NATIONAL STATISTICAL SERVICE OF GREECE	QUEST. 2			
GENERAL DIVISION OF STATISTICS		C	CONFIDENTIAL	
DIVISION OF POPULATION AND LABOR MARKET STATISTICS				
	н	OUSEHOLD I.D :		
UNIT OF HOUSEHOLD SURVEYS NOIKOKYΡΙΩΝ TEL.: 210 485 2896 - 210 485 2897	NA	AME/SURNAME:		
FAX: 210 485 2906	INT	ERVIEWER :		
		_		_ _
		_		
		-	_	

## EUROPEAN UNION STATISTICS ON INCOME AND LIVING CONDITIONS 2008

MEMBERS REGISTER

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 2008

(0)	(1)	(2)	(3)	(	(4)	(5)	(6)	(7)	3)	3)	(	9)	(10	)
				Date	Date of birth Sex		For all current members	For members that moved out	t For members that moved out or died		For members that moved out		For members that moved in	
S/N	Member's S/N	Name	Surname	Month	Year	Male=1	3.Moved in from	1. To another private household within the country** 2. To collective household or institution of the country 3. To another country 4. To unknown (non traceable) address	Month of	Year of movement/de ath	Number of months spent in the household	Main activity	Month at which the person moved in	Year
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														_

<sup>\*</sup> They stayed in the household for three months at least, during 2007 and they are not household's members today.

<sup>\*\*</sup> Split of household/Member's tracing sheet

## A. BASIC CHARACTERISTICS AND KAI CURRENT MEMBERSHIP STATUS

(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	
(To be filled if the column 6 has as code 1,2,3,or 4) Residential status 1: Lives here 2: Temporarily lives elsewhere	(To be filled if the column 6 has as code	(To be filled if the column 6	(To be filled if the column 6 has as code 1,2,3,or 4)  Member's mother s/n. number2: If the mother is not member of the bousehold.	(To be filled if the column 6 has as code	(To be filled if the column 6 has as code 1,2,3,or 4)	(To be filled if the column 6 has as code 1,2,3,or 4)	(To bo	(To be filled if the column 18 has as code 5) S/n of the person who filled in the	(To be filled if the column 6 has as code 1,2,3,or 4)  Younger than 12 years old 1:Yes 2: No	(To be filled if the column 6 has as code 1,2,3,or 4) Number of children born (for women 12 years old	COLUMN 17:PERSONAL INTERVIEW 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  COLUMN 18: TYPE OF INTERVIEW  1. Questionnaire completed (PAPI)  2. Questionnaire completed (CAPI)  3. Questionnaire completed (CAPI)  4. Self-administered by respondent  5. Proxy interview  COLUMN 19: Completed only if column 18 has value 5
											COLUMNS 9 AND 12: 1. Working
											2. Unemployed 3. Retired 4. Other inactive (student, in military service, houswife, etc.)
											4. Other mactive (student, in military service, nouswire, etc.)
											2.

## B. CHILD CARE FOR CHILDREN UP TO 12 YEARS OLD

FOR THE INTERVIEWER: The following questions concern children born 1995 onwards. The rest members of the household will not be registered.

regis	tereu.						T
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
		(For children born 2002 onwards)	(For children born from 1995 up to 2001)	(For children born 1995 onwards)	(For children born 1995 onwards)	(For children born 1995 onwards)	(For children born 1995 onwards)
S/N	Member's S/N	Number of hours per week in programs concerning pre-school education	Number of hours per week in programs concerning obligatory education	Number of hours per week in programs concerning child care inside school	Number of hours per week concerning child care outside school (baby parking)		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 in especially adjusted places, at day-care centre, during the day.

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

**COLUMN 7:** Concerning child care by grand-parents, other household members (parents are excluded), other relatives, friends or neighbors.

## **C. MEMBER'S TRACING SHEET**

New address for split-off households		
MEMBER'S ID:  _ _ _ _   _   _	_   _ _	
NAME / SURNAME OF RESPONSIBLE	:	
PREFECTURE	:	
MUNICIPALITY/COMMUNE	:	
ADDRESS	:	
PHONE NUMBER	:	
FOR THE INTERVIEWER:		
a. The split-off household will be interviewed in its ne	_  → Complete all the questionnaires	
b. The split-off household will be interviewed in its ne interviewer (in other prefecture)	w address by another	_  $ ightarrow$ Send $lpha$ FAX(in the other prefecture)
		END of the survey for the specific interviewer