QUEST. 2



CONFIDENTIAL



HELLENIC STATISTICAL AUTHORITY

GENERAL DIVISION OF STATISTICS DIVISION OF POPULATION AND LABOUR MARKET STATISTICS UNIT OF HOUSEHOLD SURVEYS

TEL.: 213 135 2897 FAX: 213 135 2906

HOUSEHOLD ID	
NAME/SURNAME:	
INTERVIEWER :	

EUROPEAN UNION STATISTICS ON INCOME AND LIVING CONDITIONS 2019

MEMBERS REGISTER

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

Piraeus 2019

A. BASIC CHARACTERISTICS AND KAI CURRENT MEMBERSHIP STATUS

(0)	(1)	(2)	(3)		(4)	(5)	(5a)	(6)	(7)	(8)	(9)	(10))
				Date o	of birth	Sex	on year	For all current members 1. Current member/ also in previous wave 2.Moved in from other sample household	For members that moved out	For members or	that moved out died	out or died o household	rs that moved r resided in the for at least 3 onths	For members ti	nat moved in
S/N	Member's S/N	Name	Surname	Month	Year	Male=1 Female= 2		3.Moved in from another	To another private household within the country** To collective household or institution of the country To another country To unknown (non traceable) address	Month of movement/de ath	Year of movement/deat h	Number of months spent in the household	Main activity	Month at which the person moved in	Year
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															

^{*} They stayed in the household for three months at least, during 2018 and they are not household's members today.

^{**} Split of household/Member's tracing sheet

	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	
Person member	(To be filled if the column 6 has as code 1,2,3,or 4) Residential status 1: Lives here 2: Temporarily lives elsewhere	(To be filled if the column 6 has as code 1,2,3,or 4) Main activity	column 6 has as code 1,2,3,or 4) Member's father s/n -2: If the father is not member of the	Member's mother s/n. number.	the column 6 has as code	the column 6 has as code 1,2,3,or 4) 16 years and up	has as code 1,2,3,or 4)	filled if the column 17 has as code 11)	has as code 9) S/n of the person who filled in the	(To be filled if the column 6 has as code 1,2,3,or 4) Younger than 12 years old 1:Yes 2: No	(To be filled if the column 6 has as code 1,2,3,or 4)	COLUMN 17:PERSONAL INTERVIEW RESULT 11. Personal Questionnaire completed 21. Personal questionnaire not completed due to illness or incapacity 22. The self-completed questionnaires weren't given back 23. Member refused to co-operate 31. Member is temporarily absent and the questionnaire cannot be filled in by proxy 32. Contact not made for other reasons 33. Interview not completed for unknown reasons COLUMN 18: TYPE OF INTERVIEW 1. Questionnaire completed (PAPI) 2. Questionnaire completed (CAPI) 3. Questionnaire completed (CAPI) 4. Self-administered by respondent 5. Proxy interview 6. Proxy interview (PAPI) 7. Proxy interview (CAPI) 8. Proxy interview (CAPI) 9. Completion of the questionnaire by a representative without the involvement of an interviewer 10. Proxy interview via web (CAWI) COLUMN 19: Completed only if column 18 has value 5 COLUMNS 9 AND 12:
												1. Working 2. Unemployed
												Retired Other inactive (student, in military service, houswife, etc.)

B. HOUSEHOLD GRID

FOR THE INTERVIEWER: The table is symmetrical. The diagonal of the table corresponds to the relationship of each member of the household with himself (dark outline), therefore it is not completed. The top half part of the table that is outlined also does not need to be completed. Fill in the corresponding lower half of the table showing the relationship of each household member with all the rest, according to the codes listed below. Further analysis of the codes is presented in the instructions to the interviewers

S/N	Name	1	2	3	4	5	6	7	8	9	10
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Partner: 11 – Husband/wife/civil partner 12 – Partner/cohabite (high level)

Son/Daughter: 21 Natural/Adopted son/daughter (high level), 22 – Step-son/step-daughter (high level).

30:Son-in-law/daughter-in-law (low; high level)

40:Grandchild (low; high level)

Parent: 51 – Natural/adoptive parent (high level), 52 – Step-parent (high level)

60: Parent in law (low; high level) 70: Grandparent (low; high level)

Brother/Sister 81-Natural brother/sister (high level), 82-Step-brother/Sister (high level)

90: Other relative (low; high level) 95: Other non-relative (low; high level)

C. CHILD CARE FOR CHILDREN UP TO 12 YEARS OLD

FOR THE INTERVIEWER: The following questions concern children born since April 2007 The rest members of the household will not be

regis	tere)(d	
				Ξ

(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
		(For children born since 2013)	(For children born from April 2007 up to 2012)	(For children born since April 2007)	(For children born since April 2007)	(For children born since April 2007)	(For children born since April 2007)
S/N	Member's S/N	Number of hours per week in programs concerning pre-school education	Number of hours per week in programs concerning obligatory education	Number of hours per week in programs concerning child care inside school	Number of hours per week concerning child care outside school (baby parking)		Number of hours per week concerning child care by relatives or other persons
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

COLUMN 2: As pre-school education programs are considered kindergarten and creche.

COLUMN 3: As obligatory education program is considered the demotiko and gymnasium.

COLUMN 4: As child care program inside school is considered child care, in the morning, usually, from 7a.m. until lessons start and until 4p.m.The particular program does not exist in all schools. Included are private and public schools.

COLUMN 5: As child care program outside school is considered child care in especially adjusted places, at day-care centre, during the day.

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

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

D. MEMBER'S TRACING SHEET

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