

CONFIDENTIAL

GENERAL DIVISION OF STATISTICS

[illegible]

NAME / SURNAME :

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INTERVIEWER :

EUROPEAN UNION STATISTICS ON INCOME
AND LIVING CONDITIONS
2010

HOUSEHOLD QUESTIONNAIRE

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).

Piraeus, 2010

TO INTERVIEWER : Please note

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

**PERSONS WHO ARE FINANCIAL BURDEN TO THE HOUSEHOLD IRRESPECTIVE
THEY LIVE OR NOT IN THE HOUSEHOLD**

To interviewer: Each person who is a financial burden in the household must be recorded once and only in one of the following cases (e.g. Unmarried child aged 17 years old with disability 67% must be recorded in the category "Number of children, irrespective of age who are disabled with disability percentage 67% and over, are single, divorced or widowed"

- Number of children aged up to 18 years old(≤ 18) and born between 1991-2009.....
- Number of children aged from 19 up to 25 years old (born between 1984-1990) who are studying in officially recognized by the State institutions or are registered in O.A.E.D, regardless of living or not in the household.....
- Number of children irrespective of age who are disabled with percentage 67% and over, single, divorced or widowed
- Number of children who are unmarried soldiers.....
- Unmarried or widowed or divorced siblings with disability rate 67% and over
- Under age relatives, orphans.....
- Ascendants of the spouses (parents, grandparents etc).....

A. ELEMENTS OF DWELLING

A1. Your dwelling type is :

- Detached house..... ☐ 1
- Semi-detached or groups of similarly dwellings..... ☐ 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 group of similarly dwellings are defined the dwellings having separate entrance from the street and on the other hand in case of existing commonly used place all the dwellings must have access to it (e.g. staircase, corridor, balcony 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 kitchens, bathrooms and toilets?

(Be **excluded**: Rooms that are used only for business purposes. A combined kitchen – living room should be counted as one room)

Number of rooms..... |_|_|

Dwelling area.....(sq .m.) |_|_|_|

A3. Does your dwelling have the following amenities?

	YES	NO
- Bath or shower		
-Exclusive use from 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 from 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 the area of residence noise from neighbours or from the street (traffic, business,factories, etc.)?.....

☐ 1 ☐ 2

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

☐ 1 ☐ 2

A6. Do you have in the 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, or rot in window frames or floor.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Too dark, not enough light	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Lack of space.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

A8. Your dwelling tenure status is:

- Owned?..... ☐ 1 → B1
- Rented, sub-rented with rent at prevailing or market price (*Included* are cases where rent is recovered from housing benefit)?..... ☐ 2 → C1
- Rented at a reduced price (lower price than the market price)?..... ☐ 3 → D1
- Provided rent-free (from the employer, relatives, etc.)?..... ☐ 4 → E1

B. OWNED DWELLING

B1. When did you purchase/inhabit your dwelling;

Year |_|_|_|_|

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

- Monthly imputed rent € |_____| → F1
- Don't know ☐ → B3

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

- Up to 150 € ☐ 1
 - 151 – 350€ ☐ 2
 - 351 – 500€ ☐ 3
 - 501 – 650€ ☐ 4
 - 651 – 800€ ☐ 5
 - 801 – 950€ ☐ 6
 - 951 – 1200€ ☐ 7
 - 1.201 – 1.400€ ☐ 8
 - 1.401 – 1.600€ ☐ 9
 - 1.601 – 1.800€ ☐ 10
 - 1.801 – 2.000€ ☐ 11
 - 2.001 – 2.500€ ☐ 12
 - More than 2.500€ ☐ 13
- F1

C. RENTED DWELLING

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

Year

C2. 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 benefit)

€ → F1

D. DWELLING RENTED WITH RENT LOWER THAN THE MARKET PRICE

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

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 benefit)

€

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

- Monthly imputed rent..... € → F1
- Don't know..... ☐ → D4

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

- | | | |
|--------------------------|-----------------------------|---|
| - Up to 150 € | <input type="checkbox"/> 1 | <div style="font-size: 4em;">}</div> → F1 |
| - 151 – 350€ | <input type="checkbox"/> 2 | |
| - 351 – 500€ | <input type="checkbox"/> 3 | |
| - 501 – 650€ | <input type="checkbox"/> 4 | |
| - 651 – 800€ | <input type="checkbox"/> 5 | |
| - 801 – 950€ | <input type="checkbox"/> 6 | |
| - 951 – 1200€ | <input type="checkbox"/> 7 | |
| - 1.201 – 1.400€ | <input type="checkbox"/> 8 | |
| - 1.401 – 1.600€ | <input type="checkbox"/> 9 | |
| - 1.601 – 1.800€ | <input type="checkbox"/> 10 | |
| - 1.801 – 2.000€ | <input type="checkbox"/> 11 | |
| - 2.001 – 2.500€ | <input type="checkbox"/> 12 | |
| - More than 2.500€ | <input type="checkbox"/> 13 | |

E. PROVIDED RENT-FREE DWELLING

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 ☐ → E3

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

- | | | |
|--------------------------|-----------------------------|--------|
| - Up to 150 € | <input type="checkbox"/> 1 | } → F1 |
| - 151 – 350€ | <input type="checkbox"/> 2 | |
| - 351 – 500€ | <input type="checkbox"/> 3 | |
| - 501 – 650€ | <input type="checkbox"/> 4 | |
| - 651 – 800€ | <input type="checkbox"/> 5 | |
| - 801 – 950€ | <input type="checkbox"/> 6 | |
| - 951 – 1200€ | <input type="checkbox"/> 7 | |
| - 1.201 – 1.400€ | <input type="checkbox"/> 8 | |
| - 1.401 – 1.600€ | <input type="checkbox"/> 9 | |
| - 1.601 – 1.800€ | <input type="checkbox"/> 10 | |
| - 1.801 – 2.000€ | <input type="checkbox"/> 11 | |
| - 2.001 – 2.500€ | <input type="checkbox"/> 12 | |
| - More than 2.500€ | <input type="checkbox"/> 13 | |

HOUSEHOLD-DWELLING EXPENDITURES

F1. Did you include in your 2009 tax return any expenses for rendering of services which are rebated from your total income?

(Be included: amounts which were paid in restaurants, real estate agents, music school, hairdressers, gyms, beauty saloon, plumbers, electricians and other technicians relative to housing maintenance etc.)

- Yes..... ☐ 1

- No.. ☐ 2 → F3

F2. If YES, which was the amount declared in the tax return?

- Amount..... €|_____|

F3. Do you pay for:

	YES	NO
• Water?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Electricity?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• 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
• Refuse 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

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 use.

If you do not have an item:

(a) would like to have it but cannot afford it, or

(b) do not have it because of other reasons e.g. you don't want or need it

	YES	Cannot afford	Do not want it, because of other reasons
- Telephone (either fixed line or mobile).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Color television.....	<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
- Access to Internet	<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. FINANCIAL SITUATION

H1. Can your household afford the following?

	YES	NO
- Paying for a week's annual holiday away from home.....	<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 irregular but necessary expenses.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Keeping your home adequately warm.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Keeping your home adequately cold.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

H2. Do you or anyone in your household have to repay debts from hire purchase or loans?

(Be included: loans for car purchasing, chattels, holidays, childbirth etc/ all the credit card transactions / loans for another dwelling of the household, secondary, etc.).

Be excluded: any mortgage or loans connected with your main dwelling.

- Yes..... ☐ 1
- No.. ☐ 2 → H4

H3. To what extent is the repayment of loans or hire purchases including interest a financial burden on your household?

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

H4. Has your household been in arrears at any time, in the last 12months, to pay any of the following?

	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.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
- Hire purchase installments or other loan payments.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

H5. To what extent are the total housing costs been a financial burden for your household?

Be included: rent, insurance and other housing costs(e.g. 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

H6. Thinking of your household's total monthly income, does your household make ends meet?

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

H7. According to your opinion, which is the lowest net monthly income your household should have in order to make ends meet?

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

**J. INCOME FOR CHILDREN AGED LESS
THAN 16 YEARS OLD**

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

- Yes ☐ 1
- No ☐ 2 → K1

J2. During 2009, did any of the children under 16 have an independent source of income?

Please do not include amounts paid from other household members.

- Yes ☐ 1
- No ☐ 2 → K1

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

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

K. TAX ON WEALTH

K1. During 2009, did you pay any tax on wealth, concerning yours or other members' assets?
*(Be included: only the tax paid on large landed property. The inheritance tax is **excluded**).*

- Yes..... ☐ 1
- No..... ☐ 2 → L1

K2. If YES, which is the total annual amount?

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

L. MANAGEMENT OF FINANCIAL RESOURCES OF HOUSEHOLD

FOR THE INTERVIEWER: The following questions relate to the current period and the respondent person shall respond according to his personal appreciation for the way it manages the shared household finances.

L1. Are there at least two household members over 16 years old?

- Yes..... ☐ 1
- No..... ☐ 2 → M1

L2. Regime of household finances.

- We treat all incomes as common resources..... ☐ 1
- We treat some incomes as common resources and the rest as private resources..... ☐ 2
- We treat all incomes as private resources of the person receiving them. ☐ 3
- We do not receive any income in the household..... ☐ 4

L3. Management of common household finances.

- One or more household members..... ☐ 1 → L4.1
- At least one person inside the household and at least one person outside the household
is involved in managing the common household finances ☐ 2 → L4.2
- No person inside the household and at least one person outside the household is
involved in managing the common household finances..... ☐ 3 .
- There are no common household finances..... ☐ 4

L4.1. Which is responsible for managing household finances?

- S/n 1st responsible person.....|_|_|
- S/n 2nd responsible person.....|_|_|
- S/n 3rd responsible person.....|_|_|
- S/n 4th responsible person.....|_|_|
- S/n 5th responsible person.....|_|_|

L4.2. Which household member is responsible for managing household finances?

- S/n 1st responsible person.....|_|_|
- S/n 2nd responsible person.....|_|_|
- S/n 3rd responsible person.....|_|_|
- S/n 4th responsible person.....|_|_|
- S/n 5th responsible person.....|_|_|

M. DURATION AND DATE OF INTERVIEW

M1. FOR THE INTERVIEWER: Please note the exact time for ending the interview:

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

Date of interview : Day |_|_| Month |_|_| Year **2010**