Authorization
No. 33109

The contents of this survey are protected under Article 33 of the Statistics Act.

Institutes: Korea Institute for Health and Social Affairs
Seoul National University
Social Welfare Research Center

# Korea Welfare Panel Study
# Households (Type 1)

Greetings!

The Korea Institute for Health and Social Affairs (KIHASA) and the Social Welfare Research Center of Seoul National University are currently conducting a joint study called Korea Welfare Panel Study (KoWePs) at the request of the Office of Prime Minister and the Ministry for Health and Welfare Affairs. The purpose of the study contained herein is to understand the livelihood of different demographic groups (classified by social status and age) and identify the needs of social welfare amid the rapidly changing social environment, thereby contributing to the collection of fundamental data for the establishment of various welfare policies going forward.

The survey is conducted and managed in accordance with Article 25 of the Statistics Act, and all your reponses shall be used for statistical purposes only based on Article 33 & 34 thereof, and therefore will remain confidential. Your cooperation and contribution will be very much appreciated, as your responses will serve as part of fundamental information to help the government develop proper policies.

| Household Panel ID | New Household number | Serial number for Family Moving Out |
|---|---|---|
| ※Identical to Infosheet | -1st family: 01 -2nd new family: 02 -3rd new family: 03 -4th new family: 04 ... -11th new family: 11 -12th new family: 12<br>※Identical to Infosheet | -1st family: 01 -1st out-mover: 01 -2nd out-mover: 02 -3rd out-mover: 03<br>※Identical to Infosheet |
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| Address | Admin Code | | City/Province | District Town |
| | Street Address | City/Province | District | Town |

| Name of Head | Respondent 1 | | | Respondent 2 | | | |
|---|---|---|---|---|---|---|---|
| | Name | | Member number | | Name | | Member number | |
| | Cell Phone | | | | Cell Phone | | | |

| Duration for Survey's Completion | min | Total Visits | times | |
|---|---|---|---|---|
| 1st Visit | Mo Day Hr Min | Result | 1. Complete 2. Incomplete | ☞ Reason (number): |
| 2nd Visit | Mo Day Hr Min | Result | 1. Complete 2. Incomplete | ☞ Reason (number): |
| 3rd Visit | Mo Day Hr Min | Result | 1. Complete 2. Incomplete | ☞ Reason (number): |
| 4th Visit | Mo Day Hr Min | Result | 1. Complete 2. Incomplete | ☞ Reason (number): |
| Final | Mo Day Hr Min | Result | 1. Complete 2. Incomplete | ☞ Reason (number): |

※ 'Reason for Incomplete Answer' Code

⓪ N/A (Complete)
① Returning home late
② Long-term travel
③ Absent (Unknown)
④ Partially incomplete
⑤ Survey rejected
⑥ Moved away (new address unknown)
⑦ Loss of household due to death
⑧ Unable to trace for other reasons
⑨ Others

| Interviewer Name | | Confirmed by Supervisor | 1. Complete 2. Incomplete | ☞ Reason (number): | Supervisor Name | (Signature) |
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# I. General Information on Household

**※ This study is based on Dec. 31 of the previous year subject to investigation (hereinafter referred to as 'survey base year'). Only those created prior to Sept. 30 of the base year are considered a 'new' family. (Those that were formed after Oct. 1 thereof shall be regarded not as 'new' but as part of 'original' household)**

| ※ Year & month of new family created (Identical to the [Infosheet] ) | Y Y Y Y | M M |
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| Q1) How many people are in your household? (Interviewer: Please list all members who have lived with you for more than 9 months during the base year) Include the head of household or other family members who are not living with you for some reasons.) | | Persons |
|---|---|---|

| Member entry number<br>- 8th member entered into family:08<br>-Except for the above, the numbers of the info sheet shall be identically used. | Individual panel ID | Member number | Name | Q2) Relationship with head | | Q3) Gender | Q4) Year of birth | | Q5) Education | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Q5-1) | Q5-2) |
| | ※Have ID assigned according to the Infosheet and User Guidelines.<br>※ The same individual panel ID as in the Infosheet should be used; In case of 7th family member added, new individual panel ID shall be assigned. | ※ Insequential order | Name of family member | ※ For 'Relationship with head,' fill it in directly before finding the matching code number from **[Table for Relationship with the Head of the Household] below**.<br>※ Definition of Head: The person who is actually responsible for the household regardless of his relationship to the home owner. | | ① Male<br>② Female | ※ State the year & month of birth stipulated on the Citizen Register. (Checking and verification with the infosheet is required.) | | 1. Pre-school (7 or younger)<br>2. Uneducated (8 or older)<br>3. Elementary<br>4. Junior High<br>5. High School<br>6. Technical College<br>7. Undergraduate / Bachelor's Degree<br>8. Master's Degree<br>9. Professional Doctorate Degree | 0. N/A<br>1. Currently in school<br>2. Taking a leave of absence<br>3. Dropped out<br>4. Completed<br>5. Graduated |
| | | | | Relationship with Head of Household | 'Relationship with Head' Code | | Year of Birth | Month of Birth | | |
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## Q2) Relationship with the Head of the Household

010. Head of the household

001. Father of head
002. Mother of head

005. Grandfather of head
006. Grandmother of head

011. First child of head
012. Second child of head
013. Third child of head
(Fourth = 14, Fifth = 15, ...)

031. sister/brother of head
(First person = 31, Second person = 32, ...)

051. Spouse of sister/brother of head
(First person = 51, Second person= 52, ...)

111. First sister/brother of first sister/brother of head
112. Second sister/brother of first sister/brother of head
(Third = 113, Fourth = 114, ...)

121. First sister/brother of second sister/brother of head
122. Second sister/brother of second sister/brother of head
(Third = 123, Fourth = 134, ...)

131. First Sister/Brother of third sister/brother of head
132. Second sister/brother of third sister/brother of head
(Third = 133, Fourth = 134, ...)

020. Spouse of head of the household

003. Father-in-laws of head
004. Mother-in-laws of head

007. Grandfather-in-laws of head
008. Grandmother-in-laws of head

021. Spouse of the head's first child
022. Spouse of the head's second child
023. Spouse of the head's third child
(Fourth = 24, Fifth = 25, ...)

041. sister/brother of the head's spouse
(First person = 41, Second person = 42, ...)

061. Spouse of sister/brother of the head's spouse
(First person = 61, Second person = 62, ...)

211. Spouse of first sister/brother of first sister/brother of the head
212. Spouse of second sister/brother of first sister/brother of the head
(Third = 213, Fourth = 214, ...)

221. Spouse of first sister/brother of second sister/brother of the head
222. Spouse of second sister/brother of second sister/brother of the head
(Third = 223, Fourth = 224, ...)

231. Spouse of first sister/brother of third sister/brother of the head
232. Spouse of second sister/brother of third sister/brother of the head
(Third = 233, Fourth = 234, ...)

997. Other relatives (Assign identical code regardless of number)
998. Co-residence who are not relative/non-relative co-residence (Assign identical code regardless of number) (I think these relationships are confusing, isn't the brother of second/third sister also the brother of the head? If so why not just say brother/sister 1, 2, and so forth, if they share only one of their parents then they should be called half-sister/-brother. -Ernie)

| Member number | Q6) Type/Degree of disability | | Q7) Marital status | Q8) Religion | Q9) Cohabitation Status | |
|---|---|---|---|---|---|---|
| | Q6-1) Type of disability | Q6-2) Degree | | | | |
| ※ Enter in sequential order | 0. N/A (No Disability)<br>1. Physical 8. Mental<br>2. Brain Damage 9. Kidney<br>3. Visual 10. Cardiac<br>4. Auditory 11. Respiratory<br>5. Speech 12. Liver<br>6. Retardation 13. Facial (Mental disability) 14. Intestinal<br>7. Developmental (Autism related disability)<br>15. Epilepsy<br>16. Unregistered (Including registered with Ministry of Patriots and Veterans Affairs)<br>※ State the type of disability most recently confirmed.<br>※ If there exist multiple disabilities, check only the major or primary disability. If two or more share the same degree, check the one that has greater impact on daily activities) | 0. N/A (No Disability)<br>1. Level 1<br>2. Level 2<br>3. Level 3<br>4. Level 4<br>5. Level 5<br>6. Level 6<br>7. Unregistered (Including registered with the Ministry of Patriots and Veterans Affairs)<br>※ As for multiple handicaps, please state as such if they are specified and added up in your welfare card. | 0. N/A (Below 18 years old)<br>1.Married<br>2.Widowed<br>3.Divorced<br>4.Separated<br>5.Unmarried (over 18, including single moms)<br>6.Others (i.e. death, etc.) | 1.Yes<br>2.No | 1. Living together.<br>2. Working in another city (in Korea)<br>3. Working abroad<br>4. Studying (Including studying abroad)<br>5. Hospitalized/Rehabilitation<br>6. Separated due to family conflicts<br>7. Left home<br>8. Living independently<br>9. Deceased<br>10. Pre-school kid taken care of by others<br>11. Others (Mandatory military service, etc.)<br>※ Categorize as cohab if the person isn't living together temporarily due to travel, etc. | |
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| **Q10)** **Family type** | 1. Single 2. Mother-Offspring 3. Father-Offspring 4. Grandparent-Grandchild or child head of household 5. Others | | |
| **Q11) Type of basic security benefits received** | **Q11-1)** | ⓪ N/A ① General ② Conditional ③ Special 1. 3. Partially General 2. Conditional | |
| | **Q11-2)** | ⓪ N/A ① Eligible to the entire family members ② Eligible to part of family members | |
| **Q12) Type of medical aid received** | **Q12-1)** | ⓪ N/A ① Medical Aid (Class 1) ② Medical Aid (Class 2) ③ Free medical checkup for rocognized patriots or veterans | |
| | **Q12-2)** | ⓪ N/A ① Medical benefits for the whole family members ② Medical benefits for part of family members | |

〈 **Glossary Definition: Family Type** 〉

- Single: One-person household
- Mother-Offspring: A family consisting of mother and **un-married children under 18 years of age (If kids are still in school, it should be extended to those ages 22 and below)**
- Father-Offspring: A family consisting of father and **un-married children under 18 years of age (If kids are still in school, it should be extended to the age of below 22 years old)**
- Grandparent-Grandchild or Child Head: Household headed by an under-aged child (below **18**) or a family headed by a 65-year-old or older grandfather/mother who is living with grandchildren.
- The ages mentioned above refer to your age as of the base year.
- Others: Those not specified above.

〈 **Glossary Definition: Medical Aid Type**〉

- Medical Aid Class 1: Eligible for all members of families (households) who, of those living under the National Basic Livelihood Security scheme, are deemed 'incompetent with no labor capacity'; who are sick with one of the 107 diseases categorized as 'rare and incurable'; displaced; killed or wounded for a righteous cause; registered as a valuable intangible cultural asset; defected from the communist North Korea; and finally those who participated in May 18 democratic movement.
- Medical Aid Class 2: Eligible for the entire members of families (households) who, of those receiving National Basic Livelihood Security benefits, are deemed 'competent with an ability to work'.

〈 **Note: Basic Security Benefits Type/ Medical Aid Type** 〉

※ With regards to basic security subsidies and health benefits, please check your eligibility and type as of Dec. 31 of the base year surveyed by **referring to the person responsible for social welfare affairs at your Register Office**.

※ If any member of family is found eligible, the entire family is regarded as recipient.

## Added for the 11th wave

| | Benefit type | 1) Beneficiary status | 2) Beneficiary type 1 | 3) Beneficiary type 2 |
|---|---|---|---|---|
| **Q11) Receipt of customized benefits** | **① Livelihood benefit** | | ⓪ N/A ① General recipient household ② Conditional recipient household ③ Special recipient household | ⓪ N/A ① All of the household members ② Part of the household members |
| | **② Medical benefit** | | ⓪ N/A ① Medical benefit type 1 ② Medical benefit type 2 ③ Free services for persons of national merit | ⓪ N/A ① All of the household members ② Part of the household members |
| | **③ Housing benefit** | | ⓪ N/A ① Rental benefit (including special cases) ③ Maintenance benefit (including special cases) | |
| | **④ Educational benefit** | | **Number of benefit recipients** _____ **person(s)** | |

〈 **Note: Customized benefit recipient type**〉

※ Customized benefits (livelihood, medical, and housing) recipient type: With the cooperation of a community center official in charge of social welfare, check 'beneficiary status' and 'beneficiary type' as of the end of the previous year and enter information.
Educational benefit: With the cooperation of respondents, contact the office of education and enter 'beneficiary status' and 'the number of beneficiaries'.

※ In case one of the household members is a beneficiary, the household as a whole is considered as a recipient household.

## Question for the 1st wave (deleted since the 2nd wave)

| | | |
|---|---|---|
| **Q12) Basic livelihood security benefit recipient type** | 1. General recipient household 3. Household of beneficiaries and non-beneficiaries<br>2. Conditional recipient household 0. N/A | |

# II. Health and Medical Care (A)

**※ Please list your family members (name & seq. number) as per Page 2.**

| Member number | Name | Q1) Health conditions as of Dec. 31 of the base year | Q2) Utilization of medical facility over the base year surveyed | | | Q3) Reasons for hospitalization for the year | Q4) Frequently used form of medical facility in a year |
|---|---|---|---|---|---|---|---|
| ※ List in the order as per Page 2 | Name of Family Member | 1. Excellent<br>2. Very good<br>3. Good<br>4. Bad<br>5. Very Bad | Q2-1) Outpatient (Ex) 3 times → 003<br>None → 000 | Q2-2) Hospitalization (Ex) 3 times → 03<br>None → 00 | Q2-3) Number of days in hospital (Ex) 20 days → 020<br>None → 000 | 0. N/A<br>1. Chronic Disease/Illness<br>2. Accident<br>3. Childbirth<br>4. Health Exam<br>5. Convalescence/Rest<br>6. Plastic/Orthopedic Surgery<br>7. Others | 0. N/A<br>1. General/University Hospital<br>2. Local Hospital<br>3. Traditional Korean Hospital<br>4. Public Health Center<br>5. Others<br>6. Dental clinic and hospital<br>7. Long-term care hospital |
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〈 **Note**〉

Q 2-1) Number of times that outpatient services are provided

※ Only legally acknowledged hospitals are subject to this question. Traveling clinic services are not included.

※ If receiving medical services from different departments at a hospital twice or more, outpatient services are considered to have been offered once. If visiting two or more hospitals, outpatient services are deemed to have been offered twice. Health checkups are not included.

Q2-2) **Hospitalization**

※ In circumstances when a patient stays in hospital for 365 days as a long-term inpatient, it is still marked as one. Emergency visit for the day and recurring admittance/discharge across multiple hospitals due to traffic accident or rehabilitation are also counted as one.

Q3) Reasons for hospitalization

※ Specify reasons for which the longest hospital stay was required for the past year; '⑤ Convalescence/Rest' is applicable only when you were admitted to a specialized hospital as long-stay patients to receive medical treatment.

Q4) **Frequently used form of medical institutions**

※ In case of medical attention from a doctor either visiting or permanently staying in Senior Welfare Center, it should be marked as '⑤Others'

| Member number | Q5) number of medical checkups for the base year | Q6) Chronic diseases | Q7) Name of major diseases | | Q8) number of private insurances held as of the end of the last year | |
|---|---|---|---|---|---|---|
| ※ List in the order as per Page 2 | number of health checkups performed during the concerned year<br>(Ex) Once → 1<br>None → 0 | ⓪ N/A<br>① On medication for less than 3 months<br>② On medication for 3 months up to 6 months<br>③ On medication for 6 months or more | (i.e) Gastritis → 03<br>None → 00 | | (i.e) 3 policies → 03<br>None → 00 | |
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〈 **Note** 〉

Q6) Chronic diseases

※ Included are such cases in which financial problems hinder you from seeking continuous medication required. Reckon the period from the time when medical treatment or medication was initially provided.

Q7) Name of major diseases

※ **State a relevant code number based on the list below [Major Diseases Code]. If you suffer from** multiple diseases, check only the primary illness.

※ Seasonal diseases such as flu, pregnancy & childbirth, or beauty-enhancing plastic surgeries are not included in the category of primary illness, and thus marked as '⑯ None'.

※ Acute illness is excluded from primary disease category, and should be checked as "㉚ Other diseases.' Mental illnesses (i.e. schizophrenia) should also be categorized as "㉚ Other diseases,' too.

Q8) number of policies signed with private insurers

※ Insurance policies that are fully paid yet still offering coverage shall be included; In this case, monthly payment is considered '0'.

**[Major Disease Code]**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ① | Cancer (Stomach, Liver, Lung, etc.) | ⑩ | Pulmonary Tuberculosis,, Tuberculosis, | ⑲ | Hyperlipidemia | ㉘ | Dental caries (cavity) |
| ② | Arthritis, Backache, Sciatica, Disc | ⑪ | Chronic Respiratory Inflammation (Phlegm, coughing) | ⑳ | Hemorrhoid | ㉙ | Chronic periodontal diseases (gum disease) |
| ③ | Gastritis, Stomach Ulcer, etc. | ⑫ | Asthma | ㉑ | Chronic sinusitis (empyema) | ㉚ | Other illnesses (acute illness, etc.) |
| ④ | Chronic Hepatitis, Liver Cirrhosis | ⑬ | Cataract, Glaucoma | ㉒ | Bronchiectasis | ㉛ | Rare & intractable diseases |
| ⑤ | Diabetes | ⑭ | Chronic Tympanitis | ㉓ | Allergic rhinitis | ㉜ | Low blood pressure |
| ⑥ | Thyroid Gland | ⑮ | Chronic Renal Failure (Chronic Renal Illness) | ㉔ | Temporomandibular joint related illness | ⑯ | None |
| ⑦ | High blood pressure | ⑯ | Fracture, Post-Accident Symptoms | ㉕ | Atopic dermatitis | | |
| ⑧ | Paralysis, Cerebrovascular Disease | ⑰ | Osteoporosis | ㉖ | Urinary incontinence | | |
| ⑨ | Myocardial Infarction, Angina Pectoris | ⑱ | Anemia | ㉗ | Depression | | |

# III. Economic Activity Status

**※ All survey items below are true as of Dec. 31 of the base year studied.**
**※ Any family members aged under 15 as of the date thereof should check '0' for Q1), before moving on to the following [IV. Social Insurance, Retirement Pension, and Individual Annuity Held].**
**※ Any family members of 15 years old or older as of the date thereof should answer the questions below.**

| Member number | Name | Q1) Level of work capacity (※ Physical/Mental) | Q2) Reasons for lack of work capacity | Q3) Involvement in major economic activities(Based on the main economic activities over the past year ) | Q3-1) Involvement in economic activities (As of Dec. 31) |
|---|---|---|---|---|---|
| ※ List in the order as per Page 2 | Name of Family Member | 0.Below 15 →[IV. Social security insurance]<br>1.Able to Work→ Q3)<br>2.Only Minor Labor (Making a little money at home only to get by) → Q3)<br>3.Only Non-economic Labor (Household Chores) →Q3)<br>4.Incapable of Working+ (Not engaging in economic activities) → Q2) | 1.Severe Disability<br>2.Illness or Injury<br>3.Ageing<br>4.Other<br><br>※ All respondents should check '⑨ Non-economic population' for Q3). | 1.Permanent wage earner ┐→ Q4)<br>2.Temporary wage earner<br>3.Daily wage earner→ Q3-1)<br>4.Self-Support/Public Labor, Jobs for the elderly→ Q3-1)<br>5.Employer ──────┐<br>6.Self-Employed ┘ ──────┼→ 8)<br>7.Unpaid family business worker ──┘<br>8.Unemployed (Actively looking for a job for the last four weeks) → [IV. Social Insurance, Retirement Pension, and Individual Annuity Held]<br>9.Non-economic → Q11) | 1.Permanent wage earner<br>2.Temporary wage earner<br>3.Daily wage earner<br>4.Self-Support/Public Labor, Jobs for the elderly<br>5.Employer<br>6.Self-Employed<br>7.Unpaid family business worker<br>8.Unemployed (Actively looking for a job for the last four weeks)<br>9.Non-economic |
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**Q3) Involvement in major economic activities**

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| Economically Active Population | Hired | 1. Permanent wage earner | A worker with an employment contract of over 1 year, or a person who can continue to work if he or she wishes to do with the term of service not specified (those hired according to the internal policies of a company and governed by the regulation of personnel management thereof with bonus, allowance, severance benefits, etc. available) |
| | | 2. Temporary wage earner | A worker with an employment contract of 1 month up to 1 year or deemed to be terminated from work within a year with the term of service not stipulated, or a person hired due to the need for the completion of a particular project (However, a person who has worked long at the same company or is expected to continue to work going forward, is still considered a temporary wage earner if his employment contract expires within a year.) |
| | | 3. Daily wage earner | A worker with less than 1 month of employment contract or hired and getting paid daily, or a person who moves around and getting paid for services rendered for the day. |
| | | 4. Self-Support/Public Labor, Jobs for the Elderly | A worker engaging in self-support or public work programs organized by the government or public organizations, or working for a job arranged for the elderly |
| | | 5. Employer | A person who runs a business or a farm with 1 or more employees |
| | | 6. Self-Employed | A person who, either by himself or with the help of (unpaid) family members, independently conducts professional work or runs business under his charge |
| | | 7. Unpaid family business worker | A person working for a family-run business or farm for over 18 hours per week without getting paid |
| | Unemployed | 8. Unemployed | Of the population aged 15 or above, those who have failed to get a job over the past 4 weeks despite their willingness and capability to work. A person deemed certain to get a new job within 30 days if he or she actively seeks employment shall be categorized as 'unemployed' irrespective of whether he or she is actually engaged in job-seeking efforts |
| Non-economic | | 9. Non-economic | Of the population aged 15 or above, those remaining neither employed nor unemployed. They break down into 'Housekeeping', 'In school', 'Old age' 'Physical/mental disorder', and 'Others' depending on the type of main activities. Men serving the army who are commuting from home (i.e. those offering civil service as part of their mandatory military duties) are also considered 'non-economic' population. |

※ Permanent/Temporary/Daily Wage Earner shall be categorized based not on the term of service but on the term of contract.
※ Students or housewives who are found to have worked for 1 hour or more per week for the purpose of bringing in income are recognized as 'Hired.'
※ If you are holding a temporary or seasonal job (i.e. agricultural, daily wage earner, self-support/public labor, etc.), you may be required to choose from 'Hired/Unemployed/Non-economic' depending on circumstances even though you are in between jobs as of Dec. 31.

**Q3-1) Involvement in economic activities (As of Dec. 31)**

※ With regard to irregular or seasonal work (i.e. daily, self-support, public work programs) in Q3), you are required to answer your current status of participation in economic activities as of Dec. 31 only if you checked '③ Daily wage earner' or '④ Self-support, public labor, jobs for the elderly' depending on circumstances even though you were out of work as of Dec. 31,

| Member number | Q4) Hiring relationship | Q4) Employment type (※ Question only for the 1st wave ) | Q5) Type of working hours | Q6) Terms of employment specified in the contract (Y/N) | Q6) Existence & non-existence of employment contracts; employment sustainability (※ Question only for the 2nd wave ) | Q7) Continuity of employment (Job security) |
|---|---|---|---|---|---|---|
| ※ List in sequential order as per Page 2. | 1. Direct hiring<br>2. Indirect hiring<br>3. Special hiring<br><br>※ Refer to [Q4) Hiring Relationship] below. | 1. Temporary<br>2. Non-standard<br>3. Regular<br><br>(Interviewer: Enter information, referring to the [Employment Type] below.) | 1. Part-time<br>2. Full-time<br><br>※Refer to Q5) [Working Hours] below.) | 1. Yes<br>2. No<br><br>※Refer to [Q6)Terms of Employment in the Contract] below | 1. Unlimited-term contract and possible to work continuously<br>2. Unlimited-term contract but not possible to work continuously<br>3. .Fixed-term contract but possible to work continuously<br>4. Fixed-term contract and not possible to work continuously | ① Except in special circumstances such as a gross negligence caused by the worker, dissolution of business (i.e. shutdown) or layoff, natural calamities, etc., continuous employment is allowed.<br>→ Q8)<br>② You can get fired anytime against your wish if your company sees fit.<br>→ Q7-1) |
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**Q4) Hiring relationship**

1. Direct hiring: A generic type of employment in which an employer directly hires a worker, thereby forming a one-on-one relationship. It is characterized by a close subordinate labor relationship.
2. Indirect hiring: In cases when the employer stated in the agreement is different from actual employer: There emerges a triangle relationship among the originating employer, actual employer, and worker. Dispatched and outsourcing workers fall into this category.
   - Dispatched work: The employer who pays wage while maintaining employment doesn't consist with the client who actually issues a work order. This type of work involves a person hired by the original employer working for a different client on the site under his/her direction or command in accordance with the terms and conditions of Dispatch Agreement while remaining employed by the originating employer.
   - Outsourcing: This type of work allows a person hired by an outsourcing vendor to work, under the direction of the original employer' at a different company which has signed an outsourcing agreement therewith. Outsourcing vendor refers to a firm that enters into an agreement with the client and sends its workers over to provide relevant services.
3. Special hiring: It stands in between worker and self-employed. It involves soliciting or pursuing customers to offer goods or services while getting paid on commission or fee It allows a person to determine the method or time of labor/service delivered on his/her own.

**Q4) Employment type (※ Question only for the 1st wave)**

1. Fixed-term contract worker: The employment period is set; or even though the period is not set, he or she is not expected to work continuously due to involuntary reasons.
2. Non-standard worker: dispatched/subcontract workers, special types of workers, homeworkers (home), daily (on-call) workers
3. Regular worker: workers other than ① and ②

**Q5) Type of working hours**

1. Part-time: Working either part-time or less hours (even an hour less) than what is stipulated for a regular worker who performs an equal type of work at a workplace (i.e. Normally working below 36 hours a week); Also when money is paid on an hourly basis
2. Full-time: General circumstances excluding hour-based workers

**Q6) Term of employment specified in the contract (Y/N)**

1. Yes: If the term of employment is specified in the contract
2. No: If the term of employment isn't clearly specified in the contract
   - Hiring with a limited time until the completion of a particular project: The term of contract is regarded as 'determined' if the closing of project is specified; If not, it is considered 'not determined.'
   - Daily hiring: The term of contract is deemed 'determined' in case of daily-based worker; If you have no idea about when your service is no longer required as the term of employment is decided by the demand of foreman (or employer), the term of contract shall be considered 'yet-to-be determined.'

**Q7) Continuity of employment:** Job continuity will be questioned regardless of whether or not the term of employment is set forth.

① You can continue to work except for some specific situations: In cases when you fall into the category of regular work, i)you are allowed to keep working if the term of employment isn't stated in the contract and the following circumstances are not met; a gross negligence on your part, dissolution of business (i.e. shutdown) or layoff, national calamities, etc; or ii)if continuous employment is deemed likely through the recurring renewal of contract unless otherwise specified even when the term of contract is specified.

② You can get fired anytime against your will if deemed necessary: i)when laying off is perceived by the company as a strong option as such need arises even though the term of employment isn't stipulated in the contract (i.e. temporary worker); ii)when the renewal of contract appears unlikely after the termination of contract.

| Member number | Q7-1) Reasons for employment discontinuity | Q8) Industry category | Q9) Occupation type | Q10) Size of business | Q11) Reasons for non-economic activities |
|---|---|---|---|---|---|
| ※ List in sequential order as per Page 2. | ① Because the term of employment set forth has expired.<br>② Because the contract is expected to terminate in implicit and/or customary terms<br>③ Because you were hired on the condition that you will leave when requested by the employer (i.e. temporary job, etc.)<br>④ Because your current work (project) is about to end<br>⑤ Because your job will be filled by a returning worker<br>⑥ Because the nature of your work is seasonal | ※ Enter relevant 2-digit mid-level code from [Industry Category Code]. | ※ Enter relevant 4-digit low-level code from [Occupation Type Code]. | 1. 1~4 workers<br>2. 5~9<br>3. 10~29<br>4. 30~49<br>5. 50~69<br>6. 70~99<br>7. 100~299<br>8. 300~499<br>9. 500~999<br>10. 1000 or more<br>11. Unsure | 1. Incompetence<br>2. Serving military duties<br>3. Getting education from regular schools<br>4. Studying for college<br>5. Seeking job<br>6. Housekeeping<br>7. Child-care<br>8. Nursing<br>9. Giving up job search efforts<br>10. Not willing to work<br>11. others<br><br>※ Indicate only the primary reason even if there are multiple reasons.<br>※ Check '② Serving military duties' if you are waiting to join military service. |
| | | | Code | | |
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| 2 | | | | | |
| ... | | | | | |
| 9 | | | | | |

Q10) Size of business

① In cases in which you checked '①~③ Wage-based worker (permanent/temporary/daily) or ④ Self-support, public labor, jobs for the elderly' in response to Q3) above;

- It deals with the number of people working across the entire workplace under the name of business where the ownership, business administration, and personnel management take place. For XX branch of OO bank, for instance, the size here refers to the total number of employees with the bank, not just the number of people working in a particular branch.
- If your business is run not in the form of branches but as part of a franchise, you should choose the number corresponding to the number of employees working in your workplace as the ownership and the operation of business are kept separate. For example, XX store (by district) of OO Burger should fill in the number of people working in that store only, not the entire workforce for the franchise.
- When it comes to big companies with several subsidiaries, enter the number of workers for the subsidiary concerned. If you are working for XX automaker under the flagship of OO Group, you should mark the number of people hired by such subsidiary.
- Government officials, public school teachers, etc. should check '⑩1000 or more'.
- In case of outsourcing, enter the number of employees with the outsourcing vendor you are affiliated with, not general contractor. For instance, let's say you are working at XX company, but if you belong to and get paid by OO, you should write down the number of workers with OO.
- Also, dispatched or outsourcing worker should state the size of business of the employer with whom he or she maintains employment ties. Suppose you've entered into an agreement with 'A' thereby getting paid and managed by it. In that case, if you work at the site of 'B' company (actual employer), you are required to fill in the number of workforce with 'A.'
- State the number of workers involved in such projects in the case of self-support or community programs. However, if you are working via job placement agency, etc. (i.e. domestic help), count as 'one' person. Specifically, as daily wage earners who work alone and engage in simple physical labor or offer domestic help are identified as 'one person' business, '①1~4 persons' should be selected.

② In cases when '⑤~⑦Non-wage workers (Employer/Self-employed/Unpaid family business worker)' are selected in Q3):

- Employer: State the total number of people working within your business including the employer himself (unpaid family members included)
- Self-employed or unpaid family business worker: State the number of people including the owner and family members working without wage.

# IV. Social Insurance, Severance Pay (Pension), and Individual Annuity Held

**※ All questions below are true as of Dec. 31 of the base year surveyed.**

**※ Please list family members in order as shown in Page 2.**

| Member number | Name | Public Pension | | National Pension | | |
|---|---|---|---|---|---|---|
| | | Q1) Public pension subscription type | Q2) Type of public pension | Q3) Categories of Insurance | Q4) Contributions paid on time (Y/N) | Q5) Non-payment type |
| ※ List in sequential order as per Page 2 | Name of Family Member | ⓪ N/A →Q9)<br>① Receiving pension benefits →Q9)<br>② Subscribing to pension →Q2)<br>③ Subscribing to pension while receiving benefits →Q2)<br>④ Not subscribing →Q8)<br><br>※ Public pension includes national pension, pension for government officials, pension for teachers, pension for service men&women, and pension for postal office workers (defined as officials serving special government positions). Veterans' pension shall be excluded.<br>※ See [Q1) Public Pension Subscription Type] below | ① National Pension →Q3)<br>② Public Officials Pension<br>③ Pension for private school teachers and staff →Q9)<br>④ Military Pension<br>⑤ Special Post Office Pension<br>⑥ Don't know<br><br>※ See [Q2) Elaboration on annuity contracts held] below | ① Workplace-based insured<br>② Individually insured<br>③ Voluntarily insured (who are not either workplace-based or individually insured yet still paying contributions for future pension claims)<br>④ Voluntarily & continuously insured (who are 60~65 years old yet paying premiums to earn entitlement)<br>⑤ Don't know →Q9)<br><br>※ Select '② Individually insured' if you are exempted from payment due to unemployment | ① Yes →Q7)<br>② No →Q5)<br><br>※ Select '①Yes' if you forgot to pay thus becoming overdue as of Dec. 31. | ① Exempted →Q6)<br>② Default on payment →Q7)<br><br>※ Exempted from payment are those who have joined the national pension plan yet are currently excused from paying premiums due to loss of job, business shutdown, maternity or child-care leave, mandatory military service, academic reasons, etc. |
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**Q1) Public pension subscription type**

**<Note>**

First, reply if you are subscribed to any public pensions. Make sure to **take a look at ①, ②, ③ first** and select an appropriate answer. If you can't find a match, you should then refer to the guidelines below and confirm if '⓪ N/A' fits here. If not, study the guidelines below again to see if '④ uninsured' is appropriate.

**<Glossary Definition>**

① Receiving pension benefits: A recipient of national pension, pension for public officials, teachers, military personnel, or specially designated postal workers (The recipients of active old age pension are also included.)

② Subscription to pension: A person holding policies for national pension (including voluntary insured or voluntary & continuously insured persons), pension for public servants, teachers, military personnel, or specially designated postal officials
(A teen below 18 years old who is excluded from the scope of national pension shall be considered 'subscribed to pension plan' if his or her employer has entered into national pension for him/her).

③ Subscribed to pension while receiving benefits: A person covered by disability pension, survivor annuity and so forth while still subscribed to public pension scheme. A case in point is when a person is insured under national pension scheme while at the same time living on annuity for special occupations such as government officials.

④ uninsured: A person who is subject to public pension scheme yet has refused to apply for any pension plans.
(A person aged between 18 and 60 included in the national pension plan yet failing to subscribe.) A typical example is that a person hasn't received an application form from the National Pension Corp., or received it but chose not to sign up. See 〔Guidelines〕)

⓪ Not applicable (N/A): Select when any of the above ①,②,③,④ is not appropriate. (Of those exempted from the scheme (i.e. under 18 years old, or over 60 years old )) See 〔Guidelines〕.

**Q2) Type of public pension**

※ It represents a scheme not previously held but currently active.

※ Those exempted from national pension payment or have defauled in payments are included in the insured under the national pension scheme.

※ Sufficient caution is required as some public employees, private school teachers or military personnel categorized in terms of industry or occupation type may not be covered by relevant occupational pension plans. For example, public employees working in a district office may not be eligible for public officials pension if they are daily wage earners or outsourced workers.

| Member number | Name | National Pension | | | | | |
|---|---|---|---|---|---|---|---|
| | | Q6) Reasons for exemption | Q6-1) Period exempted | Q7) Reasons for delinquency | Q7-1) Overdue period | Q8) Reasons for lack of subscription | |
| ※List in sequential order as per Page 2 | Name of Family Member | ① Job loss, on leave, business suspension<br>② Hospitalization of over 3 months<br>③ Financial difficulties<br>④ Academic reasons (enrolment in school)<br>⑤ Others (Natural casualties, imprisonment, etc.) | How many months were you exempted from paying contributions during the base year?<br>→Q9)<br>※ Based on the previous year | ⓪ N/A (No overdue experience)<br>① Financial difficulties<br>② Do not trust national pension<br>③ Can live well without national pension<br>④ Don't know<br>⑤ others<br>※ Based on the previous year<br>※ Of respondents who answered 'Yes' to the Q4); Select '⓪N/A' if you were never late on payment for the last year. If you do have past due experience for the year, choose from ①~⑤. | How many months were you behind in your payments during the base year?<br>→Q9)<br>※ Based on the previous year<br>※ Enter '0' if there was no past due experience for the last year. | 1. Financial difficulties<br>2. Lack of trust in the national pension system<br>3. Not necessary<br>4. Unsure<br>5. Others |
| 1 | | | Months | | Months | | |
| 2 | | | Months | | Months | | |
| 3 | | | Months | | Months | | |
| 4 | | | Months | | Months | | |
| 5 | | | Months | | Months | | |
| 6 | | | Months | | Months | | |
| 7 | | | Months | | Months | | |
| 8 | | | Months | | Months | | |
| 9 | | | Months | | Months | | |

| Member number | Industrial accident compensation/Employment insurance | | Severance pay / Severance pension | | Individual pension | Health insurance |
|---|---|---|---|---|---|---|
| | Q9) Occupational Health Insurance (Y/N) | Q10) Employment insurance held (Y/N) | Q11) Severance pay available (Y/N) | Q12) Severance pension held (Y/N) | Q13) Individual annuity held (Y/N) | Q14) Health insurance held (Y/N) |
| List in sequential order as per Page 2 | 0. N/A<br>1. Yes<br>2. No<br>3. Not sure<br><br>※ For government employees and private school teachers or military personnel, check 0. N/A. Specially designated postal officials are required to answer 'Yes' or 'No' to the question above as they are treated separately.<br><br>※ Select'⓪N/A' if you fit into 'Non-economic population'.<br><br>※ Select '⓪ N/A' if you are self-employed working alone. Employer, on the other hand, can divide into '①Yes' or '②No' depending on whether or not your workplace is insured. | 0. N/A<br>1. Yes<br>2. No<br>3. Not sure<br><br>※ For government employees private school teachers military personnel, or employees of specially designated post offices, check 0. N/A.<br><br>※ Select'⓪N/A' if you fit into 'Non-economic population'.<br><br>※ Starting from Jan. 22 2012, the self-employed and employer with below 50 workers are also allowed to subscribe to both employment insurance (specifically for job security/job skills development program) and unemployment benefits. | ⓪ N/A<br>(Public servants, service men&women, private school teachers, and specially designated postal workers are included)<br>① Yes<br>② No<br>③ Not sure<br><br>※ The question above is not about whether your workplace has severance package plan in place. It is about whether you are eligible to receive severance pay upon retirement or not.<br>※ Select '①' even when you have no reserves left due to the early claim of severance pay.<br>※ Also, choose '①' if you are eligible to get a claim paid out when your employer had retirement annuity insurance for employees from an external financial institution such as an insurance carrier. | ⓪ N/A<br>(Public servants, service men&women, private school teachers, and specially designated postal workers are included)<br>① Yes<br>② No<br>③ Not sure<br><br>※ Under the new public pension scheme, the amount of money corresponding to legal severance pay is set aside either solely by Employer or jointly with employees. It is then entrusted to a financial institution for management. At the time of retirement, it can be paid either in full or in annuity.<br><br>※ Effective beginning Dec. 1, 2005. | ① Individual annuity only<br>② Whole life only<br>③ Both individual annuity and whole life<br>④ Not insured (Also applicable when you are already living on annuity)<br>⑤ Not sure<br><br>※ Individual annuity is not a compulsory social insurance but a sort of private savings tool handled as a financial vehicle by diverse financial institutions such as banks, insurers, asset management firms, brokerages, etc.<br><br>※ Whole life is viewed as one of individual annuities as it is convertible to annuity. | ① Workplace-based insured<br>② Dependents of workplace-based insured person<br>③ Individually insured<br>④ Family members of individually insured person<br>⑤ Medical Aid Class 1<br>⑥ Medical Aid Class 2<br>⑦ Free medical treatment for patriots & veterans<br>⑧ Not insured<br><br>※ Ask each member to choose from ①,②,③,④ if insured. If not, select an appropriate answer from ⑤~⑧. |
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# V. Medical Care (B)

**Interviewer: Please answer all questions below as of Dec. 31 of the previous year (survey base year).**

Q1) Does your family have public health insurance? ☐

① Yes → **Q1-1)** ② No → **Q1-2)**

〈 **Note** 〉
※ Select '①Yes' even when one or more members of your family are covered by health insurance while some are subject to Medical Aid.

Q1-1) If you said '①Yes' for Q1), which one is correct? ☐

① Workplace-based insured ② Individually insured

〈 **Note** 〉
※ The insured shall be divided into wage income earners (workplace-based insured: workers hired by an employer with 1 or more persons, government officials, private school teachers) and non-wage income earners (Individually insured: those other than workplace-based insured and their dependents).
※ In cases where your family includes both workplace-based and individually insured, your answer should be made based on the head of the household.

**Answer and Go to Q2)**

Q1-2) If you said 'No' for Q1), which of the following answers is correct? ☐

① Medical Aid (Class 1) → **Q1-3)**
② Medical Aid (Class 2) → **Q1-3)**
③ Free medical checkup for patriots & veterans → **Q4)**
④ Uninsured → **Q4)**

〈 **Note** 〉
※ When a family contains recipients of medical aid and free medical service for veterans at the same time, it should go by the head of the household; provided, however, that the Head is benefitting from both medical aid and free medical service, choose one that is more prominently used.
※ Medical aid plan enables the government to offer basic medical benefits (i.e. checkup, surgery, etc.) to the vulnerable low-income families. The beneficiaries of medical aid are divided into Class 1 and Class 2.
※ Free medical service for those recognized for their service to the country means that, **unlike medical aid (class 1 & 2)**, full medical expenses for the qualified, namely independence fighters and veterans, are supported by the Ministry of Patriots and Veterans.
※ Lower-income brackets (rare and intractable disease patients, chronic disease patients, and those younger than 18) are subject to health insurance.

Q1-3) **(If ①, ② is selected for Q1-2))** What was the biggest obstacle in your experience with Medical Aid? ☐

0. Nothing special 1. Small range of coverage (More contribution paid by the patient)
2. Limited service period 3. Discrimination
4. Others (Specify: _____)

**Answer and Go to Q4)**

Q2) Were you ever late on payment for health insurance over the past year? ☐

① Yes → **Q2-1)** ② No → **Q3)**

Q2-1) **(If ① is selected for Q2))** Why were you delinquent in paying for health insurance? What was the main reason? ☐

1. Don't use much
2. Financial difficulties
3. Not enough benefits for what I've paid
4. Do not trust the system
5. Forgot to pay on time
6. Others (Specify: _____)

Q2-2) **(If ① is selected for Q2))** Exactly how long were you behind in payments for the past year?

☐☐ Months

Q3) **(If ① is selected for Q1))** What was the biggest problem you have encountered when using health insurance? ☐

0. Nothing special
1. High monthly payment
2. Small range of coverage
3. Others (Specify: _____)

Q4) **[If ① is selected for (Q1)] Do you think that your family enjoys benefits corresponding to the health insurance premiums that you pay?** ☐

Q5) How satisfied are you and your family with medical services from hospitals? ☐

Q6) **(By taking into consideration the number of health insurance policies privately held by each family member as seen in (II Health & Medical Care Q8))** What was the total amount of premiums paid for Dec. of the last year for all private policies held by your family?

Total premiums paid for Dec. ☐☐☐ 0,000 (KRW)

# VI. Housing

Q1) Did your family ever move during the past year? ☐

① Yes ② No

Q2) Select the type of house you resided in as of Dec. 31 of last year. ☐

① Single detached house
② Single house for multiple families
③ Multiplex housing
④ Row house (Villa)
⑤ Apartment complex
⑥ Permanent rental apartment
⑦ Multi-use housing such as in-residence stores
⑧ House within non-residential building (Commercial area, factory, etc)
⑨ Studio Apartment
⑩ Greenhouse, hut, shack
⑪ Temporary building (i.e. container, temporary homes at redevelopment zones)
⑫ Others (Specify: _____)
⑬ National rental housing

〈 **Note** 〉
※ Be sure to answer based on the housing tenure stated in the register of your entire building.

Q3) Where was your house located as of Dec. 31 of the last year? ☐

① Basement
② Semi-basement
③ Ground
④ Rooftop

〈 **Note** 〉
※ In case of multi-storied residences, state the best location.

Q4) How many rooms were there in total as of the end of the last year? (Excluding any rooms rented out)

☐☐ Total

〈 **Note** 〉
※ When counting the number of rooms in use, exclude the ones leased out.
※ When your livingroom doubles as a bedroom or can be used as such, it should be included into the number of rooms above.

Q5) How big was your house (i.e. floor space sold for apartment) as of the end of the last year?

☐☐☐ m²

〈 **Note** 〉
※ State the size of house (pyung) you are residing in, with yard, garden, storage, etc. not taken into account.
※ If part of your house is rented out, it should be taken out from the calculation.

Q6) What was the type of housing tenure of your residence (according to the register) as of Dec. 31 of the last year? ☐

①Self-owned
②Lease with key money only ('Jeon-Se')→ **Q7)**
③Lease with deposit and monthly rent
④ Lease with monthly rent only→ **Q10)**
⑤ Others

〈 **Note**〉
※ In circumstances where you live in a house titled under other than your family members, you should answer '⑤Others' for the type of occupancy on the register even if you are related to the owner of house.
※ In terms of housing tenure, '⑤Others' also include 'free housing'.

Q7) How much is your house worth as of Dec. 31 of the last year? (based on the current market rate)

Amount (KRW) ☐☐☐☐☐☐,000

〈 **Note** 〉
※ Write down the price of house in case of **'Self-owned';** Fill in key money for **'Jeon-Se'**; and deposit portion if it is **a mix of deposit and monthly rent.**

Q8) How did you finance the purchase, key money, or repairs/remodelling of the house you resided in as of Dec. 31 of last year? Please state two funding sources in order of amount (large to small). 1st ☐ 2nd ☐

① Personal Savings (inheritance included)
② Supported by subsidies
③ Borrowed from parents/siblings/relatives/friends
④ Borrowed from financial institutions (i.e. mortgage loan from banks, loan from your company)
⑤ Loans from private lenders

Q9) Please answer the following questions regarding your housing-related debt as of the end of last year.

| **Classification** | | |
|---|---|---|
| ⓐ How much have you paid off your housing related debt over the last year? (※ Consider **principal** only) | ☐☐☐☐☐☐ | 0,000 |
| ⓑ How much housing related debt do you still have outstanding as of **Dec. 31 of the last year**? (※ In terms of interest, the portion of interest past due until the end of last year should be taken into account.) | ☐☐☐☐☐☐ | 0,000 |

〈 **Note** 〉
※ **Housing related debt:** Liabilities arising from buying a house, paying deposit or repairing/remodelling are included. Taking a mortgage out on your house to fund new business is not to be counted.
※ None= '0'

Q9-1) How many times did you go overdue on your loans (interest included) during the previous year? ☐

1. None
2. 1 time
3. 2~3 times
4. 4 times or more

〈 **Note** 〉
※ In cases where you have no mortgages taken out or had all housing related debt paid off prior to the base year surveyed, then select '① None'.

Q10) Can you describe what the house you resided in **as of Dec. 31 of the previous year** looked like in terms of house structure, performance, and environment? Please answer each question listed below.

| Structure, Performance, Environment | Yes | No |
|---|---|---|
| ① A permanent building that is durable with heat-resistant, fireproof, and moisture-control materials. | ① | ② |
| ② Has appropriate sound-proof, ventilation, lighting, and heating equipments. | ① | ② |
| ③ Not suitable for residential purposes due to noise, vibration, odor, or air pollution. | ① | ② |
| ④ Safe from natural disasters, such as storm, flood, landslide or land collapse. | ① | ② |

Q11) Please describe the type and usage of your housing facilities as of Dec. 31 of the previous year.

| Type | Usage |
|---|---|
| Water/ Sewer | 1. Private 2. Shared 3. N/A |
| Kitchen | 1. Private-Modern 2. Private-Traditional 3. Shared-Modern 4. Private-Traditional 5. N/A |
| Toilet | 1. Private-Modern 2. Private-Traditional 3. Shared-Modern4. Private-Traditional 5. N/A |
| Bathroom | 1. Private-Hot Water Available 3. Shared-Hot Water Available<br>2. Private-No Hot Water 4. Shared-No Hot Water 5. N/A |
| Heating system | 1. Briquette or Firewood Furnace 4. Oil Boiler 7. Central (Local) Heating<br>2. Briquette Boiler 5. Gas Boiler 8. Electric Flooring<br>3. Firewood/Coal Boiler 6. Electric Boiler 9. Other (Specify: _____) |

Q12) Please check if your family ever used any of the following housing welfare related services over the past year.

Q12) Considering your family's situation over the past year, how much do you think the following housing welfare projects are needed? How satisfied were you with services that you and your family received?

| Housing Welfare Services | Needs | | | | | Experience in the use of services | | Degree of satisfaction | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Not necessary at all | Not very necessary | Neutral | Somewhat necessary | Very necessary | Yes | No | Very dissatisfied | Somewhat dissatisfied | Neutral | Somewhat satisfied | Very satisfied |
| ① Permanent rental housing | 1 | 2 | 3 | 4 | 5 | ☐ | ☐ | 1 | 2 | 3 | 4 | 5 |
| ② Public (National) Rental housing | 1 | 2 | 3 | 4 | 5 | ☐ | ☐ | 1 | 2 | 3 | 4 | 5 |
| ③ Financial aid for key money (mortgage) targeted for low-income families, laborers, the under-privileged | 1 | 2 | 3 | 4 | 5 | ☐ | ☐ | 1 | 2 | 3 | 4 | 5 |
| ④ Subsidy for monthly rent for low-income families (※ Including monthly rent supported by a local government) | 1 | 2 | 3 | 4 | 5 | ☐ | ☐ | 1 | 2 | 3 | 4 | 5 |
| ⑤ Financial aid for house purchase (mortgage) targeted for low-income families, workers | 1 | 2 | 3 | 4 | 5 | ☐ | ☐ | 1 | 2 | 3 | 4 | 5 |
| ⑥ Others (Specify: _____) | 1 | 2 | 3 | 4 | 5 | ☐ | ☐ | 1 | 2 | 3 | 4 | 5 |

〈 **Note** 〉

**※ In case you have never used any of them, please go to the next item.**

※ If your answer is ①, ②, or ⑥ and if you moved in such housing facility in the past and have been living there during the base year surveyed, please check 'Yes'.
In case of ③, ④, ⑤, however, you should mark 'Yes' only if you received assistance during the base year.

* For the first survey(1st wave) only

Q) It is a question about your living environment in your area. Please respond to each item.

| Living environment in the area | Yes | No |
|---|---|---|
| ① The cultural and sports facilities (the city gym, the library, etc.) are conveniently located. | ① | ② |
| ② The social welfare utilization facilities (social welfare center, etc.) are conveniently located. | ① | ② |
| ③ The medical institutions (hospitals, public health centers, etc.) are conveniently located. | ① | ② |
| ④ The educational facilities (kindergarten, school, academy, etc.) are conveniently located. | ① | ② |
| ⑤ Public transportation (bus, subway, etc.) is available within 10 minutes' walking distance. | ① | ② |
| ⑥ The natural environment (park, greenery, etc.) is located within 20 minutes' walking distance. | ① | ② |

# VII. Living Expenses

〈 **Note** 〉

※ Living expenses: Referring to the costs spent to keep the livelihood of the family only. Thus, any expenses incurred due to business reasons should be excluded.

※ All subsidies or in-kind assistances coming in from relatives, neighbors, public organizations, etc.. (i.e. scholarship, medical expenses, payment of utility bills, groceries, clothing, heating devices) should be **converted into cash value** and included into relevant expense items below.

※ Any purchase on installment **should be divided by 12 months with the time of purchase (bought during the base year) serving as a baseline.** For instance, let's say you bought a car worth 12 million won on 24-month installment in Oct. of the base year, which results in you paying 500,000 won each month over the next 2 years. Even so, you need to fill in the amount (1 million won) arrived at by dividing total car price by 12 months. As such, 500,000 won paid per month currently for the year shouldn't be incorporated into the expenses below if the car was purchased over 24 months of installment prior to the baseline year.

※ **Any person staying together for below 9 months should be taken out from the total living expenses** because he or she isn't considered part of the family.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Q1) | Food | Q1-1) Groceries | **How much did you spend monthly on average** for groceries in the past year?<br>※ Expenses spent for main dishes, side dishes, snacks, food for ancestral rites at home (excluding liquors)<br>※ Products for self-consumption (i.e. eating grains and/or vegetables grown on your own, eating at the diner that you own, etc.) are included, too. | **Monthly Average** | | | | | | **0,000** |
| | | Q1-2) Dining out | **How much did you spend monthly on average** for dining out in the past year?<br>※ Lunch (including free lunch at company), eating at a diner, school cafeteria, alcohols consumed outside, free meals offered by community center, etc. | **Monthly Average** | | | | | | **0,000** |
| | | Q1-3) Alcohol, tobacco, etc. | **How much did you spend monthly on average** for liquor and tobacco in the past year? | **Monthly Average** | | | | | | **0,000** |
| Q2) | Housing (Excluding house purchase) | Q2-1) Monthly rent | **How much was your average monthly rent** paid **in the past year?**<br>※ Enter 'monthly rent stated in your contract' even though you are currently overdue.<br>※ Enter '0' in case of 'Self-owned' or 'Lease with key money' (If you are paying land price for your own house, write down the average land price per month)<br>※ For 'Lease with deposit and monthly rent', fill in only monthly rent without deposit. | **Monthly Average** | | | | | | **0,000** |
| | | Q2-2) House maintenance | How much was your **average monthly** maintenance/repair fee for your house in **the past year?**<br>※ House building & repair fees, maintenance fees for apartment, moving expense, realtor commissions, expenses for sewage treatment, etc. | **Monthly Average** | | | | | | **0,000** |
| Q3) | Heating, Water | | How much did you spend monthly on average for heating and water **in the past year?**<br>※ Water, power, heating (i.e. briquette, kerosene, diesel, city gas, LPG, etc.) | **Monthly Average** | | | | | | **0,000** |
| | | | └ How much was spent for heating (i.e. briquette, kerosene, diesel, city gas, LPG, etc.)? | **Monthly Average** | | | | | | **0,000** |
| Q4) | Furniture, Household items | Q4-1) Furniture & appliances, Household items | How much did you spend **monthly on average** for furniture and household items in **the past year?**<br>※ Furniture, household appliances (refrigerator, washer, gas stove, etc.), dinnerware, miscellaneous & expendables (i.e. lighting, toilet paper, light bulbs, tools, cleaning tools), bed linen, indoor decorations, domestic service (i.e. maid, cleaning service), diaper, water purifier rental, voucher usage for other than treatment purposes (i.e. Caregiver for the elderly, Assistance for the handicapped), etc. | **Monthly Average** | | | | | | **0,000** |
| | | Q4-2) Childcare | How much did you spend **on average each month** for child-care **in the past year**?<br>※ This includes baby-sitting and day care center with kindergarten excluded. | **Monthly Average** | | | | | | **0,000** |
| Q5) | Clothes, Shoes | | How much did you spend **on average each month** for clothing and shoes in **the past year?**<br>※ Expenses spent to buy, repair or dry-clean outer and under clothes, school uniform, shoes, sneakers, caps, etc. | **Monthly Average** | | | | | | **0,000** |
| Q6) | Medical | | How much did you spend **on average each month** for medical treatment in **the past year**?<br>※ Hospitalization, outpatient treatment, dental, surgery (including implant, plastic surgery, etc.), medicines, caregiver, post-pregnancy care, medical checkup, health supplement, medical equipment for health purposes (i.e. glasses, contacts), assisting devices, voucher usage for medical purposes (for obese kids). State only the share of medical expenses paid by you. | **Monthly Average** | | | | | | **0,000** |
| Q7) | Education | Q7-1) Public education | How much did you spend **on average each month** for public education in **the past year**?<br>※Tuition fees (elementary, junior high, high school, college, graduate school), payables, entrance fees, textbooks, stationery, after-school classes (if mandatory), studying overseas, outdoor activities, field trips etc. | **Monthly Average** | | | | | | **0,000** |
| | | Q7-2) Private education | How much did you spend **on average each month** for private education **in the past year**?<br>※ Private educational institute, kindergarten, library or reading room, private tutor, CED (General Equivalency Diploma) preparation, going overseas for language purpose, leaning voucher, etc. | **Monthly Average** | | | | | | **0,000** |
| Q8) | Cultural activities & entertainment | | How much did you spend **on average each month** for cultural activities & entertainment in **the past year**?<br>※ Newspaper, books, magazines, movies & concerts, recreational goods or sports equipment purchased (i.e. TV, audio player, PC, cable TV, piano, toys, mountain-climbing gears, fishing rods, golf equipment), recreational service (PC room, karaoke, coaching fees, language learning by adults, group tour, etc.), video or DVD rental, pets (i.e. puppy), plants, TV license fees, bicycle for kids, etc. | **Monthly Average** | | | | | | **0,000** |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Q9) | Transportation & telecommunication | Q9-1) | How much did you spend **on average each month** for transportation in **the past year**?<br>※ Public transportation such as taxi, bus, subway , car purchase & maintenance, car insurance, chauffeur service, bicycle for adults, etc. | | **Monthly Average** | | | | | **0,000** |
| | | Q9-2) | How much did you spend **on average each month** for telecommunication services in **the past year**?<br>※ Phone/cell phone purchase & usage, internet subscription fees, etc. | | **Monthly Average** | | | | | **0,000** |
| Q10) | Other expenses | | How much was your **average monthly cost** spent for the category, 'Other expenses,' in **the past year**?<br>※ Beauty related products & services (i.e. cosmetics, soap, shampoo, hair salon, public bath usage), accessories (i.e. handbag, watch, jewelry), congratulations & condolences, dating, social gathering, religion-related (i.e. tithes), protection-type insurance (excluding policies with savings component, **wedding or funeral arrangement**, monthly allowance, etc. | | **Monthly Average** | | | | | **0,000** |
| | | | └ How much did you spend for felicitations & commiserations? | | **Monthly Average** | | | | | **0,000** |
| | | | └ How much was spent for religious reasons (i.e. tithes)? | | **Monthly Average** | | | | | **0,000** |
| Q11) | Private transfer | Q11-1) Non-cohabiting family member | How much money did you send **on average each month** to assist members of your household staying away due to school or job **in the past year?**<br>※ In-kind support included<br>※ Boarding fees, miscellaneous living expenses, monthly allowances, etc. (Be mindful that educational expenses such as tuition should be entered in 7. Education) | | **Monthly Average** | | | | | **0,000** |
| | | Q11-2) Others | How much money did you send **on average each month to assist others that are not members of your household (i.e. parents, children, relatives, etc.) in the past year**?<br>※ Include agricultural produce raised by you and sent over to parents, children, or relatives (in kind)<br>※ Buying a house or funding key money for your kid upon marriage should be considered a gift and thereby excluded.<br>※ Factor in interest arising from the loans not taken out under your name (For instance, you are paying interest for the house under the title of your son's name.) | **Parents** | **Monthly Average** | | | | | **0,000** |
| | | | | **Children** | **Monthly Average** | | | | | **0,000** |
| | | | | **Others** | **Monthly Average** | | | | | **0,000** |
| Q12) | Tax | | How much did you spend **on average each month** to pay taxes in **the past year?**<br>※ Total annual tax amount (general income tax, gross real estate tax, earned income tax (grade A), property tax, automobile tax, contribution for better environment, resident tax, acquisition or registration tax, etc.) divided by 12 months; provided, however, that business related taxes such as corporate income tax shall be excluded.<br>※ Include taxes payable by you for the properties not titled under your name. | | **Monthly Average** | | | | | **0,000** |
| | | | └ How much was your income tax? | | **Monthly Average** | | | | | **0,000** |
| | | | └ How much was your property tax? | | **Monthly Average** | | | | | **0,000** |
| | | | └ How much was your road tax? | | **Monthly Average** | | | | | **0,000** |
| | | | └ How much was your general income tax? | | **Monthly Average** | | | | | **0,000** |
| | | | └ How much was your real estate tax? | | **Monthly Average** | | | | | **0,000** |
| Q13) | Social Security Contribution | | How much did you spend **on average each month** to pay your contribution to social security programs in **the past year?**<br>(Monthly sum of whole family's public pension, National Health insurance, and Employment Insurance)<br>※ Include the share of contributions paid by you only. (The portion paid by your employer or a third party should be excluded.)<br>※ Exclude plans privately held (i.e. cancer policy, protection-type policy) | | **Monthly Average** | | | | | **0,000** |
| | | | └How much did you pay for national pension? | | **Monthly Average** | | | | | **0,000** |
| | | | └How much did you pay for health insurance? | | **Monthly Average** | | | | | **0,000** |
| | | | └How much did you pay for employment insurance? | | **Monthly Average** | | | | | **0,000** |
| Q14) | Total Living Expenses | | How much money did you spend in total for living expenses in **the past year?**<br>※ Total living expenses = **Total sum of 1~13 above**<br>※ Excluded are the money spent to reduce liabilities involving mutual installment for housing, monthly installment payment, charge account, borrowings (interest included), etc. as well as increase assets such as deposit, savings-type insurance, privately-raised fund, etc. | | **Monthly Average** | | | | | **0,000** |

**※ Be sure to state '0' if there is none. The same applies to 'Income.'**

**※ An amount valued in thousand won or below should be expressed with decimal point. (i.e. 5,000 won –> 0.5) However, any value of 10,000 won or more should be rounded off to the nearest 10,000 won. For instance, 115,000 won should be rounded up and entered as 120,000 won.**

※ The question below concerns how much you believe is required as **minimum living expenses for your family.** (Based on the monthly average of the base year surveyed.)

| | | | Amount | | | | | |
|---|---|---|---|---|---|---|---|---|
| Q15) | At least how much money do you think is necessary for your family to just get by for a month? (Based on the monthly average of the previous year.) | Minimum living expenses in total | **Monthly Average** | | | | | **0,000** |

※ The question below concerns how much you believe is required as **reasonable living expenses for your family.** (Based on the monthly average of the base year surveyed.)

| | | | Amount | | | | | |
|---|---|---|---|---|---|---|---|---|
| Q15-1) | How much money do you think is necessary for your family to reasonably live for a month? (Based on the monthly average of the previous year.) | Reasonable living expenses in total | **Monthly Average** | | | | | **0,000** |

## Question for the 1st wave (deleted since the 2nd wave)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2-1 | Shortfall in medical expenses | **If you failed to receive medical services due to financial reasons, how much money each month do you think was required on average for you to be properly treated?**<br>※ Annual shortfall ÷12: For instance, in case you failed to have surgery and the operation cost KRW 12 million, the monthly shortage is KRW 1 million. | **Monthly average** | | | | | **KRW** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5 | Total living expenses | | Total living expenses (cash) for household members living together (A) | | | | | |
| | | | **Monthly average** | | | | | **KRW** |
| | | | Total living expenses (cash) for household members not living together (B) | | | | | |
| | | | **Monthly average** | | | | | **KRW** |
| | | | In-kind aid converted into cash (C) | | | | | |
| | | | **Monthly average** | | | | | **KRW** |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 6 | Financial support for parents or children (cash and in-kind aid) | How much financial aid [cash and in-kind aid (converted into cash)] did you offer to your parents or children (who are not your household members) for one year in 2005? (total annual aid) | **Annual** | | | | | | | **KRW** |

# VIII. Income

| Q1) | Economic activities of family members: Indicate economic activities of all family members who are 15 years or older during the base year. (Under categories of ①~⑥, check '1' if applicable; '0' if not.) |
|---|---|

| Name | Member number | ① Permanent Wage Earner | | ② Temporary/ Daily Wage Earner | | ③ Employer/ Self-Employed (Except for Farm/Livestock/Fishery) | | ④ Agriculture/ Livestock Business | | ⑤ Fishery Business | | ⑥ Unpaid family business worker, Housekeeping, Childcare, Student, etc | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Applicable? | Months worked | Applicable? | Months worked | Applicable? | Months worked | Applicable? | Months worked | Applicable? | Months worked | Applicable? | Months worked |
| | 1 | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | |
| | 6 | | | | | | | | | | | | |
| | 7 | | | | | | | | | | | | |
| | 8 | | | | | | | | | | | | |
| | 9 | | | | | | | | | | | | |
| Total | | (head count) | | (head count) | | head count) | | (head count) | | (head count) | | (head count) | |
| | | Go to Q2 | | Go to Q3 | | Go to Q4 | | Go to Q5 | | Go to Q6 | | Go to Q7 | |

〈 **Note** 〉

※ Fill in only the name of member under 15 years of age. **Be sure to** have your family members listed in identical order as in [General Information].

※ **If you hold two or more jobs at the same time:** Enter '1' at all relevant fields. For example, when you are working as a public servant while engaging in farming, you are then required to mark '1' for both 'Permanent wage earner' and 'Agriculture/livestock business' category, before moving on to Q2) and Q5) to identify income.

※ **For 'Months worked', enter the number of months you worked in the past year.** For instance, let's say you quit your regular job in March and rested 3 months, before finding another permanent job in July and working 2 months thereafter. In this case, the field for 'Months worked' as a permanent wage earner should be filled with 5 months. Enter 12 months if you are a farmer.

※ For households running a private business, or engaging in agriculture/livestock or fishery business, **if two or more family members work for a single business,** indicate **one** of them as employer/business owner and list the rest as ⑥ Unpaid family business workers.

**※ Major Activities**

| | | |
|---|---|---|
| ①Permanent Wage Earner | | People with employment contracts longer than a year or people who are hired as a full-time employee receiving incentives, wage, severance, and other benefits. Including general office workers, public servant, corporate manager (CEO). |
| ②Temporary/Daily Wage Earner | | People with employment contracts ranging from one month to less than one year or people who are hired for certain projects<br>Daily workers are workers who have contracts that are valid for less than a month or who look for jobs on a daily basis |
| ③Employer/Self-Employed (Except for Farm/Livestock/Fishery) | | Employers with one or more paid workers/business owners who work by themselves with no paid workers or with unpaid family members |
| ④Agriculture/ Livestock Business | | Cultivating a land larger than 10 acres (approx. 990㎡) or making over KRW 1,200,000 a year by selling products. Including people raising livestock of value over KRW 1,200,000 as of December 31 of Base Year, even if their earnings do not exceed KRW 1,200,000. |
| ⑤Fishery Business: | | Engaging in the fishery business longer than one month each year to sell seafood captured, gathered, or farmed. |
| ⑥ | Unpaid family business worker | Working for a family business (business owned by a co-resident family member) with no earnings |
| | Housekeeping/ Childcare | Spending most of the time housekeeping, nursing other family members, and/or taking care of minor children. |
| | Student | Students attending school or other institutions. (※ If a worker is attending evening classes, his major activity is his job (①~⑤).) |
| | Others | Those not taking part in economic activities citing their physical or mental incompetence due to unemployment, disability, injury, disease, old age, etc., or who have capacity to work but is unwilling. |

| Q2) | Permanent Wage Earner: State the **total annual income** (total salary before tax) earned by each member working regularly in **the past year (base year).** |
|---|---|

※※ Total salary includes basic pay, bonus, allowance for overtime work, ordinary allowance paid every month, incentive, tax refund, expense account, welfare card, car maintenance & cell phone fees paid by your employer, free lunch, etc.

※ ※ Indicate the amount before deducting income tax, national pension insurance, health insurance, employment insurance, and other taxes, fees, and expenses.

※ Corporate manager should be defined as 'permanent wage earner.'

※ Be sure to have your family members listed in the same order as in 〔General Information〕

※ If family member number 1 and 3 are categorized as permanent wage earners, enter their name according to relevant 'Member number' field (1&3) with respective total income specified, while leaving other fields blank (identical in the below)

**→ Please proceed to the relevant question if you have earned incomes other than permanent wage.**

| Name | Member number | Total annual income |
|---|---|---|
| | 1 | Annual 0,000 |
| | 2 | Annual 0,000 |
| | 3 | Annual 0,000 |
| | 4 | Annual 0,000 |
| | 5 | Annual 0,000 |
| | 6 | Annual 0,000 |
| | 7 | Annual 0,000 |
| | 8 | Annual 0,000 |
| | 9 | Annual 0,000 |

| Q3) | Temporary/Daily Wage Earner |
|---|---|

**[Supplementary 3-a]** State the number of days worked **each month on average during the past year** and the amount of money you got paid per day.

※ As days worked each month may vary, find the total number of days worked in the previous year and divide the number by 12 to find the average days worked per month.
Example: Suppose that family member 'A' worked 5 days a month from Jan. to June and 15 days a month from July to Dec. In this case, 10 days a month ((30+90 days)/12 months) should be entered.

※ **Be sure to** have your family members listed in the same order as in [General Information]

※ Example: As regards to Q1), if family number 2 and 3 worked either temporarily or daily, put in their name, days worked, and daily rate to each relevant 'Member number' field (2&3) with the remaining family member fields blank.

※ Incomes earned from self-support, public work programs, jobs for the elderly are included.

| Name | Member number | Average Days Worked/ Month | Daily wage |
|---|---|---|---|
| | 1 | | 000 |
| | 2 | | 000 |
| | 3 | | 000 |
| | 4 | | 000 |
| | 5 | | 000 |
| | 6 | | 000 |
| | 7 | | 000 |
| | 8 | | 000 |
| | 9 | | 000 |

**3-1.** State the **total annual income** (total income before tax) earned by each family member who worked either temporarily or daily **in the past year.**

※ Total wage includes basic pay, bonus, allowances for overtime work, ordinary allowance paid every month, incentive, tax refund, expense account, welfare card, car maintenance & cell phone fees paid by your employer, free lunch, etc.

※ Total wage refers to the amount before deducting taxes and various social security contributions including income tax, contributions (premiums for national pension), health insurance, employment insurance, etc.

※ **Be sure to** have your family members listed in the same order as in [General Information]

※ Example: As regards to Q1), if family member number 2 and 3 worked either temporarily or daily, enter their name and total wage amount to each relevant 'Member number' field (2&3) while leaving other fields blank.

→ **Please proceed to the relevant question if you have earned incomes other than temporary or daily.**

| Name | Member number | Total Annual Income |
|---|---|---|
| | 1 | Annual 0,000 |
| | 2 | Annual 0,000 |
| | 3 | Annual 0,000 |
| | 4 | Annual 0,000 |
| | 5 | Annual 0,000 |
| | 6 | Annual 0,000 |
| | 7 | Annual 0,000 |
| | 8 | Annual 0,000 |
| | 9 | Annual 0,000 |

| Q4) | Employer/Self-Employed |
|---|---|

[Supplementary 4-a] State the total annual sales of each family member who was either employer or self-employed **during the past year.**

※ If two or more family members work for a single business, indicate one of them as employer/self-employed and list the others as paid workers or unpaid family business workers.

※ Determine based on the number of months worked, monthly sales, etc.

※ Be sure to have your family members listed in the same order as in 〔General Information〕

※ Example: If family member number 3 marked 'Employer/self-employed' for Q1) above, enter his or her name and total sales into the relevant Family number field while leaving other fields unfilled.

| Name | Member number | Total Annual Income (A) |
|---|---|---|
| | 1 | Annual 0,000 |
| | 2 | Annual 0,000 |
| | 3 | Annual 0,000 |
| | 4 | Annual 0,000 |
| | 5 | Annual 0,000 |
| | 6 | Annual 0,000 |
| | 7 | Annual 0,000 |
| | 8 | Annual 0,000 |
| | 9 | Annual 0,000 |

[Supplementary 4-b] How much money was spent annually **over the past year** by the family member who was either an employer or self-employed to manage and operate his/her store or workplace?

※ The expenditures here include material cost, labor cost, social insurance for employees, corporate income tax, employee benefits, monthly rent for factory or store, car maintenance, advertisement, expendables, etc.

※ Be sure to have your family members listed in the same order as in 〔General Information〕

※ Example: If family member number 3 marked 'Employer/self-employed' for Q1) above, enter his or her name and total expenses into the relevant Family number field while leaving other fields blank.

| Name | Member number | Total Annual Expenses (B) |
|---|---|---|
| | 1 | Annual 0,000 |
| | 2 | Annual 0,000 |
| | 3 | Annual 0,000 |
| | 4 | Annual 0,000 |
| | 5 | Annual 0,000 |
| | 6 | Annual 0,000 |
| | 7 | Annual 0,000 |
| | 8 | Annual 0,000 |
| | 9 | Annual 0,000 |

**4-1.** State the **annual net income** earned by each family member who was either an employer or self-employed **during the past year**.

※ Subtract total expenses from total income to obtain net income.

※ Net income is the **amount before deducting the household's** income tax, national pension insurance for **oneself and family**, health insurance, and other social security payments.

※ Net income encompasses **self-consumptions, allowances, and personal expenditures spent by employer or owner.**

※ If net income is negative, place "−" before the number.

※ **Be sure to** have your family members listed in the same order as in 〔General Information〕

※ Example: If family member number 3 marked 'Employer/self-employed' for Q1) above, enter his or her name and net income into the relevant field while leaving other fields blank.

→ **Please proceed to the relevant question if you have incomes other than employer/self-employed earnings.**

| Name | Member number | Annual net income (A−B) |
|---|---|---|
| | 1 | Annual 0,000 |
| | 2 | Annual 0,000 |
| | 3 | Annual 0,000 |
| | 4 | Annual 0,000 |
| | 5 | Annual 0,000 |
| | 6 | Annual 0,000 |
| | 7 | Annual 0,000 |
| | 8 | Annual 0,000 |
| | 9 | Annual 0,000 |

**4-2.** State the **annual 'transfer-in' income for the past year** by each family member who was employer/self-employed.

※ It refers to the amount of income brought home from the total revenue earned. Of your earnings of 20 million won for the year, if you invested back 13 million won **while taking the remaining 7 million won home, then you should make an entry of 7 million won.**

※ As such, it may differ from the net income stated in 4-1) above.

※ Even if the net income is negative, there may be income coming in. (In other words, it may not be '0').

※ **Be sure to** have your family members listed in the same order as in 〔General Information〕

※ Example: If family member number 3 marked 'Employer/self-employed' for Q1) above, enter his or her name and net income into the relevant field while leaving other family member fields unfilled.

→ **Please proceed to the relevant question if you have incomes other than employer/self-employed earnings.**

| Name | Member number | Annual transfer-in income |
|---|---|---|
| | 1 | Annual 0,000 |
| | 2 | Annual 0,000 |
| | 3 | Annual 0,000 |
| | 4 | Annual 0,000 |
| | 5 | Annual 0,000 |
| | 6 | Annual 0,000 |
| | 7 | Annual 0,000 |
| | 8 | Annual 0,000 |
| | 9 | Annual 0,000 |

| Q5) | Agriculture/Livestock Business Owner |
|---|---|

5-1. <u>As of December 31 of the previous year,</u> what was the area of the land **where your** household is conducting agricultural/livestock business (with income)?
(Include land leased, but exclude land lent.)

※ None: 0

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ① Farm | **Total** | | | | | | | $m^2$ |
| ② Field | **Total** | | | | | | | $m^2$ |
| ③ Mountain (Fruit Trees, Greens, etc) | **Total** | | | | | | | $m^2$ |
| ④ Other (Special Produce, Greenhouse, etc) | **Total** | | | | | | | $m^2$ |

**[Supplementary 5-a]** Sales gains, consumption by self and others for each agricultural & livestock product **during the base year**

※ If one or more of your family members engage in agricultural/livestock business, fill in your sales income, self-consumption, and consumption by others.
※ Make entries in sequence before calculating sales income, self-consumption, and consumption by others.
※ Quantity sold = Quantity of goods sold + Amount of seeds for the next season + Amount of crops payable for lease and labor cost
※ 'Consumption by others' refers to the amount of value converted to cash if agricultural/livestock products were sent to other than the members of your household (i.e. children, siblings, parents, relatives).
※ Sales income = Quantity sold × Unit price ÷ 10, Self-consumption= Amount of goods that were consumed by the family × Unit price ÷ 10, Consumption by others = Amount of goods given away × Unit price ÷ 10
(Please be aware of what unit is used)
※ Total production in livestock business concerns total number of livestock owned.

| Classification | Example | Type | Total production (a+b+c) | Quantity Sold (Seeds, lease fees included) (a) | Self-consumed (Qty) (b) | Consumed by others (Qty) (c) | Unit Price **(KRW1,000) (p)** | Sales income **(KRW 10,000)** (A=a*p÷10) | Self consumed (Amt) **(KRW 10,000)** **(B=b*p÷10)** | Consumed by others (Amt) **(KRW 10,000)** **(C=c*p÷10)** |
|---|---|---|---|---|---|---|---|---|---|---|
| Grains | Rice: Non-glutinous Rice, Glutinous Rice<br>Grains: Barley, Miscellaneous Grains, Beans, Potato, Sweet Potato, etc. | | | | | | | | | |
| Veg/ Fruits | SPR<br>Veg: Cabbage, Dropwort, Shepherd's Purse, Wild Garlic, Cucumber, Scallion, Leek, Carrots, Onion, Squash, Nappa Cabbage, Lettuce, Spinach, Mushroom, Curled Mallow, etc.<br>Fruit: Apple, Strawberry, Tomato, Cherry, etc. | | | | | | | | | |
| | SUM<br>Veg: Celery, Onion, Korean Leek, Potato, Pepper, Garlic, Radish, Cucumber, Eggplant, Squash, Cabbage, Ginger, Sesame Leaves, Young Radish, Corn, Bell Pepper, etc.<br>Fruit: Tomato, Korean Melon, Watermelon, Grape, Peach, Plum, etc. | | | | | | | | | |
| | FALL<br>Veg: Sweet Potato, Red Pepper, Carrot, Onion, Leek, Radish, Beans, Nappa Cabbage, Spinach, Squash, etc.<br>Fruit: Pear, Apple, Persimmons, Dates, Citrus, Kiwi, Gingko Nuts, etc. | | | | | | | | | |
| | WIN<br>Veg: Burdock, Lotus Roots, Curled Mallow, Onion, Cabbage, Spinach, etc.<br>Fruit: Apple, Tangerine, etc. | | | | | | | | | |
| Others | Special: Sesame Seeds, Perilla Seeds, Fiber Plants, Ginseng, Tobacco, Mushroom, Herbs, etc.<br>Other: Horticulture, Mulberry Leaves, Seedlings, Mulberry Seedlings, etc.<br>Forestry: Chestnuts, Pine Nuts, Walnuts, Acorns, Natural Mushrooms, Greens, Firewoods, etc. | | | | | | | | | |
| Total | | | | | | | | | | |
| Live-stock | Cows, Milk Cows, Dairy Products, Pigs, Chicken, Eggs, Dogs, Milk Goats, Goats, Deer, Rabbits, Ducks, Honey Bees, Other (Sheep, etc.) | | | | | | | | | |
| Total | | | | | | | | | | |

5-2. Please state your **annual** sales income, self-consumption, and consumption by others of the agricultural/livestock products harvested for **the past year.**

| Sales income (A) | | Self-consumed (B) | | Consumed by others (C) | | Total (A + B + C) | |
|---|---|---|---|---|---|---|---|
| Annual Total | 0,000 | Annual Total | 0,000 | Annual Total | 0,000 | Annual Total | 0,000 |

※ Inventory should be added to sales income for calculation.
※ Enter the sum of Supplementary 5-a). For any land leased out, it should be reflected into property income in Q8).
※ None: 0

| 5-3. How much miscellaneous income **in total** related to farming did you earn **annually over the past year**?<br>※ Miscellaneous income here includes payment against damage, proceeds from the sale of recyclable agricultural wastes, etc. (※ None= 0) | Annual miscellaneous income (D) |
|---|---|
| | Annual 0,000 |

**[Supplementary 5-b].** Detailed expenses spent for agricultural & forestry production and livestock rearing **for the past year** (Costs for farm management)

※ If one or more family members own agriculture/livestock business, add all business expenses of your household.

| Expense item | Example | Yearly expenses by item |
|---|---|---|
| Material cost | Seeds/Seedlings, Fertilizers, Chemicals, Animals, Feeds, Other Breeding Supplies, Silk Culture, etc. | Annual 0,000 |
| Labor cost | Labor Expenses (Male, Female) | Annual 0,000 |
| Others | Lighting/Heating, Repair, Agricultural Equipment, Irrigation, Rental, Consignment Fees, Taxes, Interests, Depreciation Cost, Additional Expenses | Annual 0,000 |
| Selling & administrative expenses | Milling, Agricultural Insurance, Farm Product Sales Fees, Sales Equipment, Production Management, etc | Annual 0,000 |

※ Suppose that you **paid in full** to buy an expensive farming equipment. In this case, you need to enter the amount arrived at by dividing the purchased value by **the number of durable years (useful life)** identified.
i.e.) For a lump-sum purchase of a tractor which is **worth 10 million won and can be used for about 10 years**, **the entry should be raised as 1 million won**.

**※ As for depreciation cost, have an entry raised as a lump sum payment for agricultural machinery.**

※ Lighting/heating is required to dry rice plants, pepper, etc. inside greenhouses.

※ Irrigation is needed to water farms/fields.

| 5-4. What was the total amount of expenses spent to produce agricultural/forestry products and raise livestock in the past year? | Annual expenses (E) |
|---|---|
| | Annual 0,000 |

| 5-5. Given the self-consumption, sales, miscellaneous income, total expenses, etc., how much was **your net income** in **the past year from agricutlural/livestock business**?<br>**→ Please proceed to the relevant question if you have incomes other than from agricultural/ livestock business.** | Annual net income (A+B+C+D−E) |
|---|---|
| | Annual 0,000 |

| Q6) | Fishery Business Owner |
|---|---|

**[Supplementary 6-a]** Annual sales income, self-consumption, and consumption by others **during the past year**
※ Glossary definition is identical to 5-a.

| Classification | Example | Type | Quantity Sold (a) | Self-consumed (Qty) (b) | Consumed by others (Qty) (c) | Unit Price **(KRW1,000) (p)** | Sales income **(KRW 10,000)** (A=a*p÷10) | Self-consumed (Amt.) **(KRW 10,000) (B=b*p÷10)** | Consumed by others (Amt.) **(KRW 10,000) (C=c*p÷10)** |
|---|---|---|---|---|---|---|---|---|---|
| Fishing | Capturing or gathering fish, Crustacea, shellfish, Molluscs, seaweed, etc. using fishing boats, fishing gear, and fishing nets (※ Including captures by female divers.) | | | | | | | | |
| Farming | Growing fish, Crustacea, shellfish, Molluscs, seaweed, etc. | | | | | | | | |
| Processing | Processing fish, Crustacea, shellfish, Mulluscs, seaweed, etc | | | | | | | | |
| Total | | | | | | | | | |

6-1. Please state your **annual** sales income, self-consumption, and consumption by others from fishery products shipped **over the past year**.

| Sales income (A) | | Self-consumed (B) | | Consumed by others (C) | | Total (A + B + C) | |
|---|---|---|---|---|---|---|---|
| Annual Total | 0,000 | Annual Total | 0,000 | Annual Total | 0,000 | Annual Total | 0,000 |

※ Inventory should be added to the sales income for calculation.
※ None= 0

[Supplementary 6-b] Detailed expenses spent in conducting fishery activities **during the past year**

※ If one or more family members own fishery business, add all business expenses of your household.

| Expense item | Example | Annual expenses | |
|---|---|---|---|
| Fishing | Baits, Ice, Supplies, Labor, Electricity, Fuel/Oil, Maintenance/Repair, Land/Property Lease, Boat/Gear Rental, Simple Processing, Storage, etc | Annual | 0,000 |
| Farming | Parents/Seedlings, Feeds, Chemicals, Supplies, Labor, Electricity, Fuel/Oil, Maintenance/Repair, Land/Property Lease, Containers, Simple Processing, Storage, etc | Annual | 0,000 |
| Processing | Materials/Fuel, Labor, Lighting/Heating, Repair/Maintenance, Fishery Processing Fees, etc | Annual | 0,000 |

6-2. How much miscellaneous income **in total** related to fishery business did you earn **annually** in **the past year**?

※ Miscellaneous income here includes payment against damage, proceeds from the sale of recyclable fishery wastes, etc. (※ None= 0)

| Annual miscellaneous income (D) | |
|---|---|
| Annual | 0,000 |

6-3. How much did you spend in total for fishery activities in **the past year**?

| Annual expenses(E) | |
|---|---|
| Annual | 0,000 |

6-4. Given the self-consumption, sales, miscellaneous income, total expenses, etc., how much was **your net income** in **the previous year from fishery business**?

→ **Please proceed to the relevant question if you have incomes other than from fishery business.**

| Annual net income (A+B+C+D−E) | |
|---|---|
| Annual | 0,000 |

Q7) Other earned incomes: If you had incomes, **during the previous year**, arising from that other than what you stated above, how much was it in total?

※ Gains earned by working less than 1 hour per week, aside from the earnings discussed earlier in Q1) ~ Q6)

※ Be sure to have your family members listed in the same order as in [General Information]

| Name | Member number | Other earned incomes (yearly) | |
|---|---|---|---|
| | 1 | Annual | 0,000 |
| | 2 | Annual | 0,000 |
| | 3 | Annual | 0,000 |
| | 4 | Annual | 0,000 |
| | 5 | Annual | 0,000 |
| | 6 | Annual | 0,000 |
| | 7 | Annual | 0,000 |
| | 8 | Annual | 0,000 |
| | 9 | Annual | 0,000 |

※Please specify the incomes earned from the list below **during the past year.**

| | | | Item Details | Amount | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Q8) | Property Income | State the amount of property income earned by type in **the past year.**<br>※In case of monthly payment, get the monthly average and multiply by 12 months. If it is paid on a lump-sum basis, make an entry as such.<br>ex)Let's say you get 100,000 won of interest paid every month with a one-off dividend of 1 million won for the year. In this case, you can come up with (10×12)+100= 2.2 million won. | ① Interest (payable to banks or private lenders), Dividend | **Annual** | | | | | | | **0,000** |
| | | | ② Lease fees (Monthly rent, land) | **Annual** | | | | | | | **0,000** |
| | | | ③ Others (Loaning of certification, etc.] | **Annual** | | | | | | | **0,000** |
| Q9) | Social Insurance | State the amount of income received from social insurance in terms of type in **the past year.**<br>(Lump-sum payment isn't included] | ① Public pension (National pension, public servants, military officers, teachers pension, veterans pension, pension for specially designated postal workers) | **Annual** | | | | | | | **0,000** |
| | | | ② Employment insurance (Benefits for unemployment, maternity leave, vocational skills development, etc.) | **Annual** | | | | | | | **0,000** |
| | | | ③ Industrial accident compensation insurance (Temporary incapacity benefit, disability pension, survivor annuity, etc.) | **Annual** | | | | | | | **0,000** |
| Q10) | Private Insurance | How much did you receive in total from the policies privately held with insurers in **the past year**? | ① Private Pension (※ Lump sum payment not included) | **Annual** | | | | | | | **0,000** |
| | | | ② Retirement pension | **Annual** | | | | | | | **0,000** |
| Q11) | Other Government Subsidies | State the amount of subsidies received from the government (via the registry office of your residence) by type in **the past year.** (**National Basic Livelihood Security benefit**s are excluded)<br>※ National Basic Livelihood Security benefits shall be entered in Q14).<br>※ Any in-kind subsidies shall be converted to cash value to make an entry. (i.e. tuition, child-care, etc.<br>※ For ⑦, ⑧, ⑨, any aids supported by the Ministry of Agriculture shall be included.<br>※ Other government subsidies also include financial aids for retreat, sanitation for the old, self-support promotion, childbirth motivation, longevity celebration, vocational training, free public transportation for the elderly, subsidy for the Korea Transportation Safety Authority, etc. They are categorized as 'Others'.<br>※ <u>Ask the registry office for your area if you have questions.</u> | ① Disability allowance (disability pension, allowance for severe/minor disability) /Allowance for disabled children | **Annual** | | | | | | | **0,000** |
| | | | ② Basic old-age pension | **Annual** | | | | | | | **0,000** |
| | | | ③ Single Parent Family Allowance | **Annual** | | | | | | | **0,000** |
| | | | ④ Foster care allowance | **Annual** | | | | | | | **0,000** |
| | | | ⑤ Allowance for child support (support for babies or young children) | **Annual** | | | | | | | **0,000** |
| | | | ⑥ Support for child-care (i-Love card, Happy Kids card) | **Annual** | | | | | | | **0,000** |
| | | | └ Voucher or cash pre-conditioned for spending | **Annual** | | | | | | | **0,000** |
| | | | ⑦ Support for education (assistance by the Ministry of Agriculture is included) | **Annual** | | | | | | | **0,000** |
| | | | └ Voucher or cash pre-conditioned for spending | **Annual** | | | | | | | **0,000** |
| | | | ⑧ Support for men of national merit (Veterans' pension excluded) | **Annual** | | | | | | | **0,000** |
| | | | ⑨ Agriculture/Fishery support | **Annual** | | | | | | | **0,000** |
| | | | ⑩ Emergency support for welfare | **Annual** | | | | | | | **0,000** |
| | | | ⑪ Subsidy for other vouchers | **Annual** | | | | | | | **0,000** |
| | | | └ Voucher or cash pre-conditioned to spend | **Annual** | | | | | | | **0,000** |
| | | | ⑫ Earned income Tax Credit (EITC) | **Annual** | | | | | | | **0,000** |
| | | | ⑬ Child Tax Credit(CTC) | **Annual** | | | | | | | **0,000** |
| | | | ⑭ Subsidy for meals | **Annual** | | | | | | | **0,000** |
| | | | └ Voucher or cash pre-conditioned for spending | **Annual** | | | | | | | **0,000** |
| | | | ⑮ Tax cut or subsidy for energy bills (power, gas, etc.) | **Annual** | | | | | | | **0,000** |
| | | | └ Voucher or cash pre-conditioned for spending | **Annual** | | | | | | | **0,000** |
| | | | ⑯ Tax cut or subsidy for telecom service fees (phone, internet, etc.) | **Annual** | | | | | | | **0,000** |
| | | | └ Voucher or cash pre-conditioned for spending | **Annual** | | | | | | | **0,000** |
| | | | ⑰ Others(_____) | **Annual** | | | | | | | **0,000** |
| | | | └ Voucher or cash pre-conditioned for spending | **Annual** | | | | | | | **0,000** |

| | | | | | |
|---|---|---|---|---|---|
| Q12) | Other Incomes | Also, discuss other incomes accrued if any **during the previous year** in terms of type.<br>※ As far as severance pay is concerned, state here if it is paid in lump sum. If it is added into your monthly wage, it should be defined as 'permanent' or 'temporary' earned income. | ① Gift/Inheritance | **Annual** | **0,000** |
| | | | ② Felicitations/Commiseration Funds | **Annual** | **0,000** |
| | | | ③ Compensations (Accident/Displaced People, etc.) | **Annual** | **0,000** |
| | | | ④ Claim against accident/disease | **Annual** | **0,000** |
| | | | ⑤ Severance pay, single payout for social insurance, single payout for individual annuity, surrender value of protection policy | **Annual** | **0,000** |
| | | | ⑥ Proceeds from the sale of property or real estate | **Annual** | **0,000** |
| | | | ⑦ Others (i.e. lottery ticket or giveaway won, gift certificate, money received from 'Gye', a sort of traditional fund-raising pool formed particularly among korean women for the purpose of mutual financial aid) | **Annual** | **0,000** |
| Q12-1 | Tax Refund | What was the total amount of tax refund received for **the past year?** | Tax refund | **Annual** | **0,000** |

※ None 0

※ Please specify the incomes earned from the list below **during the previous year (base year)**

| | | | | Amount | |
|---|---|---|---|---|---|
| Q13) | Assistance from parents or children (Cash or goods) | State the total value of cash and goods received from parents or children who were not part of your household in **the past year**.<br>※ Financial backing for house purchase and wedding shall be excluded.<br>※ One-off payment for childcare is included, ; However, if you are paid on a monthly basis, it should be considered 'earned income'.<br>※ Based on the head of household in case of 'parents-offspring' | **parents** | **Annual** | **0,000** |
| | | | **offspring** | **Annual** | **0,000** |
| | | | **Others** | **Annual** | **0,000** |
| | Gains earned by a family member who lived with you for under 9 months | If you have **a family member who lived with you for less than 9 months in the previous year before moving out**, how much was the total worth of belongings he or she brought in terms of cash and goods (cash value)? | | **Annual** | **0,000** |
| | | If **a new member came to live with your family for less than 9 months during the previous year**, how much was the total worth of items he or she brought in terms of cash and goods (cash value)?<br>※ Enter regular income only, with furnishings, dowry, etc. excluded. | | **Annual** | **0,000** |
| | Private support (Cash or goods) | What was the total amount of cash and goods (converted to cash value) received, **during the previous year**, from private sector including relatives, friends, neighbors, welfare center, religious/civic groups (scholarship offered by school foundation included), company (subsidy for children's tuition included), etc.?<br>※ Cash and goods received from parents or children outside your household shall be excluded. | | **Annual** | **0,000** |
| Q14) | National Basic Livelihood Security | If you are living on welfare (National Basic Livelihood Security benefits), state the number of months on welfare and total amount (cash benefit) received for **the past year.** | **Months on welfare** ____ **Month** | **Annual** | **0,000** |
| | | | Cash and goods pre-conditioned for spending | **Annual** | **0,000** |
| | | ※ **Please check with the registry office in your area.**<br>※ Include cost for buying rice (Some offices deduct the cost of rice and offer cash instead)<br>※ For the number of months living on welfare, include the months supported by both cash and goods.<br>※ For 'annual amount,' however, enter cash benefits (=subsistence benefit+ housing benefit+ educational benefit+ childbirth benefit+ funeral grant).<br>※ Cash benefits=subsistence benefit+housing benefit+educational benefit (i.e. entrance fee, tuition, textbooks, supplementary books, stationery)+childbirth benefit+funeral grant<br>※ Enter the number of months for which you benefited from grants in the previous year into the relevant field ('Months on welfare'), while deriving 'annual amount' by **multiplying a monthly average (cash benefits) by the number of months on welfare**. (i.e.> If you received 200,000 won for 3 months each during the year, you should enter 03 for the number of months benefitted and 600,000 won for the amount received.) | | | |

## Added since the 11th wave

| | | | | | | |
|---|---|---|---|---|---|---|
| Q14) | National basic livelihood security benefits (customized benefits) | ① Livelihood benefits | The number of months during which livelihood benefit recipient households receive benefits from the government for one year in 2016? How much did they receive? (total amount of benefits; cash).<br>※ Please contact community centers for information. | Number of months: Months | Annually | KRW 10,000<br>0 |
| | | ② Housing benefits | The number of months during which housing benefit recipient households receive benefits from the government for one year in 2016? How much did they receive? (total amount of benefits; cash).<br>※ Please contact community centers for information. | Number of months: Months | Annually | KRW 10,000 |
| | | | | Aid in cash and in-kind based on the premise that they are spent. | Annually | KRW 10,000 |
| | | ③ Educational benefits | The number of months during which educational benefit recipient households receive benefits from the government for one year in 2016? How much did they receive? (total amount of benefits; cash).<br>※ Please contact the office of education for information, with the cooperation of respondents. | Number of months: Months | Annually | KRW 10,000 |
| | | | | Aid in cash and in-kind based on the premise that they are spent. | Annually | KRW 10,000 |

## Deleted after the first wave (deleted for 2nd to 12th waves)

※ Questions about earned or business income for one year in 2005 (Jan. 01 ~ Dec. 31, 2005)

| | | | Yes or No (Yes 1, No 0) | Amount |
|---|---|---|---|---|
| 8 | Property income | **What types of property income and how much (as property income) did you earn for one year in 2005?**<br>① Interest (banks, private loans), dividends ② Rent income (monthly rent and land lease) ③ Others (lending of certificates, etc.) | ① ② ③ | Annually KRW 10,000 |
| 9 | Social insurance | **What types of social insurance and how much (as social insurance) did you receive for one year in 2005?**<br>(Excluding lump-sum payment)<br>① National pension ② Government employees, military, and teachers pension<br>③ Employment insurance (unemployment benefits, vocational capability development benefits)<br>④ Health insurance (long-term care costs, etc.)<br>⑤ Occupational health and safety insurance (time-loss benefits, disability pension, survivor's benefits)<br>⑥ Veterans pension (disabled patriots and veterans) | ① ② ③<br>④ ⑤ ⑥ | Annually KRW 10,000 |
| | Private insurance | **What types of private insurance and how much (as private insurance) did you receive for one year in 2005?**<br>(Excluding lump-sum payment)<br>① Private pension ② Others (_____) | ① ② | Annually KRW 10,000 |
| 10 | Private subsidies (Cash) | How much cash subsidy did you receive from the private sector [relatives (including parents and children), social groups, etc.] for one year in 2005? (total amount) | | Annually KRW 10,000 |
| | Private subsidies (in-kind) | How much subsidy in-kind did you receive from the private sector [relatives (including parents and children), social groups, etc.] for one year in 2005? (total amount)<br>※ Subsidies in-kind include rice, side dishes, clothes, and heating supplies (briquette, oil, etc.) | | Annually KRW 10,000 |
| 12 | Other government subsidies | **What types of subsidies (excluding national basic livelihood security benefits) and how much (as subsidies) did you receive from the government (community centers) for one year in 2005?**<br>① Allowances for the disabled or families with handicapped children ② Old-age pension ③ Transportation allowances for the elderly<br>④ Allowances for single parent families ⑤ Foster care allowances or allowances for child breadwinners<br>⑥ Infant-care allowances ⑦ Financial support for education ⑧ Subsidies for men of national merit<br>⑨ Government subsidies for agricultural and fishery business<br>⑩ Others (_____) | ① ② ③ ④ ⑤<br>⑥ ⑦ ⑧ ⑨ ⑩ | Annually KRW 10,000 |
| 13 | Other income | What types of other income and how much (as other income) did you earn for one year in 2005?<br>① Severance pay ② Pension lump-sum (death and refund) ③ Gift & inheritance ④ Family events<br>⑤ Compensation (accident compensation, housing subsidies for migrants, etc.)<br>⑥ Accident claim ⑦ Others (lottery, giveaway, etc.) | ① ② ③ ④<br>⑤ ⑥ ⑦ | Annually KRW 10,000 |

# IX. Liability & Interest

※ The following questions concern **your debt & interest.** (As of Dec. 31 of the last year surveyed. Liabilities incurred for business purposes shall be excluded)

| | | | Item Details | | Amount |
|---|---|---|---|---|---|
| Q1) | Type of debt | Please state the amount of liabilities entitled (**under your name**) by type **as of Dec. 31 of the previous year.**<br>※ Based on the title of borrower.<br>※ Monthly rent past due, payables to the Korea Transportation Safety Authority, etc. shall be defined as 'Others'.<br>※ Card purchase in installment shall be categorized as ③ Card debts, whereas installment purchase by cash shall be included within ⑤ Charge account, installment financing, prepayment from 'Gye'.<br>※ Identify housing related loans as well as agricultural related debts.<br>※ Social insurance past due shall be entered in ⑥ Others.<br>※ In cases in which you borrowed money from your relatives, enter ②Private loans if interest-bearing; Proceed to ⑥Others if interest-free.<br>※ When you bought a car on installment, if you used credit card it should be regarded as '③Credit card debts'; If purchased by availing a loan from a financial institution, it should be treated as '⑤Charge account, installment financing (i.e. auto loan). | ① Loans from financial institutions (including outstanding loans from your company and credit line used) | | 0,000 |
| | | | ② Private loans | | 0,000 |
| | | | ③ Credit card debts (cash advance, card loan, payables from refinancing, card installments outstanding) | | 0,000 |
| | | | ④ Deposit for rent or lease received | | 0,000 |
| | | | ⑤ Charge account, installment financing (auto loan, etc.), pre-payment from 'Gye'.<br>※ In case of advance payment from the pool of money collected from the members of 'Gye', please state only the amount payable in the future.<br>※ Gye: "a kind of traditional private fund operated in Korea, with members contributing a modest amount of money and taking turns receiving a lump sum share for a purpose | | 0,000 |
| | | | ⑥ Others (_____) | | 0,000 |
| Q2) | Interest | How much did you spend **annually** to pay interest for the debts you have **during the past year**?<br>※ By the title of debt<br>※ Enter '0' if past due. | ① Annual interest paid for the mortgage of the house you resided in for the year | **Annual** | 0,000 |
| | | | ② Other annual interests (excluding mortgage interest) | **Annual** | 0,000 |
| Q3) | Purpose of liabilities | **Please enter the share of each of the following items in total liabilities as of Dec. 31.**<br>※ In case there are no liabilities, enter '0'.<br>※ The sum of the share of liabilities by item should be '100'. (However, if there are no liabilities, the sum is '0') | ① Living expenses | | % |
| | | | ② Housing-related fund (including security deposit) | | % |
| | | | ③ Education (including tuition) | | % |
| | | | ④ Medical expenses | | % |
| | | | ⑤ Repayment of debts | | % |
| | | | ⑥ Others ( ) | | % |
| | | | **Total liabilities** | 1 0 0 | % |

※ None= 0

## ※ Question only for the 1st wave

(Excluding liabilities for business as of Dec. 31, 2005)

| | | | Yes or No (Yes 1, No 0) | | Amount |
|---|---|---|---|---|---|
| Q1) | Total liabilities | **Types of liabilities and total liabilities (title of debt) as of Dec. 31, 2005?**<br>① Loans from financial institutions ② Private loans ③ Credit card debt<br>④ Security deposit (received) ⑤ Credit and lodge money received in advance<br>⑥ Other liabilities (_____) | ① ② ③ | **Sum** | KRW 10,000 |
| Q2) | Interest | **How much interest did you pay for one year in 2005?** | | **Annually** | KRW 10,000 |

# X. Property

※ The following questions relate to the **total assets held by all members of your household.**

| (As of Dec. 31 of the previous year in terms of the title of ownership. Family business (store) under the ownership of your family member shall be included, too. | | | Item Details | Amount |
|---|---|---|---|---|
| Q1) | Real estates owned | State the price of real estates owned **as of Dec. 31 of the last year except your residence** in terms of type **(based on the current market price)**<br>※ As the house you are residing in was already handled in VI Housing section earlier, it won't be covered, here. | ① Housing (apartment, single-family home, etc.) | 0,000 |
| | | | ② Other Building (family-owned business, shopping center, condominium, officetel, etc.) | 0,000 |
| | | | ③ Land (Residential lot, farm, field, forest, etc.), seafood farm, others | 0,000 |
| Q2) | Real estates occupied | State the price of real estates used/occupied **as of Dec. 31 of the last year except your residence** in terms of type.<br>※ As the house you are residing in was already handled in VI Housing section earlier, it won't be covered, here. | ① Deposit for the lease of store, business establishment, etc.<br>Deposit for the rented house for non-cohabitant family member | 0,000 |
| | | | ② Others (premium, equipment, factory, inventories, greenhouse, seafood farm, etc.) | 0,000 |
| Q3) | Financial Assets | State the value of financial assets held (by type) **as of Dec. 31 of the last year**<br>※ Include all members of your household. | ① Deposit (savings deposit, subscription deposit, time deposit, etc.) | 0,000 |
| | | | ② Installment deposit (time installment, annuity-type installment, whole life, subscription installment, subscription installment savings, etc.)<br>(Pension Savings, Life Insurance, etc.) | 0,000 |
| | | | ③ Stocks, bonds, funds (installment-type, deferred-type) | 0,000 |
| | | | ④ Payments made so far to 'Gye' pool (prior to redemption) | 0,000 |
| | | | ⑤ Others (Loans made out to others, down payment or interim payments made for apartment, etc.) | 0,000 |
| Q4) | Farming Equipments | State the price of farming equipments held (by type) **as of Dec. 31 of the last year**<br>※ 'Others' include crop duster, rice-planting machine, rice swipper, walking type cultivator, rotary, etc. | ① Thresher | 0,000 |
| | | | ② Cultivator | 0,000 |
| | | | ③ Combine | 0,000 |
| | | | ④ Tracker | 0,000 |
| | | | ⑤ Others(_____) | 0,000 |
| Q5) | Farm/ Livestock Inventories | State the price of (non-selling) agricultural & livestock inventory kept **as of Dec. 31 of the last year**<br>※ Exclude pets or domestic animals raised for food | ① Cows | 0,000 |
| | | | ② Pigs | 0,000 |
| | | | ③ Chickens | 0,000 |
| | | | ④ Farm Produce | 0,000 |
| | | | ⑤ Others (_____)<br>※ Fruit trees are included | 0,000 |
| Q6) | Vehicles | State the quantity and price of **commercial vehicles** held **as of Dec. 31 of the last year** | Cars owned / Unit<br>Cars | 0,000 |
| | | ※ The number of cars held is based on the title of ownership. For instance, if you have a car titled under the name of other than your family members, such car should not be counted in. However, the ownership of a car under the name of any of your family members lies within the family even though it isn't currently in use.<br>※ As for the price by car model and year, please refer to the Appendix. | | |
| Q7) | Others | State the price of assets held other than discussed above **as of Dec. 31 of the last year** in terms of type. | ① Membership to sports club | 0,000 |
| | | | ② **Commercial vehicles,** car number plates, motorcycles, ships, backhoes (fork lifts), trucks, etc. that are used as a means of shipping or livelihood. | 0,000 |
| | | | ③ Jewelry, antiques, gift certificates, etc. | 0,000 |
| | | | ④ Others ( ) | 0,000 |

## ※ Question only for the 1st wave

(All the property owned by your household members)

(※ Based on the title of property, as of Dec. 31, 2005, including business sites (shops) owned by one or more of the family members.)

| | | | Yes or No (Yes 1, No 0) | Amount | |
|---|---|---|---|---|---|
| Q1) | Property owned | **Types of property you own other than your house and their value, as of Dec. 31, 2005? (market price)**<br>① House (apartment, single-family house, etc.)<br>② Property other than your house [business site (shop) owned by one or more of your family members, commercial building, condo, vacation home, studio apartment, etc.]<br>③ Land (housing site, paddy & upland field, forest land, etc), aquafarm, and other property | ① ② ③ | Sum | KRW 10,000 |
| Q2) | Property occupied | **Types of property you occupy other than your house and their value, as of Dec. 31, 2005?**<br>① Security deposit offered to the property owner (shops, business sites, etc.)<br>② Others (premium, business facilities, factory machine, goods in shop, vinyl greenhouse, aquafarm, etc.) | ① ② | Sum | KRW 10,000 |
| Q3) | Financial assets | **Types of financial assets you own and their value, as of Dec. 31, 2005?**<br>① Savings deposit ② Installment savings (periodical deposit, pension-type installment savings, whole life insurance, subscription installment savings, etc.)<br>③ Stocks/bonds ④ Lodge money offered on a monthly basis ⑤ Others (private loans, etc.) | ① ② ③ ④ ⑤ | Sum | KRW 10,000 |
| Q4) | Farm machines | **Farm machines you own and their value, as of Dec. 31, 2005?**<br>① Power thresher ② Cultivator ③ Combine ④ Tractor<br>⑤ Others (_____) | ① ② ③ ④ ⑤ | Sum | KRW 10,000 |
| Q5) | Agro & livestock products | **Agro and livestock products you are raising (not selling) and their value, as of Dec. 31, 2005?**<br>① Cattle ② Pig ③ Chicken ④ Agricultural products in stock ⑤ Others (_____) | ① ② ③ ④ ⑤ | Sum | KRW 10,000 |
| Q6) | Vehicles | **The number and value of non-business purpose vehicles you own as of Dec. 31, 2005?** | vehicle(s) | Sum | KRW 10,000 |
| | Others | **The value of movables and property [sports center memberships, transport means (commercial vehicles, motorcycles, ships, etc.), jewelry, antiques, etc.] you own other than the aforementioned property, as of Dec. 31, 2005?**<br>※ Excluding non-business purpose vehicles. | | Sum | KRW 10,000 |

# XI. Living Conditions

Q1) Have you ever experienced any of the following in the past year?

| | Questionnaire | Yes | No | N/A |
|---|---|---|---|---|
| ⓐ | My family failed to pay rent for over two months or moved out because of delinquent payment. | ① | ② | ③ |
| ⓑ | My family failed to pay utilities (social insurance, electricity, phone, water bills, etc.) on time. | ① | ② | |
| ⓒ | One or more utilities (electricity, phone, water, etc.) were disconnected because I failed to pay bills. | ① | ② | |
| ⓓ | I failed to pay my kids' formal education fees for more than 1 month (college tuition included). | ① | ② | ③ |
| ⓔ | My family could not turn on the heater during winter because we did not have any money to pay bills. | ① | ② | |
| ⓕ | My family and/or I could not go to the hospital because we did not have any money to pay bills. | ① | ② | |
| ⓖ | One or more members of my family were blacklisted for credit delinquency. | ① | ② | |
| ⓗ | I lost my eligibility for health insurance benefits due to default of payments for 6consecutive months or more. | ① | ② | ③ |

〈 **Note** 〉
※ ⓐ: Check ③N/A if the type of housing tenure for the past year was either 'self-owned' or 'free of charge'.
※ ⓓ: Check ③N/A if you **have no children,** or if your children are **not yet in school** or **studying at a graduate school** (to earn master's degree or Ph.D.
※ ⓖ: Check '①Yes' if you or your family member previously blacklisted remained delinquent for the past year.
※ ⓗ: Check '③N/A' if you were on Medical Aid or receiving free medical service entitled to veterans for the past year.

Q2) Have you ever experienced any of the following in relation to your diet **during the previous year**?

| | Questionnaire | Often yes | Sometimes yes | Not at all | Don't know or don't want to answer |
|---|---|---|---|---|---|
| ⓐ | **I couldn't afford to buy food** due to financial hardship **in the past year**. | ① | ② | ③ | ④ |
| ⓑ | I couldn't have **a balanced meal (with a variety of food in sufficient amount)** as I didn't have money to buy things due to financial difficulties **in the past year.** | ① | ② | ③ | ④ |
| ⓒ | Did any adult members of your household ever **eat less or skip meals** as there wasn't enough money to buy food due to financial troubles in the past year? | ① →ⓓ | ② →ⓔ | ③ →ⓔ | |
| ⓓ | **(If you selected ① for ⓒ)** How often did it happen? ① Almost every month ② For a few months (not every month) ③ For 1-2 months | | | | |
| ⓔ | **Did you ever eat less than what you think you should have** because you didn't have money to buy food due to financial troubles **in the past year**? | ① | ② | ③ | |
| ⓕ | **Did it ever happen that you couldn't eat even though you were so hungry** because you didn't have money to buy food due to financial difficulties **in the past year?** | ① | ② | ③ | |

# XII. National Basic Livelihood Security Scheme(1)

**National Basic Livelihood Security Scheme is a public assistance scheme that guarantees a basic standard of living for low income earners making less than the minimum cost of living. This system was revised in July 2015 so that it is divided into 'before (1) and after (2) the revision' for this survey.**

Q1) Did your family ever sign up for National Basic Livelihood Security benefits in the past year? (New families should indicate whether they have ever filed for the benefits since they were created. ) ☐

① Yes → Q1-1) ② No → Q2)

〈 Note〉
※ Applicable only when an official application was filed.
※ Please answer '②No' if you didn't apply for the past year even if you were already on welfare.

Q1-1) (If you selected ① **for Q1))** What was the major reason why you applied for National Basic Livelihood Security scheme? ☐

1. To resolve livelihood issues
2. For medical services
3. For housing
4. For children's education fees
5. For job placement or business incubation
6. Others (Specify: _____)

Q1-2) if you selected ① **for (Q1)** Were you selected to receive National Basic Livelihood Security Benefits? ☐

① Yes → Q2) ② No→ Q1-3)

〈 Note 〉
※ Your answer should be based on the year surveyed.

Q1-3) if you selected ② **for (Q1-2) What was the major reason why you were not selected**? ☐

1. I had higher income level compared to eligibility standards
2. I own a car
3. My house was too expensive
4. I had more assets compared to eligibility standards
5. My breadwinner's income and property level was higher compared to eligibility standards
6. Others (Specify: _____)
9. Unsure

Q1-4) **if you selected ② for (Q1-2)** How did you manage to support your family after finding out that your application was rejected? List the two major sources.

| 1st | | 2nd | |
|---|---|---|---|

1. Help from supporters (parents/offspring who are not co-residents), relatives, neighbors, etc.
2. Borrowed money
3. Help from private organizations
4. Reduced expenses
5. Savings
6. Participated in public programs (public labor, self-support programs, etc.)
7. Self-support (from sources other than public programs)
8. From National Basic Livelihood Security Benefits that were partially given to another family member
9. Other (Specify: _____)

Q2) **(All respondents)** Did your family receive or continue to receive National Basic Livelihood Security Benefits throughout the last year? ☐

① Never received during the previous year → **XII-2. Earned Income(Child) Tax Credit(EITC/CTC)**
② Received from before the previous year until the end thereof
③ Received from the beginning of the previous year to the end thereof
④ Received from before the previous year until the middle thereof
⑤ Received from the beginning of the previous year until the middle thereof

※ Applicable to new families only

Q2) **(All respondents) Have** you ever entered the National Basic Livelihood Security system during the period from the point of family formation until Dec. 31 of the last year? ☐

① No, I have not
② Yes, I have (for the period from the point of family formation until the end of Dec.)
③ Yes, I was on welfare upon the point of family formation but not any more as of the end of the last year.

Q2-1) If you received benefits for the last year, please indicate the period.
**(To be answered only by those who selected ②~⑤ for Q2) as for original family; those who selected ②, ③ in case of new family)**

(New families should indicate the period during which they have received benefits since they were created.)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| First | ☐☐☐☐ | Yr | ☐☐ | Mo | ~ | ☐☐ | Mo |
| Second | | | ☐☐ | Mo | ~ | ☐☐ | Mo |
| Third | | | ☐☐ | Mo | ~ | ☐☐ | Mo |

〈 **Note** 〉
※ If you were in and out of the system for several times, please include all those times.
※ In cases where you were on welfare prior to the base year (previous year), please state from Jan. of the last year.
※ Only newly-launched families are required to answer 'Year first received'; Enter the year following the creation of new family.

Q2-2) What was the main reason for receiving National Basic Livelihood Security benefits? ☐
**(To be answered only by those who selected ②~⑤ for Q2) as for original family; those who selected ②, ③ in case of new family)**

1. I had a job, but my income decreased
2. I quit my job and lost income source
3. My relatives could no longer help me
4. The income earner left the family due to divorce or other reasons
5. The income earner died
6. Number of family members increased(with the same income)
7. Medical expenses increased
8. I moved to other region
9. Others (Specify: _____)

〈 **Note** 〉
※ In cases when you were in and out of the system several times, please state the most recent reason for filing for benefits.

Q2-3) What is your view on the level of benefits? Do you think it is appropriate? ☐
**(To be answered only by those who selected ②~⑤ for Q2) as for original family; those who selected ②, ③ in case of new family)**

① Very appropriate
② Appropriate
③ Modest
④ Inadequate
⑤ Very poor

Q3) When do you expect to stop receiving National Basic Livelihood Security Benefits?
**(To be answered only by those who selected ②, ③ for Q2) as for original family; those who selected ② in case of new family)**

1. Within 6 months
2. 6 months ~ 1 year
3. 1 year ~ 3 years
4. After 3 years
5. Don't expect to stop receiving
9. Unsure

Q3-1) Which of the following subsidies would you like to keep even if you stop receiving benefits? Please choose one except for Livelihood benefits.
**(To be answered only by those who selected ②, ③ for Q2) as for original family; those who selected ② in case of new family)**

1. Medical
2. Education
3. Housing
4. Self-support program
5. Others (Specify: _____)

After responding to 'XII-1. Earned Income(Child) Tax Credit'

Q4) What was the major reason for stop receiving benefits?
**(To be answered only by those who selected ④, ⑤ for Q2) as for original family; those who selected ③ in case of new family)**

1. Salaries increased from ongoing job
2. Other family members found a job
3. Assets increased with inheritance, gift, and/or re-development
4. Purchased a new car
5. Relatives helped us more
6. Number of family members decreased with death, divorce, or other reasons
7. Family member recovered from illness
8. Moved to another region
9. No change in income, asset, and supporter, but survey results were modified
10. Others (Specify: _____)

Q4-1)What do you miss the most from the benefits? Please choose one except for Livelihood benefits.
**(To be answered only by those who selected ④, ⑤ for Q2) as for original family; those who selected ③ in case of new family)**

1. Medical
2. Education
3. Housing
4. Self-support program
5. None
6. Other (Specify: _____)

# XII. National Basic Livelihood Security Scheme(2)

**The National Basic Livelihood Security Scheme refers to a public system where low-income brackets are supported to live a stable life in terms of livelihood, housing, education, and medical services. In July 2015, it changed into a customized benefit system and thereafter, the selection criteria were also revised to choose households earning less than the median income by benefit, rather than less than the minimum cost of living. The customized benefits are categorized into livelihood benefits, medical benefits, housing benefits, and educational benefits, including special cases in medical benefits and self-support. Households with members that receive benefits are also regarded as recipient families.**

Q1) Did your family ever sign up for National Basic Livelihood Security benefits in the past year? (New families should indicate whether they have ever signed up for the benefits since they were created.) ☐

① Yes → **Q1-1)** ② No → **Q2)**

〈 Note〉
※ Applicable only when an official application was filed.
※ Please answer '②No' if you didn't apply for the past year even if you were already on welfare.

Q1-1) (If you selected ① **for Q1))** What was the major reason why you applied for National Basic Livelihood Security scheme? ☐

1. To solve livelihood issues
2. To receive medical services
3. For housing
4. For children's education fees
5. For job placement or business incubation
6. Others (Specify: _____)

Q1-2) if you selected ① **for (Q1)** Were you selected to receive National Basic Livelihood Security Benefits? ☐

① Received all of the livelihood, medical, housing, and educational benefits. → **Q2)**
② Received part of the livelihood, medical, housing, and educational benefits → → **Q1-3)**
③ Received none of them. → Go to Q1-3)

〈 Note 〉
※ Your answer should be based on the year surveyed.

Q1-3) if you selected ② **for (Q1-2) What was the major reason why you were not selected**?

Q 1-3-1) Livelihood ☐ Q 1-3-2) Medical ☐ Q 1-3-3) Housing ☐ Q 1-3-4) Education ☐

1. I had higher income level compared to eligibility standards
2. I own a car
3. My house was too expensive
4. I had more assets compared to eligibility standards
5. My breadwinner's income and property level was higher compared to eligibility standards
6. Others (Specify: _____)
9. Unsure

Q1-4) **if you selected ② for (Q1-2)** How did you manage to support your family after finding out that your application was rejected? (Applicable benefits only)

Q 1-4-1) Livelihood ☐ Q 1-4-2) Medical ☐ Q 1-4-3) Housing ☐ Q 1-4-4) Education ☐

1. Help from supporters (parents/offspring who are not co-residents), relatives, neighbors, etc.
2. Borrowed money

3. Help from private organizations
4. Reduced expenses
5. Savings
6. Participated in public programs (public labor, self-support programs, etc.)
7. Self-support (from sources other than public programs)
8. From National Basic Livelihood Security Benefits that were partially given to another family member
9. Other (Specify: _____)

Q2) **(All respondents)** Did your family receive or continue to receive National Basic Livelihood Security Benefits throughout the last year?

(New families should indicate whether they have ever received benefits since they were created.)

① Yes → **Q2-1)**

② No → **XII-2. EITC/CTC**

〈 **Note** 〉
※ If you have ever received any of the livelihood, medical, housing, and education benefits, you are considered as a benefit recipient.

Q2-1) [**If ① is selected for Q2**] If you have ever received benefits for the past one year, please indicate benefits for the period. (New families should indicate the period during which they have received benefits since they were created.)

Q 2-1-1) Livelihood

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |
| 2nd | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |
| 3rd | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |

Q 2-1-2) Medical

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |
| 2nd | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |
| 3rd | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |

Q 2-1-3) Housing

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |
| 2nd | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |
| 3rd | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |

Q 2-1-4) Education

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |
| 2nd | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |
| 3rd | | | | | Yr | | | Mo | ~ | | | | Yr | | | Mo |

〈 **Note** 〉
※ If you were in and out of the system for several times, please include all those times.

Q2-2) [If ① **is selected for Q2)]** If your family has ever received any of the benefits by the end of December, what is the biggest reason? Applicable benefit only.

Q 2-2-1) Livelihood ☐ Q 2-2-2) Medical ☐ Q 2-2-3) Housing ☐ Q 2-2-4) Education ☐

1. I had a job, but my income decreased
2. I quit my job and lost income source
3. My relatives could no longer help me
4. The income earner left the family due to divorce or other reasons
5. The income earner died
6. Number of family members increased(with the same income)
7. Medical expenses increased
8. I moved to other region
9. Others (Specify: _____)

〈 **Note** 〉
※ In cases when you were in and out of the system several times, please state the most recent reason for filing for benefits.

Q2-3) What is your view on the level of benefits? Do you think it is appropriate? Applicable benefit only.

| | ① Very appropriate | ② appropriate | ③ Modest | ④ Inadequate | ⑤ Very poor |
|---|---|---|---|---|---|
| Q 2-3-1) Livelihood | ① | ② | ③ | ④ | ⑤ |
| Q 2-3-2) Medical | ① | ② | ③ | ④ | ⑤ |
| Q 2-3-3) Housing | ① | ② | ③ | ④ | ⑤ |
| Q 2-3-4) Education | ① | ② | ③ | ④ | ⑤ |

〈 **Note** 〉
※ In cases when you were in and out of the system several times, please state the most recent reason for filing for benefits.

Q3) [If ① **is selected for Q2)]** If your family has ever received any of the (customized) benefits by the end of December, how long do you think it will take for your family to stop receiving each benefit? Applicable benefit only.

Q 3-1) Livelihood ☐ Q 3-2) Medical ☐ Q 3-3) Housing ☐ Q 3-4) Education ☐

1. Within 6 months
2. 6 months ~ 1 year
3. 1 year ~ 3 years
4. After 3 years
5. Don't expect to stop receiving
9. Unsure

Q4) [If ① **is selected for Q2)]** If there is a benefit that you did not receive by the end of December, what is the biggest reason (by benefit)? Applicable benefit only.

Q 4-1) Livelihood ☐ Q 4-2) Medical ☐ Q 4-3) Housing ☐ Q 4-4) Education ☐

1. Salaries increased from ongoing job
2. Other family members found a job
3. Assets increased with inheritance, gift, and/or re-development
4. Purchased a new car
5. Relatives helped us more
6. Number of family members decreased with death, divorce, or other reasons
7. Family member recovered from illness
8. Moved to another region

9. No change in income, asset, and supporter, but survey results were modified
10. Others (Specify: _____)

Q5) Which of the following subsidies would you like to keep even if you stop receiving benefits? Please choose one except for Livelihood benefits.

| | |
|---|---|
| ① Medical | ④ Self-support program |
| ② Education | ⑤ Nothing |
| ③ Housing | ⑥ Others(Specify : _____) |

# XII-1. Earned Income(Child) Tax Credit(EITC/CTC)

**※ The Earned Income Tax Credit (EITC) refers to a labor-linked income support system where economically distressed low-income workers or business operators (other than professionals) are given employment support subsidies calculated based on the structure of household members and their total wages in order to promote employment and to raise real income. The employment support subsidies are paid based on the total wages of couples calculated in accordance with the constitution of family members including occupants. Up to KRW 2.1 million a year is paid as a subsidy (as of 2016).**

**※ The Child Tax Credit (CTC) refers to a public system where low-income families earning less than KRW 40 million a year and having dependent children (or a child) younger than 18 are given child support subsidies. The system was introduced in 2015 to encourage pregnancy/childbirth and to relieve low-income families' burden of child care. Up to KRW 500,000 per dependent child is paid as a subsidy. Requirements (other than the total income) for receiving the benefits are the same as those for EITC (as of 2016).**

Q1) How much are you aware of the Child Tax Credit (CTC)? ☐

① I have never heard about it, and don't know about it at all.
② I have heard about it but don't know much.
③ I have heard about it and know to some extent.
④ I have heard about it and know it relatively well.

〈 Note 〉
※ For the 5th to 10th waves of the survey, the recognition of EITC was studied while since the 11th wave, the awareness of CTC has been researched. However, for new households, the recognition of both EITC and CTC is surveyed.

☞ **The following 'Q1' is for new households.**

Q1) How much are you aware of the Earned Income Tax Credit(EITC) or Child Tax Credit(CTC)?

Q 1-1) EITC ☐ Q 1-2) CTC ☐

① I have never heard about it, and don't know about it at all.
② I have heard about it but don't know much.
③ I have heard about it and know to some extent.
④ I have heard about it and know it relatively well.

Q2) Have you ever filed for the EITC or CTC? ☐
(New families should indicate whether they have ever filed for benefits since they were created.)

① Both of them → **Q2-1)**
① EITC only → **Q2-1)**
① CTC only → **Q2-1)**
① Neither of them → **Q3)**

Q2-1) Did you receive EITC(CTC) benefits? ☐
(New families should indicate whether they have ever received benefits since they were created.)

① Both of them → **Q2-2)**
① EITC only → **Q2-2)**
① CTC only → **Q2-2)**
① Neither of them → **Q3)**

〈 Note 〉
※ If you answered 'Yes', please enter the exact amount received into EITC field under 'Other government subsidies'.

Q2-2) Where did you primarily spend the benefits received? ☐

① Educational expenses for kids ② General living expenses ③ Medical expenses

④ Cultural & entertainment expenses ⑤ Savings ⑥ Others

Q2-3) How much was it helpful in real life? ☐

① Not at all ② Not much helpful ③ So-so
④ Generally helpful ⑤ Very helpful

Q2-4) How did it affect your commitment to work in your case? ☐

① It very much weakened my desire to work ② It slightly weakened my desire to work
③ It didn't change my desire to work ④ It slightly boosted my desire to work
⑤ It very much boosted my desire to work

Q3) Do you think you meet the qualifications for the EITC or CTC? ☐

① Meet the qualifications for both of them.
② Meet the qualifications only for EITC.
③ Meet the qualifications only for CTC.
④ No idea.

**(※Deleted for the 11th wave)**

Q3-1) Are you going to sign up for the EITC for this year? ☐

① Yes, I am (Yes, I have) ② No, I am not.

# XIII. Use of Welfare Services by Households

**The questions below are to identify the degree by which welfare services were used by families. Your answers should be true from Jan. 1 to Dec. 31 of the previous year (survey base year).**

Q1) Have you ever used any of the following services in the past year?

| Service Type | Yes | No |
|---|---|---|
| ⓐ Cost of living (or survival subsidies) | ① | ② |
| ⓑ Medical expenses | ① | ② |
| ⓒ Goods (food, clothes, furniture, etc) | ① | ② |
| ⓓ Domestic service (cleaning, washing, meals, etc) | ① | ② |
| ⓔ Food delivery service | ① | ② |
| ⓕ Housing service(repair, painting, etc) | ① | ② |
| ⓖ Career training, Job counseling, job placement | ① | ② |
| ⓗ Counselling | ① | ② |
| ⓘ Various loans for livelihood, business, self-support, education, etc. | ① | ② |
| ⓙ Savings account for individual development (asset building program) | ① | ② |
| ⓚ Counseling (trouble, conflicts, and mental health) | ① | ② |
| ⓛ Counseling on drugs | ① | ② |
| ⓜ Counseling on abuse or domestic violence | ① | ② |
| ⓝ Parent counseling and training for children | ① | ② |

〈 **Note** 〉

※ Welfare services discussed above refer to the services provided by the public sector, or the ones offered by the private sector yet financed partially by the public sector. Private welfare services paid fully by respondents are not included.

〈 **Note** 〉

※ ⓐSupport for living expenses: It refers to cash support aimed to assist living expenses including national Basic Livelihood Security benefits, basic old-age pension, allowance for disability (targeted for people with minor handicaps), disability pension, allowance for the disabled children, support for single-parent family (child support), emergency welfare support (support for livelihood), foster care allowance, support for household headed by a child, EITC, etc. (Gains from social insurances such as national pension, employment insurance, unemployment benefits, and industrial accident compensation shall not be included. Any assistance with specified usage such as support for childcare, transportation for the elderly, tuitions, voucher, etc. shall be excluded.) Check 'ⓒGoods' for rice or groceries.

※ ⓑSupport for medical expenses: This concerns medical aid & assistance operated under the National Basic Livelihood Security scheme and Emergency Welfare Support as well as medical expenses financed by social welfare institutions and religious/civic groups (cash, goods, rehabilitation service all included). Included are a variety of medical services supported, with benefits from national health insurance, industrial accident insurance and long-term care insurance not taken into account. Assistance for medical expenses on the back of personal relationship with family, relatives, and friends shall not be included.

※ ⓕHousing related service: This includes home improvement or renovation projects (i.e. home repair, new wall papers) conducted by social welfare related institutions and religious/civic groups, or organized (partially supported) by public organizations.

※ ⓗCounselling service: It offers counselling or therapy to share and deal with concerns, conflicts, mental problems, drug or alcohol abuse, physical abuse & domestic violence, emotional disturbance, etc.

※ ⓘVarious loans for livelihood, business, self-support, education, etc.: It enables the funding for livelihood, business, self-support, education, etc. to be borrowed from the government itself or loaned by financial institutions via credit guarantee by the government. Specifically, it includes a loan to support small business owners, government-backed loan for sole-proprietors, loan for self-support eligible to the disabled, loan for low-income families for their livelihood, loan for the low-income brackets to open business, welfare fund for single-parent family, loan for vocational training, secured loan for the livelihood of workers, student loan payable after employment, etc; provided, however, that housing related loans such as mortgage loan, loan for key money are excluded.

※ ⓙSavings account for individual development: Under this program, the government makes contribution of a certain amount to match the amount deposited by an individual. It applies only when such account remains live. Relevant products include: 'Growing hope' and 'Stepping stone' passbook organized by the Ministry of Health and Welfare, 'Hope Plus' and 'Dream Come True' passbook by Seoul City, etc.

**The following questions aim to determine the level of usage of the voucher service. Voucher, a deed that enables the purchase of particular goods, involves issuing the right of use for social services offered. e-Voucher is provided in the form of cash card.**

Q2) Have you ever used a voucher service during the past year? ☐

① Yes → **Q2-1), move on to Q3)**
② No → **Q3)**

Q2-1) **(If you selected ① for Q2)** Have you ever used any of the voucher services below during the past year?

| Service Type | Yes | No |
|---|---|---|
| ⓐ Total care service for the elderly | ① | ② |
| ⓑ Assistance for people with disabilities | ① | ② |
| ⓒ Hiring a professional help service for moms & babies | ① | ② |
| ⓓ Home-visit domestic assistance/caregiving | ① | ② |
| ⓔ Service to help improve the cognitive capability of children | ① | ② |
| ⓕ Subsidy for maternity related medical expenses | ① | ② |
| ⓖ Rehabilitation for children with disabilities | ① | ② |
| ⓗ i-Love child-care service (including the subsidy for kindergarten through 'Happy Kid' card) | ① | ② |
| ⓘ Support for language development | ① | ② |
| ⓙ Counseling for parents of a child (or children) with developmental disabilities | ① | ② |
| ⓚ Energy voucher | ① | ② |
| ⓛ Others (Specify: _____) | ① | ② |

〈 **Note** 〉

※ ⓐTotal care service for the elderly: Domestic assistance, day care service, etc. that are offered to those that are 65 years or older with difficulty in leading daily life.

※ ⓑAssistance for people with disabilities: Personal assistance service provided to people with severe disabilities. It includes personal assistance, home-visit bathing, and home-visit nursing.

※ ⓒHelper service for moms & babies: Home-visit service to the family with a new-born baby, which offers health management for mom & baby while easing their financial burden

※ ⓓHome-visit domestic assistance/caregiving: Home-visit nursing or domestic help service made available to the vulnerable, low-income families with disability, teen head, single parent, severe illness, etc.

※ ⓔService to help improve the cognitive capability of children: Offers parental guidance and information to encourage young kids, from the early stage of development, to read books.

※ ⓕSubsidy for maternity related medical expenses: Eligible to women with confirmed pregnancy. It allows medical expenses relating to pregnancy and childbirth to be partially funded by 'Beautiful Mom' card, thus reducing their share of contribution paid.

※ ⓖRehabilitation of children with disabilities: It offers rehabilitation treatment and information appropriate to improve mental/sensory functions of handicapped kids and boost their behavioral development

※ ⓗi-Love childcare service (including subsidy for kindergarten through 'Happy Kid' card): It provides childcare services by offering vouchers to the parents with young kids. 'Happy kid' card offers financial assistance to pay tuition for kindergarten.

※ ⓘSupport for language development: It provides language development support for the kids of the parents with sight or hearing impairment, thereby ensuring their healthy growth while reinforcing the capability of the concerned families.

※ ⓙCounseling for parents of a child (or children) with developmental disabilities: Provide psychological and emotional counseling services to parents of a child (or children) with developmental disabilities in order to stabilize their mental health.

※ ⓚEnergy voucher: In accordance with the National Basic Livelihood Security Act, if there are the elderly, children, the disabled, or pregnant women in livelihood or medical benefit recipient households, energy vouchers for heating are given to the families. The vouchers are for the 'National Happiness Card', which is a national voucher card.

※ ⓛOthers: As part of community development projects, there are a variety of programs available such as early intervention for troubled kids, support for emotional development of the under-privileged children, experience programs for the children of low-income families, child development support for multi-cultural families, baby-sitting service for the low-income families, school for parents, exercise programs personalized for the handicapped or the elderly in low-income brackets, rental service for low-income families, proactive actions against the alienation of the old, health management for obese kids, leadership building programs for children, etc. Besides, vouchers introduced by other than the Ministry of Health & Welfare are included, too (i.e. culture voucher, sports voucher, and travel voucher issued by the Ministry of Culture, Sports, and Tourism).

**The questions below are to identify the level of usage of long-term care insurance benefits. Long-term care insurance is extended to people of 65 years or older who are deemed difficult to conduct daily activities or those under 65 years old with senile illnesses such as dementia, cerebrovascular diseases, etc. It represents social insurance plan that offers assistance for physical activities (i.e. bathing, excretion) or household chores (i.e. cleaning, laundry) either by visit or via long-term care clinics.**

Q3) Has any member of your family been subject to long-term care insurance benefits for the past year? (Applicable only when a long term care grade of 3 or above was assigned) ☐

① Yes --> Q3-1), Q3-2), please proceed to 'XIV. Usage of Welfare Services by the Elderly'
② No --> 'XIV. Usage of Welfare Services by the Elderly'

Q3-1) **(If selected ① for (Q3))** How much did you pay monthly for the long-term care service used?

**Monthly** ☐☐☐☐ K won
백만 십만 일만 천

〈 **Note** 〉
※ It refers to service charge (monthly) with the share of your contribution paid and non-coverage items taken into consideration. Policy premiums shall not be applied here.

Q3-2) **(If you selected ① for (Q3))** If you ever received benefits in the past year, what kind of benefits did you get?

| Type of Benefit (Service) | Yes | No |
|---|---|---|
| ⓐ Home-visit care (i.e. bathing, dressing up, cooking, tidying up, etc.) | ① | ② |
| ⓑ Home-visit bathing (a vehicle with bathing facility) | ① | ② |
| ⓒ Home-visit nursing (i.e. visit by nurse, advice on care service, dental hygiene, etc.) | ① | ② |
| ⓓ Day & night care (offering care at a welfare center for the number of hours specified per day) | ① | ② |
| ⓔ Short-term care (Stay at a short-term care clinic for a certain period of time) | ① | ② |
| ⓕ Other home-based care (welfare equipments including wheelchair, bed, mattress or cushion against bedsores, lift for bathtub, movable bathtub, walker, etc.) | ① | ② |
| ⓖ Facility benefit (using a long-term care facility during the previous year) | ① | ② |
| ⓗ Special cash benefit (if cared by family members under special circumstances) | ① | ② |

# XIV. Use of Welfare Services by the Elderly

**Answer the following questions if a senior of over 65 years old exists in your household. If not applicable, move on to XV. Use of Welfare Services by Families with Children. Your answers should be true from January 1 to December 31 of the previous year (survey base year).**

Q1) Have you ever used any of the following services in the past year?

| Service Type | Yes | No |
|---|---|---|
| ⓐ Basic old-age pension benefits | ① | ② |
| ⓑ Medical benefits | ① | ② |
| ⓒ Free meals (Registry officd/social welfare center, etc) | ① | ② |
| ⓓ Goods (food, clothes, furniture, etc) | ① | ② |
| ⓔ Domestic service (cleaning, washing, meals, etc) | ① | ② |
| ⓕ Food delivery sercice | ① | ② |
| ⓖ Home-visit nursing service (nursing, bathing) | ① | ② |
| ⓗ Mobility service (i.e. transport to a hospital) | ① | ② |
| ⓘ Day & night care service (offering care at a welfare center for a certain period) | ① | ② |
| ⓙ Job creation for the elderly | ① | ② |
| ⓚ Social education service (i.e. Hangul class, yoga, singing class, etc.) | ① | ② |

〈 **Note** 〉

· Welfare services refer to services provided by public organizations or private services with partial public contribution. Not including private welfare services with all costs paid by user.

〈 **Note** 〉

※ ⓑ **Medical benefits**: This concerns medical aid & assistance operated under the National Basic Livelihood Security scheme and Emergency Welfare Support as well as medical expenses financed by social welfare institutions and religious/civic groups (cash, goods, rehabilitation services all included). Also included are eye exam & surgery for the old, early detection of Alzheimer's disease, support for Alzheimer's disease treatment & management, etc. Benefits available under national health insurance, industrial accident compensation, and long-term care insurance are excluded. Besides, any private support for medical expenses backed by personal ties with parents, siblings, relatives, friends, etc. shall not be factored in.

※ ⓗ Mobility service: This involves using vehicles specially designed for seniors and people with disabilities (Call Taxi for the Handicapped), transport to a hospital, etc.; provided, however, that **a senior taking taxi or bus alone, collecting travel allowances, and getting a discount for bus or subway shall not be included.**

# XV. Use of Welfare Services by Families with Children

**Answer the following questions if you have children (offsprings) between 0 and 17 years of age in your household. If not applicable, move on to XVI. Use of Welfare Services by the Disabled. Children (offsprings) include your own kids as well as nieces/nephews and grandchildren who are between 0 and 17. Your answers should be true from January 1 to December 31 of the previous year (survey base year).**

Q1) Have you ever used any of the following services in the past year?

| Service Type | Yes | No |
|---|---|---|
| ⓐ Public day care centers (day care/special activities) | ① | ② |
| ⓑ Subsidy for childcare and kindergarten (including child support) | ① | ② |
| ⓒ Counselling for kids, group programs (personality, emotional issues, book reading guidance, etc.) | ① | ② |
| ⓓ After-school care services (community children center, etc.) | ① | ② |
| ⓔ Free meals (including free lunch at school) | ① | ② |
| ⓕ Financial aids for academic purpose | ① | ② |
| ⓖ Extra-curricular activities (i.e. computer, arts, music, PE, etc.) | ① | ② |
| ⓗ Cultural activities (i.e. a visit to historic places famous for their cultural heritage, play, movie, field trip, camping during vacation, etc.) | ① | ② |
| ⓘ Voluntary domestic service, baby-sitting service | ① | ② |
| ⓙ Supplementary food for young kids (including nutrition-enhancing projects) | ① | ② |

〈 **Note** 〉

※ Welfare services refer to services provided by public organizations or private services with partial public contribution. Not including private welfare services with all costs paid by user.

〈 **Note** 〉

※ ⓐ Public day care centers: They include public day cares supported by the government in terms of labor cost, the ones dedicated to young children or children with disabilities operated by social welfare foundations, legal entities/groups, and workplace-based day care centers aided by government agencies or the Employment Insurance Fund.

※ ⓕ Financial aids for academic purpose: They include entrance fees & tuitions for elementary, middle, and high school, preparation for the GED, registration fee for after-school activities, etc.

**Q2) throughout Q6) are questions regarding your children aged between 0 and 17. Please, make sure to write down in order of family member number for each child in the following:**

☞ **The questions below concern original households only. New families don't need to answer as they are going to be all coded into 'sysmis.'**

Q2) Do you have a new family member added (i.e. gave birth, adopted, etc.) during the period from Apr. 1 of the preceding year to Mar. 31 of last year. If so, who is he or she?
**(※Reconcile any new addition to your family during the past year to 'Household Members' status on Page 2.**

① Yes → **Q2-1)** ② No → **Q3)**

☞ **The questions below Q2-1) and Q2-2) only concern a new family member of the original household; As for new household, however, they are directed at all children.**

Q2-1) **(If you selected ① for (Q2))** Did your new baby weigh over 2.5kg at the time of birth?

① Yes ② No

Q2-2) **(If you selected ① for (Q2))** Was your new baby born with any congenital malformation or diseases (i.e. heart defect)?

① Yes ② No

| Member number of Child (Children) ( Be sure to match the family member number listed on Page 2. | | Name of Child (Children) | Q2-1)Weight | Q2-2) Congenital Malformation or Diseases |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Q3) This question is to identify the status of private education and childcare services used such as private academic institutions, tutors, mail-in learning materials, day care centers, and kindergartens, aside from public education. Does your child use any of these services?
**(※ Enter all your children according to the member number assigned, before answering questions. Select '②No' for children without private education or day care service being used, and move on to answer for other children in your family.**

Q4) Of private education or childcare services discussed below <Example>, please choose the 3 most frequentlyused services in order.

Q5) How much do you spend on average for the private education of each child? Please, fill out the answer sheet below for each individual child with additional expenses such as textbooks, materials, snacks, etc. all taken into consideration.

〈 **Note** 〉
※ In cases where your child is using private education services more than specified in Q4) above, please include all additional expenses incurred in association with relevant private academic institutions such as service charges, textbooks, tools & experiment, snacks, etc.
※ All expenditures are based on actual expenses spent only.
※ If you are on government subsidy, please indicate your share of contribution only.
※ None = 0000

Q6) How much do you spend on average for the childcare of each of your children? Please, fill out the answer sheet below for each individual child with additional expenses such as textbooks, materials, snacks, etc. all factored in.

〈**Note**〉
※ In cases where your child is using private education services more than specified in Q4) above, please include all additional expenses incurred in association with relevant private academic institutions such as service charges, textbooks, tools & experiments, snacks, etc.
※ All expenditures are based on actual expenses spent only.
※ If you are on government subsidy, please indicate your share of contribution only.
※ None = 0000

| Classification | < Example > |
|---|---|
| Childcare center | ① Public or state-run day care centers (national, city, municipal)<br>② Day care centers run by social welfare organizations<br>③ Private day care centers (including day cares either managed by legal entities/groups or run by parents cooperatives ④ Home-based day care centers (run by individual homes)<br>⑤ Workplace-based day care centers (set up by Employer)<br>⑥ Kindergartens with childcare service made available after official hours<br>⑦ Kindergartens operated within official hours only |
| Private institute/tutor private | 8. Private institute 9. Individual/group tutor 10. Mail-in (online) learning materials |
| School/ Social Welfare related organization | 11. After-school lessons available at school (voluntary participation of children over 6 at certain costs)<br>12. After-school programs (provided by a social welfare center of kindergarten for supplementary training/learning of children over 6) |
| Others | ⑬ Relatives (applicable only when expense payment is shared)<br>⑭ Friends or neighbors (applicable only when expense payment is shared)<br>⑮ Baby-sitting service offered by 'Healthy Family Support Center'<br>⑯ Private baby-sitters<br>⑰ Others (Specify : _____)<br>⑱ Other childcare facilities (i.e. after-school childcare programs for elementary kids, half-day private academic institutions with childcare component, missionary, cultural center, etc.) |

## Q3)~Q6) Answer Sheet

Please be sure to enter all your children according to their member number assigned as discussed in Page 2.

| Member number of Child | Name of Child | Q3) Service used? (Y/N) | | Q4) Facility | Q5) Average Monthly Cost of Private Education(Including additional expenses incurred) | Q6) Average Monthly Cost of Childcare(Including additional expenses incurred) |
|---|---|---|---|---|---|---|
| | | Yes | No | | | |
| | | ① | ② | A<br>B<br>C | Monthly Average<br>0,000 | Monthly Average<br>0,000 |
| | | ① | ② | A<br>B<br>C | Monthly Average<br>0,000 | Monthly Average<br>0,000 |
| | | ① | ② | A<br>B<br>C | Monthly Average<br>0,000 | Monthly Average<br>0,000 |
| | | ① | ② | A<br>B<br>C | Monthly Average<br>0,000 | Monthly Average<br>0,000 |
| | | ① | ② | A<br>B<br>C | Monthly Average<br>0,000 | Monthly Average<br>0,000 |
| | | ① | ② | A<br>B<br>C | Monthly Average<br>0,000 | Monthly Average<br>0,000 |

# XVI. Use of Welfare Services by the Disabled

**Answer the following questions if you have people with disabilities (both registered/unregistered) in your household. If not applicable, move on to XVII. Family. Your answers should be true from January 1 to December 31 of the previous year (survey base year).**

Q1) Have you ever used any of the following services in the past year?

| Service Type | Yes | No |
|---|---|---|
| ⓐ Disability pension (eligible to people with severe disabilities) | ① | ② |
| ⓑ Disability subsidy (eligible to people with minor disabilities) | ① | ② |
| ⓒ Allowance for children with disabilities | ① | ② |
| ⓓ Medical rehabilitation service | ① | ② |
| ⓔ Voluntary domestic help service (i.e. cleaning, laundry, cooking, etc.) | ① | ② |
| ⓕ Home-visit nursing, caregiving, bathing | ① | ② |
| ⓖ Mobility service (i.e. transport to a hospital) | ① | ② |
| ⓗ Housing related services (i.e. home repair, re-papering rooms, etc.) | ① | ② |
| ⓘ Family counseling/therapy | ① | ② |
| ⓙ Services to help with social adjustment and job-seeking efforts | ① | ② |
| ⓚ Subsidies for childcare and education of children with disabilities | ① | ② |
| ① Programs for the disabled children (i.e. support for learning, etc.) | ① | ② |
| ⓜ Car related support (See 'Guidelines') | ① | ② |
| ⓝ Disability benefits | ① | ② |
| ⓞ Self-support services for the disabled | ① | ② |
| ⓟ Supply of rehabilitation aids and amenities | ① | ② |
| ⓠ Housework support services | ① | ② |
| ⓡ Vocational rehabilitation facilities | ① | ② |
| ⓢ Employment support | ① | ② |
| ⓣ Rehabilitation training | ① | ② |

〈 **Note** 〉

※ Welfare services refer to services provided by public organizations or private services with partial public contribution. Not including private welfare services with all costs paid by user.

〈 **Note** 〉

※ ⓓ **Medical rehabilitation service**: Included here are medical services for disability, rehabilitation treatment, subsidy for medical expenses, financial assistance to get tested and diagnosed for a registered disability, subsidy for rehabilitation aid tools and medical supplies, discounted walker, etc.

※ ⓖ **Mobility service**: This involves using vehicles specially designed for seniors and people with disabilities (Call Taxi for the Handicapped), transport to a hospital, etc.; provided, however, that a **handicapped person taking taxi or bus alone, collecting travel allowances, and getting a discount for bus or subway shall not be included.**

※ ⓗ Housing related service: This includes home improvement or renovation projects (i.e. home repair, re-papering, etc.) either organized (partially aided) by public organizations or conducted by social welfare related agencies or religious/civic groups.

※ ⓙ Services to help with social adjustment and job-seeking efforts: They encompass the usage of re-training facilities and sheltered workshops, job-seeking support such as vocational training and job referral, rehabilitation to the society, social adjustment programs, self-support programs, loans for the disabled to stand on their own feet, granting a license for vending machines or snack bars, etc.

# XVII. Family

Q1) What was the major cause of worries and conflicts in your family in the past year? Describe the two biggest concerns.

(※ **Include first degree relatives (i.e. parents-offsprings) only, in case of including those other than your family members.)**

| 1st | | 2nd | |
|---|---|---|---|

0. No special difficulties
1. Financial difficulties (debt, credit card debt)
2. Family member's job search/unemployment
3. Children's Education/behavior
4. Health problems
5. Alcohol addiction
6. Domestic violence
7. Family relationships
8. Run away
9. Housing
10. Others (Specify: _____)
11. Children's marriage issues

Q2) The question below is to find out how your family members have been handling differences or conflicts. How was your family doing over the past year?

**(※ If you have no blood relatives in first degree relationship, please mark 'N/A' before proceeding to 'Additional Questions'. In cases where you moved out and formed a one-person family, if you had no interaction with your first degree relatives for the past 1 year, then check 'N/A'.**

| Item | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | N/A |
|---|---|---|---|---|---|---|
| ① My family often has disputes. | ① | ② | ③ | ④ | ⑤ | ⓪ |
| ② Members of my family sometimes throw things at one another when very angry. | ① | ② | ③ | ④ | ⑤ | ⓪ |
| ③ My family members always discuss problems calmly. | ① | ② | ③ | ④ | ⑤ | ⓪ |
| ④ My family members often blame one another. | ① | ② | ③ | ④ | ⑤ | ⓪ |
| ⑤ Members of my family sometimes hit each other. | ① | ② | ③ | ④ | ⑤ | ⓪ |

**Thank you for kindly answering our questions!**