

QUEST.3

CONFIDENTIAL



HELLENIC REPUBLIC



**HELLENIC STATISTICAL AUTHORITY
GENERAL DIVISION OF STATISTICS**

**DIVISION: POPULATION EMPLOYMENT &
COST OF LIVING STATISTICS DIVISION**

**SECTION: HOUSEHOLDS SPECIAL
STATISTICS SECTION**

Telephone: 2131352897

Household ID: | | | | | | | | | |

S/n member: | |

Name Surname _____

Interviewer _____ | | |

EUROPEAN UNION STATISTICS ON INCOME AND LIVING CONDITIONS 2020

HOUSEHOLD QUESTIONNAIRE

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FOR THE INTERVIEWER: Please record:

- Starting time of the Interview (e.g 18.30)..... | | : | |
- Serial number of the member providing information for the household | |
- Serial number of the member responsible of the dwelling
(In case of having two responsible members in the household, write down the
serial numbers of both of them)
Serial number of the first person responsible | |
- Serial number of the second person responsible..... | |

Piraeus, 2020

A. DWELLING DATA

A1. Your dwelling type is:

- Detached house ☐ 1
- Semi-detached house or groups of similar dwellings in a row..... ☐ 2
- Apartment or flat in a building block with less than 10 dwellings..... ☐ 3
- Apartment or flat in a building block with 10 dwellings or more..... ☐ 4
- Some other kind of accommodation, please specify:..... ☐ 5

- *As group of similar dwellings in a row are defined the dwellings that have separate entrances and, on the other hand, in case of commonly used spaces, all the dwellings must have access to them (e.g. to staircase, corridor etc.).*
- *The block of flats with two entrances will be considered as two different buildings, if every entrance leads only to some of the flats and not to all.*

A2. How many rooms does your household have use of, not counting kitchen rooms, bathrooms and toilets?

(Excluded: Rooms that are used only for professional purposes. A combined kitchen – living room should be counted as one room)

Number of rooms.....

Dwelling area in square meters.....(sq .m.)

A3. Does your dwelling have the following amenities?

- | | YES | NO |
|--|----------------------------|----------------------------|
| - Bath or shower | | |
| -Exclusive use by the household..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| -Common use with other households living in the same dwelling..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Indoor flushing toilet | | |
| -Exclusive use by the household..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| -Common use with other households living in the same dwelling..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Balcony..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Terrace..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Garage..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Elevator..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Piscine..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Garden..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

A4. Do you have in your area of residence noise from neighbors or from the street (traffic, businesses, factories, etc.)?

☐ 1 ☐ 2

A5. Do you have in your area of residence pollution, grime or other environmental problems?

☐ 1 ☐ 2

YES NO

A6. Do you have in your area of residence crime, violence or vandalism?.....

☐ 1 ☐ 2

A7. Do you have any of the following problems with your accommodation?

- Leaking roof, damp walls/floors/foundation, rot in window frames or floors ☐ 1 ☐ 2
- Too dark, not enough light ☐ 1 ☐ 2

A8. The tenure status of your dwelling is:

- Owned without financial obligations (loan, mortgage etc.)..... ☐ 1 → B1
- Owned with financial obligations (loan, mortgage etc.)..... ☐ 2 → B1
- Rented, sub-rented with rent at prevailing or market price (*Included are cases where part of rent is recovered by some housing benefit*)..... ☐ 3 → C1
- Rented at a reduced price (lower price than the market price)..... ☐ 4 → D1
- Provided rent-free (*by the employer, relatives, etc.*)..... ☐ 5 → E1

B. OWNED DWELLING

B1. When did you purchase/inhabit your dwelling?

(In case the dwelling was rented by the owner before being purchased, fill in the year of purchase, or in case of inheritance, fill in the year of inheritance.)

Year|_|_|_|

B2. How much would you pay as monthly rent for your dwelling, if you were renting a similar dwelling?

- Monthly imputed rent€ |_____| → B4
- Don't know

B3. If you don't know, could you please provide the approximate range you would be willing to pay?

- Less than 151 € ☐ 1
- 151 – 250 € ☐ 2
- 251 – 400 € ☐ 3
- 401 – 550 € ☐ 4
- 551 – 700 € ☐ 5
- 701 – 850 € ☐ 6
- 851 – 1000 € ☐ 7
- 1.001 – 1.200 € ☐ 8
- More than 1.200 € ☐ 9

B4. Record the residential area price of your dwelling

- Area Price|_|_|_| → F1
- Don't know ☐

B5. If you don't know exactly the residential area price of your dwelling, choose one of the following price ranges:

- | | | |
|--------------------------|-----------------------------|--------|
| - Less than 500 € | <input type="checkbox"/> 1 | } → F1 |
| - 501 – 1.000 € | <input type="checkbox"/> 2 | |
| - 1.001 – 1.500 € | <input type="checkbox"/> 3 | |
| - 1.501 – 2.000 € | <input type="checkbox"/> 4 | |
| - 2.001 – 2.500 € | <input type="checkbox"/> 5 | |
| - 2.501 – 3.000 € | <input type="checkbox"/> 6 | |
| - 3.001 – 3.500 € | <input type="checkbox"/> 7 | |
| - 3.501 – 4.000 € | <input type="checkbox"/> 8 | |
| - 4.001 – 4.500 € | <input type="checkbox"/> 9 | |
| - 4.501 – 5.000 € | <input type="checkbox"/> 10 | |
| - More than 5.000€ | <input type="checkbox"/> 11 | |

C. RENTED DWELLING

C1. When did you sign the rent contract for your dwelling?

(In case of renewal of the contract, fill in the year of renewal.)

Year | | | |

C2. How much do you pay for rent per month for your dwelling?

- Gross **monthly** amount of rent *(before deducting any amount reimbursed from housing benefits)*

€ | | | | → F1

D. DWELLING RENTED WITH RENT LOWER THAN THE MARKET PRICE

D1. When did you sign the rent contract for your dwelling?

(In case of renewal of the contract, fill in the year of renewal.)

Year | | | |

D2. How much do you pay for rent per month for your main dwelling?

- Gross **monthly** amount of rent *(before deducting any amount reimbursed from housing benefits)*

€ | | | |

D3. How much rent would you pay if you weren't provided this reduced price?

- Monthly imputed rent € | | | | → F1
- Don't know ☐

D4. If you do not know, could you please provide the approximate range you would be willing to pay?

- | | | |
|--------------------------|----------------------------|--------|
| - Less than 151 € | <input type="checkbox"/> 1 | } → F1 |
| - 151 – 250€ | <input type="checkbox"/> 2 | |
| - 251 – 400€ | <input type="checkbox"/> 3 | |
| - 401 – 550€ | <input type="checkbox"/> 4 | |
| - 551 – 700€ | <input type="checkbox"/> 5 | |
| - 701 – 850€ | <input type="checkbox"/> 6 | |
| - 851 – 1000€ | <input type="checkbox"/> 7 | |
| - 1.001 – 1.200€ | <input type="checkbox"/> 8 | |
| - More than 1.200€ | <input type="checkbox"/> 9 | |

E. DWELLING PROVIDED RENT-FREE

E1. When did you move to this dwelling?

Year | | | |

E2. How much would you pay as monthly rent for your dwelling, if you were paying rent for a similar dwelling?

- | | | |
|------------------------------|----------------------------|------|
| - Monthly imputed rent | € _____ | → F1 |
| - Don't know | <input type="checkbox"/> 1 | |

E3. If you do not know, could you please provide the approximate range you would be willing to pay?

- | | | |
|--------------------------|----------------------------|--------|
| - Less than 151 € | <input type="checkbox"/> 1 | } → F1 |
| - 151 – 250€ | <input type="checkbox"/> 2 | |
| - 251 – 400€ | <input type="checkbox"/> 3 | |
| - 401 – 550€ | <input type="checkbox"/> 4 | |
| - 551 – 700€ | <input type="checkbox"/> 5 | |
| - 701 – 850€ | <input type="checkbox"/> 6 | |
| - 851 – 1000€ | <input type="checkbox"/> 7 | |
| - 1.001 – 1.200€ | <input type="checkbox"/> 8 | |
| - More than 1.200€ | <input type="checkbox"/> 9 | |

HOUSEHOLD-DWELLING EXPENDITURES

F1. Do you pay for?

	YES	NO
- Water	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Electricity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Natural Gas / Gas	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Liquid or solid fuels (e.g. oil, coal, liquid gas, firewood, etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Heating, hot running water	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Dwelling's insurance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Sewage removal	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Other charges (common shared expenses – except for heating, etc.)...	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Regular maintenance or repair	<input type="checkbox"/> 1	<input type="checkbox"/> 2

F2. If you pay for electricity, did the state provide you with a free re-connection or electricity supply power in the context of the humanitarian crisis?

- Yes ☐ 1
- No..... ☐ 2 → G1

F3. If YES, which was the total annual amount you saved?

-Total **annual** amount..... € | _____ |

G. NON MONETARY ITEMS

G1. For each item below, please indicate whether or not your household possesses it. It does not matter whether the item is owned, rented or otherwise provided for free.

If you do not have the following item(s):

- (a) Would like to have it but cannot afford it,
 (b) Do not have it because of other reasons e.g. you don't want or need it

	YES	Cannot afford	Do not want/need it because of other reasons
- Telephone (either fixed line or mobile phone).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Color TV.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Computer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Washing machine.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Private car or private truck.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

H. MATERIAL DEPRIVATION

H1. Do you replace your dwelling's furniture when worn out or destroyed?

- Yes ☐ 1
- No, because of financial reasons..... ☐ 2
- No, for other reasons..... ☐ 3

I. FINANCIAL SITUATION

I1. Can your household afford the following?

(With the exception of the ability to pay irregular but necessary expenses, that should be met only with household's own resources, in all other cases it is acceptable to pay by loan from the bank or borrowing by friends relatives.)

- | | YES | NO |
|--|----------------------------|----------------------------|
| - Paying for a week's annual holiday away from home.....
<i>(Staying at cottage house or at friends'/relatives' house is also included)</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Eating meat, chicken or fish every second day (or vegetarian equivalent) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Paying with its own money irregular but necessary expenses (about 395 euros) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Keeping your home adequately warm during winter..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Keeping your home adequately cool during summer..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

I2. Do you or anyone in your household have to repay debts from purchases or loans made with the use of debit card, installments or consumer's loan?

(Be included: loans for purchasing cars, furniture, household effects, for paying holidays, childbirth etc, for purchasing of a second dwelling, e.g. a cottage house as well as all the credit card transactions for various goods purchased with this way of payment.)

Be excluded: any mortgage or loans connected with your main dwelling either for buying or repairing/renewing it.)

- Yes..... ☐ 1
- No..... ☐ 2 → I4

I3. If yes in I2 above, to what extent is the repayment of those loans or hire purchases (interest included) a financial burden for your household?

- A heavy burden..... ☐ 1
- Somewhat of a burden..... ☐ 2
- Not burden at all..... ☐ 3

I4. Has your household been in arrears at any time, during the last 12months, to pay any of the following due to financial difficulties?

- | | YES
once) | YES
(twice or
more) | NO | NOT
APPLICABLE |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| - Rent for accommodation or mortgage payments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| - Utility bills, such as for electricity, water or gas.....
<i>(telephobe bills are excluded)</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| - Hire purchase installments or other loan payments.....
<i>(installments or other loan payments for main dwelling are excluded)</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| - Non-housing bills, e.g. education, health telecommunication
bills etc purchase installments or other loan payments | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
- (Utility bills, rent, main home loan installments, real estate lease, other loan installments listed above are not included)*

I5. Taking into account the total housing costs of your household, to what extent are these financial burden for your household?

(Be included: only current costs, that is to say rent, loan interest and installments' payment for purchasing the dwelling, insurance and other housing costs like *sewage or refuse removal, regular maintenance, repairs, heating, water, electricity, gas, etc.*)

Be excluded: *telephone bills*)

- A heavy burden..... ☐ 1
- Somewhat a burden..... ☐ 2
- Not burden at all..... ☐ 3

I6. Thinking of your household's total monthly income, does your household make ends meet?

(The answer should be given taking into account the net income of all household members from every possible source.)

- With great difficulty..... ☐ 1
- With difficulty..... ☐ 2
- With some difficulty..... ☐ 3
- Fairly easily..... ☐ 4
- Easily..... ☐ 5
- Very easily..... ☐ 6

I6a. If your household were not going to receive any income in the future, for how long do you think it would be possible for them to maintain their current standard of living using only their savings (in bank accounts or at home)?

- For less than 3 months..... ☐ 1
- Between 3 and 6 months..... ☐ 2
- Between 7 and 12 months..... ☐ 3
- For more than 12 months..... ☐ 4
- The household has no savings..... ☐ 5

I7. According to your opinion, which is the lowest net monthly income your household should have in order to make ends meet?

- Total **monthly** amount..... € |_____|

I8. Does your household pay fees for private education?

Primary and secondary education fees are included.

- Yes ☐ 1
- No ☐ 2

I9. If YES, what was the total annual amount you paid for private education fees in 2019?

- Total **annual** amount..... € |_____|

IA. CHANGE IN HOUSEHOLD INCOME

IA1. Change in income compared to previous year.

- Increased..... ☐ 1
- Remain more or less the same..... ☐ 2 → IA4
- Decreased..... ☐ 3 → IA3

IA2 Reason for increase in income.

- Indexation/re-evaluation of salary..... ☐ 1
 - Increased working time, wage or salary (same job) ☐ 2
 - Come back to job market after illness, parenthood, parental leave, childcare or to take care of a person with illness or disability..... ☐ 3
 - Starting or changed job..... ☐ 4
 - Change in household composition ☐ 5
 - Increase in social benefits ☐ 6
 - Other..... ☐ 7
- } → IA4

IA3. Reason for decrease in income

- Reduced working time, wage or salary (same job), including self-employment (involuntary)..... ☐ 1
- Parenthood/ parental leave /childcare/ to take care of a person with illness or disability ☐ 2
- Changed job..... ☐ 3
- Lost job/ unemployment/ bankruptcy of (own) enterprise..... ☐ 4
- Became unable to work because of illness or disability..... ☐ 5
- Divorce / partnership ended / other change in household composition ☐ 6
- Retirement..... ☐ 7
- Cut in social benefits..... ☐ 8
- Other..... ☐ 9

IA4. Future income.

- Increased..... ☐ 1
- Remain the same..... ☐ 2
- Decreased..... ☐ 3

IB. OVER-INDEPTEDNESS, CONSUMPTION AND WEALTH

IB1. Number of loans (excluding mortgages on purchase of main residence).

- Number of loans..... | |
- Household has no loans ☐ 1 → IB5

IB2. Purpose of loans (excluding mortgages on purchase of main residence)

- | | YES | NO |
|---|----------------------------|----------------------------|
| - Property (incl. household furniture, appliances and interior decoration)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Car, motorcycle, caravan, van, bike or other means of transport..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Holidays..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Healthcare..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Education..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - To cover daily living expenses..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Personal loan to finance own business..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - To refinance loan..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Other (not listed above) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

IB3. Source of loans (excluding mortgages on purchase of main residence)

- | | YES | NO |
|---|----------------------------|----------------------------|
| - Bank or other financial institution (e.g. credit union, microcredit provider) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Payday loan company or pawnbroker/cash converter..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Private sources (e.g. family, friends) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

IB4. Amount due last month loans (excluding mortgages on purchase of main residence)

The amount should include both interest and repayments. In case the household was paying the loan with a frequency other than monthly (e.g. every 3 months), the monthly average should be provided in this variable.

- Total amount paid last month..... € | |
- (in case the amount corresponding to the month has not been paid value 0 is also acceptable)

IB5. What is the approximate amount of money your household spent last month on food and non- alcoholic beverages that were consumed / will be consumed at home?

Takeaways should be excluded even when consumed at home.

- Total amount..... € | |

IB6a. Do you and / or another member of your household consume food or beverages (alcoholic and non-alcoholic) outside the home?

- Yes ☐ 1
- No ☐ 2 → IB7a

IB6b. If YES, what is the approximate amount your household spent last month on food and drink outside the home?

Money spent on food or drink outside of the home by all the household members should be taken into consideration.

- Total amount..... € | |

IB7a. Do you or another member of your household often use public transport?

Public transport (train, bus, tram, plane, subway, taxi etc.) air and water transport, if used on a regular basis (e.g. every week/month), should be included.

- Yes ☐ 1
- No ☐ 2 → IB8a

IB7b. If YES, what is the approximate amount your household spent last month on public transport?

- Total amount.....€ |_____|

IB8a. Do you or another member of your household spend money on private transport last month e.g. to travel by car, motorbike, electric bicycle, etc?

Company cars are included only if the respondent uses it also for private purposes and also spends money on it e.g. pays for petrol. If the household receives refunds from businesses, those refunds should be excluded. If the household had significant expenditure related to the private transport (e.g. car insurance) that was paid yearly or quarterly, the monthly average should be provided in this variable.

- Yes ☐ 1
- No ☐ 2 → IB9

IB8b. If YES, what is the approximate amount your household spent last month on private transport?

- Total amount.....€ |_____|

IB9. At the end of a typical (normal) month, your household:

- | | | |
|---|----------------------------|----------------------------|
| - Bank or other financial institution (e.g. credit union, microcredit provider) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Needs to draw on savings..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Needs to borrow money..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Neither puts money aside nor needs to draw on saving or borrow | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

IB10. What is the current value (selling price) of your main residence? How much money would you earn if you were about to sold your residence today?

- Value of main residence € |_____|

IB11. Total left to repay for the mortgage on main residence.

Only the amount left to repay on a mortgage taken out with the sole purpose of buying the main residence should be provided.

- Total amount.....€ |_____|

IB12a. Possession of real estate other than main residence.

- Yes ☐ 1 → J1
- No ☐ 2 → J1

FOR THE INTERVIEWER: The IB12b refers to households that do not have a private (with or without financial obligations) main residence.

IB12b. Possession of real estate.

- Yes ☐ 1
- No ☐ 2

J. INCOME OF HOUSEHOLD MEMBERS LESS THAN 16 YEARS OLD

J1. FOR THE INTERVIEWER: Please check registers, if there are any children less than 16 years old in the household.

(Not included children that were born during 2019 and 2020)

- Yes ☐ 1
- No ☐ 2 → K1

J2. During 2019, did any of the children less than 16 years old have an independent source of income?
(Not included: amounts paid for for any work offered to the family business.)

- Yes 1
- No 2 → K1

J3. If yes, which was the annual total amount?

Total **annual** amount..... € |_____|

K. TAX ON WEALTH

K1. During 2019, did you pay any tax on wealth, concerning yours or other members of your household assets?

(Be included: Flat rate real estate fee (ETAK) and Real estate taxes (FAP) of previous years paid during 2018. Excluded: Inheritance taxes.)

- Yes..... ☐ 1
- No..... ☐ 2 → K3

K2. If YES, which is the total annual amount that you paid during 2018?

- Total **annual** amount € |_____|

K3. During 2019, did you pay any single rate real estate tax (ENFIA) referring to 2019 or any Special real estate tax (EETA) referring to previous years for yours or other household member's property?

- Yes..... ☐ 1
- No..... ☐ 2 → L1

K4. If YES, which is the total annual amount that you paid during 2019?

- Total **annual** amount € |_____|

L. INCOME IN KIND

L1. During 2019, did you save any income from your own/home production such as foods or drinks?

Excluded: Foods and drinks given to the household for free as gift by other households.
Also, any income saved from foods and drinks consumption, coming from household's own business, e.g. agricultural or livestock production business, merchant of foods and drinks, industry etc.

- Yes..... ☐ 1
- No..... ☐ 2 → M1

L2. If yes, which is approximately the amount you saved?

- Total **annual** amount € |_____|

M. DISABLE PERSONS IN NEED OF SPECIAL CARE OR SUPPORT

This part collects information for persons in need of special care or support due to long-term health problems, disability or old age. Care includes both daily personal care such as help to prepare and eat meal, to get dressed, take a bath or shower, move inside the house as well as support and help for outside of the house activities, such as doing the shopping, going to the doctor or education institution (e.g. school, university), managing financial and daily care administrative issues (e.g. paying the bills) etc.

M1. Is/are there in your household a person/ persons in need of special care or support due to long-term health problems, disability or old age?

A long-term health problem is one that already lasts or is expected to last more than six (6) months with or without medical care. Yes should not be the answer for cases where persons are temporarily in need of care or support (e.g. during recuperation).

- Yes..... ☐ 1
- No..... ☐ 2 → IN.1

M2. If YES, for each one of the persons in your household in need of special care or support fill-in the s/n of the household member as well as if he/she:

		Has a long-term health problem		Has a disability problem		Has a verified disability of 67% and over		Receive disability pension or disability benefit		Is in need of care or support due to old age	
s/n	[[]]	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO
s/n	[[]]	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO
s/n	[[]]	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO
s/n	[[]]	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO
s/n	[[]]	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 2 NO

M3. Can your household afford to pay for the needs of the person/s in need of special care or support, e.g. special care services provided by professionals, health recovery services, education, purchase of special technical aid etc?

- Yes, we can afford..... ☐ 1
- Yes, we can partly afford..... ☐ 2
- No, we cannot afford..... ☐ 3
- No availability of the services / technical aid in need ☐ 4 → M6

M4. If some of these special needs are related with the accessibility of the dwelling to person/persons in need, have you made the respective appropriate interventions, e.g. ramp, elevator, lift, door widening, optical equipment for persons with hearing problems etc?

- Yes, we have made all necessary interventions at the dwelling..... ☐ 1 → M6
- We have made some but not all necessary interventions at the dwelling..... ☐ 2
- No, we have not made any interventions at the dwelling..... ☐ 3
- There is no need for interventions at the dwelling..... ☐ 4 → M6

M5. In case you have not made all or some of the necessary interventions at your dwelling related with accessibility of persons in special need, what was the main reason of not having made the interventions?

- We cannot afford it..... ☐ 1
- Other reason (e.g. not technically feasible, maybe the intervention will not helpful or necessary in the future..... ☐ 2

M6.To what extent do you think that all necessary expenses related to persons in need of special care or support due to long-term health problems, disability or old age are a financial burden for your household?

- They are a heavy burden..... ☐ 1
- They are somewhat of a burden..... ☐ 2
- They are not a burden at all..... ☐ 3

M7. What amount does your household approximately have to spend for supplementary (special) needs of persons in need of special care or support?

Total **monthly** (additional) amount..... € | _____ |

M8.How does your household support (finance) the needs of special care or support for its members with long-term health problems, disability or old age? If there is more than one ways of support, please indicate:

1 - For the main way of financing, 2 and 3 for those that come after more than one answers acceptable

- a) With the use of services of care or support offered at home for free by state organizations (e.g. Program "Help at Home")..... ☐
- b) With the use of services of care or support offered at home paid by the household itself ☐
- c) Support or care services are provided by household members..... ☐

For the interviewer: If in question M8 there is answer in c, continue with question M9, otherwise proceed with MA.1

M9. To what extent has/have the person/persons that provide care or support to the members of your household in need due to long-term health problems, disability or old age limit their usual daily activities (related with personal and/or family life, job, education, participation in sports or entertainment activities etc) in order to be able to support properly those in need?

- To a great extent ☐ 1
- Quite a lot ☐ 2
- A little ☐ 3
- Not at all ☐ 4

MI. ADEQUACY OF FOOD

FOR THE INTERVIEWER:

The questions in this section refer to the period of the previous 12 months and try to depict the possibility of not providing sufficient household meals to all household members in order to ensure that each member has the nutritional requirements necessary for a healthy living.

If there was a failure to meet the needs of even one member of the household, then the answer to the question should be "NO".

During the last 12 months, was there a time when, because of lack of money or other resources

		Yes 1	No 2	Do not know 3	Do not answer 4
MA1	you or any other member of your household worry that you would not have enough food to meet your needs?				
MA2	you or any other member of your household were unable to eat healthy and nutritious food?				
MA3	you or any other member of your household ate only a few kinds of foods?				
MA4	you or any other member of your household had to skip a meal?				
MA5	you or any other member of your household ate less than you thought you should?				
MA6	your household ran out of food?				
MA7	you or any other member of your household were hungry but did not eat?				
MA8	you or any other member of your household went without eating the whole day?				

N. DURATION AND DATE OF INTERVIEW

N1. FOR THE INTERVIEWER: Please record the exact date and time of the interview ending:

- Time of ending the interview (e.g. 18.55).....|_|_|:|_|_|

Date of interview: Day |_|_| Month |_|_| Year **2020**