

QUEST.4

CONFIDENTIAL



HELLENIC REPUBLIC



HELLENIC STATISTICAL AUTHORITY

GENERAL DIVISION OF STATISTICS

DIVISION OF POPULATION AND  
LABOUR MARKET STATISTICS

UNIT OF HOUSEHOLD SURVEYS

Telephone : 2131352897

Household ID:

S/n member:

Name Surname \_\_\_\_\_

Interviewer \_\_\_\_\_

EUROPEAN UNION STATISTICS ON INCOME  
AND LIVING CONDITIONS  
2018

PERSONAL QUESTIONNAIRE

*To be filled only for members 16 years old and over,  
born up to year 2001*

The survey is being conducted in a sample of households having been randomly designed by ELSTAT. The supply of data is **OBLIGATORY** and the answers in the questions are **CONFIDENTIAL** (L.3627/56 and L.2392/96 and 3470/2006 art.14) and used only for statistical purposes.

Piraeus, 2018

**FOR THE INTERVIEWER: Please note:**

- Starting time of interview (e.g. 19.00) ..... :

**A. DEMOGRAPHIC DATA**

**A1. When you were born and what is your country of birth?**

Year of birth: .....   
Country: .....

**A2. What is your citizenship? If you have dual citizenship, please specify both.**

- First citizenship .....   
- Second citizenship .....

**A3. What is your legal marital status?**

- Single .....  1
- Married / civil partnership.....  2
- Separated .....  3
- Widowed .....  4
- Divorced .....  5

**A4. Are you living with a partner?**

- Yes, on a legal basis .....  1
- Yes, non on a legal basis.....  2
- No .....  3

**B. EDUCATION**

**B1. Are you currently on an educational program?**

- Yes .....  1
- No .....  2→B3

**B2. Current level of education being attained**

*For secondary education level it has to be noted if it is general or vocational training.  
For post-secondary or tertiary education levels it has to be noted if it is public or private as well as the field of study.*

- School / Educational institution .....   
- Field of study .....   
(Filled in only by those who are currently attending a post-secondary or tertiary education program)

\* To be filled by ELSTAT

**B3. What is the highest level of education you have completed?**

- Never attended any level of education.....  → C1
- Few classes of primary school.....  1
- Primary School.....  2
- Other, please specify.....  3
- School / Educational institution \_\_\_\_\_
- Field of study \_\_\_\_\_

(Filled in only by those who have completed post-secondary or tertiary education)

**B4. In which year did you complete the pre-mentioned educational level?**

Year.....

**C. HEALTH**

**C1. How is your health in general?**

(Spontaneous answer)

- Very good .....  1
- Good.....  2
- Fair .....  3
- Bad.....  4
- Very bad .....  5

**C2. Do you have any longstanding health problem or longstanding illness? (By longstanding we mean illnesses or health problems, which have lasted or are expected to last for more than 6 months with or without medical treatment.)**

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

**C3. For at least the past 6 months, have you been limited or met difficulties because of a health problem in activities people usually do?**

- Yes, severely limited.....  1
- Yes, limited but not severely .....  2
- Not limited at all.....  3

**C4. Was there any time during the past 12 months, when you really needed medical examination or treatment for yourself?**

(The medical examination/treatment should be personal only and not related for example with your child/ren. Dental stomatological or orthodontia examination/treatment is excluded)

- Yes, at least one occasion .....  1
- No, I did not need any medical examination or treatment .....  2 → C6

**C4α) Did you have a medical examination or treatment each time you really needed?**

- Yes, I had a medical examination or treatment each time I needed .....  1 → C6
- No, there was at least one occasion when I did not have a medical examination or treatment .....  2

**C5. What was the main reason for not having a medical examination or treatment although you really needed it?**

- Could not afford it (examination/treatment too expensive, my insurance didn't cover it)  1
- Long waiting list .....  2
- Could not take time because of work, care of children or other persons .....  3
- Too far to travel / no means of transportation .....  4
- Fear for doctors, hospitals, medical examination or treatment .....  5
- Waited to see if problem got better on its own .....  6
- Didn't know any good doctor.....  7
- Other reason, namely : \_\_\_\_\_  8

**C6. Was there any time during the past 12 months, when you really needed dental, stomatological or orthodontia examination or treatment for yourself?**

*(The examination/treatment should be personal only and not related for example with your child/ren.)*

- Yes, at least one occasion .....  1
- No, I did not need any dental, stomatological or orthodontia examination or treatment  2 → D1

**C6α) Did you have a dental, stomatological or orthodontia examination or treatment each time you really needed?**

- Yes, I had a dental / stomatological / orthodontia examination or treatment each time I needed .....  1 → D1
- No, there was at least one occasion when I did not have examination or treatment .....  2

**C7. What was the main reason for not having dental, stomatological or orthodontia examination or treatment although you really needed?**

- Could not afford it (examination/treatment too expensive, my insurance didn't cover it)  1
- Long waiting list .....  2
- Could not take time because of work, care of children or other persons.....  3
- Too far to travel / no means of transportation .....  4
- Fear for dentists, hospitals, examination or treatment .....  5
- Waited to see if problem got better on its own .....  6
- Didn't know any good dentist or orthodontist.....  7
- Other reason, namely : \_\_\_\_\_  8

**D. CURRENT ACTIVITY**

**D1. During the previous week, did you work for payment or profit, for at least one hour?**

- (Unpaid workers for a family business will answer "Yes")*
- Yes .....  1→D3
  - No .....  2

**D2. Even if you did not work for payment during the previous week, did you have a job or business from which you were away (due to maternity or parental leave, holidays, illness, injury or temporary conditions such as bad weather etc.) and to which you are going to return?**

- Yes .....  1
  - No .....  2
- (If NO, then acceptable answers in question D3 are 5-12.)*

**D3. Which is your current main activity status?**

Activity status is self-defined and refers to present

- Full – time employee .....  01→F1
- Part – time employee .....  02→F1
- Full – time self-employed .....  03→F1
- Part – time self-employed.....  04→F1
- Unemployed .....  05
- Pupil, student, further training, unpaid work experience .....  06
- In retirement or in early retirement or has given up business .....  07
- Unable to work .....  08
- Soldier .....  09
- Domestic tasks or taking care of children/elderly people.....  10
- Another case of non economically active person.....  11
- Permanently disabled.....  12

**D4. Were you looking for a job during the past 4 weeks?**

- For the persons who are*
- o *Waiting for the results of a job application*
  - o *Waiting for a job notification from the public employment office*
  - o *Waiting for the results of a competition for recruitment to the public sector*
- then, the answer will be "No"*

*Answer should be "Yes" for persons who found a job and are about to start work within a period of at least three (3) months.)*

- Yes .....  1
- No .....  2→E1

**D5. If you find a job, today, are you able to undertake it within the next 2 weeks?**

*(Answer should be "Yes" for persons who found a job and are about to start work within a period of at least three (3) months.)*

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

**E. CHARACTERISTICS OF JOB (CURRENT OR PREVIOUS)**

*For persons not having work as current main activity status*

**E1. Are you currently working or have you ever worked?**

- Yes, I'm currently working/have worked in the past.....  1
- No, I have never worked.....  2→G1

**E2. Please describe, as fully as possible, what do/did in this job.**

**Profession:** \_\_\_\_\_    \*

**E3. Please describe the main activity of the business or organization where you are working or have worked in the past.**

\_\_\_\_\_    \*

**E4. At your current or latest job you are/were:**

- Self-employed with employee(s).....  1→G1
- Self-employed without employee(s).....  2→G1
- Employee.....  3
- Family worker, unpaid.....  4→G1

**E5. What type of job contract do (did) you have?**

- Permanent job/work contract of unlimited duration.....  1
- Temporary job/work contract of certain duration.....  2
- No contract at all.....  3

**E6. In your job do (did) you supervise or manage any personnel?**

- Yes .....  1→G1
- No.....  2→G1

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\* To be filled by ELSTAT.

**F. CHARACTERISTICS OF MAIN JOB**  
*For persons who have work as current main activity status*

**FOR THE INTERVIEWER:** *The following questions refer to interviewee's main job. If the person has more than one job at present, as main job is considered the one at which he/she normally spends most of his/her working hours.*

**F1. Please describe, as fully as possible, the work you do in your main job.**

Profession |\_|\_| \*

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**F2. Please describe the main activity of the business or organization where you work.**

|\_|\_| \*

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**F3. How many persons work at the local unit of the business or organization where you work for?**

- Give the exact number if they are between 1 and 10..... |\_|\_|1
- 11 to 19 persons.....  2
- 20 to 49 persons.....  3
- 50 persons or more.....  4
- Don't know exactly, but less than 11 persons.....  5
- Don't know exactly, but more than 10 persons.....  6

**F4. How many hours per week do you usually work in your main job?**  
*(The usually spent overtime -with or without payment- should be included).*

- Hours per week..... |\_|\_|

**F5. In your main job you are:**

- Self-employed with employees.....  1→F9
- Self-employed without employees .....  2→F9
- Employee .....  3
- Family worker, unpaid .....  4→F9

**F6. You said that you usually work xx hours per week in your main job (see Q.F4). What are your usual gross and net earnings in this job, including usual paid overtime?**

*Gross: Are considered the earnings before the deduction of tax and obligatory social insurance contributions.*  
*Net: Are considered the earnings after the deduction of tax and obligatory social insurance contributions.*

- Gross monthly amount ..... € |\_\_\_\_\_|  
 - Net monthly amount..... € |\_\_\_\_\_|

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\* To be filled by ELSTAT.

**F7. What type of work contract do you have?**

- Permanent job/work contract of unlimited duration.....  1
- Temporary job/work contract of certain duration.....  2
- No contract at all.....  3

**F8. In your job do you supervise or manage any personnel?**

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

**F9. Have you changed your main job during the past 12 months?**

- Yes.....
- No.....  2→F11

**F10. What was the main reason you changed your previous job?**

*(Please note the most important reason).*

- To take up or seek better job.....  1
- End of temporary contract.....  2
- Being obliged to stop by my employer.....  3
- (Business closure, redundancy, early retirement, dismissal etc.)*
- Sale or closure of my own/family business.....  4
- Child care and/or taking care of other dependent persons.....  5
- Partner's job required us to move to another area, marriage.....  6
- Other reason, please specify: \_\_\_\_\_  7

**F11. Do you usually work in more than one job?**

- Yes.....  1
- No.....  2→F13

**F12. How many hours, in total, do you work in all of your jobs?**

- Hours per week.....

**F13.FOR THE INTERVIEWER: Check the answers in the questions F4 and F12.**

**The interviewee usually works, in total, in all of his/her jobs:**

- Less than 30 hours per week.....  1
- 30 hours or more per week.....  2→G1

**F14. What is the main reason for working less than 30 hours per week?**

- Attendance of an education program/further vocational training.....  1
- Health problems .....  2
- Want to work more hours but (cannot either find a full-time job or work more hours at the current job).....  3
- Don't want to work more hours .....  4
- Number of hours in all jobs are considered as a full-time job.....  5
- Housework, family obligations, taking care of children or other persons.....  6
- Other reasons, please specify: \_\_\_\_\_  7



**G. ACTIVITY HISTORY**

**G1. At what age did you start your first regular job or business?**

- Age of first regular job.....

**G2. How many years, in total, have you been working either as an employee or as self-employed?**

- Years.....

**G3. For each month of 2017 up to today, which was your main activity status?**

(Main activity status is self-defined. Fill in the appropriate code 0-12 per month.)

- Full – time employee ..... 01
- Part – time employee..... 02
- Full-time self – employed (including family workers)..... 03
- Part-time self – employed (including family workers)..... 04
- Unemployed..... 05
- Pupil, student ..... 06
- In retirement or in early retirement or has given up business ..... 07
- Unable to work ..... 08
- Soldier ..... 09
- Domestic tasks or/and take care of children/elderly persons ..... 10
- Other case of non economically active person ..... 11
- Permanently disabled..... 12

*Special attention to be given to the codes - not same with those used in F5!*

- January 2017.....
- February 2017.....
- March 2017.....
- April 2017.....
- May 2017.....
- June 2017.....
- July 2017.....
- August 2017.....
- September 2017.....
- October 2017.....
- November 2017.....
- December 2017.....
- January 2018.....
- February 2018.....
- March 2018.....
- April 2018.....
- May 2018.....
- June 2018.....

**H. EMPLOYEES' INCOME**

**H1. During 2017, did you have any income as an employee or as an apprentice from wage, salary or other form of payment?**

*(Be included: income coming not only from the regular work but also from a second or temporary work as well.)*

- Yes .....  1
- No .....  2→J1

**H2. During 2017, what were your net monthly earnings from all your jobs (regular/second/temporary)?**

*(Net is the amount after the deduction of tax and obligatory social insurance contributions).*

- Net **monthly** amount of January..... | \_\_\_\_\_ |
- Net **monthly** amount of February..... | \_\_\_\_\_ |
- Net **monthly** amount of March..... | \_\_\_\_\_ |
- Net **monthly** amount of April..... | \_\_\_\_\_ |
- Net **monthly** amount of May..... | \_\_\_\_\_ |
- Net **monthly** amount of June..... | \_\_\_\_\_ |
- Net **monthly** amount of July..... | \_\_\_\_\_ |
- Net **monthly** amount of August..... | \_\_\_\_\_ |
- Net **monthly** amount of September..... | \_\_\_\_\_ |
- Net **monthly** amount of October..... | \_\_\_\_\_ |
- Net **monthly** amount of November..... | \_\_\_\_\_ |
- Net **monthly** amount of December..... | \_\_\_\_\_ |

**H3. When were you insured for first time?**

- Up to 31-12-1992.....  1
- From 1-1-1993 and onwards.....  2
- Never .....  3→H7

**H4. Which was your social insurance organization?**

- Health Care insurance organization \_\_\_\_\_ |    \*
- 1<sup>st</sup> Pension insurance organization \_\_\_\_\_ |    \*
- 2<sup>nd</sup> Pension insurance organization \_\_\_\_\_ |    \*
- 1<sup>st</sup> Supplementary scheme of social insurance \_\_\_\_\_ |    \*
- 2<sup>st</sup> Supplementary scheme of social insurance \_\_\_\_\_ |    \*
- 3<sup>st</sup> Supplementary scheme of social insurance \_\_\_\_\_ |    \*
- Months insured during 2017..... |    |
- I wasn't insured during 2017.....

**H5. How many years have you been insured for?..... |    |**

**H6. Do you pay any extra insurance contributions due to hazardous occupation?**

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

**H7. The business or organization where you work/worked belongs to:**

- Public Sector (Ministries, General Secretariats)?.....  1
- Local Authorities? .....  2
- Public Sector Companies'?.....  3
- Private sector?.....  4

**H8. Do you / your employer pay any amount of money for private insurance with regard to pension or health?**

- Yes .....  1
- No.....  2→H10

**H9. If yes, please mention separately the annual amount of money which was paid by your employer as well as by yourself for this private insurance.**

a. Amount (Employer)..... € | \_\_\_\_\_ |

b. Amount (Employee) ..... € | \_\_\_\_\_ |

**H10. During 2017, did you receive any income coming from the following sources?**

1.Overtime	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
2.Director's fees in incorporated business	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
3.Commission and tips	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
4.Piece rate payments	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
5.Payments for fostering children	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
6.Profit sharing and bonuses	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
7.Allowance because of work in remote locations/for transportation from/to work	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
8.Remuneration for time not worked (e.g. holiday payments)	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
9.Parental live Allowance	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
10.Additional payments based on productivity	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
11.Supplementary payments (e.g. thirteenth month payment)	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
12.Allowance to the workers in the building constructions	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		
13Other payments, specify:	YES <input type="checkbox"/>	€   _____	__
	NO <input type="checkbox"/>		

**H11. During 2017, did your employer provide you with a car, van or other motor vehicle, which was also available for private use?**

- Yes .....  1
- No .....  2→H15

**H12. Please tell me the brand, model and registration year of the vehicle.**

- Brand \_\_\_\_\_
- Model \_\_\_\_\_
- Year ..... |\_|\_|\_|

**H13. During 2017, how many months did you use the pre-mentioned vehicle provided by your employer?**

- Number of months..... ..|\_|

**H14. Does your employer pay for the insurance, the circulation fees or the service of the vehicle?**

- |                                 | <b>YES</b>                 | <b>NO</b>                  |
|---------------------------------|----------------------------|----------------------------|
| - Insurance of the vehicle..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Circulation fees.....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Regular repairs/service.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**OTHER ALLOWANCES IN KIND**

**H15. During 2017, did your employer provide you?**

- |  | <b>YES</b>                 | <b>NO</b>                  |
|--|----------------------------|----------------------------|
| - Free of charge or at reduced price meals within working hours.....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Free of charge or at reduced values electricity, telephone, water etc..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Free of charge or at reduced price the goods produced or merchandized...   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Coupons for free provision of goods .....                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**FOR THE INTERVIEWER:** If all the answers in question H15 are “NO”, then go to question J1.

**H16. If yes, what was the total amount you saved from the pre-mentioned sources?**

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

**J. SELF-EMPLOYMENT INCOME**

**J1. During 2017, did you receive any income from self-employment, such as from your own business, freelance work, subcontracting, consulting or providing other kind of services or merchandising?**

*Royalties, rentals of buildings, vehicles, other equipment of a business as well as grants (agricultural or others)-if any-or subsidies by the State or the EU are also included.*

*(Positive answer must be given by employees, pensioners etc. having additional income coming from other sources such as agricultural or cutlery business etc.).*

- Yes.....  1
- No.....  2→K1

**J2. Apart from you, are there any other members of your household involved in running or managing this business or activity or working for this?**

**(Be included: paid and unpaid family workers).**

- Yes.....  1
- No .....  2→J5

**J3. From whom, you or any other member of your household, shall we get information concerning your business or activity?**

- Myself.....  1→J5
- Other household member.....  2

**J4. Please note, from the Household's Register, the member's serial number.**

S/N of household member.....    →J17

**J5. Do you think of yourself as having a job or a business?**

- Job.....  1
- Business.....  2
- Neither of both.....  3

**J6. Are you working on your own account or are you in partnership with someone else?**

*(Do not consider as partners other household members participating in the business.)*

- Own account.....  1
- With partnership.....  2

**FOR THE INTERVIEWER:** The following questions are just for the person's **OWN** share of business and **NOT** for any of his/her partner's share.

**J7. What is the most recent period for which you can provide us financial figures?**

- From month   year     till month   year

**J8. During the financial period that the pre-mentioned financial figures refer to, what was the annual profit or loss from your business or activity after the deduction of business expenses?**

*(As expenses are considered: The expenses for raw materials, equipment, product distribution, salaries (social insurance contributions included), general administration expenses (rent, electricity bills, telephone bills etc.) etc.*

*(The value of the goods that the self-employed received from his/her business or activity for his/her own account as well as grants (agricultural or others)-if any- or subsidies by the State or the EU should be included).*

*The manager's payments (salaries), for the managing their own business, will be registered under the employee income (questions H1-H10).*

- Amount..... € | \_\_\_\_\_ |

**J9. Does the amount, given above, refer to profit or loss?**

- Profit .....  1

- Loss.....  2→J17

**J10. Is the pre-mentioned amount subjected to taxes or social insurance contributions?**

- Yes, it is subjected to taxes or social insurance contributions.....  1

- No, it is not subjected to taxes or social insurance contributions.....  2→J13

- Don't know if it is subjected to taxes or social insurance contributions.....  3→J12

**J11. In the amount you already registered, are taxes or social insurance contributions included?**

*(Social insurance contributions refer to amounts paid for the insurance coverage of the self-employed himself/herself, as well as for any other members of the household working as unpaid family workers.)*

- Only tax is included.....  1

- Only social insurance contributions are included.....  2

- Taxes and social insurance contributions are included.....  3

- Taxes and social insurance contributions are not included.....  4

- Don't know.....  5

**J12. Please mention approximately the amount you paid in advance for taxes for the years 2017 and 2018 respectively during 2017.**

a. Tax (2017)..... € | \_\_\_\_\_ |

b. Tax (2018)..... € | \_\_\_\_\_ |

**J13. Did you withdraw money from your business's account, in order to be used for personal or family purposes, which haven't been included as profit in question J8?**

*(The payments for your own work for the business - salary, bonuses etc.-should be included in the employee income – questions H1-H10.)*

- Yes.....  1

- No.....  2→J15

**J14. On average, how much did you withdraw for these non-business purposes during 2017?**

- Total amount..... € | \_\_\_\_\_ |

**J15. During 2017, did you pay any additional tax on income concerning previous years (financial controls for the past five years, fines etc.)?**

- If yes, specify the amount..... € | \_\_\_\_\_ |

- No.....

**J16. During 2017, did you pay any additional social insurance contributions e.g. in order to change insurance class, fines etc.?**

- If yes, specify the amount..... € | \_\_\_\_\_ |

- No.....

**J17. When were you insured for the first time?**

• Up to 31-12-1992.....  1

• From 1-1-1993 and onwards .....  2

• I have never been insured.....  3→K1

**J18. Which was your social insurance organization?**

Health Care insurance organization \_\_\_\_\_ | | | \*

1<sup>st</sup> Pension insurance organization \_\_\_\_\_ | | | \*

2<sup>nd</sup> Pension insurance organization \_\_\_\_\_ | | | \*

1<sup>st</sup> Supplementary scheme \_\_\_\_\_ | | | \*

2<sup>nd</sup> Supplementary scheme \_\_\_\_\_ | | | \*

3<sup>rd</sup> Supplementary scheme \_\_\_\_\_ | | | \*

- Months insured during 2017..... | | |

- I wasn't insured during 2017.....

**J19. How many years have you been insured for?.....** | | |

**J20. Which is your insurance class?.....** | | |

**J21. Please, mention the amount you paid for your social insurance contributions during 2017.**

Amount..... € | \_\_\_\_\_ |

**K. INVESTMENT INCOME**

**K1. During 2017, did you receive or were you entitled to receive any income from interest, dividends or from capital invested in a business?**

*(Be included: interests from bank account or post saving bank or dividends from stocks, profits from shares, bonds, repos and mutual funds of yours).*

- Yes.....  1

- No .....  2→L1

**K2. During 2017, what was your net income from the above sources (investments in your own name)?**

- Total amount..... € | \_\_\_\_\_ | →K4

- Don't know the exact amount.....

\* To be filled by ELSTAT

**K3. If you don't know the exact amount, could you please define the income range that this amount belongs in?**

- Up to 100 €.....  1
- 101 – 200€.....  2
- 201 – 500€.....  3
- 501 – 1000€.....  4
- 1001 – 3000€.....  5
- 3001 – 5000€.....  6
- 5001€ and up.....  7

**K4. Please, mention the type of the investment.**

\_\_\_\_\_  \*

**L. PRIVATE PENSIONS**

**L1. During 2017, did you receive any income from private pension schemes, including private old age pensions, survivor's pensions, sickness and disability pensions, unemployment benefits, etc. regularly paid by the interviewee or by the spouse or relative that passed away?**

*(Be excluded: pensions due to work, social benefits etc.)*

*(Also be excluded: life insurance schemes that pay a lump sum on maturity, as well as private pensions paid by your employer's contributions.)*

- Yes.....  1
- No.....  2→L3

**L2. If YES, register the amount and the number of months you received this amount during 2017.**

PRIVATE PENSION		IF YES, please register:	
		Net monthly amount	Number of months
1. Old age pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	€   _____	_ _
2. Other, please specify:	<input type="checkbox"/> YES <input type="checkbox"/> NO	€   _____	_ _

**L3. During 2017, did you make any payments for individual private pension schemes, on your own initiative?**

*(Be excluded: the amounts paid in social insurance schemes or private schemes on the employer's initiative.)*

- Yes.....  1
- No.....  2→MA1

\* To be filled by ELSTAT



**L4. During 2017, what was the net amount you were paying and what was the payment frequency?**

Net amount..... € | \_\_\_\_\_ |

Payment period:            Year             1  
                                  Semester         2  
                                  Quarter         3

**FOR THE INTERVIEWER:** The payment period should correspond to the amount recorded.

**MA. SUBSIDIES, BENEFITS, ALLOWANCES, LOANS**

**FOR THE INTERVIEWER:** The questions of this section will be answered by those who personally received any subsidy, benefit, allowance, loan etc.

**MA1. During 2017, did you receive any subsidy or other payments by the State for housing costs?**

*(Interest subsidy is **included**, while rent subsidy is **excluded**.)*

- Yes.....  1  
 - No.....  2 → MA4

**MA2. What was the monthly amount you received?**

*Please include any amounts paid directly to the owner of the house or to the bank provided the loan. Applied to cases of subsidizing the interest of a loan to buy a house.)*

- **Monthly amount**..... € | \_\_\_\_\_ |

- Please record the type of allowance/ benefit: \_\_\_\_\_

**MA3. For how many months during 2017 did you receive this payment?**

- Number of months ..... |\_\_| |\_\_|

**MA4. For the purchase or construction of you dwelling have you received a loan that you haven't repaid yet and for which you pay interest?**

- Yes.....  1  
 - No.....  2 → MB1

**If yes:**

- When did you receive the loan ..... Year |\_\_| |\_\_| |\_\_| |\_\_|

- What is the amount received?..... Amount € | \_\_\_\_\_ |

*(In case more than one household members have received a loan for purchasing or constructing a dwelling, record the amount corresponded only to **yourself**.)*

- What is the loan duration?..... Years |\_\_| |\_\_|

- What is the loan interest rate? ..... | \_\_\_\_\_ | %

- Total amount paid in 2017 ..... Amount € | \_\_\_\_\_ |

- Type of loan (repairing, earthquake stricken, interest free loans are not included.)

**MB. SOCIAL ASSISTANCE**

**MB1. During 2017, did you receive any social assistance payment such as the social solidarity allowance or allowances to persons released from prisons, drug-addicts, alcoholics, long-standing unemployed aged 20-66 etc?**

- Yes.....  1  
 - No .....  2 → MC1

**MB2. If yes, which was the net monthly amount and the number of months you received it?**

ALLOWANCE OR BENEFIT	If yes, please register:	
	Monthly amount	Number of months received
1. Social Solidarity Allowance of Old-aged (EKAS)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
2. Allowances to drug-addicts or alcoholics released from prisons, refugees etc	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
3. Allowances to long-standing unemployed aged 20-66	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
4. Allowance to poor households in mountainous and disadvantageous areas	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
5. Allowances to families with low income and children under 16 years old	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
6. Benefits to households that faced an earthquake, fire, flood etc	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
7. Pension for over aged people	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
8. Heating allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
9. Social Solidarity Income	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
10. Social dividend	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
11. Food allowance-Solidarity card	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
12. Rent allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
13. Other benefits. Specify -----	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __
14. Bonus of the above allowances	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____         __   __

**MC. INCOME FROM RENTING**

**MC1. Do you have in your possession any asset (e.g. building, house, apartment, land, car etc)?**

*(Be included: taxi, truck, boat **only if** the owner does not have as his/her main job the rental of the asset, e.g. a pensioner renting a taxi)*

*(Be excluded: ownership of main dwelling, as well as any assets that are part of the interviewee's business property).*

- Yes .....  1
- No .....  2 → MD1

**MC2. If YES, please record the type of assets (e.g. flat, taxi, land, parking, boat, etc.).**

Asset : \_\_\_\_\_ (sq .m.) |\_|\_|\_|\_|

Asset : \_\_\_\_\_ (sq .m.) |\_|\_|\_|\_|

Asset : \_\_\_\_\_ (sq .m.) |\_|\_|\_|\_|

**MC3. Do you know what was the total income your household received from any renting of the property recorded above after deducting costs, such as interest payments, repairs, maintenance, insurance and other charges during 2017?**

- Yes, specify amount..... € |\_\_\_\_\_| → MC6
- No profit made (expenses equaled or exceeded rent received).....  1
- Don't know.....  2 → MC5
- I didn't rent any asset during 2017.....  3 → MD1

**MC4. What was the amount of any expenses made during 2017, for repairs, maintenance, insurance etc. of your property?**

- Amount ..... € |\_\_\_\_\_| → MC6

**MC5. If you don't know the exact amount, please give the approximate range of income.**

- Up to 1.000 € .....  1
- 1.001€ up to 3.000 € .....  2
- 3.001€ up to 5.000 € .....  3
- 5.001€ up to 10.000 € .....  4
- 10.001€ or more.....  5

**MC6. Was the pre-mentioned amount subjected to tax?**

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

**MD. FAMILY RELATED ALLOWANCES - BENEFITS**

**MD1. During 2017, did you or any member of your household receive any family allowance or benefit?**

- Yes .....  1  
 - No .....  2 → ME1

**MD2. Please note the net amount, as well as the number of months you received the allowance or benefit.**

ALLOWANCE-BENEFIT		If yes, please register	
		Monthly amount	Number of months
1.Special allowance for families having 3 or more children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
2.Unified children's' allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
3.Pregnancy-puerperal benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
4.Student's housing allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
5.Other allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _

1<sup>st</sup> Beneficiary organization : \_\_\_\_\_ |\_|\_||\*

2<sup>nd</sup> Beneficiary organization : \_\_\_\_\_ |\_|\_||\*

\*To be filled by ELSTAT

**ME. INTRA HOUSEHOLD TRANSFERS TO/FROM OTHER HOUSEHOLDS**

**ME1. During 2017, did you make any regular payments to members of other private households?**

*(Be included: financial support for a student living away from home, support to a spouse or former spouse (alimonies), for children not living with you, support to elderly - parents, relatives - etc.*

*(Be excluded: gifts in cash such as for Christmas or birthdays as well as the amounts, which do not increase the income of the other household, e.g. loan repayment for education).*

- Yes .....  1
- No .....  2 → ME4

**ME2. If yes, what was the type of the transfer and which was the total annual amount?**

-Type of transfer \_\_\_\_\_  \*

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

**ME3. Did you have any tax reduction due to this amount?**

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

**ME4. During 2017, did you receive any regular payments from members of other private households?**

*(Be included: amounts received from parents, children, relatives, others (e.g. alimonies).*

*(Be excluded: gifts in cash such as for Christmas or birthdays as well as the amounts, which do not increase the income of the other household, e.g. loan repayment for education).*

- Yes .....  1
- No .....  2 → NA1

**ME5. If yes, what was the type of the transfer and what was the total annual amount?**

-Type of transfer: \_\_\_\_\_  \*

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

**ME6. Was the pre-mentioned amount subject to tax?**

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

\* To be filled by ELSTAT.

**NA. UNEMPLOYMENT / VOCATIONAL TRAINING ALLOWANCES**

**NA1. During 2017, did you receive any unemployment allowance, vocational training allowance or reimbursement because of dismissal?**

- Yes.....  1
- No .....  2→NB1

**NA2. For each of these allowances please register the net monthly amount as well as the number of months you received them.**

ALLOWANCE OR BENEFIT	If yes, please register		
	Monthly amount	Number of months received	
1.Full unemployment benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
2. Exceptional financial allowance due to insolvent employer (e.g.dismissal due to bankruptcy etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
3.Suspension allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
4.Unemployment benefit for self employed	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
5.Vocational training allowance for unemployed	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
6.Reimbursement due to dismissal from work	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
7.Seasonal unemployment benefit for persons seasonally working (e.g. actors and actresses, musicians, building workers, hotel staff, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
8.Allowance for young persons aged 20-29 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
9.Allowance for joining the army	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
10.Full unemployment allowance for unemployed moved in EU	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
11.Other allowances, please specify: .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
12. Bonus of the above allowances	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _

**NB. PENSIONS**

**NB1. During 2017 did you receive any old age pension?**

*(Be excluded: private pensions that were fully paid by the individual*

*Be included: private pensions paid by the employer (parallel pension from private sector.)*

- Yes.....  1  
 - No .....  2 → NC1

**NB2. For each of the following old age pension schemes, please register the net monthly amount as well as the number of months you received them.**

PENSIONS	If yes, please register		
		Net monthly amount	Number of months received
1. Old age pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
2. Supplementary pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
3. Early retirement pension due to resignation	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
4. Parallel pension from private sector (paid by the employer)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
5. Lump sum due to retirement	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
6. National resistance pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
7. Other pensions, please specify: .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _

Health Care insurance organization	_____	_ _  *
1 <sup>st</sup> Pension insurance organization	_____	_ _  *
2 <sup>nd</sup> Pension insurance organization	_____	_ _  *
1 <sup>st</sup> Supplementary scheme	_____	_ _  *
2 <sup>nd</sup> Supplementary scheme	_____	_ _  *
3 <sup>rd</sup> Supplementary scheme	_____	_ _  *

\*To be filled by ELSTAT

**NC1. SURVIVOR'S PENSIONS AND BENEFITS**

**NC1. During 2017, did you receive any survivor's pension, benefit or allowance?**

*(Be excluded: private pensions and or alimonies that were fully paid by the deceased.*

*Be included: private pensions paid by the employer of the deceases (parallel pension from private sector.)*

- Yes.....  1

- No.....  2→ND1

**NC2. For each of the following survivor's pensions benefits or allowances, please register the net monthly amount as well as the number of months you received them.**

PENSIONS		If yes, Monthly amount	please register Number of months received
1. Old age pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
2. Supplementary pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
3. Parallel pension from private sector (paid by the employer)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
4. Orphans' pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
5. Pension of war victims	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
6. Other pensions/benefits, please specify: .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _

- Health Care insurance organization \_\_\_\_\_ |\_|\_|\*
- 1<sup>st</sup> Pension insurance organization \_\_\_\_\_ |\_|\_|\*
- 2<sup>nd</sup> Pension insurance organization \_\_\_\_\_ |\_|\_|\*
- 1<sup>st</sup> Supplementary scheme \_\_\_\_\_ |\_|\_|\*
- 2<sup>nd</sup> Supplementary scheme \_\_\_\_\_ |\_|\_|\*
- 3<sup>rd</sup> Supplementary scheme \_\_\_\_\_ |\_|\_|\*

\* To be filled by ELSTAT



**ND. SICKNESS BENEFITS / ALLOWANCES**

**ND1. During 2017, did you receive any sickness benefit or allowance?**  
*(Be included: benefits/allowances received due to physical or mental sickness but NOT these received by disabled persons. Also included: paid work leaves due to sickness and reimbursements for accidents while at work.*  
*Be excluded: allowance paid by private sickness insurance paid fully by the individual.)*

- Yes.....  1
- No .....  2→NE1

**ND2. For each of the following sickness benefits or allowances, please register the net monthly amount and the number of months you received them.**

BENEFIT / ALLOWANCE		If yes, Net monthly amount	please register Number of months received
1. Pay sick leave	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
2. Benefit for accident at work	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
3. Benefit for spa therapy, aerotherapy etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
4. Benefit for transfer of sick persons	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _
5. Other benefits/allowances, please specify: .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	€  _____	_ _

**FOR THE INTERVIEWER:** As far as possible, ensure that income from this source is not double counted to the income from salaries.

**NE. PENSIONS – DISABILITY BENEFITS**

**NE1. During 2017, did you receive any benefit/allowance or pension related to disability?**  
*(Be included: disability pensions and benefits / allowances received due to physical or mental disability.*  
*Be excluded: private sickness schemes that were fully paid by the individual.)*

- Yes.....  1
- No.....  2→NF1

**NE2. For each of the following pensions – disability benefits, please register the net monthly amount and the number of months you received them.**

PENSIONS BENEFITS/ ALLOWANCES		Net monthly amount	If yes, please register Number of months received
1.Disability pension <i>The disability pension becomes regular old age pension after 65 years of age</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
4.Nutrition allowance for people suffering kidney's disease	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
5.Other benefits/allowances. Please specify: .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _

Health Care insurance organization	_____	_ _ *
1 <sup>st</sup> Pension insurance organization	_____	_ _ *
2 <sup>nd</sup> Pension insurance organization	_____	_ _ *
1 <sup>st</sup> Supplementary scheme	_____	_ _ *
2 <sup>nd</sup> Supplementary scheme	_____	_ _ *
3 <sup>rd</sup> Supplementary scheme	_____	_ _ *

**NF. EDUCATIONAL ALLOWANCES**

**NF1. During 2017, did you receive any educational allowance?**

**(Be included:** *benefits/allowances received by students, due to their participation in research programs, scholarships, etc.*

**Be excluded:** *benefits for training/retraining recorded under unemployment benefits.)*

- Yes.....  1  
- No .....  2→P1

**NF2. For each of the following benefits/allowances, please register the net monthly amount and the number of months you received them.**

BENEFITS ALLOWANCES		If yes, Net monthly amount	please register Number of months received
1.Benefit received for participation in research programs	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
2.Scholarships	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _
3.Other educational benefits/allowances, please specify: .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_ _

**P. TAXES ON INCOME**

**P1. During 2018, did you submit (or are about to submit) income tax declaration for the previous year (2017)?**

- Yes.....  1→P3
- My income was declared at income tax declaration together with another household member.....  2
- I was not obliged to submit an income tax declaration.....  3→ P8a
- I did not submit an income tax declaration even though I had to.....  4→ P8a

**P2. Could you please record the name/surname of the member whose income was taxed with yours? Please note the serial number (S/N) of these household members from the Individual Register.**

- Name - surname: \_\_\_\_\_ S/n   →P8a

**P3. Did your income tax declaration include only your personal income or also the income of other household members?**

- Personal income only.....  1→P5
- Other members income, as well .....  2

**P4. Please note the serial number(s) of member(s) whose income has been included with yours.**

- S/n of first member.....
- S/n of second member.....

**P5. Please, register the total amount of tax paid in 2017 concerning tax deducted at source from 2016 income.**

- Total amount of tax..... € | \_\_\_\_\_ | →P7
- Don't know the exact amount.....  1
- Didn't pay any tax.....  2→P7

**P6. Could you please indicate the range of the tax paid?**

- Up to 500 € .....  1
- 501€ up to 1.000 € .....  2
- 1.001€ up to 3.000 € .....  3
- 3.001€ up to 5.000 € .....  4
- 5.001€ up to 10.000€.....  5
- 10.001 € or more .....  6

**P7. During 2017, did you pay any supplementary/ additional tax defined after tax return or supplementary income declaration for your total income?**

- Yes, tax amount..... € | \_\_\_\_\_ | →P8a
- Yes, but don't know the exact amount.....  1
- No.....  2→P8a

**P8. Could you please indicate the range the additional tax paid was included?**

- Up to 500 € .....  1
- 501€ up to 1.000 € .....  2
- 1.001€ up to 3.000 € .....  3
- 3.001€ up to 5.000 € .....  4
- 5.001€ up to 10.000€.....  5
- 10.001 € or more.....  6

**P8a. Do you have a secondary dwelling?**

- Yes.....  1
- No.....  2→P8d

**P8b. Which is the total area of the secondary dwelling?**

- Total area in sq meters.....

**P8c. Which is the zone price of the secondary dwelling?**

- Zone price.....

**P8d. Do you have a car?**

- Yes.....  1
- No.....  2→P8f

**P8e. If YES, please record:**

- C.C.....
- Registration year.....
- Percentage of ownership.....

**P8f. Do you have a boat?**

- Yes.....  1
- No.....  2→Q1

**P8g. If YES, please record:**

- Total length in meters.....

**Q. EXTRAORDINARY FINANCIAL CONTRIBUTION  
OF PERSONS WITH HIGH INCOME**

**Q1. During 2017, did you pay any amount as extraordinary financial contribution of your 2016 income?**

*Be included: The total net income of the person if it is more than 100,000 €*

- Yes..... 1

- No..... 2→T1

**Q2.If YES, what is approximately the amount you paid?**

-Annual amount.....€ | \_\_\_\_\_ |

**T. MATERIAL DEPRIVATION**

**T1. Do you have or do any of the following?**

	YES	Cannot afford	No, other reason(s)
- Buy new (not used) clothes when those you have are worn out?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
- Have two pairs of properly fitting shoes appropriate for your everyday activities .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
- Get together with friends/ family (relatives) for a Coffee/drink/ meal at least once a month.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
- Regularly participate in a leisure activity for which you pay a ticket or subscription?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
- Spend a small amount of money each week on yourself? (no cigarettes included).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
- Internet connection whenever you need to?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

<b>TA. WORKING AND LIVING CONDITIONS OF DISABLED PERSONS</b>
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**FOR THE INTERVIEWER:** The following questions are answered only by those individuals that have checked 1 or 2 in Question C3 due to a health problem of their own.

**TA1. For each one of the following activities fill in the degree of difficulty you have**

Difficulty in various activities	No difficulty at all	Some difficulty	Great difficulty	Cannot do it all
Difficulty in seeing even when wearing glasses or contact lenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty in hearing even when using hearing aid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty in walking or using stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty in remembering or concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty in daily personal care such as having a bath or shower or get dressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty in communication such as in understanding what other people say or being understood by others although you use the usual language of communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**TA2. During the past six (6) months or more did you ever felt that are you are being treated with inequality in some sector of your life, e.g. you don't have equal opportunities with others or you face some kind of exclusion due to difficulties you have with your health?**

- No, I did not felt this at all.....  1
- Yes, I have felt this some times.....  2
- Yes, I have felt this quite a few times.....  3
- Yes, I have felt this alot of times.....  4

**TA3. In the area you live, do you face any problems of accessibility to pavements, public transport? stops, shop or public services?**

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

**TA4. At your workplace, current (if now working) or previous (if now not working) have there been made the necessary changes to handle your disability issues such as ramps, elevators, specialized equipment, software, special working hours etc?**

- Yes.....  1
- No.....  2
- Sort of.....  3
- I do not/did not have the need for special changes.....  4
- I'm not currently working / have never worked.....  5

**FOR THE INTERVIEWER:** Question TA5 that follows, should be answered only for individuals that have answered they are not currently working (codes 05 to 12) to Question D3 in Current Main Activity Status

**TA5. What is the main reason you are not working?**

- My health status does not allow me to work.....  1
- I'm currently on an educational program / I'm a student etc.....  2
- Family obligations.....  3
- Cannot find a job that offers the necessary environment for my health status.....  4
- Cannot find an appropriate for my qualifications job .....  5
- I don't have the financial need to have a job.....  6
- My parents / family do not allow me to have a job.....  7
- I'm a retired person.....  8
- Other reason .....  9

**Y. DURATION AND DATE OF INTERVIEW**

**Y1. FOR THE INTERVIEWER:** Please note the time and the date of finishing completion of the questionnaire

- Time the interview ended (e.g. 19:25)     :

Date of interview:    Day        Month        Year    **2018**