

**HBS:2**

**CONFIDENTIAL**

**NATIONAL STATISTICAL  
SERVICE OF GREECE**

**GENERAL DIRECTORATE OF  
STATISTICAL SURVEYS**

**POPULATION STATISTICS**

**AND LABOUR MARKET STATISTICS**

**HOUSEHOLD SURVEYS UNIT**

**HOUSEHOLD'S ID**

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**S/N MEMBER**

|\_|

**PREFECTURE** \_\_\_\_\_

**MUNICIPALITY OR COMMUNITY** \_\_\_\_\_

**AREA** \_\_\_\_\_

**DATE** \_\_\_\_\_ |\_|

**INTERVIEWER** \_\_\_\_\_ |\_|\_|

**HOUSEHOLD BUDGET SURVEY  
2004 / 2005**

**PERSONAL QUESTIONNAIRE  
FOR MEMBERS 14 AGE AND OVER  
PERSONAL EXPENDITURE – EMPLOYMENT - INCOME**

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 και L.2392/96).









### 1.12 Beautifying non durable goods and cosmetics:

- Perfumes, eau de colognes, cosmetics, hair jells and hair colouring, razorblades, shaving foams, face powders, lipsticks, deodorants, fixatives etc.
- Teeth brushes (non electric), hairbrushes, shaving machines, toothpastes, etc.
- Sanitary towels, nappies, cotton wool, condoms, bath soaps, shampoos, bath foams, paper handkerchiefs etc.

Date	Item description	Value in €	Code
			I     I
			I     I
			I     I
			I     I
			I     I
			I     I
			I     I

### 1.13 Other expenditure

(Post expenditure, telegrams and telephones not paid with the telephone bills, phone cards, Internet cards, internet cafés, copies, typing, bank transfer charges, advertisements in newspapers, reward for brokers, flowers, charities, subscriptions etc.)

Date	Item or service description	Value in €	Code
			I     I
			I     I
			I     I
			I     I
			I     I
			I     I
			I     I
			I     I
			I     I
			I     I

### MOBILE PHONE

#### 2. Do you have any mobile phone with subscription (contract)?

YES

NO

**If YES, what was the amount of the last bill that you paid for each of your mobile phones?**

*(If the member has more than 2 mobile phones, the bill of the rest to be added in the second mobile phone's bill.)*

Type of expenditure	Period	Way of possession	Value in €	Code
1° Mobile phone	Month			I   0831104   2
2° Mobile phone	Month			I   0831104   2







## PART B' ACTIVITY

**1. What was your main activity the week before the start of the survey?**

- Employed.....  1
  - Employed but temporarily absent.....  2
  - Unemployed.....  3
  - Retired.....  4
  - With independent means.....  5
  - Pupil, student.....  6
  - Soldier.....  7
  - Housewife.....  8
  - Permanently disabled or other .....  9
- } → 2
- } → 11

**FOR THE INTERVIEWER:** *If the member is unemployed for the first time in questions 2 and 3 please write the word "NEW" and don't answer question 4.*

**2. Describe in detail the nature of work done in your last job or in your current main job.**

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

\_\_\_\_\_

**3. Describe the main activity of the local unit of the business or organization where you worked or work.**

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

**4. In your main last job you are/were:**

- Employee .....  1
- Self-employed with employees.....  2
- Self-employed without employees.....  3
- Family unpaid worker.....  4
- Paid apprentice .....  5

**FOR THE INTERVIEWER:** *Questions 5 – 10 concern only the employed. If the member is unemployed don't answer questions 5-10.*

**5. Could you tell me what was/is the type of your work contract?**

- Permanent job/contract of unlimited duration.....  1
- Temporary job/work contract of limited duration.....  2

**6. In which prefecture do you work?**

- Same prefecture.....  1
- Other prefecture.....  2
- Prefecture: \_\_\_\_\_    \*

**7. The local unit of the business or organization where you work belongs to:**

- Public sector (Ministries, General Secretariats)?.....  1
- Organizations of Local Authority?.....  2
- Public enterprises (Electricity or Telecommunications Organisations)?.....  3
- Private sector?.....  4

**8. Last week how many hours have you worked, in your main job?**

- Hours per week.....

**9. How many hours per week do you usually work in your main job?**

- Hours per week.....

**10. Your employment in your main job is:**

- Full time employment.....  1
- Part time employment.....  2

**FOR THE INTERVIEWER:** The following questions must be answered from all the members of the household, irrespective of their occupation.

**11. In the past twelve months, how many weeks were you:**

- Employed.....
- Unemployed.....
- Economically inactive.....

**12. For health services are you:**

- Directly insured.....  1
- Indirectly insured.....  2
- Not insured.....  3 → 14

**13. At which insurance organization you are insured?**

- Social Insurance Organization .....  1
- Organization of Agricultural Insurances.....  2
- Public.....  3
- Social Security Organization for self-employed.....  4
- Other insurance Organization .....  5

**14. Is the activity, you had previous week, different from your regular activity?**

**FOR THE INTERVIEWER:** As regular activity is considered the activity the member had for most of the last twelve months period. If anything of the above differs, please answer questions 15 to 18.

- Yes.....  1 → 15
- No.....  2 → Part C'

**15. During the last twelve months, what was your regular activity?**

- Employed.....  1 →16
  - Unemployed.....  3
  - Retired.....  4
  - With independent means.....  5
  - Pupil, student.....  6
  - Soldier.....  7
  - Housewife.....  8
  - Permanently disabled and other .....  9
- } → Part C'

**16. Describe in detail the nature of work done, for most of the last twelve months period.**

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

**17. Describe the main activity of the local unit of business or organization where you worked for most of the last twelve months period.**

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

**18. What was your position in work, for most of the last twelve months period?**

- Employee.....  1
- Self-employment with employees.....  2
- Self-employment without employees.....  3
- Unpaid family worker.....  4
- Paid apprentice.....  5

## PART C' INCOME

### EMPLOYEES INCOME

**1. In the last twelve months, have you had any income (in cash or in kind) from salaries, wages or similar payments?**

Income from the main job, but also from the secondary occasional or temporary work is included

- Yes.....  1 → 2  
 - No.....  2 → 7

**2. If YES, what were the monthly-received payments and how many months did you receive them in the last twelve months?**

Income from salaried activities	Amount in €	Number of months	Code
1. From your main job			9 0 0 1 2
2. From your secondary or temporary job			9 0 0 2 2
3. From overtime, council wages etc.			9 0 0 3 2
4. From 13th payment, leave's benefit, etc.			9 0 0 4 2

**3. In the last twelve months, has your employer provided you with a car, lorry or other vehicle for personal use?**

- Yes .....  1 → 4  
 - No.....  2 → 7

**4. If YES, please record the brand, model and the first year of circulation.**

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

**5. Does your employer pay any money for insurance, circulation fees or for repair of your vehicle?**

	YES	NO
- Car insurance.....	<input type="checkbox"/>	<input type="checkbox"/>
- Circulation fees.....	<input type="checkbox"/>	<input type="checkbox"/>
- Regular or not car repairs.....	<input type="checkbox"/>	<input type="checkbox"/>

**6. In the last twelve months, how many kilometers did you cover with the professional car for personal use only?**

- Number of kilometers..... | \_\_\_\_\_ |

## **INCOME FROM SELF-EMPLOYMENT**

**7. In the last twelve months, have you had any income from self-employment such as from your enterprise, subcontracting business, trade etc?**

*Included is income from royalties or exploitation rights. Also included is income from building renting, car renting as well as from subsidies (agricultural) from the state or the European Union.*

- Yes .....  1 → 8

- No.....  2 → 9

**8. If YES, which period did this income covered?**

1<sup>a</sup> from month |\_\_| year 200\_\_ till month |\_\_| year 200\_\_

1<sup>b</sup> from month |\_\_| year 200\_\_ till month |\_\_| year 200\_\_

Income from self -employment	Amount in €	Code
1 <sup>a</sup> Net income from your main enterprise		9 0 0 5 7
1 <sup>b</sup> Net income from other type of enterprises		9 0 0 5 7

## **INCOME FROM AGRICULTURE, LIVESTOCK, FISHING, WOODLAND ENTERPRISE, ETC.**

**9. In the last twelve months, have you had any income from agriculture, livestock, fishing enterprise, etc?**

- Yes.....  1 → 10

- No.....  2 → 11

**10. If YES, what was your net income during the last twelve months?**

Income from agriculture, livestock, fishing etc.	Amount in €	Code
1. Net income from sales of agriculture product, livestock, forestry, fishing products		9 0 0 6 7
2. Subsidies from the State or the European Union		9 0 0 7 7
3. Products reimbursements due to frost, floor, drought etc.		9 0 0 8 7

## **OTHER INCOME**

**11. During the last twelve months, have you had any income from property?**

*(Taxi renting, landed property renting are included.)*

- Yes.....  1

- No.....  2 → 12

Income from property	Code of Prefecture or Foreign County	Amount in €	Code
			9 0 0 9 7
			9 0 0 9 7
			9 0 0 9 7

**12. During the last twelve months, did you have any income from investment?**

- Yes.....  1  
 - No.....  2 → 13

Income from investment	Income in €	Code
Private pension, survivor’s pension, sickness benefits, disability etc		9 0 1 0 7
Income from interest and dividends, bonds, repos etc.		9 0 1 1 7
Income from dividends		9 0 1 2 7

**13. During the last twelve months, have you had any pensions from your own work?**

- Yes.....  1 → 14  
 - No.....  2 → 15

**14. If YES, what was the monthly amount you received, and for how many months have you received it during the last twelve months?**

Income from pension	Amount in €	Number of months	Code
Old age pension from public sector			9 0 1 3 2
Supplementary pension from public sector			9 0 1 4 2
Supplementary payments (Thirteen month payment)			9 0 1 5 2
Early retirement pension due to resignation			9 0 1 6 2
Parallel pension from private sector (Paid from the employer)			9 0 1 7 2
Lump sum due to retirement			9 0 1 8 2
Nation resistance pension			9 0 1 9 2
Other pensions, please specify.....			9 0 2 0 2

**15. In the last twelve months, have you had any income from pensions and benefits from your deceased husband or parent?**

- Yes .....  1 → 16  
 - No.....  2 → 17

**16. If YES, what was the monthly amount of money, you received, and for how many months did you receive that money during the last twelve months?**

Income from pensions and benefits from your deceased husband or parent?	Amount in €	Number of months	Code
Survivor’s old age pension from husband/wife			9 0 2 1 2
Survivor’s supplementary pension from husband/wife			9 0 2 2 2
Survivor’s supplementary payments (Thirteen month payment)			9 0 2 3 2
Orphans pension			9 0 2 4 2
Pension of war victims			9 0 2 5 2
Other pensions, benefits: .....			9 0 2 6 2

**17. In the last twelve months, have you had any income for sickness benefit?**

- Yes.....  1 → 18  
 - No.....  2 → 19

**18. If YES, what was the monthly amount you received, and for how many months did you receive that money during the last twelve months?**

Sickness benefits income	Amount in €	Number of months	Code
Sickness benefit			9 0 2 7 2
Benefit for work accident			9 0 2 8 2
Benefit for spa therapy, airing etc.			9 0 2 9 2
Assistance for transportation of sick persons			9 0 3 0 2
Other benefits/allowances please specify.....			9 0 3 1 2

**19. In the last twelve months, have you had any income from benefits/allowances due to physical or mental invalidity?**

- Yes.....  1 → 20  
 - No.....  2 → 21

**20. If YES, what was the monthly amount you received, and for how many months did you receive that money during the last twelve months?**

Income from benefits/allowances due to physical or mental invalidity	Amount in €	Number of months	Code
Disability pension			9 0 3 2 2
Benefits for persons with special needs			9 0 3 3 2
Care allowance for incapacitated persons			9 0 3 4 2
Care allowance for incapacitated children			9 0 3 5 2
Nutrition allowance for people suffering kidney's disease			9 0 3 6 2
Other benefits/allowances, please specify : .....			9 0 3 7 2

**21. In the last twelve months, did you receive any educational allowance?**

- Yes.....  1 → 22  
 - No.....  2 → 23

**22. If YES, what was the monthly amount you received, and for how many months did you receive it during the last twelve months?**

Income from educational allowances	Amount in €	Number of months	Code
Benefit received for participation in research programs			9 0 3 8 2
Scholarships			9 0 3 9 2
Other educational benefits/allowances, please specify.....			9 0 4 0 2

**23. In the last twelve months, have you received any income from unemployment related benefits?**

- Yes.....  1 → 24  
 - No.....  2 → 25

**24. If YES, what was the monthly amount of money, you received, and for how many months did you receive it during the last twelve months?**

Income from unemployment related benefit	Amount in €	Number of months	Code
Full unemployment allowance			9 0 4 1 2
Partial unemployment allowance due to enterprises bankruptcy			9 0 4 2 2
Early retirement for labour market reasons			9 0 4 3 2
Vocational training benefit for unemployed			9 0 4 4 2
Placement, resettlement or rehabilitation benefit			9 0 4 5 2
Seasonal unemployment benefit for persons seasonally working			9 0 4 6 2
Allowance for young people aged 20-29 years			9 0 4 7 2
Reimbursement due to dismissal from work			9 0 4 8 2
Allowance for joining the army			9 0 4 9 2
Other unemployment benefits/allowances please specify.....			9 0 5 0 2

**25. In the last twelve months, have you had any income from family benefits?**

- Yes.....  1 → 26  
 - No.....  2 → 27

**26. If YES, what was the monthly amount you received, and for how many months did you receive it during the last twelve months?**

Income from family benefits	Amount in €	Number of months	Code
Lifelong pension for mothers having more than three children			9 0 5 1 2
Allowance for families having more than three children			9 0 5 2 2
Allowance for families having three children			9 0 5 3 2
Children benefit			9 0 5 4 2
Pregnancy-puerperal benefit			9 0 5 5 2
Parental leave allowance			9 0 5 6 2
Birth grant			9 0 5 7 2
Other family benefits, please specify.....			9 0 5 8 2

**27. In the last twelve months, have you received any income from social assistance?**

- Yes.....  1
- No.....  2 → 28

<b>Income from social assistance</b>	<b>Amount in €</b>	<b>Code</b>
Allowance of social solidarity for pensioners		<b>9 0 5 9 7</b>
Lump sum amount provided to poor households living in mountainous and disadvantaged areas		<b>9 0 6 0 7</b>
Allowances to long-standing unemployed aged 45-65		<b>9 0 6 1 7</b>
Allowances to children under 16 years old who live in poor households.		<b>9 0 6 2 7</b>
Social assistance payment (from the State, Public or other organizations) to poor, repatriats, refugees, released from prisons, drug-addicts, alcoholics etc.		<b>9 0 6 3 7</b>

**28. In the last twelve months, have you received any money transfers from other households' members, on a regular basis, or have they paid any of your expenses?**

- Yes.....  1 → 29
- No.....  2 → 30

**29. If YES, what was the monthly amount you received, and for how many months did you receive it during the last twelve months?**

<b>Regular inter-household transfers received from other households</b>	<b>Prefecture or Country abroad<sup>(1)</sup></b>	<b>Amount in €</b>	<b>Number of months</b>	<b>Code</b>
a. Regular assistance from relatives or friends In the country, Prefecture:.....				<b>9 0 6 4 2</b>
b. Regular assistance from relatives or friends Abroad, Country:.....				<b>9 0 6 5 2</b>

**30. In the last twelve months, have you received any housing benefits?**

- Yes.....  1
- No.....  2 → 31

<b>Housing benefits Income</b>	<b>Amount in €</b>	<b>Code</b>
Rent benefit		<b>9 0 6 6 7</b>
Housing benefit for owner-occupied dwellings		<b>9 0 6 7 7</b>

**31. In the last twelve months, have you received any of the following income?**

- Yes.....  1
- No.....  2 →End of the interview

<b>Other income</b>	<b>Amount in €</b>	<b>Code</b>
Reimbursement from health or accident insurance		<b>9 0 6 8 7</b>
Reimbursement from dwelling insurance		<b>9 0 6 9 7</b>
Reimbursement from furniture and domestic appliances insurance		<b>9 0 7 0 7</b>
Reimbursement from travel and carriage luggage insurance		<b>9 0 7 1 7</b>
Reimbursement from other insurance such as civil liability for injury or damage to third parties or their property		<b>9 0 7 2 7</b>
Reimbursement from insurance rate of jewellery and musical instruments		<b>9 0 7 3 7</b>
Tax reimbursement		<b>9 0 7 4 7</b>

**TOTAL RECORDS** | |\_|\_|



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<b>Check</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Date</b>			
<b>Clerk</b>			