



HELLENIC REPUBLIC



HELLENIC STATISTICAL AUTHORITY
GENERAL DIVISION OF STATISTICS
DIVISION OF POPULATION AND
LABOUR MARKET STATISTICS
UNIT OF HOUSEHOLD SURVEYS

Telephone : 2131352897

Household ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

S/n member: |_|_|

Name Surname _____

Interviewer |_|_|_|

EUROPEAN UNION STATISTICS ON INCOME
AND LIVING CONDITIONS
2015

PERSONAL QUESTIONNAIRE

To be filled only for members born up to the year 1998

- The provision of data to ELSTAT is OBLIGATORY.
- All information provided through the questionnaire is used only for statistical purposes and the answers in the questions are CONFIDENTIAL (L.3832/2010).

Piraeus, 2015

FOR THE INTERVIEWER: Please note:

- Start time of interview (e.g. 19.00) |_|_|. |_|_|

A. DEMOGRAPHIC ELEMENTS

A1. When were you born and what is your country of birth?

Year of birth: |_|_|_|_|
Country: |_|_|_|*

A2. What is your citizenship? If you have dual citizenship, please specify both.

- First citizenship |_|_|_|*
- Second citizenship |_|_|_|*

A3. What is your legal marital status?

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

A4. Are you living with a partner?

- Yes, on a legal basis ☐ 1
- Yes, without a legal basis..... ☐ 2
- No ☐ 3

B. EDUCATION

B1. Are you still in an educational program?

- Yes ☐ 1→B2
- No ☐ 2→B3

B2. What are you studying now?

- Primary education ☐ 1
- Lower secondary education ☐ 2
- Vocational school..... ☐ 3
- Technical and Vocational Upper secondary education ☐ 4
- Upper secondary education ☐ 5
- Institutions for vocational training (public or private) with duration up to two years..... ☐ 6
- College with duration more than two years..... ☐ 7
- Higher schools with duration up to three years ☐ 8

* To be filled from ELSTAT.

- Technological educational institutes..... ☐ 9
- Universities, Higher Military Schools ☐ 10
- Post – Graduate studies, MSc, MBA ☐ 11
- PhD ☐ 12

B3. What is the highest level of education you have completed?

- Never attended any level of education..... ☐ →C1
- Pre-Primary education ☐ 1
- Few classes of Primary education..... ☐ 2
- Primary education..... ☐ 3
- Lower secondary education ☐ 4
- Vocational school, technical school (first cycle)..... ☐ 5
- Technical and Vocational Upper secondary education ☐ 6
- Upper secondary education ☐ 7
- Institution for vocational training (public or private) with duration up to two years ... ☐ 8
- College with duration more than two years..... ☐ 9
- Higher schools with duration up to three years ☐ 10
- Technological educational institutes ☐ 11
- University, Higher military schools – Tertiary education ☐ 12
- Post – Graduate studies (MSc, MBA)..... ☐ 13
- PhD ☐ 14

B4. In which year did you complete the pre-mentioned educational level?

Year.....

C. HEALTH

C1. How is your health in general?

- Very good ☐ 1
- Good..... ☐ 2
- Fair ☐ 3
- Bad..... ☐ 4
- Very bad ☐ 5

C2. Do you have any longstanding health problem or longstanding illness? (By longstanding we mean illnesses or health problems, which have lasted or are expected to last for 6 months or more.)

- Yes..... ☐ 1
- No ☐ 2

C3. For at least the past 6 months, have you been limited because of a health problem in activities people usually do?

- Yes, strongly limited ☐ 1
- Yes, limited..... ☐ 2
- Not limited at all..... ☐ 3

C4. Was there any time during the past 12 months when you really needed to consult a doctor (except of general practitioners, physician and microbiologist) or surgeon (including oral surgeon) on your own behalf, but did not?

- Yes, at least one occasion ☐ 1→C5
- No ☐ 2→C6

C5. What was the main reason for not consulting a doctor on your own behalf?

- Could not afford to (too expensive or not covered by the insurance fund) ☐ 1
- Waiting list ☐ 2
- Lack of time because of work, care for children or for others..... ☐ 3
- Too far to travel, no means of transportation..... ☐ 4
- Fear of doctor, hospitals, examination, treatment..... ☐ 5
- Wanted to wait and see if problem got better on its own. ☐ 6
- Don't know any good specialist..... ☐ 7
- Other reason. Please specify: _____ ☐ 8

C6. Was there any occasion during the past 12 months when you really needed to be consulted by a dentist on your own behalf but you did not consult / visit him/ her?

- Yes, there was at least one occasion ☐ 1→C7
- No ☐ 2→D1

C7. What was the main reason for not consulting a dentist on your own behalf?

Mention the most recent one.

- Could not afford to (too expensive or not covered by the insurance fund)..... ☐ 1
- Waiting list ☐ 2
- Lack of time because of work, care for children or for others..... ☐ 3
- Too far to travel, no means of transportation..... ☐ 4
- Fear of doctors, hospitals, examination, treatment..... ☐ 5
- Wanted to wait and see if the problem got better on its own. ☐ 6
- Don't know any good dentist..... ☐ 7
- Other reason. Please specify: _____ ☐ 8

C8. Do you have any disability?

- Yes..... ☐ 1
- No ☐ 2

D. CURRENT ACTIVITY

D1. During the past week, did you work for payment or profit, for at least one hour?
(Unpaid workers for a family business will answer "Yes")

- Yes ☐ 1→D3
- No ☐ 2→D2

D2. Even if you did not do paid work during past week, did you have a job or business from which you were away (due to maternity or parental leave, holidays, own illness, injury or temporary bad weather etc.) and to which you expect to return?

- Yes ☐ 1
- No ☐ 2
- (If No, then acceptance answers 3-9 in the question D3)

D3. Which is your current labour status? Are you?

The activity is self-defined from the interviewer

- Employee working full – time. ☐ 01→F1
- Employee working part – time ☐ 02→F1
- Self-employed working full – time ☐ 03→F1
- Self-employed working part – time ☐ 04→F1
- Unemployed..... ☐ 05
- Pupil, student, further training, unpaid work experience..... ☐ 06
- In retirement or in early retirement or has given up business..... ☐ 07
- Permanently disabled and/or unfit to work..... ☐ 08
- Soldier ☐ 09
- Domestic tasks ☐ 10
- Other case (inactive person/reactive)..... ☐ 11

D4. Were you looking for a job during the past 4 weeks?

For the persons who are

- *Waiting for the results of a job application*
- *Waiting for a phone call from the public employment office*
- *Waiting for the results of a competition for recruitment to the public sector*

then, the answer will be "No"

- Yes ☐ 1→D5

- No ☐ 2→E1

D5. If you find a job, today, are you ready to undertake it within the next 2 weeks?

- Yes..... ☐ 1

- No ☐ 2

E. CHARACTERISTICS OF JOB (CURRENT OR PREVIOUS)

For persons not currently working

E1. Have you ever worked?

- Yes..... ☐ 1→E2

- No..... ☐ 2→G1

E2. Please describe, as fully as possible, what do/did in this job.

Occupation: ☐ ☐ ☐ *

E3. What are /were at your work:

- Self-employed with employee(s)..... ☐ 1→G1

- Self-employed without employee(s)..... ☐ 2→G1

- Employee..... ☐ 3→E4

- Family worker, unpaid..... ☐ 4→G1

E4. FOR THE INTERVIEWER: Check the answers in the questions D1 and D2.

- If "Yes" in the questions D1 or D2 then..... ☐ 1→E5

- If "No" in both of the questions D1 and D2 then..... ☐ 2→E9

E5. Please describe the main activity of the business or organization where you worked the past week.

..... ☐ ☐ ☐ *

E6. How many people were they working in the local unit of the business or organization where you worked the past week?

-Give the exact number if they are between 1 and 10..... ☐ ☐ ☐ 1

-11 to 19 persons..... ☐ 2

-20 to 49 persons..... ☐ 3

-50 persons or more..... ☐ 4

-Don't know but less than 11 persons..... ☐ 5

-Don't know but more than 10 persons..... ☐ 6

* To be filled from ELSTAT.

E7. How many hours, per week, do you usually work in your main job or business?

(The time spent for overtime -with or without payment- must be included).

- Hours per week..... | | |

E8. You said that you usually work xx hours per week in your main job (see Q.E7). What are your usual gross and net earnings in this job, including usual paid overtime?

Gross: are considered the earnings before the deduction of tax and obligatory social insurance contributions.

Net: are considered the earnings after the deduction of tax and obligatory social insurance contributions.

- Gross monthly amount€ | | |

- Net monthly amount..... € | | |

E9. What type of work contract do (did) you have?

- Permanent job/work contract of unlimited duration..... ☐ 1

- Temporary job/work contract of limited duration..... ☐ 2

E10. In your job do (did) you supervise or manage any personnel?

- Yes ☐ 1→G1

- No..... ☐ 2→G1

E11. If you have a permanent disability, in your work, do/ did you have reasonable adjustments required because of your disability (ramps, elevators, equipment, software, schedule adjustments, etc.)?

- Yes ☐ 1→G1

- No..... ☐ 2→G1

- Partly..... ☐ 3→G1

- I don't have any disability..... ☐ 4→G1

F. CHARACTERISTICS OF MAIN JOB

For persons who currently working

FOR THE INTERVIEWER: The following questions refer to interviewee's main job. If the person has multiple jobs at present, as main job is considered the job in which he/she normally works the most hours.

F1. What kind of work do you do in your main job? Please describe as fully as possible the nature of the work done.

| | | *

F2. Please describe the main activity of the business or organization where you work.

| | | *

* To be filled from ELSTAT.

F3. In your main job you are:

- Self-employed with employee(s)..... ☐ 1
- Self-employed without employee(s)..... ☐ 2
- Employee..... ☐ 3
- Unpaid worker in the family business..... ☐ 4

F4. How many persons work in the local unit of the business or organization where you work?

- Give the exact number if they are between 1 and 10..... 1
- 11 to 19 persons..... ☐ 2
- 20 to 49 persons..... ☐ 3
- 50 persons or more..... ☐ 4
- Don't know but less than 11 persons..... ☐ 5
- Don't know but more than 10 persons..... ☐ 6

F5. How many hours per week do you usually work in your main job or business?

(The time spent for overtime -with or without payment- must be included).

- Hours per week.....

F6. In your main job you are:

(TO INTERVIEWER: Fill in the current question in accordance with the quest.F3).

- Employee..... ☐ 1→F7
- Self-employed with or without employees, or family worker ☐ 2→F10

F7. You said that you usually work xx hours per week in your main job (see Q.F5). What are your usual gross and net earnings in this job, including usual paid overtime?

Gross: Are considered the earnings before the deduction of tax and obligatory social insurance contributions.

Net: Are considered the earnings after the deduction of tax and obligatory social insurance contributions.

- Gross monthly amount€
- Net monthly amount..... €

F8. What type of work contract do you have?

- Permanent job/work contract of unlimited duration..... ☐ 1
- Temporary job/work contract of limited duration..... ☐ 2

F9. In your job do you supervise or manage any personnel?

- Yes ☐ 1
- No..... ☐ 2

F10. Have you changed your main job during the past 12 months?

- Yes..... ☐ 1→F11
- No..... ☐ 2→F12

F11. What was the main reason you changed your previous job?

(Please note the most important reason).

- To take up or seek better job..... ☐ 1
- End of temporary contract..... ☐ 2
- Being obliged to stop by my employer..... ☐ 3
(Business closure, redundancy, early retirement, dismissal etc.)
- Sale or closure of my own/family business..... ☐ 4
- Child care and care for other dependent..... ☐ 5
- Partner's job required us to move to another area, marriage..... ☐ 6
- Other reason. Please specify: _____ ☐ 7

F12. Do you usually work in more than one jobs?

- Yes..... ☐ 1→F13
- No..... ☐ 2→F14

F13. How many hours, in total, do you work in all of your jobs?

- Hours per week..... |_|_|

F14. FOR THE INTERVIEWER: Check the answers in the questions F5 and F13.

The interviewee usually works, in total, in all of his/her jobs:

- Less than 30 hours per week..... ☐ 1→F15
- 30 hours or more per week..... ☐ 2→G1

F15. What is the main reason for working less than 30 hours per week?

- Attendance of an education program/further vocational training..... ☐ 1
- Health problems ☐ 2
- Want to work more hours but (either cannot find a full-time job or to work more hours in the current job)..... ☐ 3
- Don't want to work more hours than the already working ones ☐ 4
- Number of hours in all jobs are considered as a full-time job..... ☐ 5
- Housework, looking after children or other persons..... ☐ 6
- Other reasons. Please specify: _____ ☐ 7

G. ACTIVITY HISTORY

G1. What age did you begin your first regular job or business at?

- Age of first regular job..... |_|_|→G2
 - Never worked..... ☐→G3

G2. How many years, in total, have you spent at work, either as an employee or as a self - employed?

- Years..... |_|_|

G3. For each month of 2014 and up today, which was your main activity?

- Working**
 - Employee full – time..... 01
 - Employee part – time. 02
 - Self – employed full-time (including family workers)..... 03
 - Self – employed part-time (including family workers)..... 04
 - Unemployed..... 05
 - Student 06
 - Retired 07
 - Inappropriate for work or have permanent disabilities 08
 - Soldier 09
 - Fulfilling domestic tasks 10
 - Other inactive..... 11

Be aware, the codes are not the same as the ones used in question F3

- January 2014..... |_|_|
 - February 2014..... |_|_|
 - March 2014..... |_|_|
 - April 2014..... |_|_|
 - May 2014..... |_|_|
 - June 2014..... |_|_|
 - July 2014..... |_|_|
 - August 2014..... |_|_|
 - September 2014..... |_|_|
 - October 2014..... |_|_|
 - November 2014..... |_|_|
 - December 2014..... |_|_|
 - January 2015..... |_|_|
 - February 2015..... |_|_|
 - March 2015..... |_|_|
 - April 2015..... |_|_|
 - May 2015..... |_|_|
 - June 2015..... |_|_|

H. EMPLOYEES' INCOME

H1. During 2014, did you have any income as an employee or as an apprentice from wage, salary or other form of pay?
(Be included: income coming not only from the regular work but from the casual and Temporary work as well).

- Yes ☐ 1→H2
- No ☐ 2→J1

H2. During 2014, do you know what was your net monthly earnings from all of your jobs (regular/casual/ temporary) you might have?

(Net is the amount after the deduction of tax and obligatory social insurance contributions).

- Net monthly amount of January..... | | |
- Net monthly amount of February..... | | |
- Net monthly amount of March..... | | |
- Net monthly amount of April..... | | |
- Net monthly amount of May..... | | |
- Net monthly amount of June..... | | |
- Net monthly amount of July..... | | |
- Net monthly amount of August..... | | |
- Net monthly amount of September..... | | |
- Net monthly amount of October..... | | |
- Net monthly amount of November..... | | |
- Net monthly amount of December..... | | |

H3. When were you insured for first time?

- Up to 31-12-1992..... | | | 1→H4
- Since 1-1-1993 and onwards | | | 2→H4
- Never | | | 3→H7

H4. Which was your social insurance organization?

- Health Care insurance organization | | |
- 1st Pension insurance organization | | |
- 2nd Pension insurance organization | | |
- 1st Supplementary scheme | | |
- 2nd Supplementary scheme | | |
- 3rd Supplementary scheme | | |
- Months insurance in 2014..... | | |
- I wasn't insured during 2014..... ☐

H5. How many years have you been insured for?

H6. Do you pay any extra insurance fee due to hazardous occupation?

- Yes ☐ 1

- No..... ☐ 2

H7.The business or organization where you work/worked belongs to:

• Public sector (Ministries, General Secretariats)..... ☐ 1

• Local authorities ☐ 2

• Public Sector's Company..... ☐ 3

• Private sector..... ☐ 4

H8. Did you / your employer pay any amount of money for private insurance with regard to pension or health?

- Yes ☐ 1→H9

- No..... ☐ 2→H10

H9. If Yes, please mention separately the annual amount of money which was paid by your employer as well as by yourself for this private insurance.

a. Amount (Employer)..... €

b. Amount (Interviewee)..... €

H10. During 2014, did you receive any income coming from the following sources? separately the annual amount of money which was

ALLOWANCE OR BENEFIT		If yes: Please register the monthly amount	Number of months received
Overtime	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Director's fees in incorporated business	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Commission and tips	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Piece rate payments	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Payments for fostering children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

ALLOWANCE OR BENEFIT		If yes: Please register the monthly amount	Number of months received
Profit sharing and bonuses	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Allowance because of work in remote locations/for transportation from/to work	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Remuneration for time not worked (e.g. holiday payments)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Parental leave Allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Additional payments based on productivity	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Supplementary payments (e.g. thirteenth month payment)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Marriage allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Allowance to the workers in the building constructions	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Other payments, specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

COMPANY CAR

H11. During 2014, did your employer provide you with a car, van or other motor vehicle, which was also available for private use?

- Yes ☐ 1→H12
- No ☐ 2→H15

H12. Please tell me the brand, model and registration year of the vehicle.

- Brand
- Model
- Year.....

H13. During 2014, how many months did you use the pre-mentioned vehicle provided by your employer?

- Number of months.....

H14. Does your employer pay for the insurance, the circulation fees or the service of the vehicle?

	YES	NO
- Insurance of the vehicle.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Circulation fees.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Regular repairs/service.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

OTHER ALLOWANCES IN KIND

H15. During 2014, did your employer provide you?

	YES	NO
- Free of charge or contribution meals within working hours.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Reduced values for electricity, telephone, water etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Free of charge or with reduced price the produced goods or goods appropriate for commerce.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
- Coupons for free provision of goods	<input type="checkbox"/> 1	<input type="checkbox"/> 2

FOR THE INTERVIEWER: If all the answers in question H15 are "NO", then go to question J1.

H16. If yes, what was the total amount you saved from the pre-mentioned sources?

- Annual amount..... €

J. SELF-EMPLOYMENT INCOME

J1. During 2014, did you receive any income from self-employment, such as from your own business, professional practice or farm, freelance work, or working as a subcontractor, providing services or selling goods? Royalties, rentals of buildings, vehicles, and equipment of business as well as grants (agricultural or others)-if any- or grants from the European Community are also included.
(Positive answer must be given by employees, pensioners etc. having additional income coming from other sources such as agricultural or cutlery business etc.).

- Yes..... ☐ 1→J2

- No ☐ 2→K1

J2. Apart from you, are there any other household members involved in running or managing this business or activity?
(Be included: paid and unpaid family workers).

- Yes..... ☐ 1→J3

- No ☐ 2→J5

J3. From whom, you or any other member of your household, shall we get information concerning your business or activity?

- By myself..... ☐ 1→J5
- By any other household member..... ☐ 2→J4

J4. Please note, from the Household's Register, the member's serial number.

S/N member..... →J17

J5. Do you think of yourself as having a job or a business?

- Job..... ☐ 1
- Business..... ☐ 2
- Neither..... ☐ 3

J6. Are you working on your own account or are you in partnership with someone else?

Do not consider as partners other household members participating in the business.

- Own account..... ☐ 1
- With partnership..... ☐ 2

FOR THE INTERVIEWER: The following questions are just for your **OWN** share of business and NOT for your partner's share.

J7. What is the most recent period for which you can provide us financial figures?

- From month year till month year

J8. During the pre-mentioned financial figures period what was the annual profit or loss from your business or activity after the deduction of business expenses?

As expenses are considered: The expenses for raw materials, equipment, product distribution, salaries (social insurance contributions are included), general administration expenses (rent, electricity bills, telephone bills etc.) etc.

(The value of the goods that the self-employed received from his/her business or activity for his/her own account as well as grants (agricultural or others)-if any- or grants from the European Union must be included).

The manager's payments (salaries), for the owner of the business, will be registered under the employee income (questions H1-H16).

- Amount..... €

J9. Does the amount, given above, refer to profit or loss?

- Profit ☐ 1→J10
- Loss..... ☐ 2→J18

J10. Does the pre-mentioned amount subject to tax or social insurance contributions?

- Yes, subjects to tax or social insurance contributions..... ☐ 1→J11
- No, doesn't not subject to tax or social insurance contributions..... ☐ 2→J14
- Don't know if it subjects to tax or social insurance contributions..... ☐ 3→J12

J11. In the amount you already registered, are tax or social insurance contributions included?

Social insurance contributions refer to amounts paid for the insurance coverage of the self-employed him/ herself, as well as to the rest members of the household working as unpaid family workers (if any).

- Only tax is included..... ☐ 1
- Only social insurance contributions are included..... ☐ 2
- Tax and social insurance contributions are included..... ☐ 3
- Tax and social insurance contributions are not included..... ☐ 4
- Don't know..... ☐ 5

J12. Approximately, mention the amount you paid in advance for tax within the years 2015 and 2014.

a. Tax (2014)..... € | _____ |

b. Tax (2015)..... € | _____ |

J13. Did you withdraw money from the business account, in order to be used for personal or family purposes, which haven't been included as profit in question J8?

(The payments for your provided work in the business - salary, bonuses etc.- must be included in the employee income – questions H1-H16).

- Yes..... ☐ 1→J14
- No..... ☐ 2→J15

J14. On average, how much did you take for these non-business purposes amount during 2014?

- Total amount..... € | _____ |

J15. During 2014, did you pay additional tax for income concerning previous years (close annual account, control for the past five years account, fines etc.)?

- If yes, specify amount..... € | _____ |
- No..... ☐

J16. During 2014, did you pay additional social insurance contributions e.g. in order to change insurance class, fines etc.?

- If yes, specify amount..... € | _____ |
- No..... ☐

J17. When were you insured for the first time?

- Up to 31-12-1992..... |__| |__| 1→J18
- Since 1-1-1993 and onwards |__| |__| 2→J18
- I have never been insured..... |__| |__| 3→K1

J18. Which was your social insurance organization?

- Health Care insurance organization _____ | | |
- 1st Pension insurance organization _____ | | |
- 2nd Pension insurance organization _____ | | |
- 1st Supplementary scheme _____ | | |
- 2nd Supplementary scheme _____ | | |
- 3rd Supplementary scheme _____ | | |
- Months insurance in 2011..... | | |
- I wasn't insured during 2011..... ☐

J19. How many years have you been insured for?..... | | |

J20. Which is your insurance class?..... | | |

J21. Please, mention the amount you paid for your social insurance contributions during 2014.

Amount..... € | _____ |

K. PROPERTY INCOME

K1. During 2014, did you receive or were you entitled to receive any income from interest, dividends or from capital invested in a business?

(Be included: interests from bank account or post saving bank or dividends from stocks, profits from shares, bonds, repos and mutual funds).

- Yes..... ☐ 1→K2
- No ☐ 2→L1

K2. During 2014, how much income did you earn from any of these sources held in your own name?

- Total amount..... € | _____ | →K4
- Don't know the exact amount..... ☐ →K3

K3. Could you please define the income range that you belong in?

- Up to 101 €..... ☐ 1
- 101 – 200€..... ☐ 2
- 201 – 500€..... ☐ 3
- 501 – 1000€..... ☐ 4
- 1001 – 3000€..... ☐ 5
- 3001 – 5000€..... ☐ 6
- 5001€ and up..... ☐ 7

K4. Please, mention the type of the investment.

_____ | | *

* To be filled from ELSTAT.

L. PRIVATE PENSIONS

L1. During 2014, did you receive any income from private pension schemes? The private old age pensions, widowhood, sickness, disability, unemployment pensions, etc. are included, regularly paid by the interviewee or by the dead spouse or relative.

Be excluded: pensions due to work, social benefits etc.

Be excluded: life insurance schemes that pay a lump sum on maturity, private pensions paid by your employer.

- Yes..... ☐ 1→L2
- No..... ☐ 2→L3

L2. If YES, register the amount and the number of months you received this amount during 2014.

PRIVATE PENSION		If YES: Please register the amount	Number of months
Old age pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
Other, please specify: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _

L3. During 2014, did you make any payments for individual private pension schemes, on your own initiative?

Excluded are the amounts paid in social insurance schemes or private schemes on the employer's initiative.

- Yes..... ☐ 1→L4
- No..... ☐ 2→MA1

L4. During 2014, what was the net amount each time you were paying and what was the payment period frequency?

Net amount..... € |_____|

Payment period: year ☐ 1

 semester ☐ 2

 quarter ☐ 3

FOR THE INTERVIEWER: The period should correspond to the amount recorded.

L5. Does your disability affect the amount you pay for private insurance program?

- Yes, it caused a small burden..... ☐ 1
- Yes, it caused a heavy burden..... ☐ 2
- No ☐ 3
- I don't have any disability..... ☐ 4

MA. BOUNTIES. BENEFITS. SUPPLIES. LOANS

FOR THE INTERVIEWER: The questions of section M will be answered from those who personally received bounty, benefit, loan etc.

MA1. During 2014, did you receive any allowance, subsidy or other payments from the State for housing costs? (*Be included: military allowances, housing benefit etc.*)

- Yes..... ☐ 1 →MA2
- No..... ☐ 2→MA4

MA2. What was the monthly amount you received?

Please include any amounts paid directly to the tenant (for the cases of rent benefit).

- **Monthly amount**.....€ |_____|

- Please record the type of allowance/ benefit: _____

MA3. During 2014, how many months did you receive this payment for?

- Number of months |__|

MA4. For the purchase or construction of you dwelling have you received a loan that you haven't repaid yet and for which you pay interest?

- Yes..... ☐ 1
- No..... ☐ 2 →MB1

If yes:

- When did you receive the loan Year |__|__|__|
- Which is the amount received..... Amount € |_____|
- Which is the loan duration..... Years |__|
- Which is the loan interest rate |_____| %
- Interest paid in 2014 Amount € |_____|
- Kind of loan (e.g. maintenance, earthquake stricken, interest free are not included)

SOCIAL ASSISTANCE

MB1. During 2014, did you receive any social assistance payment such as the social solidarity allowance, released from prisons, drug-addicts, alcoholics, allowances to long-standing unemployed aged 45-65 etc?

- Yes..... ☐ 1
- No ☐ 2 → MC1

MB2. If yes, which was the net monthly amount and the number of months you received it?

ALLOWANCE OR BENEFIT		If yes: Please register the monthly amount	Number of months received
Social solidarity allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Allowances to drug-addicts, released from prisons, alcoholics	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Allowances to long-standing unemployed aged 45-65	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Lump sum amount for assistance to poor households in mountainous and disadvantaged areas	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Allowances to children under 16 years old who live in poor households (pre-school and school allowance)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Benefits to households that faced an earthquake, flood etc	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Pension for over age people	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Heating allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Social dividend	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Guaranteed minimum income	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Other benefits. Specify -----	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Bonus of the above allowances	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>

MC. RENTAL INCOME

MC1. During 2014, did you receive any income from renting property e.g. renting a building, house, flat, a room or land?

Be included: rents from renting a car, taxi, truck, boat **only if** the owner has not the rental as main job (e.g. a pensioner renting a taxi).

- Yes ☐ 1
- No ☐ 2 → MD1

MC2. If YES, please record the type of assets (e.g. flat, taxi, land, parking, boat, etc.).

Assets : (sq. m.) |_|_|_|

Assets : (sq. m.) |_|_|_|

Assets : (sq. m.) |_|_|_|

MC3. Do you know what was the total income your household received from renting property after deducting costs, such as interest payments, repairs, maintenance and insurance and other charges during 2014?

- Yes. Specify amount..... €|.....| → MC6
- No profit made (as expenses equaled or exceeded rent received)..... ☐ 1 → MC4
- Don't know..... ☐ 2 → MC5

MC4. What was the amount of expenses made during 2014, for repairs, maintenance, insurance, etc. of your property?

- Amount €|.....| → MC6

MC5. If you don't know the exact amount, please give the approximate range.

- Up to 1.001 € ☐ 1
- 1.001€ up to 3.000 € ☐ 2
- 3.001€ up to 5.000 € ☐ 3
- 5.001€ up to 10.000 € ☐ 4
- 10.001€ or more..... ☐ 5

MC6. Does the pre-mentioned amount subject to tax?

- Yes ☐ 1
- No ☐ 2

MD. FAMILY RELATED ALLOWANCES - BENEFITS

MD1. During 2014, did you or anyone from your household receive any family allowance or benefit?

- Yes ☐ 1

- No ☐ 2 → ME1

MD2. Please note the net amount, as well as the number of months you received the allowance.

ALLOWANCE-BENEFIT		If yes: Please register the monthly amount	Number of months
Special allowance for families having 3 or more than 3 children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Unified children allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Incapacitated children care benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Single parent allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Pregnancy-puerperal benefit*	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Student's allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Other allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

1st Beneficiary organization : _____

2nd Beneficiary organization : _____

ME. INTRA HOUSEHOLD TRANSFERS TO/FROM OTHER HOUSEHOLDS

ME1. During 2014, did you make regular payments to members of other private households?

(Be **included**: support for a student living away from home, support to a spouse or former spouse, children not living with you, support to elderly - parents, relatives - etc. **Be excluded**: gifts in cash such as for Christmas or birthdays as well as the amounts, which do not strengthen the income of other households, e.g. loan repayment for training).

- Yes ☐ 1 → ME2
- No ☐ 2 → ME4

ME2. If yes, what was the type of the transfer and which was the total annual amount?

- Type of transfer ☐ *
- Total amount (**annual**)..... € |.....|

ME3. Does the pre-mentioned amount subject to tax?

- Yes..... ☐ 1
- No ☐ 2

ME4. During 2014, did you receive any regular payment from members of other private households?

(Be **included**: payments from parents, children, relatives, and others (e.g. alimony).

(Be **excluded**: gifts in cash, such as for Christmas or birthdays as well as the amounts, which do not strengthen your income e.g. loan repayment for training).

- Yes ☐ 1
- No ☐ 2 → NA1

ME5. If yes, what was the type of the transfer and which was the total annual amount?

- Type of transfer: ☐ *
- Total amount (**annual**)..... € |.....|

ME6. Does the pre-mentioned amount subject to tax?

- Yes ☐ 1
- No ☐ 2

* To be filled from ELSTAT.

UNEMPLOYMENT / VOCATIONAL TRAINING ALLOWANCES

NA1. During 2014, did you receive any unemployment allowance, vocational training allowance or reimbursement because of dismissal?

- Yes..... ☐ 1→NA2

- No ☐ 2→NA3

NA2. For each of these allowances please register the net monthly amount as well as the number of months you received them.

ALLOWANCE OR BENEFIT		If yes: Please register the net monthly amount	Number of months received
Full unemployment allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Exceptional financial allowance due to dishonest employer(e.g.dismissal due to bankruptcy etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Suspension allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Unemployment benefit for self employed	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Vocational training allowance for unemployed	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Reimbursement due to dismissal from work	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Seasonal unemployment benefit for persons seasonally working (e.g. actresses, musicians, building workers, hotel staff, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Allowance for young persons aged 20-29 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Allowance for joining the army	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Placement, resettlement or rehabilitation benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Other allowances (please specify):	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Bonus of the above allowances	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

NB. PENSIONS

NB1. During 2014 did you receive any old age pension?

*The purely private pensions that were fully arranged and paid for by the individual **are excluded**, whereas private pensions paid for by the employer **are included** (parallel pension from private sector).*

- Yes..... ☐ 1 → NB2
- No ☐ 2 → NC1

NB2. For each of the following old age pension schemes, please register the net monthly amount as well as the number of months you received them.

PENSIONS		If yes: Please register the net monthly amount	Number of months received
Old age pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
Supplementary pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
Early retirement pension due to resignation	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
Parallel pension from private sector (paid by the employer)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
Lump sum due to retirement	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
National resistance pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
Other pensions, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
Health Care insurance organization			<input type="text"/> *
1 st Pension insurance organization			<input type="text"/> *
2 nd Pension insurance organization			<input type="text"/> *
1 st Supplementary scheme			<input type="text"/> *
2 nd Supplementary scheme			<input type="text"/> *
3 rd Supplementary scheme			<input type="text"/> *

*To be filled from ELSTAT.

NC1. SURVIVOR'S PENSION AND BENEFITS

NC1. During 2014, did you receive any survivor's pension, benefit or allowance?

Be excluded: purely private pensions that were fully arranged and paid for by the deceased. **Be included:** private pensions paid for by the employer.

- Yes..... ☐ 1→NC2

- No..... ☐ 2→ND1

NC2. For each of the following survivor's pensions benefits or allowances, please register the net monthly amount as well as the number of months you received them.

PENSIONS		If yes: Please register the net monthly amount	Number of months received
Old age pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Supplementary pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Parallel pension from private sector (paid by the employer)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Orphans' pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Pension of war victims	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Other pensions/benefits, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

FOR THE INTERVIEWER: As far as possible, ensure that income from this source is not double counted to the income from salaries.

Health Care insurance organization	<input type="text"/> <input type="text"/> <input type="text"/>	*
1 st Pension insurance organization	<input type="text"/> <input type="text"/> <input type="text"/>	*
2 nd Pension insurance organization	<input type="text"/> <input type="text"/> <input type="text"/>	*
1 st Supplementary scheme	<input type="text"/> <input type="text"/> <input type="text"/>	*
2 nd Supplementary scheme	<input type="text"/> <input type="text"/> <input type="text"/>	*
3 rd Supplementary scheme	<input type="text"/> <input type="text"/> <input type="text"/>	*

* To be filled from ELSTAT.

ND. SICKNESS BENEFITS / ALLOWANCES

ND1. During 2014, did you receive any sickness benefit or allowance?

*(Be included: benefits/allowances received due to physical or mental sickness but **NOT** these received by disabled persons. Besides, the **paid** leaves in work due to sickness, as well as reimbursement for accidents at work and sickness are included as well. **Be excluded:** allowance paid for private sickness insurance and has been paid for by the individual).*

- Yes..... ☐ 1→ND2

- No ☐ 2→NE1

ND2. For each of the following sickness social benefits or allowances, please register the net monthly amount and the number of months you received them.

BENEFIT / ALLOWANCE	If yes: Please register the net monthly amount	Number of months received
Pay sick leave YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
*Benefit for accident at work YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
*Benefit for spa therapy, airing etc. YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Assistance for movement of sick persons YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
*Other benefits/allowances, please specify: YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>

FOR THE INTERVIEWER: As far as possible, ensure that income from this source is not double counted to the income from salaries.

NE. PENSIONS – DISABILITY BENEFITS

NE1. During 2014, did you receive any benefit / allowance or pension related to disability?

(Be included: disability pensions and benefits / allowances received due to physical or mental disability). Be excluded: purely private sickness schemes that were fully arranged and paid for by the individual.

- Yes..... ☐ 1→NE2

- No..... ☐ 2→NF1

NE2. For each of the following pensions – disability benefits, please register the net monthly amount and the number of months you received them.

PENSIONS BENEFITS ALLOWANCES		If yes: Please register the net monthly amount	Number of months received
Disability pension <i>The disability pension becomes regular old age pension after a certain age</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Benefit for persons with special needs	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Care allowance for incapacitated persons	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Nutrition allowance for people suffering kidney's disease	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
*Other benefits/allowances. Please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

FOR THE INTERVIEWER: As far as possible, ensure that income from this source is not double counted to the income from salaries.

Health Care insurance organization	<input type="text"/> <input type="text"/> <input type="text"/>	*
1 st Pension insurance organization	<input type="text"/> <input type="text"/> <input type="text"/>	*
2 nd Pension insurance organization	<input type="text"/> <input type="text"/> <input type="text"/>	*
1 st Supplementary scheme	<input type="text"/> <input type="text"/> <input type="text"/>	*
2 nd Supplementary scheme	<input type="text"/> <input type="text"/> <input type="text"/>	*
3 rd Supplementary scheme	<input type="text"/> <input type="text"/> <input type="text"/>	*

* To be filled from ELSTAT.

NF. EDUCATIONAL ALLOWANCES

NF1. During 2014, did you receive any educational allowance?

Be included: *benefits/allowances received by students, due to their participation in research programs, scholarships, etc.* **Be excluded:** *benefits for training/retraining.*

- Yes..... ☐ 1→NF2

- No ☐ 2→P1

NF2. For each of the following benefits / allowances, please register the net monthly amount and the number of months you received them.

BENEFITS ALLOWANCES	If yes: Please register the net monthly amount		Number of months received
Benefit received for participation in research programs	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Scholarships	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Other educational benefits/allowances, Please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ <input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>

TAXES ON INCOME

P1. In 2015, did you make (or will you make) an income tax return for income of the previous year (2014)?

- Yes..... ☐ 1→P3
- Tax return made by another household member covering my income, as well as his/her own income..... ☐ 2→P2
- I was not obliged to make tax return..... ☐ 3→S1
- No tax return made even though I had income..... ☐ 4→S1

P2. Could you please record the name/surname of the member whose income was taxed with yours? Please note the serial number (S/N) of these household members from the Individual Register.

- Name - surname: _____ S/n →S1

P3. Did your tax return include only your personal income or also the income of other household members?

- Personal income only..... ☐ 1→P5
- Other members income, as well ☐ 2→P4

P4. Please note the serial numbers of members whose income has been included in your tax return.

- S/n of first member.....
- S/n of second member.....

P5. Please, register the total amount of tax paid in 2014 concerning tax deducted at source from 2013 income.

- Total amount of tax..... € →P7
- Don't know the exact amount..... ☐ 1→P6
- Didn't pay any tax..... ☐ 2→P7

P6. Could you please indicate the amount of tax paid?

- Up to 501 € ☐ 1
- 501€ up to 1.000 € ☐ 2
- 1.001€ up to 3.000 € ☐ 3
- 3.001€ up to 5.000 € ☐ 4
- 5.001€ up to 10.000€..... ☐ 5
- 10.001 € or more..... ☐ 6

P7. During 2014, did you pay any supplementary/ additional tax such as fines etc. for all your income?

- Yes, tax amount.....€ |_____| →P8a
- Don't know..... ☐ →P8
- No..... ☐ →P8a

P8. Could you please indicate the amount of additional tax paid?

- Up to 501 € ☐ 1
- 501€ up to 1.000 € ☐ 2
- 1.001€ up to 3.000 € ☐ 3
- 3.001€ up to 5.000 € ☐ 4
- 5.001€ up to 10.000€..... ☐ 5
- 10.001 € or more..... ☐ 6

P8a. Do you have secondary dwelling?

- Yes..... ☐ 1
- No..... ☐ 2→P8d

P8b. Which is the total area of the dwelling?

- Total area..... |_|_|_|

P8c. Which is the zone price per sq.m?

- Zone price..... |_|_|_|_|

P8b. Do you have a car?

- Yes..... ☐ 1
- No..... ☐ 2→P8f

P8e. If YES, please record:

- C.C..... |_|_|_|_|
- Registration year..... |_|_|_|_|
- Percentage of ownership..... |_|_|_|_|

P8f. Do you have a boat?

- Yes..... ☐ 1
- No..... ☐ 2→S1

P8g. If YES, please record:

- Total length in meters..... |_|_|_|_|

**S. EXTRAORDINARY FINANCIAL CONTRIBUTION
OF PERSONS WITH HIGH INCOME**

S1. During 2014, did you pay any amount as extraordinary financial contribution of your 2013 income?

Be included: The total net income of the person if it is more than 100,000 €

- Yes..... ☐ 1
- No..... ☐ 2→T1

S2.If YES, which is approximately the amount you payed?

-Annual amount.....€ |_____|

T. MATERIAL DEPRIVATION

T1. Do you have or do any of the following?

	YES	Cannot afford	No, for other reasons
- Have two of properly fitting shoes (including a pair of all weather shoes).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Have some new (not used) clothes?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Get together with friends/ family (relatives) for a drink/ meal at least once a month.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Regularly participate in a leisure activity?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Spend a small amount of money each week on yourself?....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Internet connection at home?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

T2. Do you use Public transportation?

- Yes..... ☐ 1
- No, service too expensive..... ☐ 2
- No, bus stop/ station too far..... ☐ 3
- No, access too difficult..... ☐ 4
- No, prefer private transports..... ☐ 5
- No, for other reasons ☐ 6

Y DURATION AND DATE OF INTERVIEW

Y1. FOR THE INTERVIEWER: Please note the time and the date for the completion of the questionnaire

• Time needed for the completion of interview.....|_|_|

Date of interview: Day |_|_| Month |_|_| Year **2015**