

CONFIDENTIAL



GENERAL DIVISION OF STATISTICS

Household ID:

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

S/n member:

11

Name Surname

Interviewer

|||

EUROPEAN UNION STATISTICS ON INCOME
AND LIVING CONDITIONS
2017

HOUSEHOLD QUESTIONNAIRE

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..... | |

Piraeus, 2017

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..... ☐ 1 ☐ 2
- Too dark, not enough light ☐ 1 ☐ 2

A8. Your dwelling tenure status is:

- Owned without financial obligations (loan, mortgage etc.)..... ☐ 1 → B1
- Owned with financial obligations (loan, mortgage etc.)..... ☐ 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?

- Less than 151 € ☐ 1
 - 151 – 250€ ☐ 2
 - 251 – 400€ ☐ 3
 - 401 – 550€ ☐ 4
 - 551 – 700€ ☐ 5
 - 701 – 850€ ☐ 6
 - 851 – 1000€ ☐ 7
 - 1.001 – 1.200€ ☐ 8
 - More than 1.200€ ☐ 9
- } → 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. If you do not know, could you please provide the approximate range you would be willing to pay?

- | | | |
|--------------------------|----------------------------|--|
| - Less than 151 € | <input type="checkbox"/> 1 | <div style="font-size: 3em;">}</div> <div style="font-size: 1.5em;">→ F1</div> |
| - 151 – 250€ | <input type="checkbox"/> 2 | |
| - 251 – 400€ | <input type="checkbox"/> 3 | |
| - 401 – 550€ | <input type="checkbox"/> 4 | |
| - 551 – 700€ | <input type="checkbox"/> 5 | |
| - 701 – 850€ | <input type="checkbox"/> 6 | |
| - 851 – 1000€ | <input type="checkbox"/> 7 | |
| - 1.001 – 1.200€ | <input type="checkbox"/> 8 | |
| - More than 1.200€ | <input type="checkbox"/> 9 | |

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?

- | | | |
|--------------------------|----------------------------|--|
| - Less than 151 € | <input type="checkbox"/> 1 | <div style="font-size: 4em;">}</div> <div style="font-size: 1.5em;">→ F1</div> |
| - 151 – 250€ | <input type="checkbox"/> 2 | |
| - 251 – 400€ | <input type="checkbox"/> 3 | |
| - 401 – 550€ | <input type="checkbox"/> 4 | |
| - 551 – 700€ | <input type="checkbox"/> 5 | |
| - 701 – 850€ | <input type="checkbox"/> 6 | |
| - 851 – 1000€ | <input type="checkbox"/> 7 | |
| - 1.001 – 1.200€ | <input type="checkbox"/> 8 | |
| - More than 1.200€ | <input type="checkbox"/> 9 | |

HOUSEHOLD-DWELLING EXPENDITURES

F1. 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 |
| - 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 |

F2. If you pay for electricity, did the state provide you with a free re-connection or electricity supply power in the context of the humanitarian crisis?

- Yes ☐ 1
- No ☐ 2

F3. If YES, which was the total amount you saved?

- Total amount (annual) € | _____ |

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
- 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. MATERIAL DEPRIVATION

H1. Would you replace any worn furniture in your dwelling?

- Yes ☐ 1
- No, because of financial reasons..... ☐ 2
- No, for other reasons..... ☐ 3

I. FINANCIAL SITUATION

I1. 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

12. 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 → I4

13. 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

14. 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 |

15. 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

16. 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

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

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

IA. FINANCIAL BURDEN OF HOUSEHOLDS' HEALTH COSTS

For households with at least one member up to 12 years of age.

The questions concern all children up to 12 years of age in the household

Child care involves attending private or public sector preschool programs (that is, before and after leaving school).

IA1. During the past 12 months to what extent were the costs of medical care (medical examinations or treatments, visits to doctors, inpatient care, etc.) a financial burden to your household?

Excluded are costs for medicine and oral health (visits to dentists/stomatologists/orthodontists).

- A heavy burden ☐ 1
- Somewhat a burden ☐ 2
- Not a burden at all ☐ 3
- No one in the household needed medical examination or treatment ☐ 4

IA2. During the past 12 months to what extent were the costs of dental care (dental examinations or treatments, visits to dentists/stomatologists/orthodontists) a financial burden to your household?

Excluded are costs for medical care recorded in previous question (IA1) and costs for medicines).

- A heavy burden ☐ 1
- Somewhat a burden ☐ 2
- Not a burden at all ☐ 3
- No one in the household needed medical examination or treatment ☐ 4

IA3. During the past 12 months to what extent were the costs of medicines, herbs or vitamins (prescribed and non-prescribed by a doctor)?

Excluded are herbal teas and for women contraceptive pills or hormones used only for contraception).

- A heavy burden ☐ 1
- Somewhat a burden ☐ 2
- Not a burden at all ☐ 3
- No one in the household needed medical examination or treatment ☐ 4

IB. HEALTH FOR CHILDREN AGED 0-15

For the interviewer: If in the household live children aged less than 16 years old please continue with questions IB1 to IB9 following. Otherwise, continue with question

	Children aged 0-15 years old					
	Child with s/n	Child with s/n	Child with s/n	Child with s/n	Child with s/n	Child with s/n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IB1. How would you describe your child's health? (Answer should be prompt)						
Very good	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Good	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Fair	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Bad	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Very bad	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

IB2. Has any of your children been limited or burdened because of a health problem in activities most children of the same age usually do?	Child with s/n □□	Child with s/n □□	Child with s/n □□	Child with s/n □□	Child with s/n □□	Child with s/n □□
Yes, severely	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Yes, but not severely	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
No, not limited at all	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

For the interviewer: For all children for which answer “1: Yes, severely” or “2: Yes, but not severely” has been recorded please continue with next question. Otherwise, continue with question

IB3. Has the limitation mentioned for your child/children been for at least the past 6 months?	Child with s/n □□	Child with s/n □□	Child with s/n □□	Child with s/n □□	Child with s/n □□	Child with s/n □□
Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2

IB4. Was there any time during the past 12 months when [any of] your children/ren really needed medical examination or treatment for a health problem?

Excluded are dental / stomatological / orthodontical examination or treatment.

- Yes, at least one ☐ 1
- No, none ☐ 2→IB7

IB5. Did your child/ren have the medical examination or treatment each time it was really needed?

- Yes, my child/ren had a medical examination each time needed ☐ 1→ IB7
- No, there was at least one occasion when at least one of my child/ren did not have the medical examination or treatment needed ☐ 2

IB6.What was the main reason for which your child/ren didn't not have the medical examination or treatment?

- Could not afford (examination /treatment too expensive, my health insurance didn't cover it) ☐ 1
- Waiting list too long or the next available appointment was too far..... ☐ 2
- Could not take the time because of work or care of other children or of others... ☐ 3
- Too far to travel or no means of transportation ☐ 4
- Other reason,that is :..... ☐ 5

IB7. Was there any time during the past 12 months when [any of] your children/ren really needed dental / stomatological / orthodontical examination or treatment for a health problem?

- Yes, at least one ☐ 1
- No, none ☐ 2→J1

IB8. Did your child/ren have the dental / stomatological / orthodontical examination or treatment each time it was really needed? ;

- Yes, my child/ren had a dental examination each time needed ☐ 1→J1
- No, there was at least one occasion when at least one of my child/ren did not have the dental examination or treatment needed ☐ 2

IB9. What was the main reason for which your child/ren didn't not have the dental / stomatological / orthodontical examination or treatment?

- Could not afford (examination /treatment too expensive, my health insurance didn't cover it) ☐ 1
- Waiting list too long or the next available appointment was too far..... ☐ 2
- Could not take the time because of work or care of other children or of others... ☐ 3
- Too far to travel or no means of transportation ☐ 4
- Other reason, that is : ☐ 5

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 2016, 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 2016, 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→ K3

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

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

K3. During 2016, did you pay any temporary special tax of electrified structured surfaces (E.E.T.H.Δ.E.) for your or other member's of the household property?

- Yes..... ☐ 1
- No..... ☐ 2→ L1

K4. If YES, which is the total annual amount?

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

L. INCOME IN KIND

L1. During 2016, did you save any income from your own/home production such as foods or drinks?

Be excluded: Income saved from foods and drinks consumption, given to the household free by other household. In addition, income saved from foods and drinks consumption, coming from household's own agricultural or livestock production are excluded as well..

- Yes..... ☐ 1
- No..... ☐ 2 → M1

L2. If yes, which is approximately the amount you saved?

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

M. DISABLE PERSONS CONSTITUTING FINANCIAL BURDEN FOR THE HOUSEHOLD

M1. Is there a disable person (67% and over) constituting financial burden for the household independently residing in the dwelling or not?

- Yes..... ☐ 1
-Number of persons..... |__|
- No..... ☐ 2 → N1

M2. If YES, is/ are the person/ persons less than 16 years old?

- Yes..... ☐ 1
- Number of persons |__|
- No..... ☐ 2

M3. Can your household afford to provide special technical aids or services to the disabled person?

- Yes..... ☐ 1
- No..... ☐ 2

M4. Is your dwelling accessible to the disabled person who is constituting financial burden to your household?

- Yes..... ☐ 1
- No..... ☐ 2

M5. Do you intend to do interventions of the accessibility of your dwelling (ramp, elevator, door widening, optical gear for deaf etc)?

- Yes ☐ 1
- No, because of financial reasons..... ☐ 2
- No, for other reasons..... ☐ 3

M6. Does the disable person face any accessibility problems to the pavements, bus stops, stores, services etc?

- Yes..... ☐ 1
- No..... ☐ 2

M7. To what extent are the total expenses a financial burden to your household due to disabled person?

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

M8. According to your opinion, which is the lowest net monthly income your household should have in order to face the financial burden of the disabled person?

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

<i>N. DURATION AND DATE OF INTERVIEW</i>

N1. 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 **2017**