

HELLENIC STATISTIC AUTHORITY

GENERAL DIRECTORATE OF STATISTICAL SURVEYS
POPULATION & LABOUR MARKET STATISTICS DIVISION

SPECIAL HOUSEHOLD SURVEYS SECTION

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Household code: |_|_|_|_|_|_|_|_|_|_|_|_|

Region: _____

Municipality: _____

Municipal section: _____

Date: |_|_|_|_|_|_| |**2**|**0**|**1**|_|

Interviewer: _____ |_|_|_|

SURVEY ON ENERGY CONSUMPTION IN HOUSEHOLDS 2011-2012

HOUSEHOLD'S HEAD SURNAME: _____

ADDRESS: _____

TELEPHONE: _____

0. Do you live in this dwelling for at least 3 months during the winter and 3 months during the summer?

(Winter: from October till April, summer: from May till September)

- Yes ☐₁ }
- No ☐₂ }

Survey start time: |_|_|:|_|_|

Household characteristics

A/a	Name/Surname	Relationship with the person in charge of the household	Residency status	SEX 1: male 2: female	Date of birth D D M M Y Y Y Y	Main economic activity
1	2	3	4	5	6	7
1		1			_ _ _ _ _ _ _	
2					_ _ _ _ _ _ _	
3					_ _ _ _ _ _ _	
4					_ _ _ _ _ _ _	
5					_ _ _ _ _ _ _	
6					_ _ _ _ _ _ _	
7					_ _ _ _ _ _ _	
8					_ _ _ _ _ _ _	
9					_ _ _ _ _ _ _	
10					_ _ _ _ _ _ _	

3rd column

- 1: In charge of the household
- 2: Spouse
- 3: Child
- 4: Parent
- 5: Relative
- 6: Staff
- 7: Boarder
- 8: Other

4th column

- 1: lives here
- 2: temporarily absent

7th column

- 1: In employment
- 2: Unemployed
- 3: Pensioner
- 4: Not economically active (pupil, student, enlisted, etc.)

BUILDING CHARACTERISTICS

1. Is this dwelling your household's permanent residence?

- Yes ☐ 1
- No: ☐ 2

2. In this dwelling you and your household live:

- The whole year ☐ 1→3
- Only for a few months per year..... ☐ 2

Specifically:

- In total |__|__| month

Please mark the respective months (i.e. |0|2| for February, |1|1| for November.)

- Months |__|__, |__|__, |__|__, |__|__, |__|__, |__|__,
|__|__, |__|__, |__|__, |__|__, |__|__|

3. The dwelling that you and your household live is:

- A Detached single –family House ☐ 1
- A semi-detached single –family house or a single-family house in a block of adjoining buildings ☐ 2
- An apartment (in a building with less than 10 apartments in total) ☐ 3
- An apartment (in a building with more than 10 apartments in total)..... ☐ 4
- Other _____ ☐ 5

4. The dwelling that you and your household live is:

- Privately owned ☐ 1
- Privately owned but with financial obligations (on loan, on mortgage)..... ☐ 2
- Granted by the employer ☐ 3
- Granted by a member of the family ☐ 4
- Rented ☐ 5
- Rented from the employer in a lower price ☐ 6
- Rented from a member of the family in a lower price..... ☐ 7

5. How many regular rooms does your dwelling have? (excluding kitchen, bathroom, toilet and hallway)

α. Number of rooms..... | _ | _ |

β. How many of these does your household use? | _ | _ |

5.1 Which is the total surface of your dwelling?

(The surface that is used only by your household)

Surface..... | _ | _ | _ | m²

6. Construction year of the dwelling:

- before 1946..... ☐ 1
- 1946 – 1960..... ☐ 2
- 1961 – 1980..... ☐ 3
- 1981 – 1990..... ☐ 4
- 1991 – 1995..... ☐ 5
- 1996 – 2000..... ☐ 6
- 2001 – 2005..... ☐ 7
- 2006 – 2010..... ☐ 8
- After 2011 ☐ 9

7. How many floors does the building have?

Number of floors | _ | _ |

8. Your dwelling is on the:

- Basement ☐ 1
- Ground floor ☐ 2
- 1st floor (building with pilotis)..... ☐ 3
- 1st floor (building without pilotis)..... ☐ 4
- A middle floor ☐ 5

In particular on the | _ | _ | floor

- Last floor ☐ 6
- The dwelling is a multi-floor apartment ☐ 7

On the following floors | _ | _ | and | _ | _ | and | _ | _ |

8.1 Is your dwelling a penthouse?

- Yes ☐ 1

If yes, which penthouse is it: first ☐ 1.1, second ☐ 1.2, third ☐ 1.3

- No ☐ 2

9. According to the surface stated in question 5.1, are there any rooms in which the space heating system has not been used during last winter?

- Yes ☐ 1

If yes:

Please specify the surface of the rooms in which the heating system has not been used: | _ | _ | _ | m²

- No ☐ 2

- I am not able to estimate the surface..... ☐ 3

10. According to the surface stated in question 5.1, are there any rooms in which the space cooling system has not been used during last summer?

- Yes..... ☐ 1

If yes:

Please specify the surface of the rooms in which the cooling system has not been used: | _ | _ | _ | m²

- No ☐ 2

- I am not able to estimate the surface..... ☐ 3

THERMAL INSULATION

11. Is there any thermal insulation at your dwelling?

- Yes ☐ 1 → 11.1
- No ☐ 2 → 12
- I do not know..... ☐ 3 → 12

11.1. If yes, please specify where your dwelling has thermal insulation:

(multiple answers possible)

- Ceiling/roof ☐ 1
- Floor..... ☐ 2
- Façade ☐ 3
- Inner surface of the walls ☐ 4
- Supporting Structure ☐ 5
- Elsewhere: ☐ 6
- I do not know ☐ 7

12. At your dwelling:

(multiple answers possible)

The windows have

- Single glazing ☐ 1
- Double/triple glazing ☐ 2

The window systems are:

- Wooden..... ☐ 3
- Aluminum ☐ 4
- PVC..... ☐ 5
- Other, please specify: ☐ 6

SPACE HEATING

13. Do you use any space heating system/equipment?

- Yes ☐ 1
- No ☐ 2→24

14. What is the main space heating system that you use?

- Central heating system ☐ 1
- If yes, is it equipped with an autonomous heating control unit? .YES ☐ 1.1...NO ☐ 1.2
- Independent heating system ☐ 2
- District heating ¹..... ☐ 3

For the interviewer:

- o If in Q 14 the answer is 1, then in Q 15 only answers 1 & 2 are applicable.
- o If in Q 14 the answer is 2, then in Q 15 only answers 1 & 3-8 are applicable.
- o If in Q 14 the answer is 3, then in Q 15 only answer 8 is applicable.

15. The main space heating system is:

- Burner/boiler..... ☐ 1
- Heat pump..... ☐ 2
 - Electrical Heat pump ☐ 2.1
 - Ground Sources Heat Pump..... ☐ 2.2
- Stove..... ☐ 3
- Fireplace ☐ 4
 - If yes, is it energy efficient?; yes ☐ 4.1 no ☐ 4.2 I do not know ☐ 4.3
- Portable electric heaters ☐ 5
- Electric thermal storage heater ☐ 6
- Air conditioning split units ☐ 7
 - Does the device include inverter? yes ☐ 7.1 no ☐ 7.2 I do not know ☐ 7.3
- Other, please specify:_____ ☐ 8

¹ This is valid only for areas with available district heating network (05/2011): Kozani, Ptolemaida, Amynteo, Filota Lakkia (West and Central Macedonia), Serres (East Macedonia), Megalopoli (Peloponnese).

For the interviewer:

- If in Q 15 the answer is 1, then in Q 16 only answers 1, 2, 5 & 7 (7.1 – 7.5) are applicable.
- If in Q 15 the answer is 2 (2.1 & 2.2), then in Q 16 only answer 3 is applicable.
- If in Q 15 the answer is 3, then in Q 16 all answers except 2 are applicable.
- If in Q 15 the answer is 4, then in Q 16 only answers 2, 6 & 7 (7.1 – 7.5) are applicable.
- If in Q 15 the answer is 5 or 6 or 7, then in Q 16 only answer 3 is applicable.

16. What is the energy source that your space heating system uses:

- Diesel ☐ 1
- Natural gas ☐ 2
- Electricity ☐ 3
- Kerosene ☐ 4
- Solid fuels (i.e. coal)..... ☐ 5
- LPG ☐ 6
- Biomass (i.e. wood, pellets, briquettes, agricultural and forestry wastes)..... ☐ 7

- If yes please specify the type::
(multiple answers possible.)

- Firewood ☐ 7.1
- Wood pellets..... ☐ 7.2
- Wood briquettes ☐ 7.3
- Olive cake..... ☐ 7.4
- Other, please specify:_____ ☐ 7.5
- Other, please specify: _____ ☐ 8

For the interviewer:

If in Q 15 the answer is 1,2, 5 or 6 or 7, then in Q 17 the answer 'yes' is applicable.

17. Is the main space heating system equipped with room thermostat?

- Yes ☐ 1
 - If yes, at which temperature is it set?..... | _ | _ | °C
 - I do not know the temperature..... ☐ 1.2
- No ☐ 2
- I do not know ☐ 3

18. Please indicate the age of the main space heating system:

- Less than 5 years ☐ 1
- 6 –10 years..... ☐ 2
- 11 – 20 years..... ☐ 3
- More than 20 years ☐ 4
- I do not know ☐ 5

19. During the last heating period, how many months did you use the space heating system?

- Less than 1 month ☐ 1
- 1 month ☐ 2
- 2 months ☐ 3
- 3 months ☐ 4
- 4 months ☐ 5
- 5 months ☐ 6
- 6 months ☐ 7
- More than 6 months..... ☐ 8

20. How many hours per day have you used the space heating system on average?

- Less than 2 hours ☐ 1
- 3 – 5 hours ☐ 2
- 6 – 8 hours ☐ 3
- 9 – 11 hours ☐ 4
- 12 –14 hours ☐ 5
- 15 –17 hours ☐ 6
- More than 17 hours ☐ 7
- Non stop (24 hours)..... ☐ 8

21. In the last heating season have you used any additional space heating system?

- Yes ☐ 1
- No ☐ 2→24
- I do not know..... ☐ 3→24

22. The additional space heating system is :

- Burner/boiler..... ☐ 1
- Heat pump..... ☐ 2
 - Electrical Heat pump ☐ 2.1
 - Ground Sources Heat Pump..... ☐ 2.2
- Stove..... ☐ 3
- Fireplace ☐ 4
 - If yes, is energy efficient?; yes ☐ 4.1 no ☐ 4.2 I do not know ☐ 4.3
- Portable electric heaters ☐ 5
- Electric thermal storage heater ☐ 6
- Air conditioning split units ☐ 7
 - Does the device include inverter? yes ☐ 7.1 no ☐ 7.2 I do not know ☐ 7.3
- Other, please specify: _____ ☐ 8

23. What is the energy source that your additional space heating system uses:

- Diesel ☐ 1
- Natural gas ☐ 2
- Electricity ☐ 3
- Kerosene ☐ 4
- Solid fuels (i.e. coal)..... ☐ 5
- LPG ☐ 6
- Biomass (i.e. wood, pellets, briquettes, agricultural and forestry wastes)..... ☐ 7
- Other, please specify: _____ ☐ 8

DOMESTIC WATER HEATING

24. Do you use any system/ equipment to heat domestic water (DHW) in your dwelling?

- Yes ☐ 1
- No ☐ 2→26
- I do not know..... ☐ 3→26

25. The domestic water heating system is:

(Multiple answers possible.)

	Yes	Age	Usage/day (summer period)		Usage/day (winter period)		Does the system include a hot water buffer? If yes, what is its capacity?	
	Only a positive answer should be completed	1: ≤ 2 years 2: 3-4 years 3: 5-6 years 4: 7-8 years 5: 9-10 years 6: 11-15 years 7: 16-20 years 8: >20 years	Minutes/day	Hours/Day	Minutes/day	Hours/Day	Liters	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
System that is linked to the central heating system	<input type="checkbox"/> 1	_	_ _ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
<ul style="list-style-type: none"> Does it use an auxiliary energy source²? 	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2							
Solar thermosiphon system	<input type="checkbox"/> 2	_						_ _ _ _
<ul style="list-style-type: none"> Does it use a supplementary system with an auxiliary energy source³? Does it use a supplementary system with <u>two</u> auxiliary energy sources⁴? 	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2							
Electrical thermosiphon system	<input type="checkbox"/> 3	_	_ _ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	

² That is, whether it operates together with 1 additional system (e.g. solar thermosiphonic system or electrical thermosiphonic system etc.).

³ That is, whether it operates together with 1 additional system (e.g. electrical thermosiphonic system or the space heating system etc.).

⁴ That is, whether it operates together with 2 additional systems (e.g. space heating system and electrical thermosiphonic system etc.).

	Yes	Age	Usage/day (summer period)		Usage/day (winter period)		Does the system include a hot water buffer? If yes, what is its capacity?
	Only a positive answer should be completed	1: ≤ 2 years 2: 3-4 years 3: 5-6 years 4: 7-8 years 5: 9-10 years 6: 11-15 years 7: 16-20 years 8: >20 years	Minutes/day	Hours/Day	Minutes/day	Hours/Day	Liters
			(a)	(b)	(c)	(d)	(e)
Small-scaled electrical thermosiphon system ⁵	<input type="checkbox"/> 4	_	_ _ _	_ _ , _	_ _ _	_ _ , _	_ _ _
Thermosiphon system with natural gas	<input type="checkbox"/> 5	_	_ _ _	_ _ , _	_ _ _	_ _ , _	_ _ _
Electrical instant hot water dispenser	<input type="checkbox"/> 6	_	_ _ _	_ _ , _	_ _ _	_ _ , _	_ _ _
Instant hot water dispenser with natural gas	<input type="checkbox"/> 7	_	_ _ _	_ _ , _	_ _ _	_ _ , _	_ _ _
District heating	<input type="checkbox"/> 8	_	_ _ _	_ _ , _	_ _ _	_ _ , _	_ _ _
Other, namely: _____	<input type="checkbox"/> 9	_	_ _ _	_ _ , _	_ _ _	_ _ , _	_ _ _

⁵ Small-scaled electrical thermosiphonic system: It is usually used for domestic water heating in the kitchen.

SPACE COOLING

FOR THE INTERVIEWER:

Check against answer of **question 10** and of **question 5.1**.

26. Do you use any system/units for cooling certain parts of your dwelling during the warm months of the year?

- Yes ☐ ₁
- No ☐ _{2→32}
- I do not know ☐ _{3→32}

27. Is it:

27.1. Independent air conditioning units (split) ☐ ₁ ☐ ₂

If **yes**, please fill in the following table:

Number of units

Unit age (in years)

If age < 1 year, fill in 01

Does the unit include Inverter?

Unit capacity (BTU/hr)

Energy class

Brand/Model

(Only if the energy class is not known)

1 st	2 nd	3 rd	4 th	5 th	6 th
_ _	_ _	_ _	_ _	_ _	_ _
YES <input type="checkbox"/> ₁	YES <input type="checkbox"/> ₁	YES <input type="checkbox"/> ₁	YES <input type="checkbox"/> ₁	YES <input type="checkbox"/> ₁	YES <input type="checkbox"/> ₁
NO <input type="checkbox"/> ₂	NO <input type="checkbox"/> ₂	NO <input type="checkbox"/> ₂	NO <input type="checkbox"/> ₂	NO <input type="checkbox"/> ₂	NO <input type="checkbox"/> ₂
DK ⁶ <input type="checkbox"/> ₃	DK ⁶ <input type="checkbox"/> ₃	DK ⁶ <input type="checkbox"/> ₃	DK ⁶ <input type="checkbox"/> ₃	DK ⁶ <input type="checkbox"/> ₃	DK ⁶ <input type="checkbox"/> ₃
_____	_____	_____	_____	_____	_____
_	_	_	_	_	_
_____	_____	_____	_____	_____	_____

27.2. Central cooling system ☐ ₁ ☐ _{2→28}

27.2.1. If yes:

- Heat pump ☐ _{1.1}
 - Electrical heat pump ☐ _{1.1.1}
 - Ground Sources Heat Pump..... ☐ _{1.1.2}
- Other, namely:_____ ☐ _{1.2}
- System age |_|_|
- Total capacity in BTU/hr⁷ |_|_|
- Total capacity in KW |_|_|

⁶ DN: I do not do not know.

⁷ Η μονάδα μέτρησης της ισχύος του συστήματος ψύξης είναι: 1KW=3410 BTU/hr.

27.2.2. Does the central cooling system of your dwelling have a distribution system?

- Yes ☐ 1
 - If **yes**, what type is it?
 - Air ducts ☐ 1.1
 - Fan Coil Units..... ☐ 1.2
 - Other, namely⁸: ☐ 1.3
- No ☐ 2
- I do not know ☐ 3

28. Does your cooling system have a room thermostat?

- Yes ☐ 1
 - If **yes**:
 - At which temperature (indication) do you set the thermostat? | _ | _ | °C
 - Do you normally use the auto-mode function?YES ☐ 1.1 NO ☐ 1.2
- No ☐ 2
- I do not know ☐ 3

29. How often do you perform maintenance of the cooling system?

- Every year..... ☐ 1
- Every second year..... ☐ 2
- Rarely..... ☐ 3
- Never ☐ 4
- I do not know..... ☐ 5

30. During the summer period, how many months have you used the cooling system of your dwelling?

- Less than a month..... ☐ 1
- 1 month ☐ 2
- 2 months ☐ 3
- 3 months ☐ 4
- 4 months ☐ 5
- 5 months ☐ 6
- 6 months ☐ 7
- More than 6 months ☐ 8

⁸ E.g. floor distribution system

31. During the aforementioned months:

31.1. How many hours per day have you used the cooling system on average?

- Less than or equal to 2 hours..... ☐ 1
- 3 – 5 hours ☐ 2
- 6 – 8 hours ☐ 3
- 9 – 11 hours ☐ 4
- 12 –14 hours ☐ 5
- 15 –17 hours ☐ 6
- More than 17 hours ☐ 7

31.2. Which parts of the day have you usually used the cooling system?

(Up to 2 answers are accepted.)

- During the morning hours (07.00 – 12.00)..... ☐ 1
- In the afternoon (12.00 –16.00)..... ☐ 2
- In the early evening (16.00 – 20.00)..... ☐ 3
- In the late evening (20.00 –23.00)..... ☐ 4
- During the night (23.00 – 07.00)..... ☐ 5

ENERGY CONSUMPTION

32. Who is the electricity provider of your dwelling?

- PPC..... ☐ ₁
 - If yes, have you joined the social tariff system? ... YES ☐ _{1.1} NO ☐ _{1.2}
- Other, namely: _____ ☐ ₂
 - Which tariff program have you chosen?⁹ _____

32.1. In the last actual (not estimated) electricity bill of your dwelling:

Electricity	Period	Consumption in kWh ¹⁰	Charges in € ¹¹	Did you enjoy reduced price provided by your employer?
a1. How much was the electricity consumption and the electricity cost based on the day tariffs?	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	<div>YES</div> <input type="checkbox"/> ₁ <div>NO</div> <input type="checkbox"/> ₂
a2. How much was the electricity consumption and the electricity cost based on the evening tariffs?	Four-months: From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	

32.2. In case you do not have any electricity bill, please assess the average charges of electricity consumed in your dwelling over a four-month period |_|_|_|_| € **Year** |_|_|_|_|
(including taxes and fees)

⁹ E.g. Standard, Home 1000 etc.

¹⁰ This field is completed according to the data of the electricity bill, in the field "Meter indication" (for day and/or evening consumption).

¹¹ This field is completed according to the data of the electricity bill, in the field "Electricity charges".

33. During the winter period have you purchased heating oil for space heating?

(The following table should be completed on the basis of available invoices/receipts of the household)

- Yes ☐ ₁
- No ☐ ₂ → 34

If **yes**:

Heating oil	Period	Quantity (in liters) To be completed <u>only</u> for one-family buildings	Hours of charge To be completed <u>only</u> for households with central heating having autonomy (Question 14: answer 1.1)	Proportional charge for the apartment To be completed in all cases <u>except</u> <u>for</u> one-family- buildings	Charges in €		Did you enjoy reduced price of heating oil provided by your em- ployer?
	(a)	(b)	(c)	(d)	(e1)	(e2) To be completed <u>only</u> for households with central heating having autonomy	(f)
What was the quantity and how much was the cost of heating oil consumed?	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	YES NO <input type="checkbox"/> ₁ <input type="checkbox"/> ₂
What was the quantity and how much was the cost of heating oil consumed?	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	YES NO <input type="checkbox"/> ₁ <input type="checkbox"/> ₂

Column (a): For multi-family buildings: it is completed with the period that is indicated on the relevant bill for the building.

For single-family buildings: it is completed with the period during which the quantity indicated in column (b) has been consumed.

Column (e1): This field is to be completed in all cases and according to the amount that was spent by the household for heating oil.

Column (e2): This field is to be completed only in the case of multi-family building with a central heating system having autonomy: total charges for autonomous heating (refers to amount for the whole building).

34. During the winter period, have you purchased natural gas for space heating¹²?

- Yes
- No

☐ ₁

☐ ₂ → 35

If **yes**:

Natural gas for space heating	Period	Quantity in m ³ To be completed only for one-family buildings	Hours of charge To be completed only for households with central heating having autonomy (Question 14: answer 1.1)	Proportional charge for the apartment To be completed in all cases except for one-family-buildings	Charges in €		Did you enjoy reduced price of heating oil provided by your employer?
	(a)	(b)	(c)	(d)	(e1)	(e2) To be completed only for households with central heating having autonomy	(OT)
What was the quantity and how much was the cost of natural gas consumed?	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	YES NO <input type="checkbox"/> ₁ <input type="checkbox"/> ₂
What was the quantity and how much was the cost of natural gas consumed?	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	YES NO <input type="checkbox"/> ₁ <input type="checkbox"/> ₂

Column (a): For multi-family buildings: it is completed with the period that is indicated on the relevant bill for the building.

For single-family buildings: it is completed with the period during which the quantity indicated in column (b) has been consumed.

Column (e1): This field is to be completed in all cases and according to the amount that was spent by the household for natural gas.

Column (e2): This field is to be completed only in the case of multi-family building with a central heating system having autonomy: total charges for autonomous heating (refers to amount for the whole building).

¹² In case natural gas is also used for air conditioning, data for the summer are also to be completed in the second row.

35. Have you purchased natural gas for other use (e.g. cooking, hot water, etc) apart from space heating?

- Yes ☐ ₁
- No ☐ ₂ → 36

If **yes**:

Natural gas for other uses	Period	Quantity in m3	Charges in €	Did you enjoy reduced price of heating oil provided by your employer?
	(a)	(b)	(c)	(d)
What was the quantity and how much was the cost of natural gas consumed?	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	<div>YES NO</div> <div><input type="checkbox"/> ₁ <input type="checkbox"/> ₂</div>

36. During the winter period, have you purchased heat (from district heating)¹³?

- Yes
- No

☐ ₁

☐ ₂ → 37

If **yes**:

Heat (district heating)	Period	Quantity in MWh	Charges in €	Did you enjoy reduced price of heating oil provided by your employer?
	(a)	(b)	(c)	(d)
What was the quantity and how much was the cost of heat (district heating) consumed?	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	<div>YES NO</div> <div><input type="checkbox"/> ₁ <input type="checkbox"/> ₂</div>

¹³ This is valid only for areas with available district heating network (05/2011): Kozani, Ptolemaida, Amynteo, Filota Lakkia (West and Central Macedonia), Serres (East Macedonia), Megalopoli (Peloponnese).

37. During the winter period have you purchased any other fuel for space heating (central or independent) or cooking (e.g. kerosene, LPG, firewood, olive cake, lignite, etc.) or have you been provided with fuel for free (without having paid for it, from your own business or your employer)?

- Yes
- No

☐ 1→37.1

☐ 2→38

37.1. If yes, please fill in the following table

(All fuels that concern space heating systems should be filled in. The following table should be completed on the basis of all available receipts/invoices in the household, whether this applies for one or more months of the registered winter period)

Fuel type	Unit ¹⁴	Period	Purchased quantity	Quantity provided for free	Charges in €
	(a)	(b)	(c)	(d)	(e)
1.Kerosene	Liters	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	_ _ _ _
2.LPG	Kilograms	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	_ _ _ _
3.Firewood	Tons	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	_ _ _ _
4.Olive cake	Tons	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	_ _ _ _
5.Lignite	Tons	From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	_ _ _ _
6.Other fuels, namely: _____		From __/__/__ until __/__/__	_ _ _ _	_ _ _ _	_ _ _ _

¹⁴ FOR THE INTERVIEWER:

- 1 ton of kerosene → 1200 liters
- 1 ton of firewood → 1000 kilograms
- 1 kilogram → 1000 grams
- 1 MWh (district heating) → 1MWh

COOKING

38. What kind of appliance does your dwelling use for cooking?

(Multiple answers possible)

Appliance	Yes	Age 1: ≤ 2 years 2: 3-4 years 3: 5-6 years 4: 7-8 years 5: 9-10 years 6: 11-15 years 7: 16-20 years 8: >20 years	Usage frequency 1: every day 2: 3-6 times per week 3: less than twice per week 4: rarely 5: no usage 6: I do not know	Usage hours/day (This field is answered only in the case that in usage frequency, the answer was 1: every day)	Energy class	Brand (This field is completed only if the energy class is not known)
Hobs (electricity)	<input type="checkbox"/> 1	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __	__ __	
Hobs (natural gas)	<input type="checkbox"/> 2	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __		
Hobs (LPG)	<input type="checkbox"/> 3	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __		
Oven (electricity)	<input type="checkbox"/> 4	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __	__ __	
Oven (natural gas)	<input type="checkbox"/> 5	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __		
Oven (LPG)	<input type="checkbox"/> 6	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __		
Microwave oven	<input type="checkbox"/> 7	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			
Toaster	<input type="checkbox"/> 8	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			
Coffee maker	<input type="checkbox"/> 9	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			
Water boiler	<input type="checkbox"/> 10	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			
Cooker hoods	<input type="checkbox"/> 11	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __		
BBQ	<input type="checkbox"/> 12	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __		
Woodstove	<input type="checkbox"/> 13	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __		
Fireplace	<input type="checkbox"/> 14	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __		
Other, namely: _____	<input type="checkbox"/> 15	__	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	__ __ , __	__ __	

ELECTRICAL AND ELECTRONIC APPLIANCES

39. Electrical appliances: Amount and average usage per week (in hours)

Appliance	Yes	Amount	Age 1: ≤ 2 years 2: 3-4 years 3: 5-6 years 4: 7-8 years 5: 9-10 years 6: 11-15 years 7: 16-20 years 8: >20 years	Energy class	Brand (This field is completed only if the energy class is not known)	Usage	
Fridge freezer	<input type="checkbox"/> 1	_	_	_ _			
Fridge (without freezer)	<input type="checkbox"/> 2	_	_	_ _			
Freezer (separate)	<input type="checkbox"/> 3	_	_	_ _			
Water cooler	<input type="checkbox"/> 4	_	_				
Dishwasher	<input type="checkbox"/> 5	_	_	_ _		Times/week _ _ _	Hours/week _ _ _ _ , _
Washer (without tumble dryer)	<input type="checkbox"/> 6	_	_	_ _		Times/week _ _ _	Hours/week _ _ _ _ , _
Tumble dryer (separate)	<input type="checkbox"/> 7	_	_	_ _		Times/week _ _ _	Hours/week _ _ _ _ , _
Washer-dryer	<input type="checkbox"/> 8	_	_	_ _		Times/week _ _ _	Hours/week _ _ _ _ , _
Iron	<input type="checkbox"/> 9	_	_			Times/week _ _ _	Hours/week _ _ _ _ , _
Vacuum cleaner	<input type="checkbox"/> 10	_	_			Times/week _ _ _	Hours/week _ _ _ _ , _
Television ¹⁵	<input type="checkbox"/> 11	_	a. _ b. _		a. b.	Hours/week _ _ _ _ , _	
Home Cinema	<input type="checkbox"/> 12	_	_			Hours/week _ _ _ _ , _	
DVD or VCR	<input type="checkbox"/> 13	_	_			Hours/week _ _ _ _ , _	
Projector	<input type="checkbox"/> 14	_	_			Hours/week _ _ _ _ , _	
Video game console	<input type="checkbox"/> 15	_	_			Hours/week _ _ _ _ , _	
Stereo	<input type="checkbox"/> 16	_	_			Hours/week _ _ _ _ , _	
Satellite antenna (including Nova)	<input type="checkbox"/> 17	_	_				
Decoder	<input type="checkbox"/> 18	_	_				
Computer (desktop, laptop)	<input type="checkbox"/> 19	_	a. _ b. _	a. _ _ b. _ _	a. b.	Hours/day _ _ _ _ , _	
Peripheral devices (printer, scanner etc.)	<input type="checkbox"/> 20	_	a. _ b. _	a. _ _ b. _ _	a. b.	Hours/day _ _ _ _ , _	

¹⁵ In the "AGE" column, the age of the two appliances most frequently used is completed, while in the "USAGE" column, the sum of the operating hours of all appliances completed in column "AMOUNT" is completed.

Internet devices (modem, router etc.)	<div><div></div>21</div>	_	a. _ b. _	a. _ _ b. _ _	a. b.	
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40. Do you usually put your electronic devices on standby mode, when you do not use them?

(Fill in for the devices you own)




	always	When at home	never	DK/ not applicable ¹⁶
TV	<input type="checkbox"/> 1.1	<input type="checkbox"/> 1.2	<input type="checkbox"/> 1.3	<input type="checkbox"/> 1.4
Home Cinema	<input type="checkbox"/> 2.1	<input type="checkbox"/> 2.2	<input type="checkbox"/> 2.3	<input type="checkbox"/> 2.4
DVD or VCR	<input type="checkbox"/> 3.1	<input type="checkbox"/> 3.2	<input type="checkbox"/> 3.3	<input type="checkbox"/> 3.4
Projector	<input type="checkbox"/> 4.1	<input type="checkbox"/> 4.2	<input type="checkbox"/> 4.3	<input type="checkbox"/> 4.4
Video game console	<input type="checkbox"/> 5.1	<input type="checkbox"/> 5.2	<input type="checkbox"/> 5.3	<input type="checkbox"/> 5.4
Stereo	<input type="checkbox"/> 6.1	<input type="checkbox"/> 6.2	<input type="checkbox"/> 6.3	<input type="checkbox"/> 6.4
Satellite antenna	<input type="checkbox"/> 7.1	<input type="checkbox"/> 7.2	<input type="checkbox"/> 7.3	<input type="checkbox"/> 7.4
Decoder	<input type="checkbox"/> 8.1	<input type="checkbox"/> 8.2	<input type="checkbox"/> 8.3	<input type="checkbox"/> 8.4
PC monitor	<input type="checkbox"/> 9.1	<input type="checkbox"/> 9.2	<input type="checkbox"/> 9.3	<input type="checkbox"/> 9.4
Computer (desktop, laptop)	<input type="checkbox"/> 10.1	<input type="checkbox"/> 10.2	<input type="checkbox"/> 10.3	<input type="checkbox"/> 10.4
Peripheral devices (printer, scanner etc.)	<input type="checkbox"/> 11.1	<input type="checkbox"/> 11.2	<input type="checkbox"/> 11.3	<input type="checkbox"/> 11.4

¹⁶ I do not know / not applicable.




LIGHTING

41. Which of the following types of lamps do you use in your dwelling?

(If a detailed register per room is not possible, please fill in the total amount of lamps per type)

Lamp type	Living room		Bedroom		Kitchen		Bathroom, toilet		Corridors, Halls		Outdoors		Other rooms		TOTAL (mandatory field)	
	No of units	Watt-age (W) ¹⁷	No of units	Watt-age (W) Σφάλμα! Δεν έχει οριστεί σελιδοδείκτης.	No of units	Watt-age (W) Σφάλμα! Δεν έχει οριστεί σελιδοδείκτης.	No of units	Watt-age (W) Σφάλμα! Δεν έχει οριστεί σελιδοδείκτης.	No of units	Watt-age (W) Σφάλμα! Δεν έχει οριστεί σελιδοδείκτης.	No of units	Watt-age (W) Σφάλμα! Δεν έχει οριστεί σελιδοδείκτης.	No of units	Watt-age (W) Σφάλμα! Δεν έχει οριστεί σελιδοδείκτης.	No of units	Watt-age (W) Σφάλμα! Δεν έχει οριστεί σελιδοδείκτης.
Incandescent lamps 																
Halogen lamps (low wattage) 																
Halogen lamps of high wattage (higher than 70W) 																

¹⁷ Total wattage of all lamps of the room, as sum of the wattage of individual lamps

Lamp type	Living room		Bedroom		Kitchen		Bathroom, toilet		Corridors, Halls		Outdoors		Other rooms		TOTAL (mandatory field)	
	No of units	Watt-age (W) ¹⁸	No of units	Watt-age (W) ¹⁸	No of units	Watt-age (W) ¹⁸	No of units	Watt-age (W) ¹⁸	No of units	Watt-age (W) ¹⁸	No of units	Watt-age (W) ¹⁸	No of units	Watt-age (W) ¹⁸	No of units	Watt-age (W) ¹⁸
Fluorescent lamps 																
CFL (compact fluorescent lamps) 																
LED 																
Other type, namely: _____																

¹⁸ Total wattage of all lamps of the room, as sum of the wattage of individual lamps.

42. Does your dwelling have:

42.1. Shading systems

- Yes ☐ ₁
 - If **yes**, which of the following:
(Multiple answers possible.)
 - Awnings ☐ 1.1
 - Pergola..... ☐ 1.2
 - Shutters..... ☐ 1.3
 - Other, namely¹⁹ ☐ 1.4
- No ☐ ₂

42.2. Ceiling/floor fan?

- Yes ☐ ₁
 - If **yes**, please indicate the following:
 - Number of units |__|__|
 - Total capacity..... |__|__|__| kW
 - Cooling surface |__|__|__| m²
 - How many months has the ceiling/floor fan²⁰ operated?
 - Less than a month ☐ ₁
 - 1 month ☐ ₂
 - 2 months ☐ ₃
 - 3 months ☐ ₄
 - 4 months ☐ ₅
 - 5 months ☐ ₆
 - 6 months ☐ ₇
 - More than 6 months ☐ ₈

¹⁹ E.g. blinds

²⁰ The question refers to the most frequently used unit.

- How many hours per day has the fan operated on average during the aforementioned months?

- Less than or equal to 2 hours ☐ 1
- 3 – 5 hours ☐ 2
- 6 – 8 hours ☐ 3
- 9 – 11 hours ☐ 4
- 12 – 14 hours ☐ 5
- 15 – 17 hours ☐ 6
- More than 17 hours ☐ 7

- No ☐ 2

42.3. Indoor atrium?

- Yes ☐ 1
 - If yes, does it have:
 - A fixed glass roof ☐ 1.1
 - An opening glass roof..... ☐ 1.2
- No ☐ 2

42.4. Sunspace (bioclimatic greenhouse)?

- Yes ☐ 1
- No ☐ 2

42.5. Green roof?

- Yes ☐ 1
 - If yes, what is its surface? | _ | _ | _ | m²
- No ☐ 2

42.6 Automatic control system for energy saving?

- Yes ☐ 1
 - If **yes**, is it:
 - Integrated building energy management system? ☐ 1.1
 - Motion detectors (for activation of indoor lighting)?..... ☐ 1.2
 - Compensation for the boiler/burner?..... ☐ 1.3
 - Thermostatic valves?..... ☐ 1.4
 - Other, namely:..... ☐ 1.5
- No ☐ 2
- I do not know ☐ 3

43. Have you ever performed an energy audit in your dwelling in order to issue a Building Energy Efficiency Certificate?

- Yes ☐ 1
 - If **yes**, which is its energy class? | _ |
- No ☐ 2
- I do not know ☐ 3

44. Have you joined the “Energy saving at home” program?

- Yes ☐ 1
- No ☐ 2
- I do not know ☐ 3
- I am not aware of the program..... ☐ 4

45. Energy behavior parameters

	YES	NO	NC ²¹
1. Do you adjust the heating thermostat to 18 – 20 °C during the winter period?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
2. Do you adjust the cooling thermostat to 26 – 28 °C during the summer period?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
3. Do you regularly perform maintenance (according to the manufacturer instructions) of your heating/cooling/air conditioning system?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
4. Do you use your laundry/ washing machine at full load?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
5. Do you open windows, skylights, roof openings during the night in the summer, for natural cooling?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
6. Do you use awnings and other shading systems during the sunshine hours in the summer, for summer sun protection?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
7. When you buy a new electrical appliance, do you consult its energy label?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

²¹ NC: I am not concerned

46. Does your dwelling have:

46.1. Photovoltaic system for electricity production?

- Yes ☐ 1
 - If **yes**, please answer the following:
 - Is it autonomous²²..... ☐ 1.1
 - Capacity | _ | _ | kW_{peak}²³
 - Surface of photovoltaic panel | _ | _ | _ | m²
 - Type of photovoltaic panel:
 - Monocrystalline..... ☐ 1.2
 - Polycrystalline ☐ 1.3
 - CIS..... ☐ 1.4
- No ☐ 2

46.2. Central solar thermal system for space heating?

- Yes ☐ 1
 - If **yes**, please indicate the surface of the solar thermal collectors | _ | _ | _ | m²
- No ☐ 2

46.3. Small wind turbine?

- Yes ☐ 1
 - If **yes**, please indicate the following:
 - Is it autonomous ☐ 1.1
 - Capacity | _ | _ | kW²⁴
- No ☐ 2

²² Not connected to the electricity grid and not included in the "PV on roofs" national program.

²³ 1kW=1000W.

²⁴ 1kW=1000W.

TRANSPORT

47. Do any of your household's members use any vehicle for their transport?

- Yes ☐ 1
- No ☐ 2→48

47.1. If yes, please fill in the following table for the most frequently used vehicles.

Passenger vehicle	Vehicle type 1: car 2: motorcycle	Year of 1 st vehicle registration (license)	Cubic capacity (cubic centimeters)	Average annual kilometers
1 st				
2 nd				
3 rd				

INCOME

48. What is the total net monthly income of your household?

- Amount..... | _ | _ | _ | _ | _ | _ | _ | →End of interview
- I do not know the exact amount ☐ 1

48.1 If you do not know, please, indicate one of the following scale categories, to which the total net monthly income of your household belongs.

- Less than or equal to 390€ ☐ 1
- 391 € – 745 € ☐ 2
- 746 € – 1.030€ ☐ 3
- 1.031 € – 1.350 € ☐ 4
- 1.351 € – 1.700 € ☐ 5
- 1.701 € – 2.300 € ☐ 6
- 2.301 € – 4.050 € ☐ 7
- More than 4.050 € ☐ 8

End time of survey: | _ | _ | : | _ | _ |

COMMENTS

[illegible]