

QUEST.4

CONFIDENTIAL



HELLENIC REPUBLIC



**HELLENIC STATISTICAL AUTHORITY
GENERAL DIVISION OF STATISTICS
DIVISION OF POPULATION AND
LABOUR MARKET STATISTICS
UNIT OF HOUSEHOLD SURVEYS**

Telephone : 2131352897

Household ID:

S/n member:

Name Surname

Interviewer

**EUROPEAN UNION STATISTICS ON INCOME
AND LIVING CONDITIONS
2016**

PERSONAL QUESTIONNAIRE

To be filled only for members born up to the year 1999

The survey is being conducted in a sample of households having been randomly designed by the NSSG. The supply of data is OBLIGATORY and the answers in the questions are CONFIDENTIAL (L.3627/56 and L.2392/96 and 3470/2006 art.14).

Piraeus, 2016

FOR THE INTERVIEWER: Please note:

- Start time of interview (e.g. 19.00)

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A. DEMOGRAPHIC ELEMENTS

A1. When were you born and what is your country of birth?

Year of birth:

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Country:

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A2. What is your citizenship? If you have dual citizenship, please specify both.

- First citizenship

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- Second citizenship

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A3. What is your legal marital status?

- Single ☐ 1
- Married ☐ 2
- Separated ☐ 3
- Widowed ☐ 4
- Divorced ☐ 5

A4. Are you living with a partner?

- Yes, on a legal basis ☐ 1
- Yes, without a legal basis..... ☐ 2
- No ☐ 3

B. EDUCATION

B1. Are you still in an educational program?

- Yes ☐ 1→B2
- No ☐ 2→B1a

B1a. During last 12 months would you have liked to participate in any formal education activities but were unable to?

- Yes ☐ 1
- No ☐ 2→B3

B1b. Please state the main reason why you were unable to do so

- Cannot afford it ☐ 1
- Not admitted to the course or program.. ☐ 2
- Time constraints (schedule, family responsibilities, etc.) ☐ 3
- No suitable courses or programs available ☐ 4
- Other reasons..... ☐ 5

* To be filled from National Statistical Service

B2. Current level of education attained

- School / Educational institution.....
- Field of study.

B3. What is the highest level of education you have completed?

- Never attended any level of education..... ☐ →C1
- Few classes of Demotiko ☐ 1
- Demotiko ☐ 2
- Other, please specify..... ☐ 3
- School / Educational institution.....
- Field of study.

B4. In which year did you complete the pre-mentioned educational level?

Year.....

B5. During the last 12 months have you participated in any trainings, courses, seminars etc. which are primarily related to leisure, sports or hobbies (including e-learning)?

- Yes ☐ 1
- No ☐ 2→B3

B6. During the last 12 months have you participated in any vocational education or training, courses, seminars, etc. related to your professional activity (including e-learning)?

- Yes ☐ 1→C1
- No ☐ 2

B7. Please state the main reason for not participating in any vocational education or training, courses, seminars, etc. related to your professional activity:

- Cannot afford it ☐ 1
- Not interested..... ☐ 2
- Time constraints (schedule, family responsibilities, etc.) ☐ 3
- No suitable courses or programs available ☐ 4
- Not provided by employer..... ☐ 5
- Other reasons..... ☐ 6

C. HEALTH

C1. How is your health in general?

- Very good ☐ 1
- Good..... ☐ 2
- Fair ☐ 3
- Bad..... ☐ 4
- Very bad ☐ 5

C2. Do you have any longstanding health problem or longstanding illness? *(By longstanding we mean illnesses or health problems, which have lasted or are expected to last, for 6 months or more.)*

- Yes..... ☐ 1
- No ☐ 2

C3. For at least the past 6 months, have you been limited because of a health problem in activities people usually do?

- Yes, strongly limited ☐ 1
- Yes, limited..... ☐ 2
- Not limited at all..... ☐ 3

C4. Was there any time during the past 12 months when you really needed medical examination or treatment (excluding dental) for yourself ?

- Yes, at least one occasion ☐ 1
- No ☐ 2 → C6

C4a Did you have a medical examination or treatment each time you really needed?

- Yes (I had a medical examination or treatment each time I needed)) ☐ 1
- No (there was at least one occasion when I did not have a medical examination or treatment)..... ☐ 2

C5. What was the main reason for not having a medical examination or treatment?

- Could not afford (too expensive or there was no insurance covering)..... ☐ 1
- Waiting list..... ☐ 2
- Could not take time because of work, care for children or for others etc.)..... ☐ 3
- Too far to travel or no means of transportation ☐ 4
- Fear of medical doctors, hospitals, examination or treatment ☐ 5
- Wanted to wait and see if problem got better on its own..... ☐ 6

- Didn't know any good medical doctor ☐ 7
- Other reasons..... ☐ 8

C6. Was there any time during the past 12 months when you really needed dental examination or treatment for yourself?

Mention the most recent one.

- Yes, at least one occasion ☐ 1
- No ☐ 2→C8

C6a Did you have a dental examination or treatment each time you really needed?

- Yes (I had a dental examination or treatment each time I needed)) ☐ 1→C8
- No (there was at least one occasion when I did not have a dental examination or treatment)..... ☐ 2

C7. What was the main reason for not having a dental examination or treatment?

- Could not afford (too expensive or there was no insurance covering)..... ☐ 1
- Waiting list..... ☐ 2
- Could not take time because of work, care for children or for others etc.)..... ☐ 3
- Too far to travel or no means of transportation ☐ 4
- Fear of medical doctors, hospitals, examination or treatment ☐ 5
- Wanted to wait and see if problem got better on its own..... ☐ 6
- Didn't know any good medical doctor ☐ 7
- Other reasons..... ☐ 8

C8. Do you provide care or assistance to one or more persons needing help due to long-term physical or mental health illness, infirmity or because of old-age?

- Yes – only to household members..... ☐ 1
- Yes – only to persons who are not the household members..... ☐ 2
- Yes – to household members and to persons who are not the household members..... ☐ 3
- No..... ☐ 4→D1

C9. For how many hours per week (on average) do you provide such care or assistance?

- Less than 10 hours per week..... ☐ 1
- At least 10 but less than 20 hours per week..... ☐ 2
- 20 hours per week or more ☐ 3

D. CURRENT ACTIVITY

D1. During the past week, did you work for payment or profit, for at least one hour?
(Unpaid workers for a family business will answer "Yes")

- Yes ☐ 1→D3
- No ☐ 2

D2. Even if you did not do paid work during past week, did you have a job or business from which you were away (due to maternity or parental leave, holidays, own illness, injury or temporary bad weather etc.) and to which you expect to return?

- Yes ☐ 1
- No ☐ 2
- (If No, then acceptance answers 5-12 in the question D3)*

D3. Which is your current labour status? Are you?

- Employee working full – time. ☐ 01→F1
- Employee working part – time ☐ 02→F1
- Self-employed working full – time ☐ 03→F1
- Self-employed working part – time..... ☐ 04→F1
- Unemployed..... ☐ 05
- Pupil, student, further training, unpaid work experience..... ☐ 06
- In retirement or in early retirement or has given up business..... ☐ 07
- Unfit to work..... ☐ 08
- Soldier ☐ 09
- Domestic tasks ☐ 10
- Other case (inactive person/reactive)..... ☐ 11
- Permanently disabled..... ☐ 12

D4. Were you looking for a job during the past 4 weeks?

For the persons who are

- *Waiting for the results of a job application*
- *Waiting for a phone call from the public employment office*
- *Waiting for the results of a competition for recruitment to the public sector*

*then, the **answer will be "No"***

- Yes ☐ 1→D5
- No ☐ 2→E1

D5. If you find a job, today, are you ready to undertake it within the next 2 weeks?

- Yes..... ☐ 1
- No ☐ 2

E. CHARACTERISTICS OF JOB (CURRENT OR PREVIOUS)

For persons not currently working

E1. Have you ever worked?

- Yes..... ☐ 1
- No..... ☐ 2→G1

E2. Please describe, as fully as possible, what do/did in this job.

..... ☐ ☐ ☐ *

E3. Please describe the main activity of the business or organization where you worked the past week.

..... ☐ ☐ ☐ *

E4. What are /were at your work:

- Self-employed with employee(s)..... ☐ 1→G1
- Self-employed without employee(s)..... ☐ 2→G1
- Employee..... ☐ 3
- Family worker, unpaid..... ☐ 4→G1

E5. What type of work contract do (did) you have?

- Permanent job/work contract of unlimited duration..... ☐ 1
- Temporary job/work contract of limited duration..... ☐ 2
- No contract at all..... ☐ 3

E6. In your job do (did) you supervise or manage any personnel?

- Yes ☐ 1→G1
- No..... ☐ 2→G1

F. CHARACTERISTICS OF MAIN JOB

For persons who currently working

FOR THE INTERVIEWER: The following questions refer to interviewee's main job. If the person has multiple jobs at present, as main job is considered the job in which he/she normally works the most hours.

F1. What kind of work do you do in your main job? Please describe as fully as possible the nature of the work done.

..... ☐ ☐ ☐ *

* To be filled from the National Statistical Service.

* To be filled from the National Statistical Service.

F2. Please describe the main activity of the business or organization where you work.

_____*

F3. How many persons work in the local unit of the business or organization where you work?

- Give the exact number if they are between 1 and 10..... 1
- 11 to 19 persons..... ☐2
- 20 to 49 persons..... ☐3
- 50 persons or more..... ☐4
- Don't know but less than 11 persons..... ☐5
- Don't know but more than 10 persons..... ☐6

F4. How many hours per week do you usually work in your main job or business?
(The time spent for overtime -with or without payment- must be included).

- Hours per week.....

F5. In your main job you are:

- Self-employed with employee(s)..... ☐1→F9
- Self-employed without employee(s)..... ☐2
- Employee..... ☐3→F9
- Unpaid worker in the family business..... ☐4→F9

F6. You said that you usually work xx hours per week in your main job (see Q.F4). What are your usual gross and net earnings in this job, including usual paid overtime?

Gross: Are considered the earnings before the deduction of tax and obligatory social insurance contributions.

Net: Are considered the earnings after the deduction of tax and obligatory social insurance contributions.

- Gross monthly amount€

- Net monthly amount..... €

F7. What type of work contract do you have?

- Permanent job/work contract of unlimited duration..... ☐1
- Temporary job/work contract of limited duration..... ☐2
- No contract at all..... ☐3

F8. In your job do you supervise or manage any personnel?

- Yes ☐1
- No..... ☐2

F9. Have you changed your main job during the past 12 months?

- Yes..... ☐ 1
- No..... ☐ 2→F11

F10. What was the main reason you changed your previous job?

(Please note the most important reason).

- To take up or seek better job..... ☐ 1
- End of temporary contract..... ☐ 2
- Being obliged to stop by my employer..... ☐ 3
(business closure, redundancy, early retirement, dismissal etc.)
- Sale or closure of my own/family business..... ☐ 4
- Child care and care for other dependent..... ☐ 5
- Partner's job required us to move to another area, marriage..... ☐ 6
- Other reason. Please specify: _____ ☐ 7

F11. Do you usually work in more than one jobs?

- Yes..... ☐ 1
- No..... ☐ 2→F13

F12. How many hours, in total, do you work in all of your jobs?

- Hours per week.....

F13. FOR THE INTERVIEWER: Check the answers in the questions F5 and F13.

The interviewee usually works, in total, in all of his/her jobs:

- Less than 30 hours per week..... ☐ 1
- 30 hours or more per week..... ☐ 2→G1

F14. What is the main reason for working less than 30 hours per week?

- Attendance of an education program/further vocational training..... ☐ 1
- Health problems ☐ 2
- Want to work more hours but (either cannot find a full-time job or to work more hours in the current job)..... ☐ 3
- Don't want to work more hours than the already working ones ☐ 4
- Number of hours in all jobs are considered as a full-time job..... ☐ 5
- Housework, looking after children or other persons..... ☐ 6
- Other reasons. Please specify: _____ ☐ 7

G. ACTIVITY HISTORY

G1. What age did you begin your first regular job or business at?

- Age of first regular job..... |_|_|

G2. How many years, in total, have you spent at work, either as an employee or as a self - employed?

- Years..... |_|_|

G3. For each month of 2015 and up today, which was your main activity?

- Working

Employee full – time..... 01

Employee part – time..... 02

Self – employed full-time (including family workers)..... 03

Self – employed part-time (including family workers)..... 04

- Unemployed..... 05

- Student..... 06

- Retired..... 07

- Unfit to work..... 08

- Soldier..... 09

- Fulfilling domestic tasks..... 10

- Other inactive..... 11

- Permanently disabled..... 12

Be aware, the codes are not the same as the ones used in question F3

- January 2015..... |_|_|

- February 2015..... |_|_|

- March 2015..... |_|_|

- April 2015..... |_|_|

- May 2015..... |_|_|

- June 2015..... |_|_|

- July 2015..... |_|_|

- August 2015..... |_|_|

- September 2015..... |_|_|

- October 2015..... |_|_|

- November 2015..... |_|_|

- December 2015..... |_|_|

- January 2016..... |_|_|

- February 2016..... |_|_|

- March 2016..... |_|_|

- April 2016..... |_|_|

- May 2016..... |_|_|

- June 2016..... |_|_|

H. EMPLOYEES' INCOME

H1. During 2015, did you have any income as an employee or as an apprentice from wage, salary or other form of pay?
(Be included : income coming not only from the regular work but from the casual and temporary work as well).

- Yes ☐ 1
- No ☐ 2→J1

H2. During 2015, do you know what was your net monthly earnings from all of your jobs (regular/casual/ temporary) you might have?

(Net is the amount after the deduction of tax and obligatory social insurance contributions).

- Net monthly amount of January..... | |
- Net monthly amount of February..... | |
- Net monthly amount of March..... | |
- Net monthly amount of April..... | |
- Net monthly amount of May..... | |
- Net monthly amount of June..... | |
- Net monthly amount of July..... | |
- Net monthly amount of August..... | |
- Net monthly amount of September..... | |
- Net monthly amount of October..... | |
- Net monthly amount of November..... | |
- Net monthly amount of December..... | |

H3. When were you insured for first time?

- Up to 31-12-1992..... | | 1
- Since 1-1-1993 and onwards | | 2
- Never | | 3→H7

H4. Which was your social insurance organization?

- Health Care insurance organization | |
- 1st Pension insurance organization | |
- 2nd Pension insurance organization | |
- 1st Supplementary scheme | |
- 2nd Supplementary scheme | |
- 3rd Supplementary scheme | |
- Months insurance in 2015..... | |
- I wasn't insured during 2015..... ☐

H5. How many years have you been insured for?.....

H6. Do you pay any extra insurance fee due to hazardous occupation?

- Yes ☐ 1

- No..... ☐ 2

H7.The business or organization where you work/worked belongs to:

- Public sector (Ministries, General Secretariats)?..... ☐ 1

- Local authorities? ☐ 2

- Public Sector's Company?..... ☐ 3

- Private sector?..... ☐ 4

H8. Did you / your employer pay any amount of money for private insurance with regard to pension or health?

- Yes ☐ 1→H9

- No..... ☐ 2→H10

H9. If Yes, please mention separately the annual amount of money which was paid by your employer as well as by yourself for this private insurance.

a. Amount (Employer)..... €

b. Amount (Interviewee)..... €

H10. During 2015, did you receive any income coming from the following sources? separately the annual amount of money which was

ALLOWANCE OR BENEFIT		If yes: Please register the monthly amount	Number of months received
Overtime	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Director's fees in incorporated business	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Commission and tips	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Piece rate payments	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Payments for fostering children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

ALLOWANCE OR BENEFIT		If yes: Please register the monthly amount	Number of months received
Profit sharing and bonuses	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Allowance because of work in remote locations/for transportation from/to work	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Remuneration for time not worked (e.g. holiday payments)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Parental live Allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Additional payments based on productivity	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Supplementary payments (e.g. thirteenth month payment)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Allowance to the workers in the building constructions	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Other payments, specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _

COMPANY CAR

H11. During 2015, did your employer provide you with a car, van or other motor vehicle, which was also available for private use?

- Yes ☐ 1
- No ☐ 2→H15

H12. Please tell me the brand, model and registration year of the vehicle.

- Brand|_|_|_|_|
- Model|_|_|_|_|
- Year.....|_|_|_|_|

H13. During 2015, how many months did you use the pre-mentioned vehicle provided by your employer?

- Number of months.....|_|_|

H14. Does your employer pay for the insurance, the circulation fees or the service of the vehicle?

- | | YES | NO |
|---------------------------------|----------------------------|----------------------------|
| - Insurance of the vehicle..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Circulation fees..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Regular repairs/service..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

OTHER ALLOWANCES IN KIND

H15. During 2015, did your employer provide you?

- | | YES | NO |
|---|----------------------------|----------------------------|
| - Free of charge or contribution meals within working hours..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Reduced values for electricity, telephone, water etc..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Free of charge or with reduced price the produced goods or
goods appropriate for commerce..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Coupons for free provision of goods | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

FOR THE INTERVIEWER: If all the answers in question H15 are "NO", then go to question J1.

H16. If yes, what was the total amount you saved from the pre-mentioned sources?

- **Annual** amount..... € | _____ |

J. SELF-EMPLOYMENT INCOME

J1. During 2015, did you receive any income from self-employment, such as from your own business, professional practice or farm, freelance work, or working as a subcontractor, providing services or selling goods? Royalties, rentals of buildings, vehicles, and equipment of business as well as grants (agricultural or others)-if any- or grants from the European Community are also included.

(Positive answer must be given by employees, pensioners etc. having additional income coming from other sources such as agricultural or cutlery business etc.).

- Yes..... ☐ 1→J2
- No ☐ 2→K1

J2. Apart from you, are there any other household members involved in running or managing this business or activity?

(Be included: paid and unpaid family workers).

- Yes..... ☐ 1→J3
- No ☐ 2→J5

J3. From whom, you or any other member of your household, shall we get information concerning your business or activity?

- By myself..... ☐ 1→J5
- By any other household member..... ☐ 2→J4

J4. Please note, from the Household's Register, the member's serial number.

S/N member..... →J17

J5. Do you think of yourself as having a job or a business?

- Job..... ☐ 1
- Business..... ☐ 2
- Neither..... ☐ 3

J6. Are you working on your own account or are you in partnership with someone else?

Do not consider as partners other household members participating in the business.

- Own account..... ☐ 1
- With partnership..... ☐ 2

FOR THE INTERVIEWER: The following questions are just for your **OWN** share of business and NOT for your partner's share.

J7. What is the most recent period for which you can provide us financial figures?

- From month year 201 till month year 201

J8. During the pre-mentioned financial figures period what was the annual profit or loss from your business or activity after the deduction of business expenses?

As expenses are considered: The expenses for raw materials, equipment, product distribution, salaries (social insurance contributions are included), general administration expenses (rent, electricity bills, telephone bills etc.) etc.

(The value of the goods that the self-employed received from his/her business or activity for his/her own account as well as grants (agricultural or others)-if any- or grants from the European Union must be included).

The manager's payments (salaries), for the owner of the business, will be registered under the employee income (questions H1-H16).

- Amount..... €

J9. Does the amount, given above, refer to profit or loss?

- Profit ☐ 1→J10
- Loss..... ☐ 2→J17

J10. Does the pre-mentioned amount subject to tax or social insurance contributions?

- Yes, subjects to tax or social insurance contributions..... ☐ 1→J11
- No, doesn't not subject to tax or social insurance contributions..... ☐ 2→J13
- Don't know if it subjects to tax or social insurance contributions..... ☐ 3→J12

J11. In the amount you already registered, are tax or social insurance contributions included?

Social insurance contributions refer to amounts paid for the insurance coverage of the self-employed him/herself, as well as to the rest members of the household working as unpaid family workers (if any).

- 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
- Don't know..... ☐ 5

J12. Approximately, mention the amount you paid in advance for tax within the years 2016 and 2015.

a. Tax (2015)..... € | _____ |

b. Tax (2016)..... € | _____ |

J13. Did you withdraw money from the business account, in order to be used for personal or family purposes, which haven't been included as profit in question J8?

(The payments for your provided work in the business - salary, bonuses etc.- must be included in the employee income – questions H1-H16).

- Yes..... ☐ 1→J14
- No..... ☐ 2→J15

J14. On average, how much did you take for these non-business purposes amount during 2015?

- Total amount..... € | _____ |

J15. During 2015, did you pay additional tax for income concerning previous years (close annual account, control for the past five years account, fines etc.)?

- If yes, specify amount..... € | _____ |

- No..... ☐

J16. During 2015, did you pay additional social insurance contributions e.g. in order to change insurance class, fines etc.?

- If yes, specify amount..... € | _____ |

- No..... ☐

J17. When were you insured for the first time?

- Up to 31-12-1992..... ☐ 1→J18
- Since 1-1-1993 and onwards ☐ 2→J18
- I have never been insured..... ☐ 3→K1

J18. Which was your social insurance organization?

- Health Care insurance organization ☐ ☐ ☐
- 1st Pension insurance organization ☐ ☐ ☐
- 2nd Pension insurance organization ☐ ☐ ☐
- 1st Supplementary scheme ☐ ☐ ☐
- 2nd Supplementary scheme ☐ ☐ ☐
- 3rd Supplementary scheme ☐ ☐ ☐
- Months insurance in 2015..... ☐ ☐ ☐
- I wasn't insured during 2015..... ☐

J19. How many years have you been insured for?..... ☐ ☐ ☐

J20. Which is your insurance class?..... ☐ ☐ ☐

J21. Please, mention the amount you paid for your social insurance contributions during 2015.

Amount..... € | |

K. PROPERTY INCOME

K1. During 2015, did you receive or were you entitled to receive any income from interest, dividends or from capital invested in a business?

(Be included: interests from bank account or post saving bank or dividends from stocks, profits from shares, bonds, repos and mutual funds).

- Yes..... ☐ 1→K2
- No ☐ 2→L1

K2. During 2015, how much income did you earn from any of these sources held in your own name?

- Total amount..... € | | →K4
- Don't know the exact amount..... ☐ →K3

K3. Could you please define the income range that you belong in?

- Up to 100 €..... ☐ 1
- 101 – 200€..... ☐ 2
- 201 – 500€..... ☐ 3
- 501 – 1000€..... ☐ 4
- 1001 – 3000€..... ☐ 5
- 3001 – 5000€..... ☐ 6
- 5001€ and up..... ☐ 7

K4. Please, mention the type of the investment.

_____ ☐ *

* To be filled from the National Statistical Service.

L. PRIVATE PENSIONS

L1. During 2015, did you receive any income from private pension schemes? The private old age pensions, widowhood, sickness, disability, unemployment pensions, etc. are included, regularly paid by the interviewee or by the dead spouse or relative.

Be excluded: pensions due to work, social benefits etc.

Be excluded: life insurance schemes that pay a lump sum on maturity, private pensions paid by your employer.

- Yes..... ☐ 1→L2
- No..... ☐ 2→L3

L2. If YES, register the amount and the number of months you received this amount during 2015.

PRIVATE PENSION	If YES: Please register the amount	Number of months
Old age pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____ <div style="text-align: right;"> _ _ </div>
Other, please specify: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____ <div style="text-align: right;"> _ _ </div>

L3. During 2015, did you make any payments for individual private pension schemes, on your own initiative?

Excluded are the amounts paid in social insurance schemes or private schemes on the employer's initiative.

- Yes..... ☐ 1→L4
- No..... ☐ 2→MA1

L4. During 2015, what was the net amount each time you were paying and what was the payment period frequency?

Net amount..... € | _____

- Payment period:
- year ☐ 1
 - semester ☐ 2
 - quarter ☐ 3

FOR THE INTERVIEWER: The period should correspond to the amount recorded.

MA. BOUNTIES, BENEFITS, SUPPLIES, LOANS
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FOR THE INTERVIEWER: The questions of section M will be answered from those who personally received bounty, benefit, loan etc.

MA1. During 2015, did you receive any allowance, subsidy or other payments from the State for housing costs? (*Be included : military allowances, housing benefit etc.*)

- Yes..... ☐ 1 →MA2
- No..... ☐ 2→MA4

MA2. What was the monthly amount you received?

Please include any amounts paid directly to the tenant (for the cases of rent benefit).

- **Monthly amount**.....€ |_____|

- Please record the type of allowance/ benefit: _____

MA3. During 2015, how many months did you receive this payment for?

- Number of months |__|

MA4. For the purchase or construction of you dwelling have you received a loan that you haven't repaid yet and for which you pay interest?

- Yes..... ☐ 1
- No..... ☐ 2 →MB1

If yes:

- When did you receive the loan Year |__|__|__|
- Which is the amount received?..... Amount € |_____|
- Which is the loan duration?..... Years |__|
- Which is the loan interest rate? |_____| %
- Interest paid in 2015 Amount € |_____|
- Kind of loan (e.g. maintenance, earthquake stricken, interest free are not included)
- _____

SOCIAL ASSISTANCE

MB1. During 2015, did you receive any social assistance payment such as the social solidarity allowance, released from prisons, drug-addicts, alcoholics, allowances to long-standings unemployed aged 45-65 etc?

- Yes..... ☐ 1
- No ☐ 2 → MC1

MB2. If yes, which was the net monthly amount and the number of months you received it?

ALLOWANCE OR BENEFIT		If yes: Please register the monthly amount	Number of months received
Social solidarity allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Allowances to drug-addicts, released from prisons, alcoholics	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Allowances to long-standings unemployed aged 20-66	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Lump sum amount for assistance to poor households in mountainous and disadvantaged areas	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Allowances to children under 16 years old who live in poor households (pre-school and school allowance)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Benefits to households that faced an earthquake, flood etc	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Pension for over age people	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Heating allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Social dividend	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Guaranteed minimum income	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Food allowance-Solidarity card	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Rent allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Other benefits. Specify -----	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Bonus of the above allowances	YES <input type="checkbox"/> NO <input type="checkbox"/> 21	€ _____	_ _

MC. RENTAL INCOME

MC1. Do you have in your possession any asset (e.g. building, house, apartment, land, car etc)?

Be included: car, taxi, track, boat **only if** the owner has not the rental as main job (e.g. a pensioner renting a taxi).

- Yes ☐ 1
- No ☐ 2 → MD1

MC2. If YES, please record the type of assets (e.g. flat, taxi, land, parking, boat, etc.).

Assets : (sq .m.)

Assets : (sq .m.)

Assets : (sq .m.)

MC3. Do you know what was the total income your household received from renting property after deducting costs, such as interest payments, repairs, maintenance and insurance and other charges during 2015?

- Yes. Specify amount..... € → MC6
- No profit made (as expenses equaled or exceeded rent received)..... ☐ 1 → MC4
- Don't know..... ☐ 2 → MC5
- I don't rent any asset during 2015..... ☐ 3 → MD1

MC4. What was the amount of expenses made during 2015, for repairs, maintenance, insurance, etc. of your property?

- Amount € → MC6

MC5. If you don't know the exact amount, please give the approximate range.

- Up to 1.000 € ☐ 1
- 1.001€ up to 3.000 € ☐ 2
- 3.001€ up to 5.000 € ☐ 3
- 5.001€ up to 10.000 € ☐ 4
- 10.001€ or more..... ☐ 5

MC6. Does the pre-mentioned amount subject to tax?

- Yes ☐ 1
- No ☐ 2

MD. FAMILY RELATED ALLOWANCES - BENEFITS

MD1. During 2015, did you or anyone from your household receive any family allowance or benefit?

- Yes ☐ 1

- No ☐ 2 → ME1

MD2. Please note the net amount, as well as the number of months you received the allowance.

ALLOWANCE-BENEFIT		If yes: Please register the monthly amount	Number of months
Special allowance for families having 3 or more than 3 children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Unified children allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Incapacitated children care benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Pregnancy-puerperal benefit*	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Student's housing allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Other allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _

1st Beneficiary organization : _____ ☐

2nd Beneficiary organization : _____ ☐

ME. INTRA HOUSEHOLD TRANSFERS TO/FROM OTHER HOUSEHOLDS

ME1. During 2015, did you make regular payments to members of other private households?

(Be **included**: support for a student living away from home, support to a spouse or former spouse, children not living with you, support to elderly - parents, relatives - etc. **Be excluded**: gifts in cash such as for Christmas or birthdays as well as the amounts, which do not strengthen the income of other households, e.g. loan repayment for training).

- Yes ☐ 1
- No ☐ 2 → ME4

ME2. If yes, what was the type of the transfer and which was the total annual amount?

- Type of transfer ☐ *
- Total amount (**annual**)..... € |.....|

ME3. Does the pre-mentioned amount subject to tax?

- Yes..... ☐ 1
- No ☐ 2

ME4. During 2015, did you receive any regular payment from members of other private households?

(Be **included**: payments from parents, children, relatives, others (e.g. alimony).
(Be **excluded**: gifts in cash, such as for Christmas or birthdays as well as the amounts, which do not strengthen your income e.g. loan repayment for training).

- Yes ☐ 1
- No ☐ 2 → NA1

ME5. If yes, what was the type of the transfer and which was the total annual amount?

- Type of transfer : ☐ *
- Total amount (**annual**)..... € |.....|

ME6. Does the pre-mentioned amount subject to tax?

- Yes ☐ 1
- No ☐ 2

* To be filled from the National Statistical Service.

UNEMPLOYMENT / VOCATIONAL TRAINING ALLOWANCES

NA1. During 2015, did you receive any unemployment allowance, vocational training allowance or reimbursement because of dismissal?

- Yes..... ☐ 1

- No ☐ 2→NB1

NA2. For each of these allowances please register the net monthly amount as well as the number of months you received them.

ALLOWANCE OR BENEFIT		If yes: Please register the net monthly amount	Number of months received
Full unemployment benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Exceptional financial allowance due to dishonest employer(e.g.dismissal due to bankruptcy etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Suspension allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Unemployment benefit for self employed	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Vocational training allowance for unemployed	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Reimbursement due to dismissal from work	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Seasonal unemployment benefit for persons seasonally working (e.g. actresses, musicians, building workers, hotel staff, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Allowance for young persons aged 20-29 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Allowance for joining the army	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Full unemployment allowance for unemployed moved in EU	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Other allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Bonus of the above allowances	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _

NB. PENSIONS

NB1. During 2015 did you receive any old age pension?

*The purely private pensions that were fully arranged and paid for by the individual **are excluded**, whereas private pensions paid for by the employer **are included** (parallel pension from private sector).*

- Yes..... ☐ 1
- No ☐ 2 → NC1

NB2. For each of the following old age pension schemes, please register the net monthly amount as well as the number of months you received them.

PENSIONS		If yes: Please register the net monthly amount	Number of months received
Old age pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Supplementary pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Early retirement pension due to resignation	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Parallel pension from private sector (paid by the employer)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Lump sum due to retirement	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
National resistance pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Other pensions, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Health Care insurance organization			_ _
1 st Pension insurance organization			_ _
2 nd Pension insurance organization			_ _
1 st Supplementary scheme			_ _
2 nd Supplementary scheme			_ _
3 rd Supplementary scheme			_ _

NC1. SURVIVOR'S PENSION AND BENEFITS

NC1. During 2015, did you receive any survivor's pension, benefit or allowance?

Be excluded: purely private pensions that were fully arranged and paid for by the deceased. **Be included:** private pensions paid for by the employer.

- Yes..... ☐ 1
- No..... ☐ 2→ND1

NC2. For each of the following survivor's pensions benefits or allowances, please register the net monthly amount as well as the number of months you received them.

PENSIONS		If yes: Please register the net monthly amount	Number of months received
Old age pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Supplementary pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Parallel pension from private sector (paid by the employer)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Orphans' pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Pension of war victims	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Other pensions/benefits, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _

* **FOR THE INTERVIEWER:** As far as possible, ensure that income from this source is not double counted to the income from salaries.

Health Care insurance organization	_ _
1 st Pension insurance organization	_ _
2 nd Pension insurance organization	_ _
1 st Supplementary scheme	_ _
2 nd Supplementary scheme	_ _
3 rd Supplementary scheme	_ _

ND. SICKNESS BENEFITS / ALLOWANCES

ND1. During 2015, did you receive any sickness benefit or allowance?

(**Be included:** benefits/allowances received due to physical or mental sickness but **NOT** these received by disabled persons. Besides, the **paid** leaves in work due to sickness, as well as reimbursement for accidents at work and sickness are included as well. **Be excluded:** allowance paid for private sickness insurance and has been paid for by the individual).

- Yes..... ☐ 1
- No ☐ 2→NE1

ND2. For each of the following sickness social benefits or allowances, please register the net monthly amount and the number of months you received them.

BENEFIT / ALLOWANCE	If yes: Please register the net monthly amount	Number of months received
Pay sick leave	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____ __
*Benefit for accident at work	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____ __
*Benefit for spa therapy, aerotherapy etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____ __
Assistance for movement of sick persons	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____ __
*Other benefits/allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____ __

FOR THE INTERVIEWER: As far as possible, ensure that income from this source is not double counted to the income from salaries.

NE. PENSIONS – DISABILITY BENEFITS

NE1. During 2015, did you receive any benefit / allowance or pension related to disability?

(Be included: disability pensions and benefits / allowances received due to physical or mental disability). Be excluded: purely private sickness schemes that were fully arranged and paid for by the individual.

- Yes..... ☐ 1
- No..... ☐ 2→NF1

NE2. For each of the following pensions – disability benefits, please register the net monthly amount and the number of months you received them.

PENSIONS BENEFITS ALLOWANCES		If yes: Please register the net monthly amount	Number of months received
Disability pension <i>The disability pension becomes regular old age pension after a certain age</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Benefit for persons with special needs	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Care allowance for incapacitated persons	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Nutrition allowance for people suffering kidney's disease	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
*Other benefits/allowances. Please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _

* **FOR THE INTERVIEWER:** As far as possible, ensure that income from this source is not double counted to the income from salaries.

Health Care insurance organization	_ _
1 st Pension insurance organization	_ _
2 nd Pension insurance organization	_ _
1 st Supplementary scheme	_ _
2 nd Supplementary scheme	_ _
3 rd Supplementary scheme	_ _

NF. EDUCATIONAL ALLOWANCES

NF1. During 2015, did you receive any educational allowance?

Be included: benefits/allowances received by students, due to their participation in research programs, scholarships, etc. **Be excluded:** benefits for training/retraining.

- Yes..... ☐ 1→NF2

- No ☐ 2→P1

NF2. For each of the following benefits / allowances, please register the net monthly amount and the number of months you received them.

BENEFITS ALLOWANCES		If yes: Please register the net monthly amount	Number of months received
Benefit received for participation in research programs	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Scholarships	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Other educational benefits/allowances, Please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _

TAXES ON INCOME

P1. In 2016, did you make (or will you make) an income tax return for income of the previous year (2015)?

- Yes..... ☐ 1→P3
- Tax return made by another household member covering my income, as well as his/her own income..... ☐ 2
- I was not obliged to make tax return..... ☐ 3→ P8a
- No tax return made even though I had income..... ☐ 4→P8a

P2. Could you please record the name/surname of the member whose income was taxed with yours? Please note the serial number (S/N) of these household members from the Individual Register.

- Name - surname: _____ S/n →P8a

P3.Did your tax return include only your personal income or also the income of other household members?

- Personal income only..... ☐ 1→P5
- Other members income, as well ☐ 2

P4. Please note the serial numbers of members whose income has been included in your tax return.

- S/n of first member.....
- S/n of second member.....

P5.Please, register the total amount of tax paid in 2015 concerning tax deducted at source from 2014 income.

- Total amount of tax..... € →P7
- Don't know the exact amount..... ☐ 1
- Didn't pay any tax..... ☐ 2→P7

P6. Could you please indicate the amount of tax paid?

- Up to 500 € ☐ 1
- 501€ up to 1.000 € ☐ 2
- 1.001€ up to 3.000 € ☐ 3
- 3.001€ up to 5.000 € ☐ 4
- 5.001€ up to 10.000€..... ☐ 5
- 10.001 € or more..... ☐ 6

P7. During 2015, did you pay any supplementary/ additional tax such as fines etc. for all your income?

- Yes, tax amount.....€ |_____|→P8a
- Don't know..... ☐ 1
- No..... ☐ 2→P8a

P8. Could you please indicate the amount of additional tax paid?

- Up to 500 € ☐ 1
- 501€ up to 1.000 € ☐ 2
- 1.001€ up to 3.000 € ☐ 3
- 3.001€ up to 5.000 € ☐ 4
- 5.001€ up to 10.000€..... ☐ 5
- 10.001 € or more..... ☐ 6

P8a. Do you have secondary dwelling?

- Yes..... ☐ 1
- No..... ☐ 2→P8d

P8b. Which is the total area of the dwelling?

- Total area..... |_|_|_|

P8c. Which is the zone price per sq.m?

- Zone price..... |_|_|_|_|

P8b. Do you have a car?

- Yes..... ☐ 1
- No..... ☐ 2→P8f

P8e. If YES, please record:

- C.C..... |_|_|_|_|
- Registration year..... |_|_|_|_|
- Percentage of ownership..... |_|_|_|_|

P8f. Do you have a boat?

- Yes..... ☐ 1
- No..... ☐ 2→Q1

P8g. If YES, please record:

- Total length in meters..... |_|_|_|_|

**Q. EXTRAORDINARY FINANCIAL CONTRIBUTION
OF PERSONS WITH HIGH INCOME**

Q1. During 2015, did you pay any amount as extraordinary financial contribution of your 2014 income?

Be included: The total net income of the person if it is more than 100,000 €

- Yes..... ☐ 1
- No..... ☐ 2→T1

Q2.If YES, which is approximately the amount you payed?

-Annual amount.....€ | _____ |

T. MATERIAL DEPRIVATION

T1. Do you have or do any of the following?

- | | YES | Cannot afford | No, for other reasons |
|--|----------------------------|----------------------------|----------------------------|
| - Have some new (not used) clothes?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Have two of properly fitting shoes (including a pair of all weather shoes)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Get together with friends/ family (relatives) for a drink/ meal at least once a month..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Regularly participate in a leisure activity?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Spend a small amount of money each week on yourself?.... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Internet connection at home?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

T2. Do you use Public transportation?

- Yes..... ☐ 1
- No, service too expensive..... ☐ 2
- No, bus stop/ station too far..... ☐ 3
- No, access too difficult..... ☐ 4
- No, prefer private transports..... ☐ 5
- No, for other reasons ☐ 6

TA. WORKING AND LIVING CONDITIONS OF DISABLED PERSONS

TA1. Do you have any disability?

- Yes..... ☐ 1
- No ☐ 2→Y1

TA2. If you have permanent disability:

- | | YES | Cannot afford | No, for other reasons |
|--|----------------------------|----------------------------|----------------------------|
| - Do you have technical devices that are necessary for your disability? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Do you receive special services that are necessary or your disability? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

TA3. Does your disability affect the amount you pay for private insurance program?

- Yes, it caused a small burden..... ☐ 1
- Yes, it caused a heavy burden..... ☐ 2
- No ☐ 3
- I don't have any disability..... ☐ 4

TA4. Does your employer provide you with technical devices that are necessary for your disability?

- Yes..... ☐ 1
- No..... ☐ 2
- Partly..... ☐ 3
- I don't need technical devices..... ☐ 4
- I am not working..... ☐ 5→Y1

TA5. If you have changed your main job during the past 12 months what was the main reason?

- You are permanently disabled and your employer does not provide you with technical devices that are necessary for your disability..... ☐ 1
- Other reason..... ☐ 2
- I haven't change job..... ☐ 3

TA6. If you are working less than 30 hours per week what is the main reason? was the main reason?

- You are permanently disabled..... ☐ 1
- Other reason..... ☐ 2
- I don't work less than 30 hours..... ☐ 3

Y DURATION AND DATE OF INTERVIEW

Y1. FOR THE INTERVIEWER: Please note the time and the date for the completion of the questionnaire

- Time needed for the completion of interview.....|_|_|

Date of interview: Day |_|_| Month |_|_| Year **2016**