

YOUR PARENTS, WHETHER ALIVE OR NOT (father, mother, persons you consider as such)

18a What is their first name?		
18b In which year they were born (approximately)?	Do not know	Do not know
18c What is their sex?	Woman 1 Man 2	Woman 1 Man 2
18d Were they French at birth?	Yes 1 No 2	Yes 1 No 2
18e What is/was their (latest) main occupation (do not write "unemployed", "retired" or "deceased")?	Never worked Do not know	Never worked Do not know
18f What is/was their (latest) employment status?	Public sector employee 1 Private sector employee 2 Self-employed 3 Unpaid family worker 4 Do not know 5	Public sector employee 1 Private sector employee 2 Self-employed 3 Unpaid family worker 4 Do not know 5
18g Which languages, dialects or patois (Kabyle, Peul, Breton, Ch'ti, Sign Language, Italian, etc.) did they speak with you when you were a child?		
18h Are they still alive?	Yes 1 No 2 → Year of death (approximately)	Yes 1 No 2 → Year of death (approximately)
	If he is/she is still alive	If he is/she is still alive
18i Where do they live?	With you in this residence 1 → go to question 19 Elsewhere 2 → Specify: Department French overseas department number Municipality / Country for foreigners	With you in this residence 1 → go to question 19 With your other parent 2 Elsewhere 3 → Specify: Department French overseas department number Municipality / Country for foreigners
18j Do they live in a living facility for the elderly (EHPAD, etc.)?	Yes 1 No 2	Yes 1 No 2
18k How often do you see them? (face-to-face)	Once or several times per week 1 Once or several times per month 2 Once or several times per year 3 Rarely or never 4	Once or several times per week 1 Once or several times per month 2 Once or several times per year 3 Rarely or never 4

YOUR LIFE COURSE

19 How many siblings do you have (alive or deceased, including step-siblings)? (if none, write 0)

brothers or step-brothers, of which are still alive sisters or step-sisters, of which are still alive

20 At what age did you leave your parents' home for the first time? (Do not count time spent in a boarding school or dormitory as leaving)

years old If you have never left, check this box

21 When you were young, up until the age of 18, who did you live with? Describe all the situations you have encountered

Both your parents as a couple 1 Your mother and her partner 2 Your father and his partner 3 Just your mother 4 Just your father 5 Another family member 6 Away from your family 7

22 Have you lived away from your parents as a result of a decision made by a judge, the ASE, the child welfare services in France, or the DDASS, the Departmental Directorate of Health and Social Affairs in France (placed in a group home, with a foster family, with a family member or other)? Yes 1 No 2

23 In the course of your life, have you lived in a shelter, a welfare hotel, a reception centre for asylum seekers or refugees, or on the streets? Yes 1 No 2

YOUR EDUCATION AND YOUR PROFESSIONAL LIFE

24 Have you completed your studies (Do not count gap years or interruptions of less than a year as a break)

Yes 1 → In which year did you finish? No 2

25 Have you ever worked for at least three consecutive months, including as an apprentice?

Yes 1 No 2 → End of survey

26 In which year did you start working (for at least three consecutive months, including apprenticeships)?

27 In which year did you last work?

28 Since your first job, have you...

... always worked without interruption? (do not count maternity leave as an interruption) Yes 1 No 2

... had one or more periods of unemployment of at least six months? Yes 1 No 2

... had any other breaks (excluding maternity leave) of at least six months? Yes 1 No 2

THANK YOU FOR PARTICIPATING



ENQUÊTE FAMILIALES

2025 Families survey – Questionnaire for MEN/WOMEN

This questionnaire is intended for INSEE

To be completed by the census enumerator:

Sex	IRIS or district	Department	Municipality
Rank A	Rank L		

To be completed by all men/women aged 18 or over on 1 January 2025 (born before 2007).

If several men/women aged 18 or over live in the same residence, please each fill out a questionnaire.

1 1a What is your first name?

1b What is your date of birth? Day Month Year

2 Are you currently in a relationship?

YES, with someone who lives with you in this residence 1

YES, with someone living in another residence 2

NO, but you have been in a relationship in the past 3

NO, you have never been in a relationship 4 → go to question 10

YOUR CURRENT PARTNER OR YOUR LAST PARTNER if you are no longer in a relationship

3 3a His/her date of birth: Day Month Year

3b His/her sex: If you are a woman: A man 1 A woman 2 If you are a man: A woman 1 A man 2

3c His/her place of birth: Department French overseas department number Country for foreigners

3d His/her main occupation (current or last known) (do not write "unemployed", "retired" or "deceased")

Have never worked → go to question 4 Do not know

3e His/her employment status (current or last known): Public sector employee 1 Private sector employee 2 Self-employed 3 Unpaid family worker 4

4 When did the relationship with your current partner (or last partner) begin?	Did you enter into a civil partnership (e.g. PACS) (even if you got married)?	Did you get married?	If you are no longer in a relationship, is it because...	
			... you have separated?	... your partner has passed away?
In Year	Yes, in Year No	Yes, in Year No	Yes, in Year No	Yes, in Year No

5 Before being in a relationship with you, did your current partner or last partner already have children?

Yes 1 → How many? → How many live or have lived with you? (if none, write 0)

No 2 → go to question 7

6 Does your CURRENT partner have children under the age of 21 living with their other parent?

Multiple answers possible if there are several children

No 1 Yes, all the time 2 Yes, at least half of the time 3 Yes, less than half of the time 4

7 Have you previously lived with someone else as a couple, for at least six months under the same roof, whether married or not?

Yes 1 → How many times? No 2 → go to question 10

YOUR FIRST TIME LIVING WITH SOMEONE AS A COUPLE for at least six months under the same roof, whether married or not

8 When did the relationship with your first partner begin?	Did you enter into a civil partnership (e.g. PACS) (even if you got married)?	Did you get married?	You are no longer in a relationship because...	
			... you have separated?	... your partner has passed away?
In Year	Yes, in Year No	Yes, in Year No	Yes, in Year No	Yes, in Year No

9 Before being in a relationship with you, did your first partner already have children?

Yes 1 → How many? → How many live or have lived with you? (if none, write 0)

No 2

Given the favourable opinion of the National Council for Statistical Information (CNIL), this survey, recognised as being of general interest and of statistical quality, is mandatory, in accordance with French Law, Act No. 51-711 of 7 June 1951 on the legal obligation, coordination, and confidentiality in statistics. Authorisation No. 2025X002EC from the Minister of Economy, Finance and Industrial and Digital Sovereignty, valid for the year 2025 – Order currently being published.

Responses to this questionnaire and information obtained via matching with administrative records are protected by statistical secrecy and are intended for INSEE. The General Data Protection Regulation 2016/679 of 27 April 2016 (GDPR) and French Law No. 78-17 of 6 January 1978 on information technology, files and freedoms apply to this survey. Individuals may exercise their rights by contacting INSEE (contact-rpd@insee.fr) or its Data Protection Officer (le-delegue-a-la-protection-des-donnees-personnelles@finances.gouv.fr). Respondents may, if they consider it necessary, submit a complaint to the CNIL (www.cnil.fr).

10

Have you ever had any children (including those adopted or deceased)?

• Yes ☐ 1 →How many in total? ☐ ☐ →

10a

How many of them were adopted (simple or plenary adoption)? ☐ ☐ (if none, write 0)

• No ☐ 2 → go to question 15

10b

Which languages, dialects or patois (Kabyle, Peul, Breton, Ch'ti, Sign Language, French, Italian, etc.) did you speak with your children when they were young, or do you speak to them today if they are still minors?

YOUR CHILDREN, WHETHER THEY LIVE WITH YOU OR NOT (including those adopted or deceased)

11 YOUR CHILDREN WHO LIVE WITH YOU, EVEN IF ONLY FOR A SMALL PORTION OF THEIR TIME (if there are more than 5, please use a second questionnaire)

First name	Sex <i>Male (M) or Female (F)</i>	Year of birth	Was he/she born in France?	His/her other parent...	If his/her other parent lives elsewhere												Does this child also live elsewhere...						
					Where does his/her other parent live?			How often is this child in contact with his/her other parent? (face-to-face, by phone, e-mail, SMS or video call, etc.)				Does this child ever sleep at the other parent's house?		Have you ever lived with his/her other parent?		If you are separated from his/her other parent, what was the court-ordered child's place of residence?				...for health reasons?		...as a result of a decision made by the child welfare services or a children's judge?	
	M	F	Yes	No	... lives with you	... lives elsewhere	... is deceased	Once or several times per week	Once or several times per month	Once or several times per year	Rarely or Does he/she	Yes	No	Yes	No	No court order	Half of the time with each parent	Mainly with you	Mainly with his/her other parent	Yes	No	Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 YOUR CHILDREN WHO DO NOT LIVE WITH YOU OR WHO ARE DECEASED (if there are more than 5, please use a second questionnaire)

First name	Sex <i>Male (M) or Female (F)</i>	Year of birth	Was he/she born in France?	His/her other parent...	If this child has passed away, how old was he/she when he/she passed away? (if under the age of one, write 0)	If this child is still alive												If the child is under 21 years old										
						Approximately at what age did he/she stop living with you?	How often are you in contact with him/her? (face-to-face, by phone, e-mail, SMS or video call, etc.)				Where does he/she currently live?				Does he/she live in their own accommodation?		Does he/she live with the other parent?		Does he/she ever sleep at your place?		If you are separated from his/her other parent, what was the court-ordered child's place of residence?				Does this child also live elsewhere...			
	M	F	Yes	No	... lives with you	... lives elsewhere	... is deceased	Once or several times per week	Once or several times per month	Once or several times per year	Rarely or never	Department	French overseas department number	Municipality / Country for foreigners	Yes	No	Yes	No	Yes	No	No court order	Half of the time with each parent	Mainly with you	Mainly with his/her other parent	Yes	No	Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> years old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> years old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> years old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> years old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> years old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR GRANDCHILDREN

13

Do you have grandchildren (your children's children)?

• Yes ☐ 1 → How many in total? ☐ ☐ → How old is the eldest? ☐ ☐ years old (if under the age of one, write 0)

• No ☐ 2 → go to question 15

14 On average, how often...

Multiple answers possible if you have multiple grandchildren

...do you see your grandchildren? (face-to-face)	...are you in contact remotely with your grandchildren? (by phone, e-mail, SMS, video call, etc.)
<div><div>• Once or several times per week ... <input type="checkbox"/> 1</div><div>• Once or several times per month ... <input type="checkbox"/> 2</div><div>• Once or several times per year <input type="checkbox"/> 3</div><div>• Rarely or never <input type="checkbox"/> 4</div></div>	<div><div>• Once or several times per week ... <input type="checkbox"/> 1</div><div>• Once or several times per month ... <input type="checkbox"/> 2</div><div>• Once or several times per year <input type="checkbox"/> 3</div><div>• Rarely or never <input type="checkbox"/> 4</div></div>

YOUR FAMILY (whether or not they live with you) AND YOUR ACQUIANTANCES

15 Due to their health status, a disability or a difficulty linked to advanced age, do you regularly PROVIDE assistance to one or more members of your family (parents, partner, child(ren), etc.)? Multiple answers possible

• Yes, assistance with everyday tasks ... ☐ 1

• Yes, moral support ☐ 2

• Yes, financial or material support ☐ 3

• Yes, you are the guardian or custodian ☐ 4

• No ☐ 5

16 Due to your health status, a disability or a difficulty linked to advanced age, do you regularly RECEIVE assistance from one or more members of your family (parents, partner, child(ren), etc.)? Multiple answers possible

• Yes, assistance with everyday tasks ... ☐ 1

• Yes, moral support ☐ 2

• Yes, financial or material support ☐ 3

• No ☐ 4

17 Besides French, which languages, dialects or patois (Kabyle, Peul, Breton, Ch'ti, Sign Language, Italian, etc.) do you speak with your family or acquaintances (friends, neighbours, colleagues, shopkeepers, etc.)?

2

3