

HBS:16

**HELLENIC STATISTICAL
AUTHORITY**

CONFIDENTIAL

**GENERAL DIRECTORATE OF
STATISTICAL SURVEYS**

POPULATION STATISTICS

**AND LABOUR MARKET STATISTICS
HOUSEHOLD SURVEYS UNIT**

HOUSEHOLD'S ID

|_|_|_|_|_|_|_|_|_|

DATE _____|_|_|

INTERVIEWER _____|_|_|_|

HOUSEHOLD BUDGET SURVEY 2015

HOUSEHOLD ENERGY DATA (Additional)

PIREAUS, 2015

- The provision of data to ELSTAT is OBLIGATORY.
- All information provided through the questionnaire is used only for statistical purposes and the answers in the questions are CONFIDENTIAL (L.3832/2010).

E1. The main heating system of your house works with/is (multiple choice):

Heating System	Years 1. Up to five years 2. 6-10 years 3. 11-20 years 4. More than 20 years 5. Do not know	Months of operation 1: less than a month 2: 1 month 3: 2 months 4: 3 months 5: 4 months 6: 5 months 7: 6 months 8: More than 6 months	Hours/Day 1: up to 2 hours 2: 3-5 hours 3: 6-8 hours 4: 9-11 hours 5: 12-14 hours 6: 15-17 hours 7: More than 17 hours 8: 24 hours operation
Oil boiler/heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural gas boiler/heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid gas boiler/heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biomass heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric pump heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geothermal pump heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural gas pump heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firewood stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid gas stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open fireplace (conventional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric heater appliances (stove, fan heater, heater)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat storage appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air-condition units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teleheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2. Which of the following cooking systems do you use (multiple choice)?

Cooking System	Years 1. Up to 2 years 2. 3-4 years 3. 5-6 years 4. 7-8 years 5. 9-10 years 6. 11-15 years 7. 16-20 years 8. More than 20 years 9. Do not know	Frequency of use 1: everyday 2: 3-6 times a week 3: up to 2 times a week 4: rarely 5: not at all 6: Do not know	Hours/Day (answer this question only in case that in « frequency of use » the answer is 1: « everyday»)
Electric cooking burner	_	_	_
Gas cooking burner	_	_	_
Natural gas cooking burner	_	_	_
Electric cooking oven	_	_	_
Gas cooking oven	_	_	_
Natural gas cooking oven	_	_	_
Fireplace	_	_	_
Firewood stove	_	_	_
Extrenal burner	_	_	_
Other, explain:	_	_	_

E3. Which of the following hot water production systems do you use (multiple choice)?

Hot water production system	Years 1. Up to 2 years 2. 3-4 years 3. 5-6 years 4. 7-8 years 5. 9-10 years 6. 11-15 years 7. 16-20 years 8. More than 20 years 9. Do not know	Frequency of use 1: everyday 2: 3-6 times a week 3: up to 2 times a week 4: rarely 5: not at all 6: Do not know	Hours/Day (answer this question only in case that in «frequency of use» the answer is 1: «everyday»)
Boiler/heater	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electric boiler	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electric pump heater	<input type="text"/>	<input type="text"/>	<input type="text"/>
Geothermal pump heater	<input type="text"/>	<input type="text"/>	<input type="text"/>
Natural gas boiler	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water electric quick heater	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water natural gas quick heater	<input type="text"/>	<input type="text"/>	<input type="text"/>
Teleheating	<input type="text"/>	<input type="text"/>	<input type="text"/>
Solar boiler	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other, explain:	<input type="text"/>	<input type="text"/>	<input type="text"/>

E4. In case you have electric boiler/system, fill-in the type of the collector

- Flat solar collector with glass ☐ 1
- Evacuated tubes solar collector..... ☐ 2
- Other, explain..... ☐ 3

E5. Which of the following systems do you use for cooling?

- Air-conditioning units..... ☐ 1 → E6
 - Central cooling system..... ☐ 2
 - Electric pump heater ☐ 3
 - Geothermal pump heater ☐ 4
 - Solar heating system..... ☐ 5
 - Other, explain ☐ 6
 - Not cooling ☐ 7 → E8
- } → E7

E6. In case you use air-conditioning units, record the number of units:

	Unit	Years 1. Up to 2 years 2. 3-5 years 3. 6-8 years 4. 9-12 years 5. 12-20 years 6. More than 20 years 7. Do not know	Power (BTU/hr)	Months of operation 1: less than a month 2: 1 month 3: 2 months 4: 3 months 5: 4 months 6: 5 months 7: 6 months 8: More than 6 months	Hours/Day 1: up to 2 hours 2: 3-5 hours 3: 6-8 hours 4: 9-11 hours 5: 12-14 hours 6: 15-17 hours 7: More than 17 hours 8: 24 hours operation	Inverter 1 : NAI 2 : OXI
Air-condition unit	1st	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2nd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3rd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E7. In case you use other system for cooling:

Cooling System	Years 1. Up to 2 years 2. 3-5 years 3. 6-8 years 4. 9-12 years 5. 12-20 years 6. More than 20 years 7. Do not know	Power (kW)	Months of operation 1: less than a month 2: 1 month 3: 2 months 4: 3 months 5: 4 months 6: 5 months 7: 6 months 8: More than 6 months	Hours/Day 1: up to 2 hours 2: 3-5 hours 3: 6-8 hours 4: 9-11 hours 5: 12-14 hours 6: 15-17 hours 7: More than 17 hours 8: 24 hours operation
Central cooling system	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electric pump heater	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Geothermic pump heater	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Solar heating system	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E8. Which of the following types of lamps do you use?

Type of lamp	Number
Incandescence lamps	<input type="text"/>
Low power halogen lamps	<input type="text"/>
High power halogen lamps (more than 70W)	<input type="text"/>
Fluorescence lamps	<input type="text"/>
Economy lamps (compact halogen lamps)	<input type="text"/>
LED	<input type="text"/>
Other, explain :	<input type="text"/>

E9. In question 11 of HBS1 you answered that you have some electric appliances. Please fill in the following table the electric appliances that you have and the frequency of use. For some of the appliances that you use everyday, fill-in also the duration of use (hours/day).

Electric Appliances	Frequency of use	Hours/Day
	1: everyday 2: 3-6 times a week 3: up to 2 times a week 4: rarely 5: not at all 6: Do not know	(answer this question only in case that in «frequency of use» the answer is 1: «everyday»)
Toaster	<input type="checkbox"/>	
Coffeemaker	<input type="checkbox"/>	
Electric water kettle	<input type="checkbox"/>	
Cooker hood	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TV	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Home Cinema	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DVD player, Video player	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Games' console	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stereo	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Personal computer (desktop, laptop)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Printer, scanner, etc	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Refrigerator and freezer	<input type="checkbox"/>	
Refrigerator (without freezer)	<input type="checkbox"/>	
Freezer (separate)	<input type="checkbox"/>	
Water cooler	<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Washing machine (without dryer)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Clothes dryer (separate)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Washing – dryer machine	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Electric clothes press	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Vacuum cleaner	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other, explain:.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Energy saving works

E10.1. Is your house insulated?

- Yes ☐ 1 → E10.2
- No ☐ 2 → E10.3
- Do not know ☐ 3 → E10.3

E10.2. Which part/s of your house is/are insulated? (more than one answer accepted)

- Roof ☐ 1
- Floor ☐ 2
- Walls, external parts..... ☐ 3
- Walls, internal parts ☐ 4
- Frame of the building ☐ 5
- Other, explain ☐ 6

E10.3. Is there in your house? (more than one answer accepted)

Glass partition with:

- Single glasses ☐ 1
- Double/triple glasses..... ☐ 2

Frames (for doors, windows, etc):

- wooden ☐ 3
- Aluminium ☐ 4
- PVC ☐ 5
- Other, explain ☐ 6

Use of public transport means

E11. In part F of HBS1 you have mentioned the private transport means you have. In case you also use means of public transport, please fill in the following table which means you use and the average yearly frequency.

Urban/semi-urban means of public transport	Frequency of use (times/ week)
Bus	<input type="text"/>
Cable-bus	<input type="text"/>
Metro, subway	<input type="text"/>
Tram	<input type="text"/>
Taxi	<input type="text"/>
Train	<input type="text"/>
Inter-urban means of public transport	Frequency of use (times/ week)
Bus	<input type="text"/>
Train	<input type="text"/>
Boat	<input type="text"/>
Airplanes	<input type="text"/>

[illegible]

Check	Person in charge of the survey
Date	
Client	