NATION/ OF GREE	AL STATISTICAL SERVICE ECE	QUEST 2
GENERA	L DIVISION OF STATISTICS	
DIVISION	OF POPULATION AND LABOR	
MARKET	STATISTICS	HOUSEHOLD I.D : _ _ _ _
UNIT OF I	HOUSEHOLD SURVEYS	NAME / SURNAME
TEL: FAX: <u>E-MAIL:</u>	210 4852174- 210 4852896 210 3289076 geodouro@statistics.gr mchalk@statistics.gr	INTERVIEWER TICS ON INCOME AND LIVING CONDITIONS 2004
	EU-STATIS	MEMBERS' ROSTER
	The survey is being conducted in a samp OBLIGATORY and the an	ole of households having been randomly designed by the NSSG.The supply of data is swers in the questions are CONFIDENTIAL (L.3267/56 and L.2392/96).

Athens, 2004

A. BASIC CHARACTERISTICS AND CURRENT MEMBERSHIP STATUS

(0)	(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8))	(9	9)
S/N	Person number	Name	Surname	Date of birth		Sex	For all current members 1. Current member/ also in previous wave 2.Moved in from other sample household 3.Moved in from another household	Z. TO Collective	For members that moved out or died		For members that moved out or died or resided in the household for at least 3 months	
				Month	Year	Male=1 Female=2	4. Newborn 5. Moved out 6. Died 7. Lived in the household for at least 3 months*	household or institution of the country 3. To another country 4. To unknown (non traceable) address	Month of movement/death	Year of movement/ death	Number of months spent in the household	Main activity
01												
02												
03												
04												
05												
06												
07												
08												
09			_									
10												

(10)		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
For members that moved in		$ \Gamma S S s/n = 2.1f$		the father is not member of the	number 2: If the mother is not	Member's spouse/partner s/n2: If there is no spouse/partner	16 years and older 1:Yes 2:No	Interview's result	Type of interview	S/n of the person who filled in the indivindual	Less than 12 years old 1:Yes 2: No
Month at which the person moved in	Year	Residential status 2: Temporarily live Main activity		household	member of the household	or is not member of the household		Inter	Туре	questionnaire	Less than 12 y

COLUMN 18: TYPE OF INTERVIEW

- 1. Questionnaire completed (PAPI)
- 2. Questionnaire completed (CAPI)
- 3. Questionnaire comleted (CATI)
- 4. Self-administered by respondent
- 5. Proxy interview

COLUMN 19: Completed only if column 18 has value 5

COLUMN 17:PERSONAL INERVIEW RESULT

- 11. Personal Questionnaire completed
- 21. Personal questionnaire not completed due to illness or incapacity
- 22. The self-completed questionnaires weren't given back
- 23. Member refused to co-operate
- 31. Member is temporarily absent and the questionnaire cannot be filled in by proxy
- 32. Contact not made for other reasons
- 33. Interview not completed for unknown reasons

COLUMNS 9 AND 12:

- 1. At work
- 2. Unemployeed
- 3. 3. Retired
- 4. Other inactive (student, in military service, houswife, etc.)

B. CHILD CARE FOR CHILDREN UP TO 12 YEARS OLD

FOR THE INTERVIEWER: The following guestions concern children born after 1991. The rest members of the household will not be registered.

(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
S/N	s/n member	Number of hours per week in programs concerning pre-school education	Number of hours per week in programs	Number of hours per week in programs	Number of hours per week	Number of hours per week concerning child care by	Number of hours per week concerning child care by relatives or other persons
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

COLUMN 2: As pre-school education programs are considered kindergarten and creche.

COLUMN 3: As obligatory education program is considered the demotiko and gymnasium.

COLUMN 4: As child care program inside school is considered child care, in the morning, usually from 7a.m. until lessons start and until 4p.m. The particular program does not exist in all schools. Included are private and public schools.

COLUMN 5: As child care program outside school is considered child care at day-care centre

COLUMN 6: Conserning child care by a professional child minder at child's minder home or at child's home.

COLUMN 7: Conserning child care by grand-parents, others household members outside parents, other relatives, friends or neighbours.

New address for split-off households MEMBER'S ID NAME / SURNAME OF RESPONSIBLE: PREFECTURE: MUNICIPALITY/ COMMUNE ADDRESS: PHONE NUMBER: FOR THE INTERVIEWER: b. The split-off household will be interviewed in its new address by another

C. MEMBER'S TRACING SHEET