

ADULT EDUCATION SURVEY QUESTIONNAIRE MVG-01 (EVERY 6 YEARS)

Respondent identification code					
Sex	male	1	female	2	
Date of birth (day, month, year)					

Surveyed population: aged 18–649
Data confidentiality guaranteed
The questionnaire is available at apklauskos.stat.gov.lt
Information on the protection of personal data is published at stat.gov.lt/asmens-duomenu-apsauga

Date of the interview:

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A. INFORMATION ABOUT THE RESPONDENT

A1. What is your citizenship?

1. Lithuanian ☐

2. Other ☐

.....

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(Name of the country) (Country code) ⇒ A2

3. Stateless ☐

4. Foreign citizenship but country unknown ☐

5. Not stated ☐

A2. In which country were you born?

1. Lithuania ☐ ⇒ A3

2. Other country ☐

.....

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(Name of the country) (Country code) ⇒ A4

3. Foreign-born but country of birth unknown ☐

4. Not stated ☐

A3. Did you ever live (have your usual residence) abroad for a period of at least 1 year?

1. Yes ☐ ⇒ A4

2. No ☐

A4. How many years have you lived in Lithuania?
(Since last establishing the place of usual residence in the country)

Specify

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☐ ⇒ A5
(Completed years only)

Less than 1 year in the country but have intention to stay at least 1 year ☐

Less than 1 year in the country and do not intend to stay for at least 1 year ☐ ⇒ End the survey

A5. Are you living with a partner in the same household?

1. Yes ☐

2. No ☐ ⇒ A6

3. Not stated ☐

A6. What is your legal marital status?

1. Single (never married) ☐

2. Married ☐

3. Widowed ☐ ⇒ B1

4. Divorced ☐

B. EDUCATIONAL ATTAINMENT

B1. What is your highest level of education successfully completed?
(Educational institution where the highest level of education was successfully completed)

- | | | |
|---|--------------------------|------|
| 1. Doctorate, postgraduate courses..... | <input type="checkbox"/> | ⇒ B2 |
| 2. University (academy, institute, seminary) – master's or equivalent studies..... | <input type="checkbox"/> | |
| 3. University (academy, institute, seminary) – bachelor's studies..... | <input type="checkbox"/> | |
| 4. College..... | <input type="checkbox"/> | |
| 5. Post-secondary school..... | <input type="checkbox"/> | |
| 6. Special secondary school (technical school)..... | <input type="checkbox"/> | ⇒ B3 |
| 7. Vocational school after secondary school..... | <input type="checkbox"/> | |
| 8. Secondary school, gymnasium..... | <input type="checkbox"/> | |
| 9. Vocational school, after completion of basic school, where, together with a profession received secondary education..... | <input type="checkbox"/> | ⇒ B2 |
| 10. Vocational school, after completion of basic school, where only obtained a profession..... | <input type="checkbox"/> | |
| 11. Vocational school, without completion of basic school, where, together with a profession, received basic education..... | <input type="checkbox"/> | |
| 12. Vocational school, without completion of basic school, where only obtained a profession..... | <input type="checkbox"/> | ⇒ B3 |
| 13. Basic school..... | <input type="checkbox"/> | |
| 14. Primary school..... | <input type="checkbox"/> | |
| 15. No formal education..... | <input type="checkbox"/> | ⇒ B4 |

B2. Field of the highest level of education successfully completed:

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If you could not find it in the classification, please indicate

(Field of education)

⇒ B3

B3. Year of completion of the highest level of education:
(Followed by receiving a diploma, certificate)

Specify year

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⇒ B4

Not completed formal education

B4. Are there any formal education programmes that you started, but then stopped without completing?
(Please consider all formal education programmes that you ever started but then did not successfully complete)

- | | | |
|----------------------|--------------------------|------|
| 1. Yes, one..... | <input type="checkbox"/> | ⇒ B5 |
| 2. Yes, several..... | <input type="checkbox"/> | |
| 3. No..... | <input type="checkbox"/> | ⇒ C1 |

B5. Where did you study?

(Educational institution where you tried to get the highest education)

- | | | |
|--|--------------------------|------|
| 1. Doctorate, postgraduate courses..... | <input type="checkbox"/> | ⇒ C1 |
| 2. University (academy, institute, seminary) – master's or equivalent studies..... | <input type="checkbox"/> | |
| 3. University (academy, institute, seminary) – bachelor's studies..... | <input type="checkbox"/> | |
| 4. College..... | <input type="checkbox"/> | |
| 5. Post-secondary school..... | <input type="checkbox"/> | |
| 6. Special secondary school (technical school)..... | <input type="checkbox"/> | |
| 7. Vocational school after secondary school..... | <input type="checkbox"/> | |
| 8. Secondary school, gymnasium..... | <input type="checkbox"/> | |
| 9. Vocational school, after completion of basic school..... | <input type="checkbox"/> | |
| 10. Vocational school, without completion of basic school..... | <input type="checkbox"/> | |
| 11. Basic school..... | <input type="checkbox"/> | |
| 12. Primary school..... | <input type="checkbox"/> | |

C. PARENTAL EDUCATION AND COUNTRY OF BIRTH

C1. What is the highest level of education successfully completed by your father (male guardian)?

- | | | |
|---------------------------------|--------------------------|------|
| 1. At most lower secondary..... | <input type="checkbox"/> | ⇒ C2 |
| 2. Upper secondary..... | <input type="checkbox"/> | |
| 3. Tertiary..... | <input type="checkbox"/> | |
| 4. Not stated..... | <input type="checkbox"/> | |
| 5. Father unknown..... | <input type="checkbox"/> | ⇒ C3 |

C2. In which country was your father born (male guardian)?

- | | | | | |
|---|---|------|--|--|
| 1. Lithuania..... | <input type="checkbox"/> | ⇒ C3 | | |
| 2. Other country..... | <input type="checkbox"/> | | | |
| _____
(Name of the country) | <table border="1"><tr><td></td><td></td></tr></table>
(Country code) | | | |
| | | | | |
| 3. Foreign-born but country of birth unknown..... | <input type="checkbox"/> | | | |
| 4. Not stated..... | <input type="checkbox"/> | | | |

C3. What is the highest level of education successfully completed by your mother (female guardian)?

1. At most lower secondary.....	<input type="checkbox"/>	⇒ C4
2. Upper secondary.....	<input type="checkbox"/>	
3. Tertiary.....	<input type="checkbox"/>	
4. Not stated.....	<input type="checkbox"/>	
5. Mother unknown.....	<input type="checkbox"/>	⇒ D1

C4. In which country was your mother born (female guardian)?

1. Lithuania.....	<input type="checkbox"/>	⇒ D1
2. Other country.....	<input type="checkbox"/>	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div>_____ (Name of the country)</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div>		
3. Foreign-born but country of birth unknown.....	<input type="checkbox"/>	
4. Not stated.....	<input type="checkbox"/>	

D. ACCESS TO INFORMATION ABOUT LEARNING POSSIBILITIES

Reference period – 12 months before the survey.

D1. During the last 12 months, have you looked for any information concerning learning possibilities?
(Either on formal or non-formal education and training)

1. Yes.....	<input type="checkbox"/>	⇒ D2
2. No.....	<input type="checkbox"/>	⇒ E1

D2. Have you received any information or advice/help on learning possibilities from institutions/organisations?

1. Yes.....	<input type="checkbox"/>	⇒ D3
2. No.....	<input type="checkbox"/>	⇒ E1

D3. From which of the following institutions/organisations did you receive guidance on learning?
(Mark all that apply)

1. Educational establishments (general school, vocational school, college, university, other).....	<input type="checkbox"/>	⇒ D4
2. Public employment services.....	<input type="checkbox"/>	
3. Employer or prospective employer.....	<input type="checkbox"/>	
4. Other institutions/organisations.....	<input type="checkbox"/>	

D4. What information or advice/help concerning learning possibilities was it?
(Mark all that apply)

1. Counselling or advice on learning possibilities, including support to search for information and applying to learning possibilities.....	<input type="checkbox"/>	⇒ D5
2. Assessment of individual learning needs based on professional tests and/or interviews.....	<input type="checkbox"/>	
3. Advice or help on the procedure for validation or recognition of skills, competences or prior learning.....	<input type="checkbox"/>	
4. None of the items above.....	<input type="checkbox"/>	

D5. In what way did communication take place with the institution / organization that provided the information?
(Mark all that apply)

1. Interaction in person, phone, e-mail, skype, dedicated websites etc.....	<input type="checkbox"/>	⇒ E1
2. Interaction without a person, using online automated applications or virtual assistants – robots (artificial intelligence bots).....	<input type="checkbox"/>	

E. FORMAL EDUCATION

Reference period – 12 months before the survey

Formal education—education implemented according to education programmes approved and registered in accordance with a procedure laid down by legal acts of the Republic of Lithuania, the completion of which results in the attainment of primary, basic, secondary or higher education and/or a qualification, or in the recognition of a competence necessary to carry out work or fulfil a function regulated by the law.

E1. During the last 12 months have you been studying at a higher education institution, vocational school, secondary school?

1. Yes.....	<input type="checkbox"/>	⇒ E2
2. No.....	<input type="checkbox"/>	⇒ F1

E2. In how many formal education or training activities did you participate in?

Number of activities.....	<input style="width: 40px;" type="text"/>	⇒ E3
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E3. Where did you last study (have been studying) over the past 12 months?

1. Doctorate, postgraduate courses.....	<input type="checkbox"/>	⇒ E4
2. University (academy, institute, seminary) – master's or equivalent studies.....	<input type="checkbox"/>	
3. University (academy, institute, seminary) – bachelor's studies.....	<input type="checkbox"/>	
4. College.....	<input type="checkbox"/>	
5. Vocational school after secondary school.....	<input type="checkbox"/>	
6. Secondary school, gymnasium.....	<input type="checkbox"/>	
7. Vocational school, after completion of basic school.....	<input type="checkbox"/>	
8. Vocational school, without completion of basic school.....	<input type="checkbox"/>	
9. Basic school.....	<input type="checkbox"/>	
10. Primary school.....	<input type="checkbox"/>	

E4. What was the field of the most recent formal education programme?

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If you could not find it in the classification, please indicate

(Field of education)

⇒ E5

E5. When did You start studying in this education programme?

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(Year) (Month)

⇒ E6

E6. What was your main labour status at the start of this education programme?

1. Employed (including unpaid work in a family business or farm) ☐ ⇒ E7
2. Unemployed ☐
3. Other: retired, student, other inactive person ☐

E7. Have you successfully completed studies in this education programme?

1. No, dropped out before the expected end ☐ ⇒ E8
2. No, it is still ongoing ☐
3. Yes, completed ☐

E8. How was the instruction of this education programme organised?

1. Completely online ☐ ⇒ E9
2. Mostly online ☐
3. Mostly on-site ☐
4. Completely on-site ☐

E9. How frequently did the teaching staff make teaching materials available via the internet to participants, or point to such material?
(Electronic textbooks, presentations, audio-visual materials, online learning software, etc.)

1. Frequently ☐ ⇒ E10
2. Sometimes ☐
3. Never ☐

E10. How frequently did you interact online with the teaching staff regarding training contents?
(On the website dedicated to the training program, e-mail, social media, etc.)

1. Frequently ☐ ⇒ E11
2. Sometimes ☐
3. Never ☐

E11. How frequently did you interact online with other participants regarding training contents?
(On the website dedicated to the training program, e-mail, social media, etc.)

1. Frequently ☐ ⇒ E12
2. Sometimes ☐
3. Never ☐

E12. What were the reasons for participating in this education programme?
(Mark all that apply, indicating which one was most important (1 – most important, 2 – less important, etc.))

1. To do your job better ☐ ⇒ E13
2. To improve your career prospects ☐
3. To be less likely to lose your job ☐
4. To increase your possibilities of getting a job, or changing a job/profession ☐
5. To start your own business ☐
6. You were obliged to participate ☐
7. To increase your knowledge/skills for own general interest and curiosity ☐
8. To obtain a certificate ☐
9. To meet new people/for fun ☐
10. None of the items above ☐

E13. Did this education activity take place during paid working hours?
(During working hours, during holidays, after work, but those hours were paid for or compensated for by free time)

1. Only during paid working hours ☐ ⇒ E14
2. Mostly during paid working hours ☐
3. Mostly outside paid working hours ☐
4. Only outside paid working hours ☐
5. Not working at that time ☐

E14. During the last 12 months, how many academic hours did you attend for this education programme?

1. Academic hours in total ⇒ E16
2. Not stated ☐ ⇒ E15

E15. What was the number of weeks and an average number of instruction hours per week?

1. (Hours) (Weeks) ⇒ E16
2. Not stated ☐

E16. Which of the following best describes the payment for tuition, registration, exam fees, and expenses for books or technical study means, regarding your recent studies?

1. Free activity ☐ ⇒ E18
2. Fully paid by yourself ☐
3. Fully paid by somebody else ☐ ⇒ E17
4. Partly paid by yourself and partly paid by somebody else ☐

E17. Which of the following entities paid for tuition, registration, exam fees, and expenses for books or technical study means, regarding your recent studies?
(Mark all that apply)

1. Employer or prospective employer ☐ ⇒ E18
2. Public employment services ☐
3. Other public or private institutions ☐
4. A household member or a relative ☐
5. None of the items above ☐
6. Not stated ☐

E18. How much have you used (are using) the skills or knowledge that you acquired through this educational programme?

1. A lot	<input type="checkbox"/>	⇒E19
2. A fair amount	<input type="checkbox"/>	
3. Very little	<input type="checkbox"/>	
4. Not at all	<input type="checkbox"/>	

E19. Have the new skills or knowledge acquired through this educational programme helped you in any of the following ways?
(Mark all that apply, indicating which one was most important (1 – most important, 2 – less important, etc..))

1. Getting a (new) job	<input type="checkbox"/>	⇒ F1
2. Higher salary/wages	<input type="checkbox"/>	
3. Promotion in the job	<input type="checkbox"/>	
4. New tasks	<input type="checkbox"/>	
5. Better performance in present job	<input type="checkbox"/>	
6. Personal benefits (meet other people, refresh or acquire skills on general or specific subjects, etc.)	<input type="checkbox"/>	
7. No outcome yet	<input type="checkbox"/>	
8. None of the items above	<input type="checkbox"/>	

F. NON-FORMAL EDUCATION

Reference period – 12 months before the survey.

Non-formal education – Education according to various programmes on meeting educational needs and upskilling. Such education is provided in the form of courses, seminars, conferences, private lessons as well as on-the-job training.

The purpose of non-formal education is to acquire or improve skills, knowledge and competences required both for work and for social or personal reasons. Informal learning can take place during leisure or work, online or on-site (face-to-face learning).

F1. Did you participate in any courses, practical or theoretical seminars, conferences, private lessons, or training at the workplace during the last 12 months?

1. Yes	<input type="checkbox"/>	⇒ F2
2. No	<input type="checkbox"/>	⇒ Filtras 1

F2. In how many of such non-formal education and training activities did you participate during the last 12 months?

1. Number of activities	<input type="text"/>	<input type="text"/>	⇒ F3
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Filter 1

If E1 = 1 and F1 = 2 ⇒ G1b

If E1 = 2 and F1 = 2 ⇒ G1a

F3. Name all the training activities you have attended in the last 12 months:
(Indicate all trainings, including incomplete ones)

Name of activity				
1.	2.	3.	4.	5.
Type of activity				
1. Courses <input type="checkbox"/>	1. Courses <input type="checkbox"/>	1. Courses <input type="checkbox"/>	1. Courses <input type="checkbox"/>	1. Courses <input type="checkbox"/>
2. Workshops and seminars <input type="checkbox"/>	2. Workshops and seminars <input type="checkbox"/>	2. Workshops and seminars <input type="checkbox"/>	2. Workshops and seminars <input type="checkbox"/>	2. Workshops and seminars <input type="checkbox"/>
3. Guided on-the-job-training <input type="checkbox"/>	3. Guided on-the-job-training <input type="checkbox"/>	3. Guided on-the-job-training <input type="checkbox"/>	3. Guided on-the-job-training <input type="checkbox"/>	3. Guided on-the-job-training <input type="checkbox"/>
4. Private lessons <input type="checkbox"/>	4. Private lessons <input type="checkbox"/>	4. Private lessons <input type="checkbox"/>	4. Private lessons <input type="checkbox"/>	4. Private lessons <input type="checkbox"/>
Main labour status at the start of the training activity				
1. Employed <input type="checkbox"/>	1. Employed <input type="checkbox"/>	1. Employed <input type="checkbox"/>	1. Employed <input type="checkbox"/>	1. Employed <input type="checkbox"/>
2. Unemployed <input type="checkbox"/>	2. Unemployed <input type="checkbox"/>	2. Unemployed <input type="checkbox"/>	2. Unemployed <input type="checkbox"/>	2. Unemployed <input type="checkbox"/>
3. Other: retired, student, other inactive person <input type="checkbox"/>	3. Other: retired, student, other inactive person <input type="checkbox"/>	3. Other: retired, student, other inactive person <input type="checkbox"/>	3. Other: retired, student, other inactive person <input type="checkbox"/>	3. Other: retired, student, other inactive person <input type="checkbox"/>
Participation was determined by job-related reasons				
1. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/>
2. No <input type="checkbox"/>	2. No <input type="checkbox"/>	2. No <input type="checkbox"/>	2. No <input type="checkbox"/>	2. No <input type="checkbox"/>
Activity took place during paid working hours				
1. Only during paid working hours <input type="checkbox"/>	1. Only during paid working hours <input type="checkbox"/>	1. Only during paid working hours <input type="checkbox"/>	1. Only during paid working hours <input type="checkbox"/>	1. Only during paid working hours <input type="checkbox"/>
2. Mostly during paid working hours <input type="checkbox"/>	2. Mostly during paid working hours <input type="checkbox"/>	2. Mostly during paid working hours <input type="checkbox"/>	2. Mostly during paid working hours <input type="checkbox"/>	2. Mostly during paid working hours <input type="checkbox"/>
3. Mostly outside paid working hours <input type="checkbox"/>	3. Mostly outside paid working hours <input type="checkbox"/>	3. Mostly outside paid working hours <input type="checkbox"/>	3. Mostly outside paid working hours <input type="checkbox"/>	3. Mostly outside paid working hours <input type="checkbox"/>
4. Only outside paid working hours <input type="checkbox"/>	4. Only outside paid working hours <input type="checkbox"/>	4. Only outside paid working hours <input type="checkbox"/>	4. Only outside paid working hours <input type="checkbox"/>	4. Only outside paid working hours <input type="checkbox"/>
5. Not working at that time <input type="checkbox"/>	5. Not working at that time <input type="checkbox"/>	5. Not working at that time <input type="checkbox"/>	5. Not working at that time <input type="checkbox"/>	5. Not working at that time <input type="checkbox"/>
Activity partially or fully paid by employer or prospective employer				
1. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/>
2. No <input type="checkbox"/>	2. No <input type="checkbox"/>	2. No <input type="checkbox"/>	2. No <input type="checkbox"/>	2. No <input type="checkbox"/>
Please select 2 training activities to provide more information				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F4. Please provide more information concerning the activities listed beforehand:
(Type of activity: 1 – courses, 2 – workshops and seminars, 3 – guided on-the-job-training, 4 – private lessons)

1 activity

(No.) (Type of activity) (Name of activity)

Field of 1st activity

If you could not find it in the classification, please indicate

2 activity

(No.) (Type of activity) (Name of activity)

Field of 2nd activity

If you could not find it in the classification, please indicate

⇒ F5

F5–F19 pateikiami klausimai apie F4 klausime nurodytus mokymus.
Tiriamasis laikotarpis – 12 mėn. iki apklausos.

F5. How was this non-formal learning activity organised?

	1 activity	2 activity
1. Completely online.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Mostly online.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Mostly on-site	<input type="checkbox"/>	<input type="checkbox"/>
4. Completely on-site.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F6

F6. How frequently did the teaching staff make teaching materials available via the internet to participants, or point to such material?
(Electronic textbooks, presentations, audio-visual materials, online learning software, etc.)

	1 activity	2 activity
1. Frequently.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Sometimes.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Never	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F7

F7. How frequently did you interact online with the teaching staff regarding training contents?
(On the website dedicated to the training program, e-mail, social media, etc.)

	1 activity	2 activity
1. Frequently	<input type="checkbox"/>	<input type="checkbox"/>
2. Sometimes	<input type="checkbox"/>	<input type="checkbox"/>
3. Never	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F8

F8. How frequently did you interact online with other participants regarding training contents?
(On the website dedicated to the training program, e-mail, social media, etc.)

	1 activity	2 activity
1. Frequently	<input type="checkbox"/>	<input type="checkbox"/>
2. Sometimes	<input type="checkbox"/>	<input type="checkbox"/>
3. Never.....	<input type="checkbox"/>	<input type="checkbox"/>
4. No other participants.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F9

F9. Who initiated this non-formal learning activity?

	1 activity	2 activity
1. Suggested by employer or prospective employer.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Obligated by employer or prospective employer.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Suggested by public employment services.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Obligated by public employment services.....	<input type="checkbox"/>	<input type="checkbox"/>
5. You yourself.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F10

F10. What were the reasons for participating in this non-formal learning activity?

(Mark all that apply, indicating which one was most important (1 – most important, 2 – less important, etc.)

	1 activity	2 activity
1. To do your job better.....	<input type="checkbox"/>	<input type="checkbox"/>
2. To improve your career prospects.....	<input type="checkbox"/>	<input type="checkbox"/>
3. To be less likely to lose your job.....	<input type="checkbox"/>	<input type="checkbox"/>
4. To increase your possibilities of getting a job, or changing a job/profession.....	<input type="checkbox"/>	<input type="checkbox"/>
5. To start your own business.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Because of organisational and/or technological changes at work...	<input type="checkbox"/>	<input type="checkbox"/>
7. Required by the employer or prospective employer or by law ..	<input type="checkbox"/>	<input type="checkbox"/>
8. To increase your knowledge/skills for own general interest and curiosity.....	<input type="checkbox"/>	<input type="checkbox"/>
9. To obtain a certificate.....	<input type="checkbox"/>	<input type="checkbox"/>
10. To meet new people/for fun.....	<input type="checkbox"/>	<input type="checkbox"/>
11. For health reasons.....	<input type="checkbox"/>	<input type="checkbox"/>
12. To do voluntary work better.....	<input type="checkbox"/>	<input type="checkbox"/>
13. None of the items above.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F11

F11. How many instruction hours did you attend for this training?

1. Total number of hours
(Mark what hours you stated)

1 activity		2 activity	
Full hour	Academic hour	Full hour	Academic hour
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Not stated ☐

⇒ F12

F12. Who was the provider of training services?

(Provider of training services – institution, physical persons rendering training services. The address of the venue must not necessarily be the same as the address of the service provider)

	1 activity	2 activity
1. Formal education institution.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Non-formal education and training institution.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Employer or prospective employer.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Other public or private institution.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Individual.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Not stated.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F13

F13. Did you receive a certificate leading to a certain qualification or giving the right to perform a job?

	1 activity	2 activity
1. Yes, required by the employer or prospective employer or a professional body or by law.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Yes, not required by the employer or prospective employer or a professional body or by law.....	<input type="checkbox"/>	<input type="checkbox"/>
3. No (acknowledgement of attendance received).....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F14

F14. Which of the following best describes the payment for tuition, registration, exam fees, and expenses for books or technical study means, regarding your recent studies?

	1 activity	2 activity
1. Free activity.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Fully paid by yourself.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Fully paid by somebody else.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Partly paid by yourself and partly paid by somebody else.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F17

⇒ F16

⇒ F15

F15. Which of the following entities paid for tuition, registration, exam fees, and expenses for books or technical study means, regarding your recent studies?

(Mark all that apply)

	1 activity	2 activity
1. A household member or a relative.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Employer or prospective employer.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Public employment services.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Other public or private institutions.....	<input type="checkbox"/>	<input type="checkbox"/>
5. None of the items above.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F16

⇒ F17

F16. How much did you personally or any member of your household or any relative pay for this activity? (In Euros)

	1 mokymai	2 mokymai
1. Paid in total.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Not stated.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F17

F17. What were the main skills acquired through this activity?

	1 activity	2 activity
1. IT skills (general and professional).....	<input type="checkbox"/>	<input type="checkbox"/>
2. Management skills.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Team working skills.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Customer/clients/patients/students handling skills.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Problem solving skills.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Office administration skills.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Foreign language skills.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Technical and/or practical skills.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Communication skills.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Numeracy and/or literacy skills.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Health and safety skills.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Creative and musical skills, handicraft, cooking, gardening.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Mental strength, intra-personal or self-knowledge skills.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Physical skills.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Other.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F18

F18. How much have you used (are using) the skills or knowledge that you acquired through learning in this activity?

	1 activity	2 activity
1. A lot.....	<input type="checkbox"/>	<input type="checkbox"/>
2. A fair amount.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Very little.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Not at all.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ F19

F19. Have the new skills or knowledge acquired through learning in this activity helped you in any of the following ways?

(Mark all that apply, indicating which one was most important (1 – most important, 2 – less important, etc.))

	1 activity	2 activity
1. Getting a (new) job.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Higher salary/wages.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Promotion in the job.....	<input type="checkbox"/>	<input type="checkbox"/>
4. New tasks.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Better performance in present job.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Personal benefits (meet other people, refresh or acquire skills on general or specific subjects, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
7. No outcome yet.....	<input type="checkbox"/>	<input type="checkbox"/>
8. None of the items above.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ G1b

G. OBSTACLES TO PARTICIPATION IN EDUCATION AND TRAINING

Reference period – 12 months before the survey.

Should answer those who did not participate in either formal or non-formal education and training: (E1 = 2 and F1 = 2).

G1a. You have previously indicated that you did not study over the last 12 months. Would you have liked to?

1. Yes ☐ ⇒ G3
2. No ☐ ⇒ G2

Should answer those who participated in formal and (or) non-formal education and training: (E1 = 1 and (or) F1 = 1).

G1b. Would you have liked to additionally study, attend courses in the last 12 months?

1. Yes ☐ ⇒ G3
2. No ☐ ⇒ G2

G2. Why You did not want to study (to study more)?

1. There was no need to take up studies/training (additional studies/training) ☐ ⇒ H1
2. Other reasons ☐ ⇒ G3

G3. What were the reasons that hustled you away from studies (additional studies)?

(Mark all that apply, indicating which one was most important (1 – most important, 2 – less important, etc.)

- | | | |
|---|--------------------------|------|
| 1. Prerequisites..... | <input type="checkbox"/> | ⇒ H1 |
| 2. Cost..... | <input type="checkbox"/> | |
| 3. Lack of employer support..... | <input type="checkbox"/> | |
| 4. Lack of public services support..... | <input type="checkbox"/> | |
| 5. Schedule..... | <input type="checkbox"/> | |
| 6. Distance..... | <input type="checkbox"/> | |
| 7. Family responsibilities..... | <input type="checkbox"/> | |
| 8. Health..... | <input type="checkbox"/> | |
| 9. Age..... | <input type="checkbox"/> | |
| 10. Other personal reasons..... | <input type="checkbox"/> | |
| 11. No suitable education or training activity (offer)..... | <input type="checkbox"/> | |
| 12. Negative previous learning experience..... | <input type="checkbox"/> | |
| 13. Course was booked out..... | <input type="checkbox"/> | |
| 14. Too few registrations..... | <input type="checkbox"/> | |
| 15. None of the items above..... | <input type="checkbox"/> | |

H. INFORMAL LEARNING

Reference period – 12 months before the survey.

Informal learning – Self-learning based on person's knowledge from various sources and practical experience.

It is the continuous acquisition of knowledge, skills and abilities at the initiative of the individual, the individual himself determines the object of learning, the source, goals, time, form and means of learning.

H1. Did you attempt to learn anything on your own in the last 12 months?

1. Yes ☐ ⇒ H2
2. No ☐ ⇒ J1

H3. Were any of these informal learning activities mainly job-related?

1. Yes, at least one informal learning activity job-related ☐ ⇒ J1
2. No ☐

H2. Have you tried learning anything yourself through one of the forms mentioned below?

(Mark all that apply)

- | | | |
|--|--------------------------|------|
| 1. Learning from a family member, a friend or a colleague..... | <input type="checkbox"/> | ⇒ H3 |
| 2. Learning by using printed material (books, professional magazines, etc.)..... | <input type="checkbox"/> | |
| 3. Learning by using electronic devices (online or offline)..... | <input type="checkbox"/> | |
| 4. Learning by guided tours in museums, historical or natural or industrial sites..... | <input type="checkbox"/> | |
| 5. Learning by visiting learning centres (including libraries)..... | <input type="checkbox"/> | |

J. LANGUAGES

J1. Which language(s) is (are) your mother tongue(s)?

- 1st language (Language code) ⇒ J2
- 2nd language (Language code)

J2. Apart from your mother tongue(s), are there any other languages you speak or understand, even if just a little?

1. Yes ☐ ⇒ J3
2. No ☐ ⇒ K1

J3. List all the languages you speak or understand, even if just a little, except your mother tongue(s) (ranked by your language proficiency):

(Start with the best known one (except your mother tongue(s)))

1 language.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Language code)		
2 language.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 language.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 language.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 language.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 language.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 language.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 language.....	<input type="text"/>	<input type="text"/>	<input type="text"/>

⇒ J4

J4. Which answer describes your knowledge of the said languages (except your mother tongue) the best?

(Choose just one answer for each language)

	1 language	2 language
1. You can understand and can use only a few words and phrases.....	<input type="checkbox"/>	<input type="checkbox"/>
2. You can understand and use a lot of usual and everyday phrases. You can use this language to describe usual situations and common matters.....	<input type="checkbox"/>	<input type="checkbox"/>
3. You can understand the gist if it is clearly spoken; you can create a simple text. You can describe an experience and events; you can communicate quite well.....	<input type="checkbox"/>	<input type="checkbox"/>
4. You can understand all kinds of complicated texts and be fluent.....	<input type="checkbox"/>	<input type="checkbox"/>

⇒ K1

K. MAIN ACTIVITY STATUS

K1. What is your current main labour status?

1. Employed (also a woman on maternity leave, a person on parental leave receiving half or more than half of their salary).....	<input type="checkbox"/>	⇒ K3
2. Unemployed.....	<input type="checkbox"/>	
3. Retired.....	<input type="checkbox"/>	⇒ K2
4. Unable to work due to long-standing health problems.....	<input type="checkbox"/>	
5. Student, pupil.....	<input type="checkbox"/>	
6. Fulfilling domestic tasks.....	<input type="checkbox"/>	
7. Compulsory military or civilian service.....	<input type="checkbox"/>	
8. Other inactive person (a person on parental leave receiving less than half of their salary).....	<input type="checkbox"/>	

K5. Your job is:

1. Fixed-term contract.....	<input type="checkbox"/>	⇒ K6
2. Permanent job.....	<input type="checkbox"/>	

K6. Indicate the main economic activity or nature of economic activity of your workplace or individual activity:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

If you could not find it in the classification, please indicate

(Economic activity)

⇒ K7

K2. Have you done any work for pay or profit, at any time during the last 12 months?

(Including paid apprenticeship or paid traineeship, or unpaid work for a family business)

1. Yes.....	<input type="checkbox"/>	⇒ L1
2. No.....	<input type="checkbox"/>	

K3. You work:

1. Full-time.....	<input type="checkbox"/>	⇒ K4
2. Part-time.....	<input type="checkbox"/>	

K4. What is your professional status (based on your main job)?

(The main job is the job where you work the most hours)

1. Self-employed person with employees.....	<input type="checkbox"/>	⇒ K6
2. Self-employed person without employees.....	<input type="checkbox"/>	
3. Family worker (unpaid).....	<input type="checkbox"/>	
4. Employee.....	<input type="checkbox"/>	⇒ K5

K7. Indicate your occupation (position, work done) at the workplace or in the individual activity:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

If you could not find it in the classification, please indicate

(Position, occupation or work done)

⇒ K8

K8. How many people, including you, work at your current workplace or family business?

1. if between 1 and 9, specify.....	<input type="checkbox"/>	⇒ K9
	(Skaicius)	
2. 10 to 19 persons.....	<input type="checkbox"/>	
3. 20 to 49 persons.....	<input type="checkbox"/>	
4. 50 to 249 persons.....	<input type="checkbox"/>	
5. 250 persons or more.....	<input type="checkbox"/>	
6. Do not know precisely but less than 10 persons.....	<input type="checkbox"/>	
7. Do not know precisely but 10 persons or more.....	<input type="checkbox"/>	

K9. What year did you start working at your current workplace, family farm or self-employed?

1. Specify.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	m.	⇒ L1
2. Not stated.....	<input type="checkbox"/>					

L. HEALTH STATUS

L1. How is your health in general? Is it...

- | | | |
|--------------------------------------|--------------------------|------|
| 1. Very good | <input type="checkbox"/> | ⇒ L2 |
| 2. Good | <input type="checkbox"/> | |
| 3. Fair (neither good nor bad) | <input type="checkbox"/> | |
| 4. Bad | <input type="checkbox"/> | |
| 5. Very bad | <input type="checkbox"/> | |
| 6. Not stated | <input type="checkbox"/> | |

L2. Have you been limited because of a health problem in activities people usually do for at least the past 6 months?

- | | | |
|-----------------------------------|--------------------------|------|
| 1. Severely limited | <input type="checkbox"/> | ⇒ M1 |
| 2. Limited but not severely | <input type="checkbox"/> | |
| 3. Not limited at all | <input type="checkbox"/> | |
| 4. Not stated | <input type="checkbox"/> | |

M. HOUSEHOLD COMPOSITION AND INCOME

M1. How many people and of what age live in your household?

(Indicate the number of persons living in the household (including you) by choosing the appropriate age group)

- | | | |
|---------------------------------|----------------------|------|
| 1. In total | <input type="text"/> | ⇒ M2 |
| 2. 0–13 years old | <input type="text"/> | |
| 3. 14–24 years old | <input type="text"/> | |
| 4. 25 years old and older | <input type="text"/> | |

M2. What is the type of your household?

- | | | |
|--|--------------------------|------|
| 1. One-person household | <input type="checkbox"/> | ⇒ M3 |
| 2. Lone parent with at least one child aged less than 25 | <input type="checkbox"/> | |
| 3. Lone parent with all children aged 25 or more | <input type="checkbox"/> | |
| 4. Couple without any child or children | <input type="checkbox"/> | |
| 5. Couple with at least one child aged less than 25 | <input type="checkbox"/> | |
| 6. Couple with all children aged 25 or more | <input type="checkbox"/> | |
| 7. Other (e.g. three adults, parent-child-grandparent household) | <input type="checkbox"/> | |

M3. Please indicate the average monthly household income (after taxes):

- | | | | | |
|---------------------|---|-----|--------------------------|------|
| 1. Specify | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | EUR | <input type="checkbox"/> | ⇒ N1 |
| 2. Not stated | | | <input type="checkbox"/> | ⇒ M4 |

M4. Please indicate your approximate monthly household income (after income tax and social insurance taxes):

- | | | |
|-------------------------------|--------------------------|------|
| 1. Less than 400 EUR | <input type="checkbox"/> | ⇒ N1 |
| 2. 401–500 EUR | <input type="checkbox"/> | |
| 3. 501–600 EUR | <input type="checkbox"/> | |
| 4. 601–700 EUR | <input type="checkbox"/> | |
| 5. 701–800 EUR | <input type="checkbox"/> | |
| 6. 801–900 EUR | <input type="checkbox"/> | |
| 7. 901–1 100 EUR | <input type="checkbox"/> | |
| 8. 1 101–1 300 EUR | <input type="checkbox"/> | |
| 9. 1 301–1 500 EUR | <input type="checkbox"/> | |
| 10. 1 501–1 700 EUR | <input type="checkbox"/> | |
| 11. 1 701–1 900 EUR | <input type="checkbox"/> | |
| 12. More than 1 900 EUR | <input type="checkbox"/> | |
| 13. Not stated | <input type="checkbox"/> | |

N. GENERAL INFORMATION

N1. Interviewing mode used:

- | | | |
|---|--------------------------|------|
| 1. Computer assisted personal interview | <input type="checkbox"/> | ⇒ N2 |
| 2. Computer assisted telephone interview | <input type="checkbox"/> | |
| 3. Computer assisted web-interview | <input type="checkbox"/> | |
| 4. Paper assisted personal interview | <input type="checkbox"/> | |
| 5. Other (please specify in the comments) | <input type="checkbox"/> | |

N2. Did you answer the questions on the questionnaire yourself?

- | | | |
|---|--------------------------|------|
| 1. Yes | <input type="checkbox"/> | ⇒ N3 |
| 2. No, answered another person (please specify in the comments) | <input type="checkbox"/> | |

N3. Please indicate the time in minutes you needed to fill in the questionnaire:

min. ☐ ⇒ Thank you!

N4. Comments:
