

QUEST. 2

**GENERAL DIVISION OF
STATISTICS**

[illegible]

NAME/SURNAME:

INTERVIEWER :

144

MEMBERS REGISTER

All information provided through the questionnaire is used only for statistical purposes and the answers in the questions are CONFIDENTIAL (L.3832/2010).

Piraeus 2011

| (0) | (1) | (2) | (3) | (4) | | (5) | (5a) | (6) | (7) | (8) | | (9) | | (10) | |
|-----|--------------|------|---------|---------------|------|--------------------|------------------|--|--|------------------------------------|------------------------|--|---------------|------------------------------------|------|
| S/N | Member's S/N | Name | Surname | Date of birth | | Sex | Immigration year | For all current members | 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 | |
| | | | | Month | Year | | | 1. Current member/ also in previous wave 2. Moved in from other sample household 3. Moved in from another household 4. Newborn 5. Moved out 6. Died 7. Lived in the household for at least 3 months* | | | | | | | |
| | | | | | | Male=1 Female=2 | | | 1. To another private household within the country** 2. To collective household or institution of the country 3. 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 |
| 01 | | | | | | | | | | | | | | | |
| 02 | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | | | | |
| 05 | | | | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | | | | |
| 07 | | | | | | | | | | | | | | | |
| 08 | | | | | | | | | | | | | | | |
| 09 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |

* They stayed in the household for three months at least, during 2010 and they are not household's members today.

** Split of household/Member's tracing sheet

A. BASIC CHARACTERISTICS AND KAI CURRENT MEMBERSHIP STATUS

| | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | |
|---------------|--|---|---|--|---|---|---|---|---|--|--|---|
| Person member | (To be filled if the column 6 has as code 1,2,3,or 4) Residential status 1: Lives here 2: Temporarily lives elsewhere | (To be filled if the column 6 has as code 1,2,3,or 4) Main activity Status | (To be filled if the column 6 has as code 1,2,3,or 4) Member's father s/n -2: If the father is not member of the household | (To be filled if the column 6 has as code 1,2,3,or 4) Member's mother s/n. -2: If the mother is not member of the household | (To be filled if the column 6 has as code 1,2,3,or 4) Member's spouse/partner s/n. -2: If there is no spouse/partner or is not member of the household | (To be filled if the column 6 has as code 1,2,3,or 4) 16 years and up 1:Yes 2:No | (To be filled if the column 6 has as code 1,2,3,or 4) Interview's result | (To be filled if the column 17 has as code 11) Type of interview | (To be filled if the column 18 has as code 5) S/n of the person who filled in the individual questionnaire | (To be filled if the column 6 has as code 1,2,3,or 4) Younger than 12 years old 1:Yes 2: No | (To be filled if the column 6 has as code 1,2,3,or 4) Number of children born (for women 12 years old and up) | <p>COLUMN 17:PERSONAL INTERVIEW RESULT</p> <p>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 proxy 32. Contact not made for other reasons 33. Interview not completed for unknown reasons</p> <p>COLUMN 18: TYPE OF INTERVIEW</p> <p>1.Questionnaire completed (PAPI) 2. Questionnaire completed (CAPI) 3. Questionnaire completed (CATI) 4. Self-administered by respondent 5. Proxy interview</p> <p>COLUMN 19: Completed only if column 18 has value 5</p> |
| | | | | | | | | | | | | COLUMNS 9 AND 12: 1. Working 2. Unemployed 3. Retired 4. Other inactive (student, in military service, housewife, etc.) |
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B. CHILD CARE FOR CHILDREN UP TO 12 YEARS OLD

FOR THE INTERVIEWER: The following questions concern children born since April 1999. The rest members of the household will not be registered.

| (0) | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|-----|--------------|--|--|--|--|---|--|
| S/N | Member's S/N | (For children born since 2005) Number of hours per week in programs concerning pre-school education | (For children born from April 1999 up to 2004) Number of hours per week in programs concerning obligatory education | (For children born since April 1999) Number of hours per week in programs concerning child care inside school | (For children born since April 1999) Number of hours per week concerning child care outside school (baby parking) | (For children born since April 1999) Number of hours per week concerning child care by child-minders | (For children born since April 1999) 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 in especially adjusted places, at day-care centre, during the day.

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

COLUMN 7: Concerning child care by grand-parents, other household members (parents are excluded), other relatives, friends or neighbors.

C. MEMBER'S TRACING SHEET

New address for split-off households

MEMBER'S ID:[illegible]

| | |
|-------------------------------|---|
| 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
- b. The split-off household will be interviewed in its new address by another interviewer (in other prefecture)

|_ → Complete all the questionnaires

$|_{-}| \rightarrow$ Send a FAX (in the other prefecture)

END of the survey for the specific interviewer