

QUEST.3

GENERAL SECRETARIAT OF
THE NATIONAL STATISTICAL SERVICE
OF GREECE
GENERAL DIRECTORATE OF
STATISTICAL SURVEYS

CONFIDENTIAL

DIVISION OF POPULATION AND
LABOUR MARKET STATISTICS

HOUSEHOLD I.D : |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

HOUSEHOLDS' SURVEYS UNIT

NAME / SURNAME : _____

TEL: 210 3289201-210 3289032

FAX: 210 3289076

E-MAIL: panel@statistics.gr

geodouro@statistics.gr

INTERVIEWER : _____

_____|_|_|

STATISTICS ON INCOME AND LIVING CONDITIONS (EU-SILC)

HOUSEHOLD
QUESTIONNAIRE

The survey is being conducted in a sample of households having been randomly designed by the NSSG. The supply of data is OBLIGATORY and the answers in the questions are CONFIDENTIAL (L.3267/56 and L.2392/96).

Athens, 2003

1. FOR THE INTERVIEWER : Please note:

- Time interview began (e.g 18.30)..... .

- Line number of member providing information for the household
- Line number of member who is responsible for the dwelling
If the registration of one responsible member is not possible, indicate the line number of two members
Line number of first person responsible

- Line number of second person responsible

- Line number of member/s managing household's finances
If the registration of a member is not possible, indicate the line number of two persons.
Line number of first member

- Line number of second member

HOUSING SITUATION OF MAIN DWELLING

2. Kind of accommodation. Your dwelling is :

- Detached house..... 1
- Semi-detached or groups of similar dwellings (terraced house)..... 2
- Apartment or flat in a building with less than 10 dwellings..... 3
- Apartment or flat in a building with 10 dwellings or more..... 4
- Some other kind of accommodation, please specify:..... 5

▪ *As group of similar dwellings are defined the dwellings having separate entrance from the street and some times there is lobby in which all the dwellings have access (staircase, corridor, balcony etc.).*

▪ *The block of flats with two entrances will be considered as two different buildings if every entrance leads only to some of the flats and not to all.*

3. How many rooms does your household have use of, not counting kitchens, bathrooms and toilets?

(Exclude rooms used only for business purposes. A combined kitchen – living room should be counted as one room)

Number of rooms.....

4. Does this dwelling have the following amenities?

- | | YES | NO |
|--------------------------------|----------------------------|----------------------------|
| - Bath or shower | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Indoor flushing toilet | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

5. Do you have any of the following problems with your accommodation?

- | | YES | NO |
|---|----------------------------|----------------------------|
| - Leaking roof, damp walls/floors/foundation, or rot in window frames or floor..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Too dark not enough light | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Noise from neighbors or noise from the street (traffic, business, factories etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Pollution, grime or other environmental problems in area caused by traffic or industry..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Crime, violence or vandalism in the area..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

6. Tenure status. Your dwelling is:

- Rented or sub-rented, with rent at prevailing or market rate
(*Include cases where rent is recovered from housing benefit*)..... 1 → 7a
- Dwelling is rented at a reduced rate (lower price than the market price) 2 → 7b
- Owned 3 → 7c
- Dwelling is provided rent – free (from employer, relatives, etc.) 4 → 7d

7. In which year did you sign the contract for your dwelling if you are tenant and paying rent at prevailing or market rate or reduced rate with price lower than the market price. In which year did you purchase your dwelling if you are the owner? In which year did you move to this address if the accommodation is provided rent-free?

- 7.a For tenants Year → 11
- 7.b For tenants paying rent at price lower than the market price Year → 8
- 7.c For owners Year → 8
- 7.d For persons for which the use of the dwelling has been provided for free..... Year → 8

OWNERS OR TENANTS PAYING RENT AT PRICE LOWER THAN THE MARKET PRICE OR FOR PERSONS FOR WHICH THE USE OF THE DWELLING HAS BEEN PROVIDED FOR FREE

8. How much would you pay as monthly rent for your dwelling, if you were to rent it?

- Monthly imputed rent € | _____ | → 10
- Do not know → 9

9. If you do not know, could you please provide the approximate range of rent you would be willing to pay?

- Less than 151 € 1
- 151 – 350€ 2
- 351 – 500€ 3
- 501 – 650€ 4
- 651 – 800€ 5
- 801 – 950€ 6
- 951 – 1200€ 7
- 1201 – 1400€ 8
- 1401 – 1600€ 9
- 1601 – 1800€ 10
- 1801 – 2000€ 11
- 2001 – 2500€ 12
- More than 2500€ 13

10. FOR THE INTERVIEWER : Please check from Q.6 if the dwelling is:

- Owned? 1 → 13
- Rented with price lower than the market price? 2 → 11
- The use of the dwelling has been provided rent-free (from the employer, relatives etc.)? 3 → 16

RENTED DWELLING

11. How much are you paying for rent, per month, for your main dwelling?

- **Gross** monthly amount of rent *(before deducting any amount recovered from housing benefit)* €
- **Net** monthly amount of rent *(after deducting any amount recovered from housing benefit)* €

12. Does the rent that you just provided include payments for any of the following items?

	YES	NO
• Water.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Electricity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Gas.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Liquid or solid fuels (e.g. oil, coke, etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Heating, hot running water.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Structural premium insurance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Sewage removal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Refuse removal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Other charges.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Regular maintenance and repairs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

OWNED OR RENTED DWELLING

13. During 2002, did you receive any allowance, subsidy or other payments from public schemes for housing costs? (Included are military housing allowances, rent subsidy, interest subsidy, etc.)

- Yes..... 1→14
- No..... 2→16

14. What was the monthly amount you received?

Please include any amounts paid directly to the landlord or to the mortgage provider

- Monthly amount €
- Please mention the specific allowance: _____

15. During 2002, for how many months did you receive this payment?

- Number of months

HOUSING COSTS

16. To what extent are housing costs a financial burden to you?
Included are interest payments on mortgage (for owners), rent (for tenants), insurance and service charges (sewage removal, refuse removal, regular maintenance, repairs, heating, water, electricity, gas, etc.)

- A heavy burden 1
- Somewhat of a burden..... 2
- Not burden at all 3

NON-MONETARY ITEMS

17. For each item below, please indicate whether or not your household possesses it. It does not matter whether the item is owned, rented or otherwise provided for use (for free).

If you do not have an item:
 (a) would like to have it but cannot afford it, or
 (b) do not have it for other reasons e.g. you don't want or need it

	YES	Cannot afford	Do not want it, for other reasons
- Telephone (either fixed line or mobile).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Color television.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Computer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Washing machine.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Private car or private truck.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

FINANCIAL SITUATION

18. Do you or anyone in your household have to repay debts from hire purchase or loans?

Included loans for car purchasing, chattels, holidays, childbirth etc.
Do not include any mortgage or loans connected with your dwelling. **Included are** all credit card transactions and loans for other dwelling/s of the household.

- Yes 1 → 19
- No 2 → 20

19. To what extent is the repayment of such debts and the interest a financial burden on your household?

- A heavy burden..... 1
- Somewhat of a burden..... 2
- Not burden at all..... 3

20. If you wanted to, can your household afford the following?

- | | YES | NO |
|--|----------------------------|----------------------------|
| - Paying for a week's annual holiday away from home..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Eating meat, chicken or fish every second day (or vegetarian equivalent).... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Paying irregular but necessary expenses..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Keeping your home adequately warm..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

21. Has your household been in arrears at any time in the last 12 months, that is, unable to pay as scheduled any of the following?

- | | YES | NO | NOT |
|---|----------------------------|----------------------------|----------------------------|
| | | APPLICABLE | |
| - Rent for accommodation or mortgage payments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Utility bills, such as for electricity, water or gas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Hire purchase installments or other loan payments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

22. Thinking of your household's total monthly or weekly income, is your household able to make ends meet?

- With great difficulty..... 1
- With difficulty..... 2
- With some difficulty..... 3
- Fairly easily..... 4
- Easily..... 5
- Very easily..... 6

INCOME FOR CHILDREN LESS THAN 16 YEARS OLD

23. FOR THE INTERVIEWER: Please check from the registers, are there any children under 16 years old in the household?

- Yes 1 → 24
- No 2 → 29

24. During 2002, did any of the children under 16 have an independent source of income?
Please do not include amounts received from work to other members of the household

- Yes 1 → 25
- No 2 → 29

25. If yes, which was the annual total amount received?

Annual total amount..... € | _____ |

26. Is the pre-mentioned amount subject to tax and social insurance contributions?

- Yes, subject to tax or social insurance contributions or both..... 1 → 27
- No, doesn't subject to tax or social insurance contributions..... 2 → 29
- Do not know..... 3 → 29

27. Are tax and social insurance contributions included in the amount of Q.25?

- Only tax is included..... 1
- Only social insurance contributions are included..... 2
- Tax and social insurance contributions are included..... 3
- No, neither..... 4

28. Please register the tax amount or the amount of social insurance contributions.

Tax amount..... € | _____ |

Social insurance contributions amount € | _____ |

Do not know the above amounts.....

SOCIAL ASSISTANCE

29. Did you or anyone in your household receive, during 2002, any social assistance payment?
(Included are allowances for poor persons –lump sum amount provided to poor households living in mountainous and disadvantageous areas, allowances to children under 16 years old who live in poor households (pre-school and school allowance), allowances to repatriators, refugees, released from prisons, drug-addicts, alcoholics, allowances to persons in long-standing unemployment aged 45-65 and the allowance of social solidarity for pensioners (registered totally for all the months received). Also included are benefits to households damaged from earthquake, flood etc.

- Yes 1 → 30
- No 2 → 31

30. If yes, which was the annual total amount?

- Annual total amount € | _____ |
- Please register the allowance: _____

RENTAL INCOME

31. During 2002, did you or anyone in your household receive any income from renting property (e.g. renting a building, house, flat, room or some land)?

- Yes 1 → 32
- No 2 → 37

32. If yes, do you know what was the income your household received from renting property after deducting costs, such as interest payments, repairs, maintenance and insurance and other charges, during 2002?

Do not deduct tax corresponding to income.

- Yes, amount..... € | _____ | → 34
- No profit as expenses equaled or exceeded rent received..... 1 → 34
- No, don't know..... 2 → 33

33. If you don't know the exact amount, please can you give an approximate range?

- Less than 1.000 € 1
- 1.000€ to under 3.000 € 2
- 3.000€ to under 5.000 € 3
- 5.000€ to under 10.000 € 4
- 10.000€ or more..... 5

34. The pre-mentioned amount subject to tax or social insurance contributions?

In cases of zero profit or loss taxation is done by inference.

- Yes, subject to tax or social insurance contributions or both..... 1→ 35
- No, doesn't subject to tax or social insurance contributions..... 2→ 37
- Do not know if subject to tax or social insurance contributions..... 3→ 37

35. The registered amounts in Q.32 or Q.33 include tax or and social contributions?

- Only tax is included..... 1
- Only social insurance contributions are included..... 2
- Tax and social insurance contributions are included..... 3
- Tax and social insurance contributions are not included..... 4

36. Please register the amount of tax and social insurance contributions.

In case of no tax, will register in the field 0

- Tax amount..... € | _____ |
- Social insurance contributions amount..... € | _____ |
- Do not know the above amounts.....

FAMILY RELATED ALLOWANCES-BENEFITS

37. During 2002, did you or anyone from your household receive any family allowance or benefit?

- Yes 1 → 38
- No 2 → 39

38. Please register the gross or net amount, as well as the number of months you received the allowance.

**The allowance for family public servants, the allowance for pregnancy-puerperal and the allowance for parental leave, if registered to the particular question, will not be included to the income of employees.*

ALLOWANCE-BENEFIT	If yes: Please register the monthly amount	Number of months	In the pre-mentioned amount are included:					Tax amount or social insurance contributions or both (additional) If subject to tax or to social insurance contributions	
			1:Tax	2:Social insurance contributions	3:Both	4:None	5: Do not know		
Lifelong pension for mothers having more than 3 children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Allowance for 3rd children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Allowance for families having more than 3 children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Family allowance for public servants	YES <input type="checkbox"/> OXI <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Incapacitated relatives' care benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Pregnancy-puerperal benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Parental leave allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Birth grant	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Marriage benefit (lump sum)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Other allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____

INTRA-HOUSEHOLD TRANSFERS TO/FROM OTHER HOUSEHOLDS

39. During 2002, did you or anyone in your household make regular payments to someone in another private household?

(Included are support for a student living away from home, support for a spouse or former spouse, children not living with you, an older relative or some other person. Do not include one-off gifts such as for Christmas or birthdays as well as the amounts not strengthening the income of the other households).

- Yes..... 1 → 40
- No 2 → 43

40. If yes, which was the total annual amount?

- Total annual amount..... € | _____ |

41. Is the pre-mentioned amount subject to tax?

- Yes..... 1 → 42
- No 2 → 43
- Do not know if subject to tax..... 3 → 43

42. Does the registered amount in Q. 40 include tax?

In this case we refer to tax relief.

- Yes, tax amount (tax relief)..... € | _____ |
- No/ do not know the exact tax amount (tax relief).....

43. During 2002, did you or anyone in your household receive regular payments from someone in another private household?

(Included are payments from parents, children, relatives etc. Do not include one-off gifts such as for Christmas or birthdays as well as the amounts not strengthening the income of the other households).

- Yes..... 1 → 44
- No 2 → 47

44. If yes, which was the total annual amount?

- Total annual amount..... € | _____ |

45. Is the pre-mentioned amount subject to tax?

- Yes 1 → 46
- No..... 2 → 47
- Do not know if subject to tax..... 3 → 47

46. Does the registered amount in Q. 44 include tax?

- Yes tax amount € | _____ |
- No/ do not know the exact amount.....

INCOME IN KIND

47. During 2002, did you save any income from own/home production such as foods or drinks?

- Yes..... 1 → 48
- No..... 2 → 49

48. If yes, which is approximately the amount you saved?

- Total amount (annual)..... € | _____ |

DURATION AND DATE OF INTERVIEW

49. FOR THE INTERVIEWER: Please register the exact time the interview ended:

- Time interview ended (e.g. 18.55).....|_|_|. |_|_|

Date of interview : Day |_|_| Month |_|_| Year **2003**