

FORM P-1.1

QUESTIONNAIRE S/N.....

HELLENIC REPUBLIC

HELLENIC STATISTICAL AUTHORITY

**QUESTIONNAIRE  
OF POPULATION & HOUSING CENSUS  
(May 9<sup>th</sup>, 2011)**

Tel. : 213 135 2000 FAX : 213 135 2948

Regional unit..... Municipal Unit (ex Municipality/Commune) ..... Municipal/Local community .....

Locality..... Street & Number ..... Post code [ \_ \_ ] [ \_ \_ ] [ \_ \_ ] [ \_ \_ ]

If there is no street, the location and number or the name of the owner and the number of the building

Geographical Code	Sector	Section	City Block Number	S/N of building in block (column 2 of O-1)	S/N of the dwelling (within the Section)	Within the locality <input type="checkbox"/> 1 Outside the locality <input type="checkbox"/> 2	Total number of household members in the dwelling	Total number of persons enumerated in the dwelling
[ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ]		[ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ]

**A. HOUSING DATA**

1. Type of dwelling	Characteristics of conventional dwelling (case 1 of question 1)	Amenities of conventional dwelling or other living quarters	
Conventional Dwelling <input type="checkbox"/> 1  Mobile dwelling (tent, boat, yacht, caravan etc.) <input type="checkbox"/> 2  Other building intended for housing (hut, shed etc.) <input type="checkbox"/> 3  Other building not intended for housing (office, garage, stable, mill etc) <input type="checkbox"/> 4  (Should there be an answer in cases 2 or 3 or 4, continue to question 5)	<b>2. Status of dwelling:</b> <b>A. Occupied</b> <input type="checkbox"/> 1 <b>B. Vacant :</b> For rent <input type="checkbox"/> 2 For sale <input type="checkbox"/> 3 Secondary residence <input type="checkbox"/> 4 Vacation residence <input type="checkbox"/> 5 For demolition <input type="checkbox"/> 6 Other reason <input type="checkbox"/> 7 (please, state)  <b>C. Dwelling with inhabitants having other permanent residence</b> Vacation residence <input type="checkbox"/> 8 Secondary residence <input type="checkbox"/> 9 Other <input type="checkbox"/> 10  <b>Specify cases 7 or 10</b> .....  <b>3. Type of building</b> where the dwelling is located: in One-dwelling <input type="checkbox"/> 1 in Two-dwelling <input type="checkbox"/> 2 in Three or more dwellings <input type="checkbox"/> 3 in Non-residential building <input type="checkbox"/> 4  <b>4. Period of construction:</b>  Before 1919 <input type="checkbox"/> 1919-45 <input type="checkbox"/> 1981-90 <input type="checkbox"/> 1946-60 <input type="checkbox"/> 1991-00 <input type="checkbox"/> 1961-70 <input type="checkbox"/> 2001-05 <input type="checkbox"/> 1971-80 <input type="checkbox"/> 2006+ <input type="checkbox"/>	<b>5. Useful floor space of the dwelling (m<sup>2</sup>):</b>  [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ]  <b>6. Number of rooms, except kitchen</b>  [ _ _ ] [ _ _ ]  How many of them are exclusively used for professional purposes (offices, hairdressing salons etc)?  [ _ _ ] [ _ _ ]  <b>7. Is there a kitchen:</b>  a. more than 4 m <sup>2</sup> <input type="checkbox"/> 1 β. less than 4 m <sup>2</sup> <input type="checkbox"/> 2 There is no kitchen <input type="checkbox"/> 3 Cooking facilities in another area <input type="checkbox"/> 4	<b>8. Water supply system:</b>  <b>A. Piped water in the housing unit</b> Public <input type="checkbox"/> 1 Private <input type="checkbox"/> 2  <b>B. Piped water outside the housing unit</b> Public <input type="checkbox"/> 3 Private <input type="checkbox"/> 4  <b>C. No piped water available</b> <input type="checkbox"/> 5  <b>9. Bathing or shower facilities</b>  In the housing unit <input type="checkbox"/> 1 Outside the housing unit <input type="checkbox"/> 2 No Bathing or shower facilities <input type="checkbox"/> 3  <b>10. Toilet or WC</b>  Flush toilet: a. in the housing unit <input type="checkbox"/> 1 b. outside the housing unit <input type="checkbox"/> 2  No flush toilet: a. in the housing unit <input type="checkbox"/> 3 b. outside the housing unit <input type="checkbox"/> 4  No toilet or WC <input type="checkbox"/> 5

**Amenities of conventional dwelling or other living quarters**

**11. Heating**                      Central, autonomous  1      Central, non autonomous  2                      Other  3                      No heating available  4

**12. Dwelling insulation**                      Double paned glass units  1                      Insulation in outer walls  2                      Other  3                      There is no insulation  4

**Amenities of household (only for inhabited dwellings)**

**13. Main energy source used for :** (only one answer for each use)

	Electricity	Natural gas	Oil	Solar energy	Biomass	Other	Specify case 6:
Cooking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	□□□□□□□□□□□□□□
Heating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	□□□□□□□□□□□□□□
Hot water	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	□□□□□□□□□□□□□□

<b>14. a. Number of cars available for use by the household</b>	<input type="checkbox"/> <input type="checkbox"/>	<b>b. Number of car parking spaces available for use by the household</b>	<input type="checkbox"/> <input type="checkbox"/>	<b>15. Internet access</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**16. Do you reduce your waste by recycling?**      Yes  1      No  2      If yes, what is the percentage of recycling over total waste?      □□□

**17. The household occupies the dwelling as:**      Owner  1      Shareholder of residential corporation  2      Renter  3      Other arrangement  4

**B. DATA & RELATIONS OF THE HOUSEHOLD MEMBERS**

**To be recorded only the household members (present or temporarily absent) in the same order as in the persons' enumeration form**

S/N of household member	Full name	Which person is the: (Please, indicate the persons' S/N)				Have you got any other kin relation to any member of the household? (only in case that none of 3, 4, 5, or 6 applies)
		Spouse	Cohabiting partner	Father	Mother	
01		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1    No <input type="checkbox"/> 2
02		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1    No <input type="checkbox"/> 2
03		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1    No <input type="checkbox"/> 2
04		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1    No <input type="checkbox"/> 2
05		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1    No <input type="checkbox"/> 2
06		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1    No <input type="checkbox"/> 2
07		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1    No <input type="checkbox"/> 2
08		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1    No <input type="checkbox"/> 2

Person who provided the information  
 .....  
 ..... (Full name) ..... (Tel. No of household)

Enumerator					□□□□□□
(Surname)	(First name)	(Phone number)	(Signature)	(Code number)	
Supervisor or Assistant Supervisor					
(Surname)	(First name)	(Phone number)	(Date)	(Signature)	

**C. ENUMERATION FORM OF PERSON**

**FORM P-1.2**

S/N OF  
DWELLING  
ENUMERATION  
FORM

S/N of person **01**

**1. Surname** .....  
**First name** .....  
**Father's name (or husband, for married women or widows)** .....  
**Mother's name** .....

**2. Sex**  
 Male  1  
 Female  2

**3. Date of birth**  
 Day         Month         Year

**4. Relation to the household**

**A1. Member of the household:**  
 Present  1  
 Temporarily absent (during enumeration period)  2

**A2. Where did you spend the night of Monday 09/05/2011?**  
 At this place (usual residence)  1  
 Elsewhere  2

(Questions A1 and A2 to be answered by all members of the household and only them)

**B. Temporary guest** (a person who spent the night of 09/05/2011 in this residence):  
**Have you been enumerated or are you going to be enumerated at your usual residence?**  
 Yes  1      No  2

**If No, give answer to all of the rest questions of this form and state the place of usual residence:**  
 Street name.....  
 Number .....      Post Code .....

Locality .....

Municipal/Local Community.....  
 Municipal Unit (ex Municipality/Commune) .....

Regional Unit .....

Foreign country .....

<p><b>5. Legal marital status</b></p> <p>Single <input type="checkbox"/> 1                  Married <input type="checkbox"/> 2                  Widowed <input type="checkbox"/> 3                  Divorced <input type="checkbox"/> 4                  In registered Partnership <input type="checkbox"/> 5                  Separated <input type="checkbox"/> 6                  Widowed of Registered Partnership <input type="checkbox"/> 7                  Divorced of Registered Partnership <input type="checkbox"/> 8</p>	<p><b>6. Place of usual residence of your mother when you were born</b></p> <p>At place of enumeration <input type="checkbox"/> 1                  In other locality or foreign country <input type="checkbox"/> 2 (please, state)                  Locality .....                  Municipal/Local Community .....                  Municipal Unit .....                  Regional Unit .....                  Foreign country .....  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>7. Country of citizenship</b></p> <p>Greece <input type="checkbox"/> 1                  Greece and other (state) <input type="checkbox"/> 2                  Other Country (state) <input type="checkbox"/> 3                  Without citizenship <input type="checkbox"/> 4                  Unspecified citizenship <input type="checkbox"/> 5  <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>8. In which Municipality are you registered?</b> (Only for Greek citizens)</p> <p>This Municipality <input type="checkbox"/> 1                  Other Municipality <input type="checkbox"/> 2 (state)                  Municipality .....                  Regional unit .....  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>9. Have you ever resided elsewhere in Greece?</b>                  Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p><b>If Yes:</b>                  A. When did you settle in this place?                  year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>B. Place of previous usual residence                  Locality .....                  Municipal/Local Community .....                  Municipal Unit .....                  Regional Unit .....                  Foreign country .....  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>10. Have you ever resided abroad?</b>                  Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p><b>If Yes:</b>                  A. When did you settle in Greece?                  year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>B. Country of previous residence (state)                  .....  <input type="text"/> <input type="text"/> <input type="text"/></p> <p>C. Reason(-s) of settlement in Greece                  Work <input type="checkbox"/> 1                  Repatriation <input type="checkbox"/> 2                  Family reunification <input type="checkbox"/> 3                  Studies <input type="checkbox"/> 4                  Asylum seeking <input type="checkbox"/> 5                  Refugee <input type="checkbox"/> 6                  Other reason <input type="checkbox"/> 7 (state)                  .....</p>
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**11. Educational attainment** (state the highest level of studies completed by the respondent)  
 - No answer needed for children born after 01/01/2005

PhD <input type="checkbox"/> 1	Degree of Technical Education colleges <input type="checkbox"/> 2	Secondary education certificate <input type="checkbox"/> 3	Technical school certificate <input type="checkbox"/> 4	Technical college certificate <input type="checkbox"/> 5	Lower secondary school certificate <input type="checkbox"/> 6	Primary school certificate <input type="checkbox"/> 7	Left primary school, but knows reading & writing <input type="checkbox"/> 8	Completed pre-primary education <input type="checkbox"/> 9	Illiterate <input type="checkbox"/> 10	Completed pre-primary education <input type="checkbox"/> 11	Illiterate <input type="checkbox"/> 12	Completed pre-primary education <input type="checkbox"/> 13	Illiterate <input type="checkbox"/> 14
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