

HBS:2

CONFIDENTIAL

**GENERAL SECRETARIAT OF THE
NATIONAL STATISTICAL SERVICE OF
GREECE**
GENERAL DIRECTORATE OF STATISTICAL
SURVEYS
POPULATION STATISTICS AND LABOUR
MARKET STATISTICS
HOUSEHOLD SURVEYS UNIT

HOUSEHOLD'S ID: _____ | | | | | | | |

S/N MEMBER _____ | |

HOUSEHOLD BUDGET SURVEY 2010

INDIVIDUAL QUESTIONNAIRE PERSONAL EXPENDITURES – EMPLOYMENT - INCOME To be completed by members born until 1996



The survey is being conducted in a sample of households having been randomly designed by the NSSG. The provision of data is **OBLIGATORY** and the answers are **CONFIDENTIAL** (LD 3627/1956, Law 2392/1996 and Law 3470/2006, art.4).

PIREAU, 2010

PART A'

PERSONAL EXPENDITURES

1. I would like you to tell me what personal expenditures you have made today, that is:

1.1 Expenditures at restaurants, taverns, pizzerias and similar restaurants. ⁽¹⁾

(Food, grilled meat, beverages, pizzas, souvlaki etc. Take away foods and diet take away foods are included)

Date	Services description	Value in €	Code
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I

1.2 Expenditures at cafes, cafeterias, patisseries, bars and other similar shops ⁽¹⁾

(Coffees, soft drinks, desserts, alcoholic drinks, ice creams etc.)

Date	Services description	Value in €	Code
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I

⁽¹⁾ Expenditure made during holidays (of more than three staying overnights) is not included.

1.3 Expenditures at factory canteens, camp canteens, public services' canteens, school and hospital canteens etc. (Coffees, soft drinks, bottled water, milk, yogurt, fruit and vegetable juices, alcoholic drinks, cheese-pies, sandwiches, toasts, sweets, chocolates, biscuits, gums, dry fruits etc.)

Date	Services description	Value in €	Code
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I
			I 1112101 I

1.4 Souvlaki, cheese-pies, cream filled pastries, sandwiches, sausage rolls, donuts, ice creams, desserts and other goods eaten out of the house or the shop. (Purchased from souvlaki shops, cheese-pie shops, bakeries, kiosks etc.)

Date	Services description	Value in €	Code
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I

⁽¹⁾ Expenditure made during holidays (of more than three staying overnights) is not included.

1.5 Soft drinks, bottled water, milk, yogurt, fruit and vegetable juices, alcoholic drinks, cheese-pies, sandwiches, toasts, sweets, chocolates, biscuits, gums, dry fruits rolls etc and other similar goods eaten out of the house or the shops and haven't been recorded in case 1.3. (Column "Quantity" will be completed only for goods which need quantity)

Date	Items description	Quantity	Value in €	Code
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I

1.6. Expenditures on recreation (All types of tickets for cinema, football games, beaches, basket ball games, tennis and similar events, ski pass, expenditures on hiring athletic playgrounds, etc)

Date	Items or services description	Value in €	Code
			I I
			I I
			I I
			I I
			I I
			I I

1.7 Newspapers, magazines, stationery etc (newspapers, magazines, stationery, drawing materials, music records and cds, tapes, videotapes, films, albums, photographs, films' development etc.)

Date	Items or services description	Value in €	Code
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I

⁽¹⁾ Expenditure made during holidays (of more than three staying overnights) is not included.

1.8 Cigarettes, cigars, tobacco, cigarette papers (Cigarettes and cigars to be recorded in pieces, while tobacco in grams. For cigarette papers quantity is not required)

Date	Items description	Quantity	Value in €	Code
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I
				I I

1.9 Lottery tickets, bets, sweepstakes, cards, pinballs, billiards, and other games for adults

Date	Items description	Value in €	Code
			I I
			I I
			I I
			I I
			I I

1.10 Bus tickets, subway and combined transport tickets, car's fuel, parking ⁽¹⁾

Date	Items description	Value in €	Code
			I I
			I I
			I I
			I I
			I I

1.11 Expenditures on taxi ⁽¹⁾

Date	Items description	Value in €	Code
			I I
			I I
			I I
			I I
			I I

⁽¹⁾ Expenditure made during holidays (of more than three staying overnights) is not included.

1.12 Non durable goods for personal care and cosmetics:

- Perfumes, eau de colognes, cosmetics, hair jells and hair colouring, razorblades, shaving foams, face powders, lipsticks, deodorants, fixatives etc.
- Non-electric teeth brushes, hairbrushes and shaving machines, toothpastes, etc.
- Sanitary towels, nappies, cotton wool, bath soaps, shampoos, bath foams, paper handkerchiefs, condoms etc.

Date	Items description	Value in €	Code
			I I
			I I
			I I
			I I
			I I
			I I
			I I

1.13 Other expenditures

(Postal service expenditures, telegrams and telephones not paid with the telephone bills, phone cards, Internet cards, internet cafés, photocopies, typing, bank transfer charges, administrative fees for private or public pension funds etc., advertisements in newspapers, reward for brokers, flowers, charities, subscriptions etc.)

Date	Items or services description	Value in €	Code
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I
			I I

MOBILE PHONE

2. Do you have any contract mobile phone?

YES ☐

NO ☐

If YES, what was the amount of the last bill that you paid for each of your mobile phones?

(If the member has more than 2 mobile phones, the bill of the rest to be added in the second mobile phone's bill.)

Type of expenditure	Period	Way of possession	Value in €	Code
1° Mobile phone	Month			I 0831104 2
2° Mobile phone	Month			I 0831104 2

3. Has your employer provided you (free of charge or at reduced price), mobile phone services for personal use?

YES ☐

NO ☐

If YES, what was the total amount of money paid from your employer?

FOR THE INTERVIEWER: *If your employer provided any kind of mobile telephony service with reduced price the amount of money that was provided from the employer should be recorded with way of possession "E" and that paid by the interviewee with way of possession "P"(Question 2.)*

Type of expenditure	Period	Way of possession	Value in €	Code
Mobile phone's bill	Month			5 0831104 2

INTERNET SUBSCRIPTION

4. Do you pay for wireless internet access?

YES ☐

NO ☐

If YES, what was the last amount you paid and what was the period covered?

Type of expenditure	Period	Way of possession	Value in €	Code
Internet subscription				1 0831103

5. In the last 30 days, what were your personal expenditures on?

- Hotel room renting, boarding-houses, rent rooms ⁽¹⁾, camping, daily excursions.
- Intercity bus tickets, train tickets, boat and airplane tickets (record separately tickets in the country and abroad), combined transportations, monthly travel card for public transport
- Out-of-school individual or group lessons in music schools, chess lessons, aerobics, dancing, music, skating, skiing, swimming or other leisure activities
- Barbers, hair dresser's, beauty salons, tatoo, etc.
- Cars' purchase with leasing
- Car washing, tolls ⁽¹⁾ etc.
- Mobile phone cards

Date	Service description	Value in €	Code
			1 2
			1 2
			1 2
			1 2
			1 2
			1 2
			1 2
			1 2
			1 2
			1 2
			1 2
			1 2
			1 2

⁽¹⁾ Expenditure made during holidays (of more than three staying overnights) is not included.

6. In the last 30 days, what were your personal expenditures on:

- Renting cars, motorcycles, bicycles, helicopters or airplanes ⁽¹⁾ etc.
- Luggage and parcels dispatching, travel agency services, guide services, etc. ⁽¹⁾
- Theater and museum tickets, concerts, circus, music bars, etc.

Date	Services description	Value in €	Code
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4
			1 4

7. In the last twelve months, what were your personal expenditures on:

- Annual travel card for public transport
- Military service buying out, passport issue.
- Credit card yearly subscription.
- Marriage consultant, matches, mediums, detective and bodyguards' services, job search offices, etc.
- Real estate services and auction services.
- Mobile phone cards and connection packs
- Restaurants, taverns and similar establishments (for marriages, memorial services, etc.)

Date	Services description	Value in €	Code
			1 7
			1 7
			1 7
			1 7
			1 7
			1 7
			1 7
			1 7
			1 7
			1 7
			1 7
			1 7

⁽¹⁾ Expenditure made during holidays (of more than three staying overnights) is not included.

8. Have you received from your store, your employer (free of charge or at reduced price) or from other household (foods and beverages only) any of the pre-mentioned goods or services? (goods must have been obtained during the reference period as determined in all the pre-mentioned questions.)

FOR THE INTERVIEWER: If the employer offered you any service or item at reduced price, the amount paid from the employer has to be recorded with way of possession “E” and the amount paid by the interviewee with way of possession “P”. (questions 1.1- 1.13 and 4 - 7).

YES ☐

NO ☐

If YES, complete the following table:

[illegible]

TOTAL RECORDS | | |

PART B' MARITAL STATUS

1. What is your marital status?

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

FOR THE INTERVIEWER: If the household is one member household please proceed to question 3.

2. Do you have a partner with whom you live together?

- Yes, I am married or joined by civil union..... ☐ 1
- Yes, we live together but with not in a civil union..... ☐ 2
- No ☐ 3

ACTIVITY

3. What was your main activity the week before the start of the survey?

- Employed..... ☐ 1
 - Employed but temporarily absent..... ☐ 2
 - Unemployed..... ☐ 3
 - Retired..... ☐ 4
 - Pupil, student..... ☐ 5
 - Soldier..... ☐ 6
 - Housewife ☐ 7
 - Permanently disabled or retired due to disability..... ☐ 8
 - Other..... ☐ 9
- } → 4
- } → 12

FOR THE INTERVIEWER: If the member is unemployed for the first time in questions 4 and 5 please write the word “NEW” and don’t answer question 6.

4. Describe in detail the nature of work done in your current main job or in your last job

_____ *

5. Describe the main activity of the local unit of the business or organization where you work or worked

_____ *

*To be filled by the NSSG

6. In your main last job you are/were:

- Employee ☐ 1
- Self-employed with employees..... ☐ 2
- Self-employed without employees..... ☐ 3
- Family unpaid worker..... ☐ 4
- Paid apprentice ☐ 5

FOR THE INTERVIEWER: Questions 7 – 11 concern only the employed. If the member is unemployed don't answer questions 7-11.

7. Could you tell me what is/was the type of your work contract?

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

8. The local unit of the business or organization where you work belongs to:

- Public sector (Ministries, General Secretariats) ☐ 1
- Local Administration Organizations ☐ 2
- Public enterprises (Telecommunications, Electricity..... ☐ 3
- Private sector ☐ 4

9. In the last week, how many hours have you worked, in your main job?

- Hours per week.....

10. How many hours per week do you usually work in your main job?

- Hours per week.....

11. Your employment in your main job is:

- Full time employment..... ☐ 1
- Part time employment..... ☐ 2

FOR THE INTERVIEWER: The following questions must be answered from all the members of the household, irrespective of their occupation.

12. In the past twelve months, how many weeks were you:

- Employed.....
- Unemployed.....
- Economically inactive.....

13. For health services are you:

- Directly insured..... ☐ 1
- Indirectly insured..... ☐ 2
- Not insured..... ☐ 3 → 15

14. At which insurance organization you are insured?

- Social Insurance Organization ☐ 1
- Organization of Agricultural Insurances..... ☐ 2
- Public..... ☐ 3
- Social Security Organization for self-employed..... ☐ 4
- Other insurance Organization ☐ 5

15. Is the activity, you had previous week, different from your regular activity?

FOR THE INTERVIEWER: As regular activity is considered the activity the member had for most of the last twelve months period. If anything of the above differs, please answer questions 15 to 18.

- Yes..... ☐ 1 → 16
- No..... ☐ 2 → Part C'

16. In the last twelve months, what was your regular activity?

- Employed..... ☐ 1 → 17
 - Unemployed..... ☐ 3
 - Retired..... ☐ 4
 - Pupil, student..... ☐ 5
 - Soldier..... ☐ 6
 - Housewife ☐ 7
 - Permanently disabled or retired due to disability ☐ 8
 - Other ☐ 9
- } → Part C'

17. Describe in detail the nature of your main activity (work) at the job you had for most of the last twelve months period.

_____ |__|__| *

18. Describe the main activity of the local unit of business or organization where you worked for most of the last twelve months period.

_____ |__|__| *

19. What was your position in work, for most of the last twelve months period?

- Employee..... ☐ 1
- Self-employment with employees..... ☐ 2
- Self-employment without employees..... ☐ 3
- Unpaid family worker..... ☐ 4
- Paid apprentice..... ☐ 5

PART C' INCOME

EMPLOYEES INCOME

1. In the last twelve months, have you had any income (in cash or in kind) from salaries, wages or similar payments?

Income from the main job, but also from the secondary occasional or temporary work is included

- Yes..... ☐ 1 → 2

- No..... ☐ 2 → 6

2. If YES, what were the monthly-received payments and for how many months did you receive them in the last twelve months?

Income from salaried activities	Amount in €	Number of months	Code
1. From your main job			9 0 0 1 2
2. From your secondary or temporary job			9 0 0 2 2
3. From overtime, council wages etc.			9 0 0 3 2
4. From leave allowances or other benefits,etc.			9 0 0 4 2

3. In the last twelve months, has your employer provided you with a car, lorry or other vehicle for personal use?

- Yes ☐ 1 → 4

- No..... ☐ 2 → 6

4. If YES, please record the brand, model and the first year of circulation.

- Brand _____
- Model _____
- Year | _____

5. Does your employer pay any money for insurance, circulation fees or for repair of your vehicle?

	YES	NO
- Car insurance.....	<input type="checkbox"/>	<input type="checkbox"/>
- Circulation fees.....	<input type="checkbox"/>	<input type="checkbox"/>
- Regular or not car repairs.....	<input type="checkbox"/>	<input type="checkbox"/>

|

INCOME FROM SELF-EMPLOYMENT

6. In the last twelve months, have you had any income from self-employment such as from your enterprise, subcontracting business, trade etc?

Included is income from royalties or exploitation rights. Also included is income from building renting, car renting as well as from subsidies (agricultural) from the state or the European Union.

- Yes ☐ 1 → 7

- No..... ☐ 2 → 9

7. If YES, which period did this income covered?

1^a from month |_|_| year 201__ till month |_|_| year 201__

1^b from month |_|_| year 201__ till month |_|_| year 201__

Income from self -employment	Amount in €	Code
1 ^a Net income from your main enterprise		9 0 0 5 7
1 ^b Net income from other type of enterprises		9 0 0 5 7

INCOME FROM AGRICULTURE, LIVESTOCK, FISHING, WOODLAND ENTERPRISE, ETC.

8. In the last twelve months, have you had any income from agriculture, livestock, fishing enterprise, etc?

- Yes..... ☐ 1 → 9

- No..... ☐ 2 → 10

9. If YES, what was your net income during the last twelve months?

Income from agriculture, livestock, fishing etc.	Amount in €	Code
1. Net income from sales of agriculture products, livestock, forestry, fishing products		9 0 0 6 7
2. Subsidies from the State or the European Union		9 0 0 7 7
3. Products reimbursements due to frost, flood, drought etc.		9 0 0 8 7

FOR THE INTERVIEWER: The following questions concern members aged 14 years and more who have an income from agriculture/ livestock

9.1 What are the cultivated areas you own?

	Acres land	<i>Out of which, area in acres under organic farming</i>	<i>Out of which, area in acres rented</i>
Arable			
Cereals			
<i>Corn</i>			
Legumes			
Plants produced in industry			
<i>Irrigated cotton</i>			
<i>Sugar beet</i>			
Forage plants			
<i>Medical herbs</i>			
Vegetables and potatoes			
Other herbs			
Growing crops			
Total			
Olive trees			
Vines – Grape vines			
Total			
Fallow land			
Total			

9.2 How many of the above acres are irrigated? |_|_|_|_|

9.3 Number of animals that you own on average

	Number of animals	Out of which, organically farmed
Cows		
Cattles		
Breeding pigs		
<i>Pigs for meat production</i>		
Sheeps		
Goats		
Rabbits		
Poultry		
Other		

9.4 In the last twelve months, how much money have you paid to Greek or foreign workers on your farm?

	Annual expenditure	
	to Greek workers	to foreign workers
Agricultural farm		
Livestock farm		

OTHER INCOME

10. During the last twelve months, have you had any income from property?

(Taxi renting, landed property renting are included.)

- Yes..... ☐ 1

- No..... ☐ 2→ 11

Income from property	Code of Prefecture or Foreign County	Amount in €	Code
			9 0 0 9 7
			9 0 0 9 7
			9 0 0 9 7

11. During the last twelve months, did you have any income from investment?

- Yes..... ☐ 1

- No..... ☐ 2→ 12

Income from investment	Income in €	Code
Private pension, survivor's pension, sickness benefits, disability etc		9 0 1 0 7
Income from interest, bonds, repos etc.		9 0 1 1 7
Income from dividends		9 0 1 2 7

12. During the last twelve months, have you had any pensions from your own work?

- Yes..... ☐ 1 → 13

- No..... ☐ 2 → 14

13. If YES, what was the monthly amount you received, and for how many months have you received it during the last twelve months?

Income from pension	Amount in €	Number of months	Code
Old age pension from public sector			9 0 1 3 2
Supplementary pension from public sector			9 0 1 4 2
Supplementary payments (Thirteen month payment)			9 0 1 5 2
Early retirement pension due to resignation			9 0 1 6 2
Parallel pension from private sector (Paid from the employer)			9 0 1 7 2
Lump sum due to retirement			9 0 1 8 2
Nation resistance pension			9 0 1 9 2
Other pensions, please specify.....			9 0 2 0 2

14. In the last twelve months, have you had any income from pensions and benefits from your deceased husband or parent?

- Yes ☐ 1 → 15

- No..... ☐ 2 → 16

15. If YES, what was the monthly amount of money, you received, and for how many months did you receive that money during the last twelve months?

Income from pensions and benefits from your deceased husband of parent?	Amount in €	Number of months	Code
Survivor's old age pension from husband/wife			9 0 2 1 2
Survivor's supplementary pension from husband/wife			9 0 2 2 2
Survivor's supplementary payments (Thirteen month payment)			9 0 2 3 2
Parallel pension from private sector (paid by the employer)			9 0 2 4 2
Orphans pension			9 0 2 5 2
Pension of war victims			9 0 2 6 2
Other pensions, benefits:			9 0 2 7 2

16. In the last twelve months, have you had any income for sickness benefit?

- Yes..... ☐ 1 → 17

- No..... ☐ 2 → 18

17. If YES, what was the monthly amount you received, and for how many months did you receive that money during the last twelve months?

Sickness benefits income	Amount in €	Number of months	Code
Sickness benefit			9 0 2 8 2
Benefit for work accident			9 0 2 9 2
Benefit for spa therapy, airing etc.			9 0 3 0 2
Assistance for transportation of sick persons			9 0 3 1 2
Other benefits/allowances please specify.....			9 0 3 2 2

18. In the last twelve months, have you had any income from benefits/allowances due to physical or mental invalidity?

- Yes..... ☐ 1 → 19

- No..... ☐ 2 → 20

19. If YES, what was the monthly amount you received, and for how many months did you receive that money during the last twelve months?

Income from benefits/allowances due to physical or mental invalidity	Amount in €	Number of months	Code
Disability pension			9 0 3 3 2
Benefits for persons with special needs			9 0 3 4 2
Care allowance for incapacitated relatives			9 0 3 5 2
Care allowance for incapacitated children			9 0 3 6 2
Nutrition allowance for people suffering kidney's disease			9 0 3 7 2
Other benefits/allowances, please specify :			9 0 3 8 2

20. In the last twelve months, did you receive any educational allowance?

- Yes..... ☐ 1 → 21

- No..... ☐ 2 → 22

21. If YES, what was the monthly amount you received, and for how many months did you receive it during the last twelve months?

Income from educational allowances	Amount in €	Number of months	Code
Benefit received for participation in research programs			9 0 3 9 2
Scholarships			9 0 4 0 2
Other educational benefits/allowances, please specify			9 0 4 1 2

22. In the last twelve months, have you received any income from unemployment related benefits?

- Yes..... ☐ 1 → 23

- No..... ☐ 2 → 24

23. If YES, what was the monthly amount of money, you received, and for how many months did you receive it during the last twelve months?

Income from unemployment related benefit	Amount in €	Number of months	Code
Full unemployment allowance			9 0 4 2 2
Partial unemployment allowance due to enterprises bankruptcy			9 0 4 3 2
Early retirement for labour market reasons			9 0 4 4 2
Vocational training benefit for unemployed			9 0 4 5 2
Placement, resettlement or rehabilitation benefit			9 0 4 6 2
Seasonal unemployment benefit for persons seasonally working			9 0 4 7 2
Allowance for young people aged 20-29 years			9 0 4 8 2
Reimbursement due to dismissal from work			9 0 4 9 2
Allowance for joining the army			9 0 5 0 2
Other unemployment benefits/allowances please specify.....			9 0 5 1 2

24. In the last twelve months, have you had any income from family benefits?

- Yes..... ☐ 1 → 25

- No..... ☐ 2 → 26

25. If YES, what was the monthly amount you received, and for how many months did you receive it during the last twelve months?

Income from family benefits	Amount in €	Number of months	Code
Lifelong pension for mothers having more than three children			9 0 5 2 2
Allowance for families having more than three children			9 0 5 3 2
Allowance for families having three children			9 0 5 4 2
Third child allowance			9 0 5 5 2
Lump sum due to birth of third, four etc. child			9 0 5 6 7
Pregnancy-puerperal benefit			9 0 5 7 2
Birth grant			9 0 5 8 2
Other family benefits			9 0 5 9 2

26. In the last twelve months, have you received any income from social assistance?

- Yes..... ☐ 1
- No..... ☐ 2 → 27

Income from social assistance	Amount in €	Code
Allowance of social solidarity for pensioners		9 0 6 0 7
Lump sum amount for employees and pensioners		9 0 6 1 7
Extraordinary strengthening social solidarity ammount		9 0 6 2 7
Pension for over age people		9 0 6 3 7
Lump sum amount provided to poor households living in mountainous and disadvantaged areas		9 0 6 4 7
Allowances to long-standing unemployed aged 45-65		9 0 6 5 7
Allowances to children under 16 years old who live in poor households.		9 0 6 6 7
Social assistance payment (from the State, Public or other organizations) to poor, repatriats, refugees, released from prisons, drug-addicts, alcoholics etc.		9 0 6 7 7

27. In the last twelve months, have you received any money transfers from other households' members, on a regular basis, or have they paid any of your expenses?

- Yes..... ☐ 1 → 28
- No..... ☐ 2 → 29

28. If YES, what was the monthly amount you received, and for how many months did you receive it during the last twelve months?

Regular inter-household transfers reveived from other households	Prefecture or Country abroad ⁽¹⁾	Amount in €	Number of months	Code
a. Regular assistance from relatives or friends In the country, Prefecture:.....				9 0 6 8 2
b. Regular assistance from relatives or friends Abroad, Country:.....				9 0 6 9 2

29. In the last twelve months, have you received any housing benefits?

- Yes..... ☐ 1
- No..... ☐ 2 → 30

Housing benefits Income	Amount in €	Code
Rent benefit		9 0 7 0 7
Housing benefit for owner-occupied dwellings		9 0 7 1 7

30. In the last twelve months, have you received any of the following income?

- Yes..... ☐ 1
- No..... ☐ 2 →End of the interview

Other income	Amount in €	Code
Reimbursement from health or accident insurance		9 0 7 2 7
Reimbursement from dwelling insurance		9 0 7 3 7
Reimbursement from furniture and domestic appliances insurance		9 0 7 4 7
Reimbursement from travel and carriage luggage insurance		9 0 7 5 7
Reimbursement from other insurance such as civil liability for injury or damage to third parties or their property		9 0 7 6 7
Reimbursement from insurance rate of jewellery and musical instruments		9 0 7 7 7
Tax reimbursement		9 0 7 8 7

TOTAL RECORDS

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Check	A	B	C
Date			
Clerk			