

QUEST. 2



HELLENIC REPUBLIC



HELLENIC STATISTICAL AUTHORITY

GENERAL DIVISION OF STATISTICS
DIVISION OF POPULATION AND
LABOUR MARKET STATISTICS
UNIT OF HOUSEHOLD SURVEYS

TEL.: 213 135 2897

FAX: 213 135 2906

CONFIDENTIAL

HOUSEHOLD ID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

NAME/SURNAME: _____

INTERVIEWER : _____

_____ |_|_|_|_|

EUROPEAN UNION STATISTICS ON INCOME AND
LIVING CONDITIONS 2014

MEMBERS
REGISTER

The survey is being conducted in a sample of households having been randomly designed by the HSA. The supply of data is OBLIGATORY and the answers in the questions are CONFIDENTIAL (L.3832/2010).

Piraeus 2014

(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 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*	For members that moved out 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	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					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 2012 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.)

B. CHILD CARE FOR CHILDREN UP TO 12 YEARS OLD

FOR THE INTERVIEWER: The following questions concern children born since April 2002. 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 2008) Number of hours per week in programs concerning pre-school education	(For children born from April 2002 up to 2007) Number of hours per week in programs concerning obligatory education	(For children born since April 2002) Number of hours per week in programs concerning child care inside school	(For children born since April 2002) Number of hours per week concerning child care outside school (baby parking)	(For children born since April 2002) Number of hours per week concerning child care by child-minders	(For children born since April 2002) 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. IMMIGRATION

FOR THE INTERVIEWER: The questions 1,2,3,4 concern persons with answer in column 5a.of section A(migration year) and question 5 concern persons with value 3 in column 7 of the same section.

(0)	(1)	(2)	(3)	(4)	(5)
S/N	Member's S/N	Nationality	Birth country	Former residence country	Next residence country
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

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 questionnaires

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

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

END of the survey for the specific interviewer