



HELLENIC REPUBLIC
HELLENIC STATISTICAL AUTHORITY

GENERAL DIRECTORATE OF STATISTICAL
SURVEYS
POPULATION AND LABOUR MARKET
STATISTICS DIVISION
SPECIAL HOUSEHOLD SURVEYS SECTION

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

MEMBER ID: _____ | |

INDIVIDUAL QUESTIONNAIRE

For members who were born
from 3/1/1998 to 2/28/2003, that is, members aged between 10 and 14 years old

TIME USE SURVEY 2013 – 2014



Co-financed by Greece and the European Union

The supply of data for ELSTAT is OBLIGATORY.
The survey is being conducted in a sample of households having been randomly designed by the NSSG and the answers in the questions are CONFIDENTIAL (L.3832/2010).

I1. INTERVIEWER: Please note:

The time when you start filling in this questionnaire (e.g. 19:20)

|_|_|:|_|_|

BIOGRAPHICAL INFORMATION**I2. In which country were you born?**

- Born in Greece..... 1

- Born in another EU Member State 2

Which one.....

|_|_|*

- Born in a non-European country 3

Which one.....

|_|_|*

I3. What citizenship do you hold?*Multiple answers can be selected*

- Greek 1

- National of another EU Member State..... 2

Which one.....

|_|_|*

- National of a non-European country 3

Which one.....

|_|_|*

I4. What is your present marital status?

- Unmarried..... 1 → I5

- Married (including registered partnership)..... 2 → I6

- Widowed 3 → I5

- Divorced 4 → I5

- Separated 5 → I5

I5. Are you living in a consensual union?

- Yes 1

- No 2

EDUCATION - TRAINING

I6. Are you at present receiving any education or training?

- Yes 1 → I7
- No 2 → I8

I7. Please specify the level of this education:

- Primary education 1
Lower secondary education 2
Manpower Employment Organizations' (OAED) Institutes 3

HEALTH

I8. What is your general state of health?

Spontaneous answer

- Very good 1→ I11
-Good 2→ I11
-Fair 3→ I9
-Poor 4→ I9
-Very poor 5→ I9

I9. Do you have any chronic physical or mental health problem, illness or disability?

A chronic health problem, illness or disability is considered the problem, illness or disability that has lasted or is expected to last for 6 months or more.

- Yes 1→ I10
- No 2→ I11

I10. During the last 6 months, are you hampered in your daily activities by this physical or mental health problem, chronic illness or disability?

- Yes, severely hampered..... 1
- Yes, hampered to some extent..... 2
- No..... 3

OTHER INFORMATION

I11. Interview method:

- By the interviewer in a face to face *paper based* personal 1

interview (PAPI)	
- By the interviewer in a face to face <i>computer assisted</i> personal interview (CAPI).....	2
- By the interviewer in a telephone interview (CATI)	3
- By the interviewer in a proxy interview	4

I12. INTERVIEWER: Please note the time and date when you finished filling in this questionnaire:

Time (*e.g. 18:12*) |_|_|:|_|_|
Date: Day |_|_| Month |_|_|