



The Economic and Social Research Institute

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We have been commissioned to carry out a study of people's feelings and opinions about a variety of important issues. The study is being conducted in a number of other countries and the objective is to see how people's values and opinions vary across the different countries. The interview will take about an hour to complete and I would be very grateful if you could spare me this much time. All the information that you give will be treated in the strictest confidence and only aggregated results will be published. We very much hope that you will be able to co-operate since we are interviewing only a sample of the population and your views will represent those of many people we will not be able to interview.

Interviewer's Name: _____

Area Code

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Resp. Code

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Inter. No.

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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 and advice.

MOTHER

Q1.a) First, your mother, Is she still alive?

(✓)
Yes ☐ 1 → PLEASE ANSWER Q.1b) BELOW

S1.1

No ☐ 2 → GO TO Q.2

b) How often do you see or visit your mother?

PLEASE TICK
ONE BOX

(✓)
She lives in the same household ☐ 1 → GO TO Q.2

Daily ☐ 2

At least several times a week ☐ 3

At least once a week ☐ 4

At least once a month ☐ 5

Several times a year ☐ 6

Less often ☐ 7

S1.2

c) About how long would it take you to get to where your mother lives? Think of the time it usually takes door to door.

PLEASE TICK
ONE BOX

(✓)
Less than 15 minutes ☐ 1

Between 15 and 30 minutes ☐ 2

Between 30 minutes and 1 hour ☐ 3

Between 1 and 2 hours ☐ 4

Between 2 and 3 hours ☐ 5

Between 3 and 5 hours ☐ 6

Between 5 and 12 hours ☐ 7

Over 12 hours ☐ 8

S1.3

d) And how often do you have any other contact with your mother, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

(✓)
Daily ☐ 1

At least several times a week ☐ 2

At least once a week ☐ 3

At least once a month ☐ 4

Several times a year ☐ 5

Less often ☐ 6

S1.4

FATHER

Q2.a) Is your father still alive?

(✓)
Yes ☐ 1 → PLEASE ANSWER Q.2b) BELOW
No ☐ 2 → GO TO Q.3

S2.1

b) How often do you see or visit your father?

PLEASE TICK
ONE BOX

He lives in the same household ☐ 1 → GO TO Q.3

Daily ☐ 2

At least several times a week ☐ 3

At least once a week ☐ 4

At least once a month ☐ 5

Several times a year ☐ 6

Less often ☐ 7

S2.2

c) About how long would it take you to get to where your father lives? Think of the time it usually takes door to door.

PLEASE TICK
ONE BOX

Less than 15 minutes ☐ 1

Between 15 and 30 minutes ☐ 2

Between 30 minutes and 1 hour ☐ 3

Between 1 and 2 hours ☐ 4

Between 2 and 3 hours ☐ 5

Between 3 and 5 hours ☐ 6

Between 5 and 12 hours ☐ 7

Over 12 hours ☐ 8

S2.3

d) And how often do you have any other contact with your father, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

(✓)
Daily ☐ 1

At least several times a week ☐ 2

At least once a week ☐ 3

At least once a month ☐ 4

Several times a year ☐ 5

Less often ☐ 6

S2.4

/Continued over ...

SISTERS

Q3.a) How many sisters aged 18 or older do you have?
(We mean sisters who are still alive; please include step-sisters, half sisters and adopted sisters.)

PLEASE TICK ONE BOX

- (✓)
- None ☐ 0 → GO TO Q.4
- One ☐ 1
- Two ☐ 2
- Three ☐ 3
- Four ☐ 4
- Five or more ☐ 5

PLEASE ANSWER
Q.3b) BELOW

S3.1

The questions on this page are about your sister. If you have more than one adult sister, please think about the sister you have most contact with.

b) How often do you see or visit your sister?

PLEASE TICK
ONE BOX

She lives in the same household ☐ 1 → GO TO Q.4

Daily ☐ 2

At least several times a week ☐ 3

At least once a week ☐ 4

At least once a month ☐ 5

Several times a year ☐ 6

Less often ☐ 7

S3.2

c) About how long would it take you to get to where your sister lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

Less than 15 minutes ☐ 1

Between 15 and 30 minutes ☐ 2

Between 30 minutes and 1 hour ☐ 3

Between 1 and 2 hours ☐ 4

Between 2 and 3 hours ☐ 5

Between 3 and 5 hours ☐ 6

Between 5 and 12 hours ☐ 7

Over 12 hours ☐ 8

S3.3

d) And how often do you have any other contact with your sister, besides visiting, either by telephone or letter?

PLEASE TICK
ONE BOX

Daily ☐ 1

At least several times a week ☐ 2

At least once a week ☐ 3

At least once a month ☐ 4

Several times a year ☐ 5

Less often ☐ 6

S3.4

BROTHERS

Q4.a) How many brothers aged 18 or older do you have?
(We mean brothers who are still alive; please include step-brothers, half brothers and adopted brothers.)

PLEASE TICK ONE BOX

- (✓)
- | | | |
|--------------|--------------------------|--|
| None | <input type="checkbox"/> | } → GO TO Q.5

PLEASE ANSWER Q.4b) BELOW |
| One | <input type="checkbox"/> | |
| Two | <input type="checkbox"/> | |
| Three | <input type="checkbox"/> | |
| Four | <input type="checkbox"/> | |
| Five or more | <input type="checkbox"/> | |

S4.1

The questions on this page are about your brother. If you have more than one adult brother, please think about the brother you have most contact with.

b) How often do you see or visit your brother?

PLEASE TICK ONE BOX

- (✓)
- | | | |
|--------------------------------|--------------------------|-------------|
| He lives in the same household | <input type="checkbox"/> | → GO TO Q.5 |
| 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"/> | |

S4.2

c) About how long would it take you to get to where your brother lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

- (✓)
- | | |
|-------------------------------|--------------------------|
| 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"/> |

S4.3

d) And how often do you have any other contact with your brother, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

- (✓)
- | | |
|-------------------------------|--------------------------|
| 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"/> |

S4.4

/Continued over

DAUGHTERS

Q5.a) How many daughters aged 18 or older do you have?
(We mean daughters who are still alive; please include step-daughters and adopted daughters.)

PLEASE TICK ONE BOX

- (✓)
- None ☐ 0 → GO TO Q.6
- One ☐ 1
- Two ☐ 2
- Three ☐ 3
- Four ☐ 4
- Five or more ☐ 5
- PLEASE ANSWER Q.5b) BELOW

The questions on this page are about your daughter. If you have more than one adult daughter, please think about the daughter you have most contact with.

b) How often do you see or visit your daughter?

PLEASE TICK ONE BOX

- (✓)
- She lives in the same household ☐ 1 → GO TO Q.6
- Daily ☐ 2
- At least several times a week ☐ 3
- At least once a week ☐ 4
- At least once a month ☐ 5
- Several times a year ☐ 6
- Less often ☐ 7

c) About how long would it take you to get to where your daughter lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

- (✓)
- Less than 15 minutes ☐ 1
- Between 15 and 30 minutes ☐ 2
- Between 30 minutes and 1 hour ☐ 3
- Between 1 and 2 hours ☐ 4
- Between 2 and 3 hours ☐ 5
- Between 3 and 5 hours ☐ 6
- Between 5 and 12 hours ☐ 7
- Over 12 hours ☐ 8

d) And how often do you have any other contact with your daughter, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

- (✓)
- Daily ☐ 1
- At least several times a week ☐ 2
- At least once a week ☐ 3
- At least once a month ☐ 4
- Several times a year ☐ 5
- Less often ☐ 6

S5.

S5.1

S5.3

S5.4

SONS

Q6.a) How many sons aged 18 or older do you have?
(We mean sons who are still alive; please include stepsons and adopted sons.)

PLEASE TICK ONE BOX

None	(✓) <input type="checkbox"/> 0	→ GO TO Q.7
One	<input type="checkbox"/> 1	} PLEASE ANSWER Q.6b BELOW
Two	<input type="checkbox"/> 2	
Three	<input type="checkbox"/> 3	
Four	<input type="checkbox"/> 4	
Five or more	<input type="checkbox"/> 5	

S6.1

The questions on this page are about your son. If you have more than one adult son, please think about the son you have most contact with.

b) How often do you see or visit your son?

PLEASE TICK ONE BOX

He lives in the same household	(✓) <input type="checkbox"/> 1	→ GO TO Q.7
Daily	<input type="checkbox"/> 2	
At least several times a week	<input type="checkbox"/> 3	
At least once a week	<input type="checkbox"/> 4	
At least once a month	<input type="checkbox"/> 5	
Several times a year	<input type="checkbox"/> 6	
Less often	<input type="checkbox"/> 7	

S6.2

c) About how long would it take you to get to where your son lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

Less than 15 minutes	(✓) <input type="checkbox"/> 1
Between 15 and 30 minutes	<input type="checkbox"/> 2
Between 30 minutes and 1 hour	<input type="checkbox"/> 3
Between 1 and 2 hours	<input type="checkbox"/> 4
Between 2 and 3 hours	<input type="checkbox"/> 5
Between 3 and 5 hours	<input type="checkbox"/> 6
Between 5 and 12 hours	<input type="checkbox"/> 7
Over 12 hours	<input type="checkbox"/> 8

S6.3

d) And how often do you have any other contact with your son, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

Daily	(✓) <input type="checkbox"/> 1
At least several times a week	<input type="checkbox"/> 2
At least once a week	<input type="checkbox"/> 3
At least once a month	<input type="checkbox"/> 4
Several times a year	<input type="checkbox"/> 5
Less often	<input type="checkbox"/> 6

S6.4

/Continued over ...

Q7. Which of these statements applies to you?

PLEASE TICK
ONE BOX

- I am married and living in the same household as my husband or wife ☒ 1
- I am living as married and my partner and I live together in the same household ☐ 2
- I have a husband or wife or steady partner but we don't live in the same household ☐ 3
- I don't have a steady partner ☐ 4

S7.1

Q8.a) Now thinking of all your other adult relatives - those still living and aged 18 or older.

How many of each do you have?

(Begin with your grandparents. Please write in a number to show how many grandparents you have. If you have none, tick 'NONE', and then go on to the next relative.)

	NUMBER OR NONE
Grandmother, grandfather	<input checked="" type="checkbox"/> 0
Adult grandchildren	<input type="checkbox"/> 00
Aunts, uncles	<input type="checkbox"/> 00
Parents-in-law and adult brothers-in-law and sisters-in-law	<input type="checkbox"/> 00
Adult nieces, nephews, cousins and other relatives (AN APPROXIMATE NUMBER WILL DO)	<input type="checkbox"/> 00

S8.1

S8.2

S8.3

S8.4

S8.5

b) Thinking of all these adult relatives, which one do you have most contact with?

PLEASE TICK ONE BOX

Grandmother	<input checked="" type="checkbox"/> 01
Grandfather	<input type="checkbox"/> 02
Granddaughter	<input type="checkbox"/> 03
Grandson	<input type="checkbox"/> 04
Aunt	<input type="checkbox"/> 05
Uncle	<input type="checkbox"/> 06
Mother-in-law	<input type="checkbox"/> 07
Father-in-law	<input type="checkbox"/> 08
Sister-in-law	<input type="checkbox"/> 09
Brother-in-law	<input type="checkbox"/> 10
Other adult female relative	<input type="checkbox"/> 11
Other adult male relative	<input type="checkbox"/> 12
None of these	<input type="checkbox"/> 13

PLEASE ANSWER
Q.8c OPPOSITE

S8.6

GO TO Q.9
ON PAGE 10

The questions on this page are about the adult relative you have just ticked, that is the one you have most contact with.

Q8.c) How often do you see or visit this relative? (✓)

PLEASE TICK
ONE BOX

He/she lives in the same household

☐ 1

→ GO TO Q.9

Daily

☐ 2

At least several times a week

☐ 3

At least once a week

☐ 4

At least once a month

☐ 5

Several times a year

☐ 6

Less often

☐ 7

PLEASE
ANSWER
Q.8d) BELOW

S8.7

d) About how long would it take you to get to where this relative lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

Less than 15 minutes

☐ 1

Between 15 and 30 minutes

☐ 2

Between 30 minutes and 1 hour

☐ 3

Between 1 and 2 hours

☐ 4

Between 2 and 3 hours

☐ 5

Between 3 and 5 hours

☐ 6

Between 5 and 12 hours

☐ 7

Over 12 hours

☐ 8

S8.8

e) And how often do you have any other contact with this relative, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

Daily

☐ 1

At least several times a week

☐ 2

At least once a week

☐ 3

At least once a month

☐ 4

Several times a year

☐ 5

Less often

☐ 6

S8.9

/Continued over ...

Q 9. Thinking now of close friends - not your husband, or wife, or partner, or family members - but people you feel fairly close to.

a) How many close friends would you say you have? (✓)
NONE
PLEASE WRITE IN NUMBER _____ OR

b) How many of these friends are people you work with now? (✓)
NONE
PLEASE WRITE IN NUMBER _____ OR

c) How many of these friends are your close neighbours? (✓)
NONE
PLEASE WRITE IN NUMBER _____ OR

d) Now thinking of your best friend, or the friend you feel closest to. Is this friend a man or a woman? (✓)
Man
Woman
PLEASE TICK ONE BOX

e) How often do you see or visit this friend? (✓)
PLEASE TICK ONE BOX He/she lives in the same household → GO TO Q.10
Daily
At least several times a week
At least once a week
At least once a month
Several times a year
Less often

f) About how long would it take you to get to where this friend lives? Think of the time it usually takes door to door. (✓)
Less than 15 minutes
PLEASE TICK ONE BOX Between 15 and 30 minutes
Between 30 minutes and 1 hour
Between 1 and 2 hours
Between 2 and 3 hours
Between 3 and 5 hours
Between 5 and 12 hours
Over 12 hours

g) And how often do you have any other contact with this friend, besides visiting, either by telephone or letter? (✓)
Daily
PLEASE TICK ONE BOX At least several times a week
At least once a week
At least once a month
Several times a year
Less often

Q10. Now we'd like to ask you about some problems that can happen to anyone.

First, there are some household and garden jobs you really can't do alone - for example, you may need someone to hold a ladder, or to help you move furniture.

- a) Who would you turn to first for help?
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Social services, or home help	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Someone you <u>pay</u> to help	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Other (PLEASE WRITE IN) FIRST _____	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND _____		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

S10.1

S10.2

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

/Continued over ...

Q11. Suppose you had the 'flu and you had to stay in bed for a few days, and needed help around the home, with shopping and so on.

- a) Who would you turn to first for help?
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	01	01
Mother	02	02
Father	03	03
Daughter	04	04
Son	05	05
Sister	06	06
Brother	07	07
Other relative, including in-laws	08	08
Closest friend	09	09
Other friend	10	10
Neighbour	11	11
Someone you work with	12	12
Health visitor	13	13
Church, clergy or priest	14	14
Someone you <u>pay</u> to help	15	15
Other (PLEASE WRITE IN) FIRST _____	97	
Other (PLEASE WRITE IN) SECOND _____		97
No one	00	00

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

Q12. Suppose you needed to borrow a large sum of money.

- a) Who would you turn to first for help?
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	01	01
Mother	02	02
Father	03	03
Daughter	04	04
Son	05	05
Sister	06	06
Brother	07	07
Other relative, including in-laws	08	08
Closest friend	09	09
Other friend	10	10
Neighbour	11	11
Someone you work with	12	12
Bank, building society or other financial institution	13	13
Employer	14	14
Government or social services	15	15
Other (PLEASE WRITE IN) FIRST _____	97	
Other (PLEASE WRITE IN) SECOND _____		97
No-one	00	00

S12.1

S12.2

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

/Continued over ...

Q13. Suppose you were very upset about a problem with your husband, wife or partner, and haven't been able to sort it out with them.

Even if you are not married or have no partner, what would you do if you were?

- a) Who would you turn to first for help?
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Church, clergy or priest	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Family doctor (GP)	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Psychologist, psychiatrist, marriage guidance or other professional counsellor	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Other (PLEASE WRITE IN) FIRST	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

S13

S13

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

14. Now suppose you felt just a bit down or depressed, and you wanted to talk about it.

- a) Who would you turn to first for help?
- b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Church, clergy or priest	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Family doctor (GP)	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Psychologist, psychiatrist, or other professional counsellor	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Other (PLEASE WRITE IN) FIRST	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

S14.1

S14.2

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

/Continued over ...

Q15. And suppose you needed advice about an important change in your life - for example about a job, or moving to another part of the country.

- a) Who would you turn to first for help?
b) And who would you turn to second?

PLEASE TICK ONE ONLY AS YOUR FIRST CHOICE AND ONE ONLY AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Church, clergy or priest	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Family doctor (GP)	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Psychologist, psychiatrist or other professional counsellor	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Solicitor /lawyer	<input type="checkbox"/> 16	<input type="checkbox"/> 16
Other (PLEASE WRITE IN) FIRST _____	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND _____		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE