (Bright Future (A)) (2)
- Dögun (Dawn (P)) (3)
- Flokkur fólksins (People's Party (F)) (4)
- Framsóknarflokkurinn (Progressive Party (B)) (5)

q2 , 1 Is Not Displayed

- Húmanistaflokkurinn (Humanist Party (H)) (6)

q2 , 2 Is Not Displayed

- Íslenska þjóðfylkingin (Icelandic National Front (E)) (7)
  - Miðflokkurinn (Centre Party (M)) (18)
  - Píratar (Pirate Party (P)) (8)
  - Samfylkingin (Social Democratic Alliance (S)) (9)
  - Sjálfstæðisflokkurinn (Independence Party (D)) (10)
  - Viðreisn (The Reform Party (C)) (11)
  - Vinstri hreyfingin - grænt framboð (Left-Green Movement (V)) (12)
  - Other party, which one? (13)
- 
- Empty ballot (14)

Page Break



IS\_ETHN Do you belong to a national minority or ethnic minority here in Iceland?  
*Please write in or tick a box as applicable.*

- Yes, which? (1) \_\_\_\_\_
- No (2)
- 

HOMPOP **Including yourself**, how many people – including children – usually live in your household?

*Please choose a number in each category. The number appearing in the "total" row should be the number of people living in your household.*

Adults of 18 years and older : \_\_\_\_\_ (1)  
Children between 6-17 years of age : \_\_\_\_\_ (2)  
Children up to the age of 5 years : \_\_\_\_\_ (3)  
Total : \_\_\_\_\_

---

Page Break \_\_\_\_\_



IS\_RINC Before taxes and other deductions, what on average is your own total monthly income?

*By total income we mean all wages, including from extra jobs and overtime, student loans, disability payments, retirement payments, housing benefits etc. Please write in.*

My total monthly income (in ISK) is on average: (1)

Do not want to answer (7)

---

Page Break

Display This Question:

If HOMPOP [ 1 ] > 1



IS\_INC Before taxes and other deductions, what on average is the total monthly income of your household? *By total income we mean all wages, including from extra jobs and overtime, student loans, disability payments, retirement payments, housing benefits etc. Please write in.*

The total monthly income (in ISK) of my household is on average: (1)

\_\_\_\_\_

Do not want to answer (7)

---

Page Break



MARITAL What is your current legal marital status? *If you have never been married but are in informal cohabitation, please answer "I have never been married."*

- Married (1)
  - In registered cohabitation (Civil partnership) (2)
  - Separated from my spouse/civil partner (but still legally married/still legally in a civil partnership) (3)
  - Divorced from spouse/legally separated from my civil partner (4)
  - Widowed/my civil partner died (5)
  - I have never been married/never been in a civil partnership (6)
- 



F\_BORN In which country was your father born?

*Please write in or tick the box.*

- Iceland (1)
  - Other country, which? (2) \_\_\_\_\_
- 



M\_BORN In which country was your mother born?

*Please write in or tick the box.*

- Iceland (1)
  - Other country, which? (2) \_\_\_\_\_
-



## URBRURAL

Would you describe the place where you live as...

- A big city (1)
- The suburbs or outskirts of a big city (2)
- A small city or town (3)
- A country village (4)
- A farm or home in the country (5)

End of Block: Bakgrunnsspurningar

---

Start of Block: Panelsöfnun

Panelsofnun\_póstkönn Finally we would like to invite you to participate in Félagsvísindastofnun's online panel, where people are invited to respond to surveys online on a regular basis. Most surveys are in Icelandic and the respondents have a good chance of winning gift certificates. You can unregister from the panel at any time. Are you interested in participating in the online panel?

- Yes (1)
- No (2)

---

*Display This Question:*

*If Panelsofnun\_póstkönn = 1*

email What is your email address?

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Page Break

ATHS Do you have any comments regarding the survey as a whole or individual questions?  
*If you do not have any comments, please press "Next" to complete the survey.*

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End of Block: Panelsöfnun

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