



**A. DWELLING DATA**

**A1. Your dwelling type is:**

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

- *As group of similar dwellings in a row are defined the dwellings that have separate entrances and, on the other hand, in case of commonly used spaces, all the dwellings must have access to them (e.g. to staircase, corridor 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.*

**A2. How many rooms does your household have use of, not counting kitchen rooms, bathrooms and toilets?**

*(Excluded: Rooms that are used only for professional purposes. A combined kitchen – living room should be counted as one room)*

Number of rooms.....

Dwelling area in square meters.....(sq .m.)

**A3. Does your dwelling have the following amenities?**

	YES	NO
- Bath or shower		
-Exclusive use by the household.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
-Common use with other households living in the same dwelling.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Indoor flushing toilet		
-Exclusive use by the household.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
-Common use with other households living in the same dwelling.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Balcony.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Terrace.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Garage.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Elevator.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Piscine.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Garden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**A4. Do you have in your area of residence noise from neighbors or from the street (traffic, businesses, factories, etc.)?.....**

1  2

**A5. Do you have in your area of residence pollution, grime or other environmental problems?.....**

1  2

	YES	NO
<b>A6. Do you have in your area of residence crime, violence or vandalism?.....</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**A7. Do you have any of the following problems with your accommodation?**

- Leaking roof, damp walls/floors/foundation, rot in window frames or floors	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Too dark, not enough light .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**A8. The tenure status of your dwelling is:**

- Owned without financial obligations (loan, mortgage etc.).....	<input type="checkbox"/> 1 → B1
- Owned with financial obligations (loan, mortgage etc.).....	<input type="checkbox"/> 2 → B1
- Rented, sub-rented with rent at prevailing or market price ( <i>Included are cases where part of rent is recovered by some housing benefit</i> ).....	<input type="checkbox"/> 3 → C1
- Rented at a reduced price (lower price than the market price).....	<input type="checkbox"/> 4 → D1
- Provided rent-free ( <i>by the employer, relatives, etc.</i> ).....	<input type="checkbox"/> 5 → E1

**B. OWNED DWELLING**

**B1. When did you purchase/inhabit your dwelling?**

*(In case the dwelling was rented by the owner before being purchased, fill in the year of purchase, or in case of inheritance, fill in the year of inheritance.)*

Year .....|\_|\_|\_|\_|

**B2. How much would you pay as monthly rent for your dwelling, if you were renting a similar dwelling?**

- Monthly imputed rent .....	€  _____
- Don't know .....	

**B3. If you don't know, could you please provide the approximate range you would be willing to pay?**

- Less than 151 € .....	<input type="checkbox"/> 1
- 151 – 250 € .....	<input type="checkbox"/> 2
- 251 – 400 € .....	<input type="checkbox"/> 3
- 401 – 550 € .....	<input type="checkbox"/> 4
- 551 – 700 € .....	<input type="checkbox"/> 5
- 701 – 850 € .....	<input type="checkbox"/> 6
- 851 – 1000 € .....	<input type="checkbox"/> 7
- 1.001 – 1.200 € .....	<input type="checkbox"/> 8
- More than 1.200 € .....	<input type="checkbox"/> 9

**B4. Record the residential area price of your dwelling**

- Area Price .....	_ _ _ _  → F1
- Don't know .....	<input type="checkbox"/>

**B5. If you don't know exactly the residential area price of your dwelling, choose one of the following price ranges:**

- Less than 500 € .....  1
  - 501 – 1.000 € .....  2
  - 1.001 – 1.500 € .....  3
  - 1.501 – 2.000 € .....  4
  - 2.001 – 2.500 € .....  5
  - 2.501 – 3.000 € .....  6
  - 3.001 – 3.500 € .....  7
  - 3.501 – 4.000 € .....  8
  - 4.001 – 4.500 € .....  9
  - 4.501 – 5.000 € .....  10
  - More than 5.000€ .....  11
- } →F1

**C. RENTED DWELLING**

**C1. When did you sign the rent contract for your dwelling?**

*(In case of renewal of the contract, fill in the year of renewal.)*

Year ..... | | | |

**C2. How much do you pay for rent per month for your dwelling?**

- Gross **monthly** amount of rent *(before deducting any amount reimbursed from housing benefits)*

€ | \_\_\_\_\_ | → F1

**D. DWELLING RENTED WITH RENT LOWER THAN THE MARKET PRICE**

**D1. When did you sign the rent contract for your dwelling?**

*(In case of renewal of the contract, fill in the year of renewal.)*

Year ..... | | | |

**D2. How much do you pay for rent per month for your main dwelling?**

- Gross **monthly** amount of rent *(before deducting any amount reimbursed from housing benefits)*

€ | \_\_\_\_\_ |

**D3. How much rent would you pay if you weren't provided this reduced price?**

- Monthly imputed rent.....

€ | \_\_\_\_\_ | → F1

- Don't know.....

**D4. If you do not know, could you please provide the approximate range you would be willing to pay?**

- Less than 151 € .....  1
  - 151 – 250€ .....  2
  - 251 – 400€ .....  3
  - 401 – 550€ .....  4
  - 551 – 700€ .....  5
  - 701 – 850€ .....  6
  - 851 – 1000€ .....  7
  - 1.001 – 1.200€ .....  8
  - More than 1.200€ .....  9
- } → F1

***E. DWELLING PROVIDED RENT-FREE***

**E1. When did you move to this dwelling?**

Year .....

**E2. How much would you pay as monthly rent for your dwelling, if you were paying rent for a similar dwelling?**

- Monthly imputed rent ..... € | \_\_\_\_\_ | → F1
- Don't know .....

**E3. If you do not know, could you please provide the approximate range you would be willing to pay?**

- Less than 151 € .....  1
  - 151 – 250€ .....  2
  - 251 – 400€ .....  3
  - 401 – 550€ .....  4
  - 551 – 700€ .....  5
  - 701 – 850€ .....  6
  - 851 – 1000€ .....  7
  - 1.001 – 1.200€ .....  8
  - More than 1.200€ .....  9
- } → F1

**HOUSEHOLD-DWELLING EXPENDITURES**

**F1. Do you pay for?**

	YES	NO
- Water .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Electricity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Natural Gas / Gas .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Liquid or solid fuels (e.g. oil, coal, liquid gas, firewood, etc) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Heating, hot running water .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Dwelling's insurance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Sewage removal ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Other charges (common shared expenses – except for heating, etc.)...	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Regular maintenance or repair .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**F2. If you pay for electricity, did the state provide you with a free re-connection or electricity supply power in the context of the humanitarian crisis?**

- Yes .....  1
- No.....  2 →G1

**F3. If YES, which was the total annual amount you saved?**

-Total **annual** amount..... € | \_\_\_\_\_ |

**G. NON MONETARY ITEMS**

**G1. 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 free.**

If you do not have the following item(s):

- (a) Would like to have it but cannot afford it,
- (b) Do not have it because of other reasons e.g. you don't want or need it

	YES	Cannot afford	Do not want/need it because of other reasons
- Telephone (either fixed line or mobile phone).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Color TV.....	<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

**H. MATERIAL DEPRIVATION**

**H1. Do you replace your dwelling’s furniture when worn out or destroyed?**

- Yes .....  1
- No, because of financial reasons.....  2
- No, for other reasons.....  3

**I. FINANCIAL SITUATION**

**I1. Can your household afford the following?**

*(With the exception of the ability to pay irregular but necessary expenses, that should be met only with household’s own resources, in all other cases it is acceptable to pay by loan from the bank or borrowing by friends relatives.)*

- |  | YES                        | NO                         |
|--|----------------------------|----------------------------|
| - Paying for a week’s annual holiday away from home.....<br><i>(Staying at cottage house or at friends’/relatives’ house is also included)</i> | <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 with its own money irregular but necessary expenses (about 375 euros)   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Keeping your home adequately warm during winter.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Keeping your home adequately cool during summer.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**I2. Do you or anyone in your household have to repay debts from purchases or loans made with the use of debit card, installments or consumer’s loan?**

*(Be included: loans for purchasing cars, furniture, household effects, for paying holidays, childbirth etc, for purchasing of a second dwelling, e.g. a cottage house as well as all the credit card transactions for various goods purchased with this way of payment.)*

*Be excluded: any mortgage or loans connected with your main dwelling either for buying or repairing/renewing it.)*

- Yes.....  1
- No.....  2 → I4

**I3. If yes in I2 above, to what extent is the repayment of those loans or hire purchases (interest included) a financial burden for your household?**

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

**I4. Has your household been in arrears at any time, during the last 12months, to pay any of the following due to financial difficulties?**

- |   | YES<br>once)               | YES<br>(twice or<br>more)  | NO                         | NOT<br>APPLICABLE          |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| - Rent for accommodation or mortgage payments.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| - Utility bills, such as for electricity, water or gas.....<br><i>(telephobe bills are excluded)</i>                                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| - Hire purchase installments or other loan payments.....<br><i>(installments or other loan payments for main dwelling are excluded)</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**I5. Taking into account the total housing costs of your household, to what extent are these financial burden for your household?**

(Be included: only current costs, that is to say rent, loan interest and installments' payment for purchasing the dwelling, insurance and other housing costs like *sewage or refuse removal, regular maintenance, repairs, heating, water, electricity, gas, etc.*)

Be excluded: *telephone bills*)

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

**I6. Thinking of your household's total monthly income, does your household make ends meet?**

(The answer should be given taking into account the net income of all household members from every possible source.)

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

**I7. According to your opinion, which is the lowest net monthly income your household should have in order to make ends meet?**

- Total **monthly** amount..... € | \_\_\_\_\_ |

**I8. Does your household pay fees for private education?**

Primary and secondary education fees are included.

- Yes .....  1
- No .....  2

**J. INCOME OF HOUSEHOLD MEMBERS LESS THAN 16 YEARS OLD**

**J1. FOR THE INTERVIEWER: Please check registers, if there are any children less than 16 years old in the household.**

(Not included children that were born during 2017 and 2018)

- Yes .....  1
- No .....  2 → K1

**J2. During 2017, did any of the children less than 16 years old have an independent source of income?**

(Not included: amounts paid for for any work offered to the family business.)

- Yes ..... 1
- No ..... 2 → K1

**J3. If yes, which was the annual total amount?**

- Total **annual** amount..... € | \_\_\_\_\_ |



**K. TAX ON WEALTH**

**K1. During 2017, did you pay any tax on wealth, concerning yours or other members' of your household assets?**

*(Be included: Flat rate real estate fee (ETAK) and Real estate taxes (FAP) of previous years paid during 2017.*

*Excluded: Inheritance taxes.)*

- Yes.....  1
- No.....  2→ K3

**K2. If YES, which is the total annual amount that you paid during 2017?**

- Total **annual** amount ..... € | \_\_\_\_\_ |

**K3. During 2017, did you pay any Single rate real estate tax (ENFIA) referring to 2017 or any Special real estate tax (EETA) referring to previous years for yours or other household member's property?**

- Yes.....  1
- No.....  2→ L1

**K4. If YES, which is the total annual amount that you paid during 2017?**

- Total **annual** amount ..... € | \_\_\_\_\_ |

**L. INCOME IN KIND**

**L1. During 2017, did you save any income from your own/home production such as foods or drinks?**

***Excluded:** Foods and drinks given to the household for free as gift by other households. Also, any income saved from foods and drinks consumption, coming from household's own business, e.g. agricultural or livestock production business, merchant of foods and drinks, industry etc.*

- Yes.....  1
- No.....  2→ M1

**L2. If yes, which is approximately the amount you saved?**

- Total **annual** amount ..... € | \_\_\_\_\_ |

**M. DISABLE PERSONS IN NEED OF SPECIAL CARE OR SUPPORT**

This part collects information for persons in need of special care or support due to long-term health problems, disability or old age. Care includes both daily personal care such as help to prepare and eat meal, to get dressed, take a bath or shower, move inside the house as well as support and help for outside of the house activities, such as doing the shopping, going to the doctor or education institution (e.g. school, university), managing financial and daily care administrative issues (e.g. paying the bills) etc.

**M1. Is/are there in your household a person/ persons in need of special care or support due to long-term health problems, disability or old age?**

A long-term health problem is one that already lasts or is expected to last more than six (6) months with or without medical care. Yes should not be the answer for cases where persons are temporarily in need of care or support (e.g. during recuperation).

- Yes.....  1
- No.....  2→ IN.1

**M2. If YES, for each one of the persons in your household in need of special care or support fill-in the s/n of the household member as well as if he/she:**

		Has a long-term health problem		Has a disability problem		Has a verified disability of 67% and over		Receive disability pension or disability benefit		Is in need of care or support due to old age	
s/n	[[ ]	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO
s/n	[[ ]	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO
s/n	[[ ]	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO
s/n	[[ ]	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO
s/n	[[ ]	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO

**M3. Can your household afford to pay for the needs of the person/s in need of special care or support, e.g. special care services provided by professionals, health recovery services, education, purchase of special technical aid etc?**

- Yes, we can afford.....  1
- Yes, we can partly afford.....  2
- No, we cannot afford.....  3
- No availability of the services / technical aid in need .....  4→ M6

**M4. If some of these special needs are related with the accessibility of the dwelling to person/persons in need, have you made the respective appropriate interventions, e.g. ramp, elevator, lift, door widening, optical equipment for persons with hearing problems etc?**

- Yes, we have made all necessary interventions at the dwelling.....  1→ M6
- We have made some but not all necessary interventions at the dwelling.....  2
- No, we have not made any interventions at the dwelling.....  3
- There is no need for interventions at the dwelling.....  4→ M6

**M5. In case you have not made all or some of the necessary interventions at your dwelling related with accessibility of persons in special need, what was the main reason of not having made the interventions?**

- We cannot afford it.....  1
- Other reason (e.g. not technically feasible, maybe the intervention will not helpful or necessary in the future.....  2

**M6.To what extent do you think that all necessary expenses related to persons in need of special care or support due to long-term health problems, disability or old age are a financial burden for your household?**

- They are a heavy burden.....  1
- They are somewhat of a burden.....  2
- They are not a burden at all.....  3

**M7. What amount does your household approximately have to spend for supplementary (special) needs of persons in need of special care or support?**

Total **monthly** (additional) amount..... € | \_\_\_\_\_ |

**M8.How does your household support (finance) the needs of special care or support for its members with long-term health problems, disability or old age? If there is more than one ways of support, please indicate:**

**1 - For the main way of financing, 2 and 3 for those that come after**

More than one answers acceptable

- a) With the use of services of care or support offered at home for free by state organizations (e.g. Program "Help at Home").....
- b) With the use of services of care or support offered at home paid by the household itself
- c) Support or care services are provided by household members.....

**For the interviewer:** If in question M8 there is answer in c, continue with question M9, otherwise proceed with IN.1

**M9. To what extent has/have the person/persons that provide care or support to the members of your household in need due to long-term health problems, disability or old age limit their usual daily activities (related with personal and/or family life, job, education, participation in sports or entertainment activities etc) in order to be able to support properly those in need?**

- To a great extent .....  1
- Quite a lot .....  2
- A little .....  3
- Not at all .....  4

**For the interviewer:** Continue with next Part related to FINANCIAL AND INCOME PARAMETERS (page 13).

**IN. FINANCIAL AND INCOME PARAMETERS**

**FOR THE INTERVIEWER:** the following questions are answered by the person responsible of the household and refer to the current total net household income that is to say to the current income of all household members.

**IN.1. For each household member please record the source(s) of his/ her income.**

S/N	Sources of income	Member's S/N from Members Register if the answer in column 16 is 1									
		01	02	03	04	05	06	07	08	09	10
01.	Employees' income										
02.	Self employment income										
03.	Property income (interests from bank account, post saving bank, dividends from stocks, profits from shares, bonds, repos and mutual funds)										
04.	Private pensions										
05.	Rental income (e.g. rents from flat, taxi, land, parking)										
06.	Social assistance allowances (e.g. Social Solidarity Allowance, allowance to long-standing unemployed aged 20-66, etc)										
07.	Family related allowances - benefits										
08.	Intra-household transfers from other households (e.g. alimony)										
09.	Intra-household transfers to other households (e.g. alimony)										
10.	Unemployment allowance, vocational training allowance, seasonal unemployment benefits e.g. actors, building workers, hotel staff etc), unemployment allowance to unemployed persons moving inside the EU, etc										
11.	Old age pensions										
12.	Survivor's pensions and benefits										
13.	Sickness benefits/ allowances										
14.	- Disability pensions / benefits										
15.	Educational allowances										
16.	No income at all										

**IN.2. Please record the S/N (0-16) of the main source of income of your household .....|\_|\_|**

**IN.3. Do you know approximately the current total net monthly income of your household?**

Net is the total household income after deduction of taxes and social transfers.

Income refers to the certain (current) month the interview is being conducted.

- Yes.....  1 → IN.4
- No .....  2
- Do not know, I am not sure.....  98 → IN.5
- Do not answer .....  99

**IN.4. How much is the current total net monthly income of your household?**

- Amount.....€|\_\_\_\_\_| → N1

**IN.5 If you do not know, could you please provide the range of the current total net monthly income of your household?**

- Up to 230 €.....  1
- 231 – 500 €.....  2
- 501 – 700 € .....  3
- 701 – 840 €.....  4
- 841 – 1.000 € .....  5
- 1.001 – 1.200 € .....  6
- 1.201 – 1.500 € .....  7
- 1.501 – 1.900 € .....  8
- 1.901 – 3.300 € .....  9
- More than 3.300 € .....  10
- Do not answer. ....  99

**N. DURATION AND DATE OF INTERVIEW**

**N1. FOR THE INTERVIEWER: Please record the exact date and time of the interview ending:**

- Time of ending the interview (e.g. 18.55).....|\_|\_|:|\_|\_|

Date of interview: Day |\_|\_| Month |\_|\_| Year **2018**