	QUEST 2	
GENERAL SECRETARIAT OF		
THE NATIONAL STATISTICAL SERVICE		
OF GREECE		
GENERAL DIRECTORATE OF STATISTICAL SURVEYS		
DIVISION OF POPULATION AND		
LABOUR MARKET STATISTICS	HOUSEHOLD I.D :	
HOUSEHOLD'S SURVEYS UNIT	NAME / SURNAME	<u></u>
TEL: 210 4852896- 210 4852897		
FAX: 210 4852906	-	
E-MAIL: panel@statistics.gr	INTERVIEWER	
geodouro@statistics.gı	-	
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STATISTICS ON INCOME AND LIVING CONDITIONS

PERSONAL REGISTER

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

Piraeus, 2005

A. BASIC CHARACTERISTICS AND CURRENT MEMBERSHIP STATUS

(0)	(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8	3)	(9	9)	(1	0)	(11)
	Person number	Name	Surname	Date of birth		Sex	For all current members 1. Current member/ also in previous wave 2.Moved in from other sample household 3.Moved in from another household	For members that moved out	For members that moved out or died		For members that moved out or died or resided in the household for at least 3 months		For members that moved in		Residential status 1: Lives here 2: Temporarily lives elsewhere
				Month	Year	Male=1 Female=2		To another country 4. To unknown (non traceable) address	Month of movement/death	Year of movement/ death	Number of months spent in the household	Main activity	Month at which the person moved in	Year	Residential sta 2: Temporaril
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															

(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Main activity status	Member's father s/n -2: If the father is not member of the household	number 2: If the	Member's spouse/partn er s/n 2: If there is no spouse/partn er or is not member of the household	16 years and older 1:Yes 2:No	Interview's result	Type of interview	S/n of the person who filled in the indivindual questionnaire	Less than 12 years old 1:Yes 2: No
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COLUMN 18: TYPE OF INTERVIEW

- 1. Questionnaire completed (PAPI)
- 2. Questionnaire completed (CAPI)
- 3. Questionnaire comleted (CATI)
- 4. Self-administered by respondent
- 5. Proxy interview

COLUMN 19: Completed only if column 18 has value 5

COLUMN 17:PERSONAL INERVIEW RESULT

- 11. Personal Questionnaire completed
- 21. Personal questionnaire not completed due to illness or incapacity
- 22. The self-completed questionnaires weren't given back
- 23. Member refused to co-operate
- 31. Member is temporarily absent and the questionnaire cannot be filled in by
- 32. Contact not made for other reasons
- 33. Interview not completed for unknown reasons

COLUMNS 9 AND 12:

- 1. At work
- 2. Unemployeed
- 3. Retired
- 4. Other inactive (student, in military service, houswife, etc.)

B. CHILD CARE FOR CHILDREN UP TO 12 YEARS OLD

FOR THE INTERVIEWER: The following questions concern children born after 1991. The rest members of the household will not be registered.

(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
S/N	s/n member	Number of hours per week in programs concerning preschool education	Number of hours per week in programs concerning obligatory education	Number of hours per week in programs concerning child care inside school	Number of hours per week concerning child care outside school (baby parking)		Number of hours per week concerning child care by relatives or other persons
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

COLUMN 2: As pre-school education programs are considered kindergarten and creche.

COLUMN 3: As obligatory education program is considered the demotiko and gymnasium.

COLUMN 4: As child care program inside school is considered child care, in the morning, usually from 7a.m. until lessons start and until 4p.m.The particular program does not exist in all schools. Included are private and public schools.

COLUMN 5: As child care program outside school is considered child care at day-care centre

COLUMN 6: Conserning child care by a professional child minder at child's minder home or at child's home.

COLUMN 7: Conserning child care by grand-parents, others household members outside parents, other relatives, friends or neighbours.

C. MEMBER'S TRACING SHEET	
New address for split-off households	
MEMBER'S ID	
NAME / SURNAME OF RESPONSIBLE:	
PREFECTURE:	
MUNICIPALITY/ COMMUNE	
ADDRESS:	
PHONE NUMBER:	
FOR THE INTERVIEWER:	
a. The split-off household will be interviewed in its new address by me _ Complete all the que	estionnaires
b. The split-off household will be interviewed in its new address by another interviewer (in another prefecture) _ Send FAX / End of	survey for the specific interviewer.