



GENERAL DIVISION OF STATISTICS  
DIVISION OF POPULATION, EMPLOYMENT & COST OF LIVING  
HOUSEHOLDS "SPECIAL STATISTICS" SECTION

Address: Pireos St 46 & Eponiton St 18510  
Piraeus  
Telephone: 213 135 2897, 213 135 2900  
E-mail: silc@statistics.gr

Household ID

Name/ Surname

Interviewer

# STATISTICS ON INCOME AND LIVING CONDITIONS 2022

## HOUSEHOLD QUESTIONNAIRE

FOR THE INTERVIEWER: Please record  
 – Starting time of the interview (e.g. 19.00).....  :

Data supply to ELSTAT is provided in article 2, par. 3 of Law 3832/2010. The data provided to ELSTAT are used exclusively for statistical purposes and their CONFIDENTIALITY is kept. ELSTAT uses the personal data collected with the survey questionnaire for reasons related exclusively to its conduct and the production of relevant statistics (Article 6, paragraph 1 (c) and (e) of Regulation (EU) 2016 / 679 and Law 4624/2020). The management of this data by ELSTAT may include its communication with their subject in the context of the correct completion of the questionnaire.

## A. DWELLING DATA

### A1. Dwelling type?

- Detached house.....  1
- Semi-detached house or terraced house.....  2
- Apartment or flat in a building with less than 10 dwellings.....  3
- Apartment or flat in a building with 10 dwellings or more.....  4
- Some other kind of accommodation, please specify \_\_\_\_\_  5

- *As semi-detached refers to two dwellings sharing at least one wall and terraced refers to a row of (more than two) joined-up dwellings, we would consider houses in which are more than one dwelling, sharing at least one wall(or ceiling) but have separate entrances.*
- *Apartments or flats in a building normally share some internal space or maintenance and other services with other units in the building. Apartments or flats in a building normally share some internal space or maintenance and other services with other units in the building. Commonly there is also shared entrance to the building as such*

### A2. Number of rooms available to your household.

*(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 (Included are all areas but for professional purposes (sq .m.)

YES NO

### A3. Do you experience in your area of residence noise from neighbors or from the street

- (traffic, businesses, factories, etc)?.....  1  2

### A4. Tenure status:

- Owner without outstanding mortgage.....  1→A5
- Owner with outstanding mortgage.....  2→A5
- Tenant, rent at market price .....  3→A7
- Tenant, rent at reduced price.....  4→A5
- Tenant, rent free.....  5→A5

### A5. Record the residential area price of your main dwelling:

- Area price..... € | \_\_\_\_\_ |→A8
- Do not know.....  →A6

**A6. If you do not know, exactly the residential area price of your dwelling, choose one of the following price range.**

- Less than 500 €.....  1
- 501 – 1000 €.....  2
- 1001 – 1500 €.....  3
- 1501 – 2000 €.....  4
- 2001 – 2500 €.....  5
- 2501 – 3000 €.....  6
- 3001 – 3500 €.....  7
- 3501 – 4000 €.....  8
- 4001 – 4500 €.....  9
- 4501 – 5000 €.....  10
- More than 5000 €.....  11

**A7. Current rent related to the occupied dwelling.**

– Gross **monthly** amount of rent (*before deducting any amount reimbursed from housing benefits*)..... | \_\_\_\_\_ | €

**A8. If you pay for water and / or electricity and / or gas, did the Government provide you with special pricing (social tariff)?**

- Yes.....  1
- No.....  2→B1

**A9. If Yes, which was the total annual amount you saved?**

Annual total amount..... | \_\_\_\_\_ | €

**B. NON-MONETARY ITEMS**

**B1. Does your household have the following goods, whether they are privately owned, rented or only used free of charge?**

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<br>because of other reasons |
|-------------------------------------|----------------------------|----------------------------|--|
| - Computer .....                    | <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                       |

**B2. Replacing worn-out furniture.**

- Yes.....  1
- No, cannot afford.....  2
- No, other reason.....  3

**C. FINANCIAL SITUATION**

**C1. Has your household:**

**YES NO**

*(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)*

- Capacity to afford for one week annual holiday away from home.....  1  2  
*(Staying at cottage house or at friends'/relatives' house is also included.)*
- Capacity to afford a meal with meat, chicken, fish or vegetarian equivalent every second day..  1  2
- Capacity to face unexpected financial expenses (about 410 €).....  1  2
- Ability to keep home adequately warm (during winter) .....  1  2
- Ability to keep home adequately cold (during summer) .....  1  2

**C2. Arrears on hire purchase instalments or other loan repayments.**

*(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 f or 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)*

- Yes.....  1
- No.....  2→C4

**C3. Financial burden of the repayment of debts from hire purchase instalments.**

- Repayment is a heavy burden .....  1
- Repayment is somewhat a burden .....  2
- Repayment is not a burden at all.....  3

**C4. Has your household been in arrears at any time, during the last 12 months, to pay any of the following due to financial reasons?**

**YES ONCE      YES twice or more      NO      Not applicable**

- Arrears on mortgage or other rental payments.....  1       2       3       4
- Arrears on utility bills.....  1       2       3       4  
*(Excluded are telephone bills)*
- Arrears on hire purchase installments or other loan payments .....  1       2       3       4  
*(installments or other loan payments for main dwelling are excluded))*

**C5. Ability to 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

**C6. Does your household pay fees for private education;**  
(Primary and secondary education fees are included.)

- Yes .....  1
- No .....  2→CA1

**C7. If YES, NAI, what was the total annual amount you paid for private education fees in 2021**

Annual total amount.....|\_\_\_\_\_| €

**CA. INTEREST REPAYMENTS ON MORTGAGE AND OTHER ARREARS OF THE HOUSEHOLD**

**CA1. During 2021, did you or any other member of your household pay interest, e.g. for consumer loans, student loans, car loans, vacation loans, etc., not including loans for the purchase of the main household;**  
Includes interest on bank loans (consumer, student, etc.), credit cards, as well as other interest on loans from financial or non-financial institutions or individuals for various purposes (eg buying a holiday home, car, vacation, etc.). ) or even for purposes not specified from the outset.

Not included:

- Interest for a loan of the main residence
- The repayment of capital
- Interest on repair loans and / or loans for renovation of main or secondary residence
- Credit interest on goods, such as bank accounts, time deposits, bonds, etc.
- Interest on arrears

- Yes .....  1
- No .....  2→CA3

**CA2. If YES, which was to total amount you paid for interest in 2021?;**

Total amount.....|\_\_\_\_\_| €

**CA3. Arrears on hire purchase instalments or other loan repayments**

Both guaranteed and unsecured loans from various sources (even individuals) are included, for various purposes, regardless of the frequency of their payment or the stability or non-stability of the interest rate.  
Excluded are main dwelling loans and unpaid taxes and / or fines.

- Yes .....  1
- No .....  2→D1

**CA4. If YES, what was the total amount of debt of your household in 31/12/2021;**

Total amount of dept of the household.....|\_\_\_\_\_| €

## D. CHANGE IN HOUSEHOLD INCOME

### D1. Changed in household income compared to the previous year

- Increased.....  1
- Remained more or less the same.....  2
- Decreased.....  3

### D2. Reason for increase in income

*If there are more than one reason, please choose the most important reason:*

- COVID-19.....  1
- Indexation/ re-evaluation of salary .....  2
- Increased working time wage or salary (same job).....  3
- Come back to job after illness, parenthood, parental leave, child care or to take care of a person with illness or disability. ....  4
- Starting or changed job .....  5
- Change in household composition .....  6
- Increase in social benefits .....  7
- Other \_\_\_\_\_  8

### D3. Reason for decrease in income:

*If there are more than one reason, please choose the most important reason:*

- COVID-19.....  1
- Indexation/ re-evaluation of salary .....  2
- Increased working time wage or salary (same job).....  3
- Come back to job after illness, parenthood, parental leave, child care or to take care of a person with illness or disability. ....  4
- Starting or changed job .....  5
- Change in household composition .....  6
- Increase in social benefits .....  7
- Other \_\_\_\_\_  8

### D4. Expectation of the household income in the next 12 months

- Increase.....  1
- Remain the same.....  2
- Decrease.....  3

**DA. ALLOWANCES AND OTHER BENEFITS FROM THE GOVERNMENT DUE COVID-19**

**DA1. Financial support (government funded) from the COVID-19 related support schemes during 2021.**

Please note in detail for each of the following allowances/benefits :

CAUTION: In order to properly record the requested information, the amount received or stored by the household according to the number of months and the number of members who received the benefit should be recorded per benefit, e.g. if 2 household member workers received the allowance of 800 €, the first for 1 month and the second for 3 months, an amount of 800 € should be entered for 4 months (800 € × 4, in order to obtain the total amount of 3,200 € at household level for this benefit).

Not included:

(a) support granted by the State to undertakings;

(b) support granted to workers by their employers and not by the Government;

(c) support given to household by other persons or households

S/n	Allowance/ benefit due to COVID-19	YES	NO	If YES, amount in €	Number of months
DA1	Government support to employees (allowance 800 €)	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA2	Government support (600 €) to scientists self-employed	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA3	Special purpose compensation due to COVID-19 (534 € or 300 €)	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA4	Financial support for medical and nursing staff, as well as for civil protection G.G. workers	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA5	Support for workers and unemployed from the field of Culture with programmes of the Ministry of Labour (social work requirement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA6	Support for the unemployed – extension of the period of unemployment benefit	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA7	Enlargement and strengthening of the long-term unemployed employment programme aged 55 - 67	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA8	Protection of the unemployed and seasonal workers in tourism	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA9	Grant of one-off financial assistance, amounting to €400, to non-subsidised long-term unemployed persons	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA10	One-off amount to beneficiaries of the Minimum Guaranteed Income (December 2021)	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA11	40% reduction in the rent of main residence, student housing and main residence of seafarers	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA12	25% discount on instalments of certified debts of natural persons	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA13	State contribution for the repayment of loans with collateral in rem in the main residence for borrowers affected by the adverse effects of COVID-19 – Programme "GEFYRA"	<input type="checkbox"/>	<input type="checkbox"/>	_____	___
DA14	Other allowance please refer:	<input type="checkbox"/>	<input type="checkbox"/>	_____	___

## E. INCOME OF CHILDREN UNDER 16 YEARS OLD

**E1. FOR THE INTERVIEWER: Please note, from the Register of Household Members, if there is a child under the age of 16 in the household.**

*(Children born in 2021 and 2022 are not included)*

- Yes.....  1  
- No.....  2→H1

**E2. During 2021, he had one of the children under the age of 16 income from work, orphan's pension, sickness benefit, disability/disability allowance, scholarship.**

*(Amounts derived from work offered to a family business of members of the household are not included.)*

- Yes.....  1  
- No.....  2→F1

**E3. If YES, what was the total annual amount during 2021;**

Total amount of dept of the household.....|.....| €

## F.FINANCIAL BURDEN OF MEDICAL CARE

**F1.To what extent were the costs of medical examinations or treatments a financial burden on your household during the past 12 months (excluding medicines and dental examinations or treatments)?**

- Heavy burden.....  1  
- Somewhat burdensome.....  2  
- Not a burden at all.....  3  
- No-one in the household needed/had medical examinations or treatments.....  4

**F2. To what extent were the costs of dental examinations or treatments a financial burden on your household during the past 12 months (excluding self-medication)?**

- Heavy burden.....  1  
- Somewhat burdensome.....  2  
- Not a burden at all.....  3  
- No-one in the household needed/had dental examinations or treatments.....  4

**F3. To what extent were the costs of medicines (prescribed and non-prescribed) a financial burden on your household during the past 12 months (excluding self-medication)?**

- Heavy burden.....  1  
- Somewhat burdensome.....  2  
- Not a burden at all.....  3  
- No-one in the household needed/used medicines.....  4

## G. DISTANCE LEARNING COURSES

**G1. Does your child/each child in your household who attend school (aged 5 to 5) had the possibility to follow distance learning courses/school in an appropriate way (each had available when necessary computer/mobile device, good internet connection) during covid-19 restrictions in last 12 months?**

- Yes.....  1
- No, no internet connection or internet connection is not sufficient.....  2
- No, no sufficient computers/mobile devices.....  3
- No, no online courses available or not sufficient extend .....  4
- No, other reasons.....  5
- No children aged between 5-15.....  6

## H. TAX ON WEALTH

**H1. During 2021, did you pay any tax on wealth, concerning yours or other members of your household assets?**  
(This includes the supplementary tax on total civil property and the Annual Property Tax (TDP) of previous years paid in 2021, while inheritance and property transfer taxes are not included.)

- Yes.....  1
- No.....  2→H3

**H2. If YES, what was the total annual amount you paid in 2021;**

Total annual amount.....|\_\_\_\_\_| €

**H3. During 2021, did you pay any single rate real estate tax (ENFIA) referring to 2021 or any Special real estate tax (EETA) referring to previous years for yours or other household member's property;**

- Yes.....  1
- No.....  2→I1

**H4. If YES, what was the total annual amount you paid in 2021;**

Total annual amount.....|\_\_\_\_\_| €

**H5. From the above total annual amount, how much corresponds to the ENFIA of the main (first) residence.**

Annual amount of ENFIA for the main (first) residence .....|\_\_\_\_\_| €

## I. VALUE OF GOODS PRODUCED FOR OWN CONSUMPTION

**I1. During 2021, you saved some income from domestic food or beverage production;**

*(Food items received as a gift from other households are not included.)*

*This does not include income saved from the consumption of foodstuffs from a household food or beverage business, e.g. farming, livestock farming, industry, food or drink trade.)*

- Yes.....  1
- No.....  2→J1

**I2. If YES, what was the approximate amount you saved;**

Total annual amount.....|\_\_\_\_\_| €

## J. DISABLED PERSONS IN NEED OF SPECIAL CARE OR SUPPORT

There are people who need care or support due to chronic health problems, disability or age. This care can include both daily personal care, such as assistance with food, dressing, personal hygiene, moving around the house, as well as assistance in out-of-home activities, such as making purchases, moving to the doctor or training area, managing financial and daily administrative issues (e.g. paying bills) etc

**J1. 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→K1

**J2. 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

**J3. 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→J6

**J4. 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→J6  
 - 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→J6

**J5. 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 in the future) ...  2

**J6. 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:**

- Heavy burden.....  1
- Somewhat a burden.....  2
- Not a burden at all.....  3

**J7. 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.....|\_\_\_\_\_| €

**J8. 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) Using care or home help services offered free of charge by government agencies (e.g. "Help at Home" programme).....  1→K1
- b) Using care or home assistance services, the costs of which are borne by the household .....  2→K1
- c) The necessary care or assistance is provided by members of the household or other person/relative outside the household.....  3

**J9. 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 extend.....  1
- Quite a lot.....  2
- A little.....  3
- Not at all .....  4

**K. ADEQUACY OF FOOD**

FOR THE INTERVIEWER:

*The questions in this section refer to the period of the previous 12 months and attempt to reflect the possibility or not of providing all members of the household with a sufficient quantity of appropriate food in order to ensure for each member the nutritional conditions that are necessary for healthy living.*

*If there was an inability to meet the needs of even one member of the household, then the answer to the question should be 'YES'.*

**Over the last 12 months, there has been at least one time that due to a lack of money or other resources:**

		Yes 1	No 2	Do not know 3	Do not answer 4
K1	you or another member of your household were worried that you would not have enough food to meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K2	you or another member of your household have not been able to eat healthy and nutritious food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K3	you or another member of your household ate only a few kinds of food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K4	you or another member of your household were forced to skip a meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K5	you or another member of your household ate less than you thought you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K6	your household was left without food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K7	you or another member of your household were hungry but did not eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K8	did you or any other member of your household spend a whole day without food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**L. DURATION AND DATE OF INTERVIEW**

**L1. FOR THE INTERVIEWER: Please note the date and time of the end of the interview.**

Time of ending the interview (e.g. 18:55) ..... :

Date of interview: Day   Month   Year 2022