

International Social Survey Programme

ISSP – 2001

Social Relations and Support Systems (Social Networks II)

Questionnaire

Final Version

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Obligatory background variables

Sources and comments

In the first part of this questionnaire, we would like to ask you about your family and friends. For example, about how often you see or visit them, and when you turn to them for help or advice.

Q.1 We would like to begin with your brothers and sisters. How many adult brothers and/or sisters - we mean brothers or sisters who are age 18 and older – do you have? (We mean brothers and sisters who are still alive. Please include step-brothers and -sisters, half-brothers and -sisters and adopted brothers and sisters)

_____ adult brother(s) and sister(s)

I have no ADULT brothers or sisters ...

If no adult brothers or sisters, CONTINUE WITH QUESTION 5.

Q.2 Of your adult brothers and sisters, with whom do you have the most contact?

Please tick one box only.

With a brother ⇒ ANSWER QUESTION 3

With a sister ⇒ ANSWER QUESTION 3

I have no contact with any adult brother or sister ⇒ If no contact, CONTINUE WITH QUESTION 5

Q.3 How often do you see or visit this brother or sister?

Please tick one box only

He/she lives in the same household as I do ⇒ If in same household, CONTINUE WITH QUESTION 5

Daily

At least several times a week

At least once a week

At least once a month

Several times a year

Less often

Q.4 And how often do you have any other contact with this brother or sister besides visiting, either by telephone, letter, fax or e-mail?

- Daily
- At least several times a week
- At least once a week
- At least once a month
- Several times a year
- Less often

Q.5 Now some questions about your children who are aged 18 and older.

How many children age 18 and older do you have? (We mean children who are still alive. Please include step-children and adopted children).

_____ children aged 18 and older

I have no children age 18 and older...

If no adult children, CONTINUE WITH QUESTION 9.

Q.6 Of your children aged 18 and older, with whom do you have the most contact?

Please tick one box only.

- With a son ⇒ ANSWER QUESTION 7
- With a daughter ⇒ ANSWER QUESTION 7
- I have no contact with any of my adult children ⇒ If no contact, CONTINUE WITH QUESTION 9

Q.7 How often do you see this son or daughter?

Please tick one box only

- | | | |
|--|--------------------------|--|
| He/she lives in the same household as I do | <input type="checkbox"/> | ⇒ If in same household, CONTINUE WITH QUESTION 9 |
| Daily | <input type="checkbox"/> | |
| At least several times a week | <input type="checkbox"/> | |
| At least once a week | <input type="checkbox"/> | |
| At least once a month | <input type="checkbox"/> | |
| Several times a year | <input type="checkbox"/> | |
| Less often | <input type="checkbox"/> | |

Q.8 And how often do you have any other contact with this son or daughter besides visiting, either by telephone, letter, fax or e-mail?

- | | |
|-------------------------------|--------------------------|
| Daily | <input type="checkbox"/> |
| At least several times a week | <input type="checkbox"/> |
| At least once a week | <input type="checkbox"/> |
| At least once a month | <input type="checkbox"/> |
| Several times a year | <input type="checkbox"/> |
| Less often | <input type="checkbox"/> |

Q.9 And now some questions about your father. How often do you see or visit your father?

Please tick one box only

- | | | | |
|--|--------------------------|---|---|
| He lives in the same household as I do | <input type="checkbox"/> | ⇒ | If in same household, CONTINUE WITH QUESTION 11 |
| Daily | <input type="checkbox"/> | | |
| At least several times a week | <input type="checkbox"/> | | |
| At least once a week | <input type="checkbox"/> | | |
| At least once a month | <input type="checkbox"/> | | |
| Several times a year | <input type="checkbox"/> | | |
| Less often | <input type="checkbox"/> | | |
| Never | <input type="checkbox"/> | | |
| My father is no longer alive | <input type="checkbox"/> | ⇒ | If not alive, CONTINUE WITH QUESTION 11 |
| I don't know where my father lives | <input type="checkbox"/> | ⇒ | If do not know, CONTINUE WITH QUESTION 11 |

Q.10 And how often do you have any other contact with your father besides visiting, either by telephone, letter, fax or e-mail?

- | | |
|-------------------------------|--------------------------|
| Daily | <input type="checkbox"/> |
| At least several times a week | <input type="checkbox"/> |
| At least once a week | <input type="checkbox"/> |
| At least once a month | <input type="checkbox"/> |
| Several times a year | <input type="checkbox"/> |
| Less often | <input type="checkbox"/> |
| Never | <input type="checkbox"/> |

Q.11 And what about your mother? How often do you see or visit her?

Please tick one box only

- | | | | |
|---|--------------------------|---|---|
| She lives in the same household as I do | <input type="checkbox"/> | ⇒ | If in same household, CONTINUE WITH QUESTION 14 |
| Daily | <input type="checkbox"/> | | |
| At least several times a week | <input type="checkbox"/> | | |
| At least once a week | <input type="checkbox"/> | | |
| At least once a month | <input type="checkbox"/> | | |
| Several times a year | <input type="checkbox"/> | | |
| Less often | <input type="checkbox"/> | | |
| Never | <input type="checkbox"/> | | |
| My mother is no longer alive | <input type="checkbox"/> | ⇒ | If no longer alive, CONTINUE WITH QUESTION 14 |
| I don't know where my mother lives | <input type="checkbox"/> | ⇒ | If do not know, CONTINUE WITH QUESTION 14 |

Q.12 How often do you have any other contact with your mother besides visiting, either by telephone, letter, fax or e-mail?

- | | |
|-------------------------------|--------------------------|
| Daily | <input type="checkbox"/> |
| At least several times a week | <input type="checkbox"/> |
| At least once a week | <input type="checkbox"/> |
| At least once a month | <input type="checkbox"/> |
| Several times a year | <input type="checkbox"/> |
| Less often | <input type="checkbox"/> |
| Never | <input type="checkbox"/> |

Q.13 About how long would it take to get to where your mother lives?

Think of the time it usually takes door to door.

Please tick one box only

- | | |
|-------------------------------|--------------------------|
| Less than 2 minutes | <input type="checkbox"/> |
| Less than 15 minutes | <input type="checkbox"/> |
| Between 15 and 30 minutes | <input type="checkbox"/> |
| Between 30 minutes and 1 hour | <input type="checkbox"/> |
| Between 1 and 2 hours | <input type="checkbox"/> |
| Between 2 and 3 hours | <input type="checkbox"/> |
| Between 3 and 5 hours | <input type="checkbox"/> |
| Between 5 and 12 hours | <input type="checkbox"/> |
| Over 12 hours | <input type="checkbox"/> |

Q.14 Now some questions about your contact with other relatives. Please indicate how often you have been in contact with any of the following types of relatives in the last four weeks.

Please tick one box on each line

- | | More than
twice in last 4
weeks | Once or twice
in last 4 weeks | Not at all in last
4 weeks | I have no
living relative
of this type |
|--------------------------------|---------------------------------------|----------------------------------|-------------------------------|--|
| a) Uncles or aunts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Cousins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Parents-in-law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Brothers- or sisters-in-law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Nieces and nephews | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) [OPTIONAL] God-parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q.15 Now we would like to ask you about people you know, other than your family and relatives. The first question is about people at your work place.

IF YOU DO NOT WORK FOR PAY, PLEASE CONTINUE WITH QUESTION 16.

Thinking about people at your work place, how many of them are close friends of yours?

Number of close friends at work place _____

None

Q.16 Thinking now of people who live near you – in your neighbourhood or district: How many of these people are close friends of yours?

Number of close friends who live near you _____

None

Q.17 How many other close friends do you have – apart from those at work, in your neighbourhood, or family members? Think, for instance, of friends at clubs, church, or the like.

Number of other close friends _____

None

**Q.18 Now think about your best friend, the friend you feel closest to (but not your partner).
Is this best friend ...**

Please tick one box only

- | | | |
|--------------------------------|--------------------------|---|
| a male relative | <input type="checkbox"/> | |
| a female relative | <input type="checkbox"/> | |
| a man who is not a relative | <input type="checkbox"/> | |
| a woman who is not a relative? | <input type="checkbox"/> | |
| I don't have a close friend | <input type="checkbox"/> | ⇒ If no close friend, CONTINUE WITH QUESTION 21 |

Q.19 How often do you see or visit your friend (the friend you feel closest to)?

- | | | |
|--|--------------------------|---|
| He/she lives in the same household as I do | <input type="checkbox"/> | ⇒ If in same household, CONTINUE WITH Q. 21 |
| Daily | <input type="checkbox"/> | |
| At least several times a week | <input type="checkbox"/> | |
| At least once a week | <input type="checkbox"/> | |
| At least once a month | <input type="checkbox"/> | |
| Several times a year | <input type="checkbox"/> | |
| Less often | <input type="checkbox"/> | |
| Never | <input type="checkbox"/> | |

Q.20 And how often do you have any other contact with this friend besides visiting, either by telephone, letter, fax or e-mail?

- | | |
|-------------------------------|--------------------------|
| Daily | <input type="checkbox"/> |
| At least several times a week | <input type="checkbox"/> |
| At least once a week | <input type="checkbox"/> |
| At least once a month | <input type="checkbox"/> |
| Several times a year | <input type="checkbox"/> |
| Less often | <input type="checkbox"/> |
| Never | <input type="checkbox"/> |

Q.21 People sometimes belong to different kinds of groups or associations. The list below contains different types of groups. For each type of group, please tick a box to say whether you have participated in the activities of this group in the past 12 months.

Please tick one box on each line

	I have participated more than twice	I have participated once or twice	I belong to such a group but never participate	I do not belong to such a group
A political party, club or association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A trade union or professional association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A church or other religious organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sports group, hobby or leisure club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A charitable organisation or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A neighbourhood association or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other associations or groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.22 Now we would like to ask you how you would get help in situations that anyone could find herself or himself in. First, suppose you had the 'flu and had to stay in bed for a few days and needed help around the house, with shopping and so on.

Who would you turn to first for help?

Please tick one box only

- | | |
|-------------------------------------|--------------------------|
| husband, wife, partner | <input type="checkbox"/> |
| mother | <input type="checkbox"/> |
| father | <input type="checkbox"/> |
| daughter | <input type="checkbox"/> |
| daughter-in-law | <input type="checkbox"/> |
| son | <input type="checkbox"/> |
| son-in-law | <input type="checkbox"/> |
| sister | <input type="checkbox"/> |
| brother | <input type="checkbox"/> |
| other blood relative | <input type="checkbox"/> |
| other in-law relative | <input type="checkbox"/> |
| close friend | <input type="checkbox"/> |
| neighbour | <input type="checkbox"/> |
| someone you work with | <input type="checkbox"/> |
| someone at a social services agency | <input type="checkbox"/> |
| someone you pay to help | <input type="checkbox"/> |
| someone else | <input type="checkbox"/> |
| no one | <input type="checkbox"/> |

Q.23 And who would you turn to second if you had the 'flu and needed help around the house?

Please tick one box only

- | | |
|-------------------------------------|--------------------------|
| husband, wife, partner | <input type="checkbox"/> |
| mother | <input type="checkbox"/> |
| father | <input type="checkbox"/> |
| daughter | <input type="checkbox"/> |
| daughter-in-law | <input type="checkbox"/> |
| son | <input type="checkbox"/> |
| son-in-law | <input type="checkbox"/> |
| sister | <input type="checkbox"/> |
| brother | <input type="checkbox"/> |
| other blood relative | <input type="checkbox"/> |
| other in-law relative | <input type="checkbox"/> |
| close friend | <input type="checkbox"/> |
| neighbour | <input type="checkbox"/> |
| someone you work with | <input type="checkbox"/> |
| someone at a social services agency | <input type="checkbox"/> |
| someone you pay to help | <input type="checkbox"/> |
| other | <input type="checkbox"/> |

no one

**Q.24 Now, suppose you needed to borrow a large sum of money.
Who would you turn to first for help?**

Please tick one box only.

husband, wife, partner

mother

father

daughter

son

sister

brother

other blood relative

in-law relative

god-parent

close friend

neighbour

someone you work with

employer

government or social services agency

a bank or credit union

a private money lender

someone else

no one

Q.25 And who would you turn to second if you needed to borrow a large sum of money?

Please tick one box only

husband, wife, partner

mother

father

daughter

son

sister

brother

other blood relative

in-law relative

god-parent

close friend

neighbour

someone you work with

employer

government or social services agency

a bank or credit union

a private money lender

someone else

no one

Q.26 Now suppose you felt just a bit down or depressed, and you wanted to talk about it. Who would you turn to first for help?

Please tick one box only

- | | |
|---|--------------------------|
| husband, wife, partner | <input type="checkbox"/> |
| mother | <input type="checkbox"/> |
| father | <input type="checkbox"/> |
| daughter | <input type="checkbox"/> |
| son | <input type="checkbox"/> |
| sister | <input type="checkbox"/> |
| brother | <input type="checkbox"/> |
| other blood relative | <input type="checkbox"/> |
| in-law relative | <input type="checkbox"/> |
| close friend | <input type="checkbox"/> |
| neighbour | <input type="checkbox"/> |
| someone you work with | <input type="checkbox"/> |
| priest or member of the clergy | <input type="checkbox"/> |
| family doctor | <input type="checkbox"/> |
| a psychologist or another professional counsellor | <input type="checkbox"/> |
| a self-help group | <input type="checkbox"/> |
| someone else | <input type="checkbox"/> |
| no one | <input type="checkbox"/> |

Q.27 And who would you turn to second if you felt a bit down or depressed and wanted to talk about it?

Please tick one box only

- | | |
|---|--------------------------|
| | <input type="checkbox"/> |
| husband, wife, partner | |
| mother | <input type="checkbox"/> |
| father | <input type="checkbox"/> |
| daughter | <input type="checkbox"/> |
| son | <input type="checkbox"/> |
| sister | <input type="checkbox"/> |
| brother | <input type="checkbox"/> |
| other blood relative | <input type="checkbox"/> |
| in-law relative | <input type="checkbox"/> |
| close friend | <input type="checkbox"/> |
| neighbour | <input type="checkbox"/> |
| someone you work with | <input type="checkbox"/> |
| priest or member of the clergy | <input type="checkbox"/> |
| family doctor | <input type="checkbox"/> |
| a psychologist or another professional counsellor | <input type="checkbox"/> |
| a self-help group | <input type="checkbox"/> |
| someone else | <input type="checkbox"/> |
| no one | <input type="checkbox"/> |

Q.28 During the past 12 months, how often have you done any of the following things for people you know personally, such as relatives, friends, neighbours or other acquaintances?

Please tick one box on each line

	More than once a week	Once a week	Once a month	At least two or three times in the past year	Once in the past year	Not at all in the past year
a) Helped someone outside of your house-hold with housework or shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Lent quite a bit of money to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Spent time talking with someone who was a bit down or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Helped somebody to find a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.29 There are many ways people hear about jobs - from other people, from advertisements or employment agencies, and so on. Please indicate how you first found out about work at your present employer.

IF YOU ARE NOT CURRENTLY WORKING FOR PAY, PLEASE ANSWER THIS QUESTION FOR YOUR LAST JOB.

Please tick one box only

- I have never worked for pay
- From parents, brothers or sisters
- From other relatives
- From a close friend
- From an acquaintance
- From a public employment agency or service
- From a private employment agency
- From a school or university placement office
- From an advertisement or a sign
- The employer contacted me about a job
- I just called them or went there to ask for work

Q. 32 On the whole, do you think it should or should not be the government's responsibility to ...

	Definitely should be	Probably should be	Probably should not be	Definitely should not be	Can't choose
a) provide childcare for everyone who wants it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) provide a decent standard of living for the old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.33 If you were to consider your life in general these days, how happy or unhappy would you say you are, on the whole ?

Very happy	<input type="checkbox"/>
Fairly happy	<input type="checkbox"/>
Not very happy	<input type="checkbox"/>
Not at all happy	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>

Q.34 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 seldom	<input type="checkbox"/>
Yes, sometimes	<input type="checkbox"/>
Yes, often	<input type="checkbox"/>
Yes, very often	<input type="checkbox"/>

Q.35 To what extent do you agree or disagree with the following statements?

Please tick one box on each line

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Can't choose
a) There are only a few people I can trust completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Most of the time you can be sure that other people want the best for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are not careful, other people will take advantage of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.36 How long have you lived in the city, town or local community where you live now?

Since birth

Since the year _____

Q.37 Suppose you wanted the local government to bring about some improvement in your local community. How likely is it that you would be able to do something about it?

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely
- Don't know

OPTIONAL QUESTIONS:

Q38. To what extent do you agree or disagree with the following statement?

	Agree Strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Can't choose
People like me don't have any say about what the Government does.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q39. How often do you discuss politics with your friends?

Almost all the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Almost never	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>

Additional COMPULSORY DEMOGRAPHIC QUESTION for ISSP-2001 "Social Networks":

**How many children under 18 years of age do you have?
(Please include step-children and adopted children).**

_____ children

Obligatory background variables

SEX R: sex
Sex of respondent

AGE R: Age
Age of respondent

MARITAL R: Marital status
Marital status of respondent (legal status)

COHAB R: Steady life-partner
(If 'not married and living together with spouse')
Do you have / live together with a partner?

EDUCYRS R: Education I: years in school
Education I - years (of full time) schooling including university but not vocational training

DEGREE R: Education II: categories
Education II - highest education level / degree

WRKST R: Current employment status
Current employment status, current economic position, main source of living

WRKHRS R: Hours worked weekly
Working hours - number of hours (usually) worked weekly

ISCO88 R: Occupation ISCO 1988
Occupation - four digit 1988 ISCO / ILO occupation code

WRKSUP R: Supervise
Supervises others at work - (Do) you supervise or (are) you responsible for the work of any other people?

WRKGOVT R: Working for private - public sector
Private vs. public - Working for private versus public sector

SELFEMP R: Self-employed I
In your (main) job, are you an employee or are you self-employed?

NEMPLOY R: Self-employed II - how many employees
(If self employed) Do you have any employees, **If so**, how many? (exact number of employees)

UNION R: Trade union membership
Is respondent member of a trade union?

SPWRKST S-P: Current employment status
Spouse / partner: current employment status, current economic position, main source of living

SPISCO88 S-P: Occupation ISCO
Spouse / partner: occupation

INCOME Family income
Family income

RINCOME R: Earnings
Respondent's earnings

HOMPOP How many persons in household
Number of people in household

HHCYCLE Household cycle
Household composition: number of adults and of children under 18 years)

PARTY_LR R: party affiliation: left - right
Party affiliation - coded in a left - right scheme

RELIG R: Religious denomination
Religious denomination

ATTEND R: Religious services - how often
Attendance of religious services

CLASS R: Subjective social class
Subjective social class

URBRURAL Urban - Rural
Type of community: urban / rural

(Not provided by respondent)
Region
Country specific

Size of community
Country specific

Additional obligatory background variable for ISSP-2001 "Social Networks":

CHILDREN under 18 years:

How many children under 18 years of age do you have?
(Please include step-children and adopted children). _____ children

Sources and comments to the questions

Question Nr.	Question-content	Source, Comment
Q. 1 to Q. 4	Contact to brother or sister	ISSP-1986 (with minor modifications)
Q. 5 to Q. 8	Contact to son or daughter	ISSP-1986 (with minor modifications)
Q. 9 to Q. 10	Contact to father	ISSP-1986, Never added
Q. 11 to Q. 13	Contact to mother	ISSP-1986 , Q. 11/12, Never added
Q. 14	Contact to other relatives	New Question Explanation for item f: God-parent By god-parent we mean a person who acts as a sponsor or witness in rituals or ceremonies such as baptism or marriage
Q. 15 to Q. 17	Number of close friends at work-place, in the neighbourhood, other friends	New Questions; (ISSP-1986: total number of close friends)
Q. 18 to Q. 20	Contact to closest friend	ISSP-1986, Q. 18 modified
Q. 21	Membership in associations or groups	Adapted from GSS, WVS, ISSP-1998
Q. 22- Q. 27	Whom would you ask for help in situations of need	ISSP-1986 (with minor modifications)
Q. 28	To whom would you give help in situations of need	New questions (parallel to Q. 22 to Q. 27)
Q. 29	Sources of information about jobs	Adapted from various surveys
Q. 30	Characteristics of a close friend	Adapted from GSS
Q. 31	Obligations towards relatives and friends	New questions
Q. 32	Responsibilities of the government	ISSP-1996 + Danish survey
Q. 33	Happiness	ISSP-1998
Q. 34	Demands from relatives	New question
Q. 35	Trust in people	Adapted from Danish proposal + ISSP-98
Q. 36	How long lived in the city	ISSP-1986, ISSP-1995
Q. 37 to Q. 38	Feeling of political efficacy in local and national government	Adapted from various surveys
Q. 39	Discuss politics with friends	Adapted from various surveys