



**1. FOR THE INTERVIEWER : Please note:**

- Time interview began (e.g 18.30)..... |\_\_| . |\_\_|
- Line number of member providing information for the household |\_\_|
- Line number of member who is responsible for the dwelling  
*If the registration of one responsible member is not possible, note the line number of the two members*
- Line number of first responsible person |\_\_|
- Line number of second responsible person |\_\_|
- Line number of member who is managing the household financial  
*If the registration of a member is not possible, note the persons line number.*
- Line number of first member |\_\_|
- Line number of second member |\_\_|

**ELEMENTS OF DWELLING**

**2. Your dwelling type is :**

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

- *As group of similarly dwellings are defined the dwellings having separate entrance from the street and some times there is lobby in which all the dwellings have access ( staircase, corridor, balcony 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.*

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

*(Exclude rooms used only for business purposes. A combined kitchen – living room should be counted as one room)*

Number of rooms..... |\_\_|

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

	NAI	OXI
- Bath or shower .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Indoor flushing toilet .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

	NAI	OXI
- Leaking roof, damp walls/floors/foundation, or rot in window frames or floor.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Too dark not enough light .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Noise from neighbors or noise from the street (traffic, business, factories etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Pollution, grime or other environmental problems in area caused by traffic or industry.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Crime, violence or vandalism in the area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**6. Your dwelling tenure status is:**

- Tenant or subtenant paying rent at prevailing or market rate  
(*Include cases where rent is recovered from housing benefit*).....  1 → 7a
- Dwelling is rented at a reduced rate (lower price than the market price) .....  2 → 7b
- Owned .....  3 → 7c
- Dwelling is provided rent – free (from employer, relative, etc.) .....  4 → 7d

**7. When did you sign the contract for your dwelling** if you are tenant and paying rent at prevailing or market rate or reduced rate with lower price than the market price, **when did you purchase your dwelling** if you are the owner, **when did you move to this address** if the dwelling is provided rent-free?

- 7.a For tenants ..... Year      → 11
- 7.b For tenants paying rent at lower price than the market price ..... Year      → 8
- 7.c For owners ..... Year      → 8
- 7.d For persons for which the use of the dwelling has been provided rent – free..... Year      → 8

**OWNERS OR TENANTS PAYING RENT AT LOWER PRICE THAN THE MARKET PRICE OR FOR THOSE FOR WHICH THE USE OF THE DWELLING HAS BEEN PROVIDED RENT - FREE**

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

- Monthly imputed rent ..... €  → 10
- Do not know .....  → 9

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

- Less than 151 € .....  1
- 151 – 350€ .....  2
- 351 – 500€ .....  3
- 501 – 650€ .....  4
- 651 – 800€ .....  5
- 801 – 950€ .....  6
- 951 – 1200€ .....  7
- 1201 – 1400€ .....  8
- 1401 – 1600€ .....  9
- 1601 – 1800€ .....  10
- 1801 – 2000€ .....  11
- 2001 – 2500€ .....  12
- More than 2500€ .....  13

**10. FOR THE INTERVIEWER : Please check from Q.6 if the dwelling is:**

- Owned? .....  1 → 13
- Rented at price lower than the market price? .....  2 → 11
- The use of the dwelling has been provided rent-free (from the employer, relatives etc.)?  3 → 16

**RENTED DWELLING**

**11. How much are you paying for rent per month for your main dwelling?**

- **Gross** monthly amount for rent (*before deducting any amount recovered from housing benefit*)

€ | \_\_\_\_\_ |

**12. Does the rent that you just provided include payments for some of the following items?**

	<b>NAI</b>	<b>OXI</b>
• Water.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Electricity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Gas.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Liquid or solid fuels (e.g. oil, coke, etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Heating, hot running water.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Structural premium insurance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Sewage removal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Refuse removal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Other charges (common use expenses, etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Regular maintenance and repairs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**OWNED OR RENTED DWELLING**

**13. During 2004, did you receive any allowance, subsidy or other payments from public schemes for housing costs? (*Included are military allowances, housing benefit etc.*)**

- Yes.....  1→14
- No.....  2→16

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

*Please include any amounts paid directly to the landlord or to the mortgage provider*

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

- Please mention the allowance: \_\_\_\_\_

**15. During 2004, for how many months did you receive this payment?**

- Number of months .....

**HOUSING COSTS**

**16. Do you pay for:**

	NAI	OXI
• Water.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Electricity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Gas.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Liquid or solid fuels (e.g. oil, coke, etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Heating, hot running water.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Structural premium insurance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Sewage removal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Refuse removal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Other charges (common use expenses, etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Regular maintenance and repairs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**16a. To what extent are housing costs a financial burden to you?**

**Included are interest payments on mortgage (for owners), rent (for tenants), insurance and service charges (sewage removal, refuse removal, regular maintenance, repairs, heating, water, electricity, gas, etc.)**

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

**NON-MONETARY ITEMS**

**17. 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 use.**

If you do not have an item:

- (a) would like to have it but cannot afford it, or
- (b) do not have it for other reasons e.g. you don't want or need it

	YES	Cannot afford	Do not want it, for other reasons
- Telephone (either fixed line or mobile).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Color television.....	<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

**FINANCIAL SITUATION**

**18. Do you or anyone in your household have to repay debts from hire purchase or loans?**

**Included are** loans for car purchasing, chattels, holidays, childbirth etc.

**Are not included** any mortgage or loans connected with your dwelling. **Included are** all credit card transactions. **Included are** loans for another dwelling of the household.

- Yes .....  1 → 19
- No .....  2 → 20

**19. To what extent is the repayment of such debts and the interest a financial burden on your household?**

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

**20. If you want, can your household afford the following?**

- |                                                                                | YES                        | NO                         |
|--------------------------------------------------------------------------------|----------------------------|----------------------------|
| - Paying for a week's annual holiday away from home.....                       | <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 irregular but necessary expenses.....                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Keeping your home adequately warm.....                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**21. Has your household been in arrears at any time in the last 12 months, that is, unable to pay as scheduled any of the followings?**

- |                                                             | YES                        | NO                         | NOT APPLICABLE             |
|-------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| - Rent for accommodation or mortgage payments.....          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Utility bills, such as for electricity, water or gas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Hire purchase installments or other loan payments.....    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

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

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

**22a. According to your opinion, which is the lowest net monthly income you household should have in order to make ends meet?**

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

**INCOME FOR CHILDREN  
LESS THAN 16 YEARS OLD**

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

- Yes .....  1 → 24  
 - No .....  2 → 29

**24. During 2004, did any of the children under 16 have an independent source of income?**

*Please do not include amounts from other members of the household*

- Yes .....  1 → 25  
 - No .....  2 → 29

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

Annual total amount..... € | \_\_\_\_\_ |

**26. Is the pre-mentioned amount subject to tax and social insurance contributions?**

- Yes, subject to tax or social insurance contributions or both.....  1 → 27  
 - No, doesn't subject to tax or social insurance contributions.....  2 → 29  
 - Do not know.....  3 → 29

**27. Are the tax and social insurance contributions included in the amount of Q.25?**

- Only tax is included.....  1  
 - Only social insurance contributions are included.....  2  
 - Tax and social insurance contributions included.....  3  
 - No, neither.....  4

**28. Please register the tax amount or the amount of social insurance contributions.**

Tax amount..... € | \_\_\_\_\_ |

Social insurance contributions amount ..... € | \_\_\_\_\_ |

Do not know the above amounts.....

**SOCIAL ASSISTANCE**

**29. Did you or anyone in your household receive, during 2004, any social assistance payment, such as the social solidarity allowance?**

*(Included are allowances for poor persons – a lump sum amount for assistance to poor households in mountainous and disadvantageous areas, allowances to children under 16 years old who live in poor households (pre-school and school allowance), allowances to repatriations, refugees, released from prisons, drug-addicts, alcoholics, allowances to long-standing unemployed aged 45-65 and the allowance of social solidarity for pensioners which will be registered for all months received totally. Also included are benefits to households that faced an earthquake, flood etc.*

- Yes .....  1 → 30
- No .....  2 → 30

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

- Annual total amount ..... € | \_\_\_\_\_ |
- Please register the allowance: \_\_\_\_\_

**RENTAL INCOME**

**31. During 2004, did you or anyone in your household receive any income from renting property (e.g. renting a building, house, flat, a room or some land)? Included are rents form renting a car, taxi, track, boat **only if** the owner has not renting as main job (e.g. a pensioner renting a taxi).**

- Yes .....  1 → 32
- No .....  2 → 37

**31.a If YES, please note the type/kind of this property (e.g. apartment, taxi, land, parking, boat, etc.)**

- Property : \_\_\_\_\_
- Property: \_\_\_\_\_
- Property: \_\_\_\_\_

**32. If yes, do you know what was the income your household received from renting property after deducting costs, such as interest payments, repairs, maintenance and insurance and other charges during 2004?**

*Do not deduct tax corresponding to income.*

- Yes, amount..... € | \_\_\_\_\_ | → 34
- No profit as expenses equaled or exceeded rent received.....  1 → 34
- No, don't know.....  2 → 33

**32a. Please provide the amount of expenses you made, during 2004, for repairs, maintenance, insurance, etc. for your property.**

- Amount ..... € | \_\_\_\_\_ | → 34

**33. If you don't know the exact amount, please can you give an approximate range?**

- Less than 1.000 € .....  1
- 1.000€ to under 3.000 € .....  2
- 3.000€ to under 5.000 € .....  3
- 5.000€ to under 10.000 € .....  4
- 10.000€ or more.....  5

**34. Is the pre-mentioned amount subject to tax or social insurance contributions?**

*In cases of zero profit or loss, taxation is done by inference.*

- Yes, subject to tax or social insurance contributions or both.....  1→ 35
- No, doesn't subject to tax or social insurance contributions.....  2→ 37
- Do not know if subject to tax or social insurance contributions.....  3→ 37

**35. Do the registered amounts in Q.32 or Q.33 include tax or and social contributions?**

- Only tax is included.....  1
- Only social insurance contributions are included.....  2
- Tax and social insurance contributions are included.....  3
- Tax and social insurance contributions are not included.....  4

**36. Please register the amount of tax and social insurance contributions.**

*In case of no tax, register 0 in the field*

- Tax amount..... € | \_\_\_\_\_ |
- Social insurance contributions amount..... € | \_\_\_\_\_ |
- Do not know the above amounts.....

**FAMILY RELATED ALLOWANCES-BENEFITS**

**37. During 2004, did you or anyone from your household receive any family allowance or benefit?**

- Yes .....  1 → 38  
 - No .....  2 → 39

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

*\*The allowance for family public servants, the allowance for pregnancy-puerperal and the allowance for parental leave, if register to the particular question, will not be included to the income of employees.*

ALLOWANCE-BENEFIT	If yes: Please register the monthly amount	Number of months	In the pre-mentioned amount are included:					Tax amount or social insurance contributions or both (additional) If subject to tax or to social insurance contributions	
			1:Tax	2:Social insurance contributions	3:Both	4:None	5: Do not know		
Lifelong pension for mothers having more than 3 children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____
Allowance for families having 3 children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____
Allowance for families having more than 3 children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____
Family allowance for public servants*	YES <input type="checkbox"/> OXI <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____
Incapacitated relatives care benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____
Pregnancy-puerperal benefit*	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____
Parental leave allowance*	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____
Birth grant	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____
Marriage benefit (lump sum)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____
Student's allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____
Other allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€   _____	_	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€   _____

**INTRA-HOUSEHOLD TRANSFERS TO/FROM  
OTHER HOUSEHOLDS**

**39. During 2004, did you or anyone in your household make regular payments to someone in another private household?**

*(Included support for a student living away from home, support for a spouse or former spouse, children not living with you, an older relative or some other person. Do not include one-off gifts such as for Christmas or birthdays as well as the amounts, which are not strengthening the income of other households).*

- Yes.....  1 → 40
- No .....  2 → 43

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

- Annual total amount..... € | \_\_\_\_\_ |

**41. Is the pre-mentioned amount subject to tax?**

- Yes.....  1 → 42
- No .....  2 → 43
- Do not know if subject to tax.....  3 → 43

**42. Is the registered amount in Q. 40 including tax?**

*In this case we refer to tax relief.*

- Yes, tax amount (tax relief)..... € | \_\_\_\_\_ |
- No/do not know the exact tax amount (tax relief).....

**43. During 2004, did you or anyone in your household receive regular payments from other private households' members?**

*(Included are payments from parents, children, relatives etc. Do not include one-off gifts such as for Christmas or birthdays as well as the amounts, which are not strengthening the income of other households).*

- Yes.....  1 → 44
- No .....  2 → 47

**44. If yes, what was the type of this benefit and which the annual total amount?**

- Type of benefit : \_\_\_\_\_
- Annual total amount..... € | \_\_\_\_\_ |

**45 . Is the pre-mentioned amount subject to tax?**

- Yes .....  1 → 46
- No.....  2 → 47
- Do not know if subject to tax.....  3 → 47

