

## **HELLENIC REPUBLIC HELLENIC STATISTICAL AUTHORITY**

**ERAL DIRECTORATE OF STATISTICAL SURVEYS** POPULATION AND LABOUR MARKET STATISTICS DIVISION SPECIAL HOUSEHOLD SURVEYS SECTION

> HOUSEHOLD'S ID: \_\_\_\_\_|\_|\_||||||||| REGION: MUNICIPALITY:\_\_\_\_\_ LOCATION: DATE: \_\_\_\_\_||| INTERVIEWER: \_\_\_\_\_ |\_| | EMPLOYEE ID - CHECKING:\_\_\_\_\_|\_| EMLOYEE ID - CODING: \_\_\_\_\_ |\_|

## **HOUSEHOLD QUESTIONNAIRE**

## TIME USE SURVEY 2013 - 2014

Name of head of household	l:
Address	:
Post Code	:







Co-financed by Greece and the European Union

The supply of data for ELSTAT is OBLIGATORY.

Telephone number

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

Piraeus 2013

I.	NTERVIEW The time		ase note: start filling in th	iis questioni	naire (e	.g. 18:0	0)					_ _ : _			
•	Member's	s ID who	provides the info	rmation for	the hor	usehold			_ _						
				ΣΥ	ΝΘΕΣ	H TOY	NOIL	KOKYP	IOY						
Member ID	Residential status	Name	Date of birth	Sex 1= Male 2= Female				R		hip statı	ıs				Self declare labour statu (15 years ol and older) G
A	В	C	D	E	01	02	03	04	05	06	07	08	09	10	
01															
02															
03															
04															
05															
06															
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08															
09															
10															
COLUM	N. D. D 1 41	1.04.4	COLUMBIE	D.1.4'			COLID	IN C. TI							

<b>COLUMN B: Residential Status</b>	COLUMN F: Relationship status	COLUMN G: Labour status
1= present	1= spouse, partner, cohabitant	1= carries out a job or profession
2=temporary absent	2= child	2= unemployed
	3= brother/sister	3= at school, student etc
	4= parent	4= in retirement
	5= grandchild	5= permanently disabled
	6= grandparent	6= in compulsory military service
	7= son-in-law/daughter-in-law	7= doing domestic work at home
	8= other relative	8= other inactive person
	9= not related	

<b>INTERVIEWER</b> : Does the household include children less than 10 years	old	(column)	D):
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- Yes	$1 \rightarrow H$
<sup>-</sup> No	$2 \rightarrow H$ :

## CHILDCARE FOR CHILDREN AGED LESS THAN 10 YEARS OLD

H3. Do any of your children attend a kindergarten or a crèche, or are they been looked after on a

long-teri	m basis by other	r persons (not belongir	ng to your household),	or by o	ther institutions;
(parents,	neighbours, and	any short-term or irreg d other childcare from dance is not regarded as	time to time, but only		
- Yes				. 1 -	→ H4
- No				2 -	→ H5
U/ How is th	o day care of v	our children organized	<b>າ</b>		
	·	d separately starting fro			
	<b>.</b>		,		
			ildren aged less than	n 10	
Member No		Public y	ears old Private		
Wiember No	1 <sup>st</sup> child				
	2 <sup>nd</sup> child	1	2		
	3 <sup>rd</sup> child	1	2		
		1	2		
	4 <sup>th</sup> child	1	2		
				7	
	ŀ	HOUSING AND LIV	ING CONDITIONS	<u> </u>	
H5. What kir	nd of accommod	lation is your main res	idence?		
1 . f	1 ( 1-41	. 1			
_		ed, semi-detached or terilding		1	
		on (please escribe)		2	
another form	or accommodative	on (pieuse escribe)		3	
H6. How man		our household use for j	private purposes, not	counting	g bathrooms, toilets or
Exclude re	ooms solely for b	ousiness use.			
- Number of ro	oms			L	
H7. Your dw	velling tenure st	atus is:			
- Owner				1	
- Tenant				2	
- Accommodati	ion is provided f	ree		3	

Irrespective of whether the item is owned, rented or otherwise provided for your use.

	<b>)</b>	ES	NO		
-	Color TV	1			
-	Number of TV sets		_ _  1 <sup>a</sup>		
-	TV satellite or cable receiver	2			
-	DVD	3			
-	Microwave oven	4			
-	Dishwasher	5			
-	Washing machine	6			
-	Deep freeze	7			
-	Landline telephone	8			
-	Mobile telephone	9			
-	Number of mobile telephones		_ _  9 <sup>α</sup>		
-	A second home (e.g. for holidays)	10			
-	Computers of any kind (PC, portable, etc.)	11			
		1	11 <sup>a</sup>		
-	Number of computers	1-	_ _  11		
-	Internet connection	12			
-	Private car or van	13			
-	Number of private cars or vans	_	_ _  13α		
	GROWING PLANTS AND KEEPING/BREE	DIN	G ANIM.	ALS	
H9.	Does your household grow any plants/cereals/crops/vegetables	?			
- Ye	es	1			
	)	2			
- 11		2			
H1(	Does your household keep/breed domestic animals?				
- Ye	es	1			
- No	)	2			
H11	1. Does your household keep/breed any pets?				
- Ye	es	1			
- No	)	2			
INI	<b>TERVIEWER</b> : Please check the answers for questions H9 and H10				
	- Is the answer to the questions H9 or H10 YES			$1 \rightarrow H12$	
	- Is the answer to the questions H9 or H10 NO				
	1			$2 \rightarrow H132$	

- Ye	s	1
- No	······	2
	INCOME	
	<b>ERVIEWER:</b> The following questions concern the income me received by the household as a whole.	of all household members and any othe
H13	3: Which of the following sources of income does your how can be selected.	usehold have at present; Multiple answer.
-	Wages or salaries	1
-	Income from self-employment or farming	2
-	Pensions	3
-	Unemployment benefit	4
-	Other types of social benefits and grants and other pensions	5
-	Income from investment, savings or property	6
-	Income from other sources	7
-	No income source	8
-	Does not know	98
-	Declines to answer	99
H14	net monthly amount? Net is the amount of income a contributions.	
- Ye	s	1 → H15
- No		2 → H16
- Do	es not know	98 → H16
- De	clines to answer	99 → H16
H15	. Which is the net monthly income of your household?	
- An	nount per month	<u> </u>

- Up to 430 Euros					
Op 10 750 Latos			1		
- 431 – 790 Euros			2		
- 791 – 1040 Euros			3		
- 1041 – 1310 Euros			4		
- 1311 – 1620 Euros			5		
- 1621 – 2000 Euros			6		
- 2001 – 2470 Euros			7		
- 2471 – 3110 Euros			8		
- 3111 – 5260 Euros			9		
- 5261 Euros or more			9		
Does not know			. 98		
Declines to answer			99		
Rì	ECEIV	ING H	ELP		
H17. Did you or any other member of you a member of your household at any to A- What kind of help or services did			-	from someon	e who is not
B- How many times did you received C- Last time you received this kind	e this kir	ceive? nd of hel	p or services during th	ne last 4 weeks	s?
B- How many times did you receive	e this kir of help	ceive? nd of hel or servic  A  you eive	p or services during theses, did you pay for it?  B How many times did you receive this kind of help	Last time you this kind of services, di	ou received of help or d you pay
B- How many times did you received C- Last time you received this kind	e this kir of help Did reco	ceive?  nd of hel  or servic  you  eive  p?	p or services during theses, did you pay for it?  B How many times did you receive	Last time yo this kind o services, di	ou received of help or d you pay it?
B- How many times did you received C- Last time you received this kind	e this kir of help	ceive? nd of hel or servic  A  you eive	p or services during theses, did you pay for it?  B How many times did you receive this kind of help or services during	Last time you this kind of services, di	ou received of help or d you pay
B- How many times did you received C- Last time you received this kind  Kind of help or services	this kir of help of he	ceive? nd of hel or servic   you eive   NO	p or services during theses, did you pay for it?  B How many times did you receive this kind of help or services during	Last time yo this kind o services, di for	ou received of help or d you pay it?
B- How many times did you received C- Last time you received this kind  Kind of help or services  1. Childcare	Did reconded YES	you eive NO	p or services during theses, did you pay for it?  B How many times did you receive this kind of help or services during	Last time you this kind of services, differ YES	ou received of help or d you pay it? NO
B- How many times did you received C- Last time you received this kind  Kind of help or services  1. Childcare	Did reconder YES	you eive NO 2	p or services during theses, did you pay for it?  B How many times did you receive this kind of help or services during	Last time you this kind of services, differ YES	ou received of help or d you pay it? NO 2
B- How many times did you received C- Last time you received this kind  Kind of help or services  1. Childcare	this kir of help of he	you eive NO 2 2	p or services during theses, did you pay for it?  B How many times did you receive this kind of help or services during	Last time you this kind of services, differ 1	ou received of help or d you pay it?  NO  2  2

Date: ...... Day |\_|\_| Month |\_|\_|