

A. DEMOGRAPHIC DATA

A1. Please mention your year of birth:

Year of birth: [][][][]

A2. Country of birth of your mother:

Country: _____

A3. Country of birth of your father:

Country: _____

A4. What is your marital status?

- Never married..... 1
- Married / civil partnership..... 2
- Separated..... 3
- Widowed 4
- Divorced..... 5

A5. Are you living with a partner?

- Yes, on a legal basis 1
- Yes, non on a legal basis..... 2
- No 3

B. EDUCATION

B1. Are you currently on an educational program?

- Yes 1
- No 2→B3

B2. Current level of education being attained

*For secondary education level it has to be noted if it is general or vocational training.
For post-secondary or tertiary education levels it has to be noted if it is public or private as well as the field of study.*

- School / Educational institution _____
- Field of study _____
(Filled in only by those who are currently attending a post-secondary or tertiary education program)
- Vocational training program _____

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

- Never attended any level of education.....
- Few classes of primary school..... 1
- Primary School..... 2
- Other, please specify..... 3
- School / Educational institution _____
- Field of study _____
(Filled in only by those who have completed post-secondary or tertiary education)

C. HEALTH

C1. How is your health in general?

- (Spontaneous answer)
- Very good 1
 - Good..... 2
 - Fair 3
 - Bad..... 4
 - Very bad 5

C2. Do you have any long-standing health problem or long-standing illness?

(By longstanding we mean illnesses or health problems, which have lasted or are expected to last for more than 6 months with or without medical treatment.)

- Yes..... 1
- No 2

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

- Yes, severely limited..... 1
- Yes, limited but not severely 2
- Not limited at all..... 3

C4. Was there any time during the past 12 months, when you really needed medical examination or treatment for yourself?

(The medical examination/treatment should be personal only and not related for example with your child/ren. Dental stemmatological or orthodontia examination/treatment is excluded)

- Yes, at least one occasion 1
- No, I did not need any medical examination or treatment 2 →C6

C4α) Did you have a medical examination or treatment each time you really needed?

- Yes, I had a medical examination or treatment each time I needed 1→C6
- No, there was at least one occasion when I did not have a medical examination or treatment 2

C5. What was the main reason for not having a medical examination or treatment although you really needed it?

- Could not afford it (too expensive) 1
- Waiting list 2
- Could not take time because of work, care of children or other persons 3
- Too far to travel / no means of transportation 4
- Fear for doctors, hospitals, medical examination or treatment 5
- Waited to wait and see if problem got better on its own 6
- Did not know any good doctor..... 7
- Other reasons, namely : _____ 8

C5a. Is the unmet need for medical examination or treatment because of the COVID-19 crisis?

- Yes..... 1
- No 2

C6. Was there any time during the past 12 months, when you really needed dental, stomatological or orthodontia examination or treatment for yourself?

(The examination/treatment should be personal only and not related for example with your child/ren.)

- Yes, at least one occasion 1
- No, I did not need any dental, stomatological or orthodontia examination or treatment 2→C8

C6a. Did you have a dental, stomatological or orthodontia examination or treatment each time you really needed?

- Yes, I had a dental examination or treatment each time I needed 1→C8
- No, there was at least one occasion when I did not have a dental examination or treatment 2

C7. What was the main reason for not having dental, stomatological or orthodontia examination or treatment although you really needed?

- Could not afford it (too expensive)..... 1
- Waiting list 2
- Could not take time because of work, care of children or other persons 3
- Too far to travel / no means of transportation 4
- Fear for doctors, hospitals, medical examination or treatment 5
- Waited to wait and see if problem got better on its own 6
- Did not know any good dentist..... 7
- Other reasons, namely : _____ 8

C7a. Is the unmet need for dental examination or treatment because of the COVID-19 crisis?

- Yes..... 1
- No 2

C8. Has your mental health/well-being been affected by the Covid-19 pandemic during 2020?

(With mental health it will be understood as the emotional reactions including relief, fear and worry, stress, sadness, anger, happy, safe, etc. influencing your daily mood or behavior. The answer will be based on the personal judgment of the investigated and not on a medical diagnosis, while The effects on mental health can be either short-term or long-term.)

- Yes..... 1
- No 2

CA. TIME THAN PARENTS SPEND WITH CHILDREN

CA1. Do you spend enough time with your child/ children (0-17 years old) – who are household members?

It concerns all the children of the parent who are members of the household and should be given single answer. E.g. if even for a child the required time is not devoted, the answer should be "No". Time taken by telephone / social media, networks, etc. is not considered.

- Yes..... 1→CA3
- No 2
- I do not have children 0-17 living in the household..... 3→CA3

CA2. What is the main reason for not spending enough time with your child/children who are household members?

- My work (paid work or unpaid work)..... 1
- My studies..... 2
- Being seperated..... 3
- For health reasons..... 4
- Distance..... 5
- Child doesn't want/ has other priorities 6
- Other reason..... 7

CA3. Do you spend enough time with your child/ children (0-17 years old) who are not household members?

It concerns all the children of the parent who are not members of the household and should be given single answer. E.g. if even for a child the required time is not devoted, the answer should be "No". Time taken by telephone / social media, networks, etc. is not considered.

- Yes..... 1→D1
- No 2
- I do not have children 0-17 living in the household..... 3→D1

CA4. What is the main reason for not spending enough time with your child/children who are not household members?

- My work (paid work or unpaid work)..... 1
- My studies..... 2
- Being seperated..... 3
- For health reasons..... 4
- Distance..... 5
- Child doesn't want/ has other priorities 6
- Other reason..... 7
- Other reason..... 8

D. CURRENT ACTIVITY

D1. Which is your current main activity status?

(Unpaid workers for a family business will answer "Yes")

- Employed..... 1→D7
 - Retired..... 2→D2
 - Unemployed..... 3
 - Unable to work due to long-standing health problems..... 4
 - Student, pupil..... 5
 - Fulfilling domestic tasks..... 6
 - Compulsory military or civilian service..... 7
 - Another case of non-economically active person..... 8
 - Permanently disabled..... 9
- } →D3

FOR THE INTERVIEWER:The question refers to people who have been born since 1944

D2. Did you apply for retirement after 12/5/2016 (irrespective of the date of retirement)?

- Yes..... 1
- No 2

D3. Have you ever worked?

Casual work is defined as work that is not characterised by continuity and stability, for a period of less than three months (regardless of whether it is full/partial official/non-official) and concerns only a period of time.

To be considered that a person has worked either occasionally or in a steady job, it should be has provided his services for profit or remuneration (or to have experience as an assistant, paid or not;family business) for at least one hour a week. Otherwise, it will be considered that has never worked.

Seasonal workers for periods of less than 3 months, for many consecutive years, will have non-casual work experience (3).

Work sporadically or during the summer holidays of students/students/students will be considered casual work (2), as opposed to continuous work in parallel with apprenticeships/education; even if it was limited to a few hours, e.g. a student working a few hours each Weekend during the school year.

- No, I have never worked 1 →E2
- Yes, I have worked in the past but only occasionally..... 2 →E2
- Yes, I have worked in the past..... 3

D4. Please describe, as fully as possible, your main occupation in your last job.

D5. Please describe, the main economy activity for the local unit for your last job.

D6. In your last job you were:

- Self-employed with employees..... 1
 - Self-employed without employees..... 2
 - Employee..... 3
 - Family worker (unpaid)..... 4
- } E1

FOR TON INTERVIEWER: The following questions refer to the main job of the respondent. Main job is considered, for the researchers who have more than one job, the one in which he /she usually spends most of his/ her working time.

D7. Please describe, as fully as possible, your main occupation in your main job.

D8. Please describe, the main economy activity for the local unit for your main job.

D9. How many hours do you usually work per week in your main job?

(The usually spent overtime -with or without payment- should be included).

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

D9a. Your job is described as:

- Full-time job..... 1
- Part-time job..... 2

D10. In your main job you are:

- Self-employed with employees..... 1→D15
- Self-employed without employees..... 2→D15
- Employee..... 3
- Family worker (unpaid)..... 4→D15

D11. You said that you usually work xx hours per week in your main job (see Q.D9). 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..... € | _____ |

D12. Are you paid according to the current legislation for the minimum wage (minimum wage), as it results from the institutionalized collective bargaining agreements?

- Yes..... 1
- No..... 2
- Do not know..... 3

D13. What type of work contract do you have?

- Fixed-term written contract..... 1
- Fixed-term verbal contract 2
- Permanent written contract 3
- Permanent verbal contract 4

D14. In your job do you supervise or manage any personnel?

- Yes..... 1
- No..... 2

D15. Do you usually work in more than one job?

- Yes..... 1→D16
- No..... 2→E1

D16. How many hours, in total, do you work in all your jobs?

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

G. ACTIVITY HISTORY

E1. How many years, in total, have you been working either as an employee or as self - employed?

- Years.....

E2. Were you unemployed during the last five years?

The period of 5 years from the end of the research report period is defined as five years (January 2016 - December 2020).

Unemployed is a person who has not had a job but is looking for a job and was available to take a job within 2 months of finding it.

In case that the person is unemployed at a given time, an answer must be given for the duration of the current unemployment situation

- Yes..... 1

- No..... 2→E3

E2b. If YES, you mentioned the duration in months of the most recent period during which you were / are unemployed.

- Number of months.....

E3. For each month of 2020 up to today, which was your main activity status?

(Main activity status is self-defined. Fill in the appropriate code 0-12 per month.)

- Employee working full-time..... 01
- Employee working part-time..... 02
- Self-employed working full-time..... 03
- Self-employed working part-time..... 04
- Unemployed..... 05
- Pupil, student, further training, unpaid work experience..... 06
- In retirement or in early retirement or has given up business..... 07
- Permanently disabled or/and unfit to work 08
- In compulsory military or community service 09
- Fulfilling domestic tasks and care responsibilities 10
- Other inactive person..... 11
- Permanently disabled..... 12

Special attention to be given to the codes - not same with those used in D1!

- January 2020.....

- February 2020.....

- March 2020.....

- April 2020.....

- May 2020.....

- June 2020.....

- July 2020.....

- August 2020.....

- September 2020.....

- October 2020.....

- November 2020.....

- December 2020.....

- January 2021.....

- February 2021.....

- March 2021.....

- April 2021.....

- May 2021.....

- June 2021.....

FOR TON INTERVIEWER: *If in question E3 the code has been filled in even for one month of 2020 1 or 2 or 3 or 4, then the researcher continues with question E4 that follows, otherwise he continues with question next Section of the Questionnaire.*

E4. Were you able to work from home during the COVID-19 pandemic?

In case the respondent has more than one task, give an answer for the main one work. Also, when there are more than one reason, then it should be chosen as more important one that is harder to overcome. When there are more than one employment situation in the same month, the respondent should to choose at his discretion. As a selection criterion, where it can be applied, which working condition corresponds to the longest period of time.

- Yes, full time..... 1
- Yes, but only partially..... 2
- No, it was not possible because I have no or insufficient internet connection at home.. 3
- No, it was not possible because my job is not adapted to teleworking 4
- No, teleworking not allowed / proposed by my employer 5
- No, it was not possible for another reason 6

F. EMPLOYEES' INCOME

F1. During 2020, did you have any income as an employee or as an apprentice from wage, salary or other form of payment?

(Be included: income coming not only from the regular work but also from a second or temporary work as well.)

- Yes..... 1
- No..... 2→G1

F2. During 2020, what were your net monthly earnings?

(Please indicate the net amount each month (ie after deducting taxes and insurance contributions). If you had more than one job during the same period, register the results containers in total.

- 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..... |_____|

F3. When were you insured for first time?

- Up to 31-12-1992..... 1
- From 1-1-1993 and onwards..... 2
- Never..... 3→F7

F4. Which is your social insurance organization?

- Health Care insurance organization before the creation of EFKA _____
- 1st Pension insurance organization _____
- 2st Pension insurance organization _____
- 1st Supplementary scheme of social insurance _____
- 2st Supplementary scheme of social insurance _____
- 3st Supplementary scheme of social insurance _____
- Months insured during 2020..... |__|
- I was not insured during 2020.....

F5. How many years have you been insured for?..... |__|

F6. Do you pay any extra insurance contributions due to hazardous occupation?

- Yes..... 1
- No..... 2

F7.The business or organization where you work/worked belongs to:

- Public Sector (Ministries, General Secretariats)..... 1
- Local Authorities..... 2
- Public Sector Companies 3
- Private sector..... 4

F8. Do you / your employer pay any amount of money for private insurance with regard to pension or health?

- Yes..... 1
- No..... 2→F10

F9. 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. Net **monthly** amount of January..... |_____|
- b. Net **monthly** amount of February..... |_____|

F10. During 2019, did you receive any income coming from the following sources?

ALLOWANCE		If YES please refer,	
		Net monthly amount	Number of months
1.Overtime	YES <input type="checkbox"/>	€ _____	__
	NO <input type="checkbox"/>		
2.Director's fees in incorporated business	YES <input type="checkbox"/>	€ _____	__
	NO <input type="checkbox"/>		
3.Commission and tips	YES <input type="checkbox"/>	€ _____	__
	NO <input type="checkbox"/>		

ALLOWANCE OR BENEFIT			If YES please register,	
			Net monthly amount	Number of months
4.Piece rate payments	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
5.Payments for fostering children	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
6.Profit sharing and bonuses	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
7.Allowance because of work in remote locations/for transportation from/to work	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
8.Remuneration for time not worked (e.g. holiday payments)	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
9.Parental live Allowance	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
10.Additional payments based on productivity	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
11.Supplementary payments (e.g. thirteenth month payment)	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
12.Allowance to the workers in the building constructions	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
13. Allowance 800 € due to COVID-19	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
14.Special purpose compensation (534 € or € 300) due to COVID-19	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
15.Extra financial support for medical and nursing staff and employees of the G.G. Civil-Protection due to COVID-19	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
16.Employee support in the area of culture due to COVID-19 (social work check)	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
17. Other benefit due to COVID-19, ie oils:	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _
18. Other payments, specify:	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>	€ _____	_ _

OTHER ALLOWANCES IN KIND

F11. During 2020, did your employer provide you with a car, van or other motor vehicle, which was also available for private use?

- Yes..... 1
- No..... 2→F15

F12. Please tell me the brand, model and registration year of the vehicle.

- Brand _____
- Model _____
- Year |_|_|_|

F13. During 2020, how many months did you use the pre-mentioned vehicle provided by your employer?

- Number of months..... |_|_|

F14. 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

F15. During 2020, did your employer provide you?

- | | YES | NO |
|--|----------------------------|----------------------------|
| - Free of charge or at reduced price meals within working hours | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Free of charge or at reduced values electricity, telephone, water etc..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Free of charge or at reduced price the goods produced or merchandized... | <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 F15 are "NO", then go to question G1.

F16. If yes, what was the total amount you saved from the pre-mentioned sources?

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

G. SELF-EMPLOYMENT INCOME

G1. During 2020, did you receive any income from self-employment, such as from your own business, freelance work, subcontracting, consulting or providing other kind of services or merchandising?
*Included are Royalties, rentals of buildings, vehicles, other equipment of a business as well as grants (agricultural or others)-if any-or subsidies by the State or the EU 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
- No..... 2→H1

G2. Apart from you, are there any other members of your household involved in running or managing this business or activity or working for this?
(Be included: paid and unpaid family workers).

- Yes..... 1
- No..... 2→G5

G3. From whom, you or any other member of your household, shall we get information concerning your business or activity?

- Myself..... 1→G5
- Other household member..... 2

G4. Please note, from the Household's Register, the member's serial number.

S/N of household member..... →G16a

G5. Do you think of yourself as having a job or a business?

- Job..... 1
- Business..... 2
- Neither of both..... 3

G6. 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 the person's **OWN** share of business and **NOT** for any of his/her partner's share.

G7. What is the most recent period for which you can provide us financial figures?

- From month year 201 till month year 201

G8. During the financial period that the pre-mentioned financial figures refer to, 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 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 subsidies by the State or the EU should be included).

The manager's payments (salaries), for the managing their own business, will be registered under the employee income (questions F1-F10).

- Amount..... € | _____ |

G9. Does the amount, given above, refer to profit or loss?

- Profit 1
- Loss..... 2→G17

G10. Is the pre-mentioned amount subjected to taxes or social insurance contributions?

- Yes, it is subjected to taxes or social insurance contributions..... 1
- No, it is not subjected to taxes or social insurance contributions..... 2→G13
- Don't know if it is subjected to taxes or social insurance contributions..... 3→G12

G11. In the amount you already registered, are taxes or social insurance contributions included?

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

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

G12. Please mention approximately the amount you paid in advance for taxes for the years 2020 and 2021 respectively during 2020.

a. Tax (2020)..... € | _____ |

b. Tax (2021)..... € | _____ |

G13. Did you withdraw money from your business's account, in order to be used for personal or family purposes, which haven't been included as profit in question G8?

(The payments for your own work for the business - salary, bonuses etc.-should be included in the employee income – questions F1-F10.)

- Yes..... 1
- No..... 2→G15

G14. On average, how much did you withdraw for these non-business purposes during 2020?

- Total amount..... € | _____ |

G15. During 2020, did you pay any additional tax on income concerning previous years (financial controls for the past five years, fines etc.)?

- If yes, specify the amount..... € | _____ |

- No.....

G16. During 2020, did you pay any additional social insurance contributions e.g. in order to change insurance class, fines etc.?

- If yes, specify the amount..... € | _____ |

- No.....

G16a. During 2020, did you receive any allowance / benefit as a self-employed person due to COVID-19? Please note in detail about each.

Not included: (a) aid granted directly by the State to undertakings; b) benefits provided to employees by their employers (and not by the state).

ALLOWANCE OR BENEFIT			If YES please register,	
	YES	NO	Net monthly amount	Number of months
1. Allowance 800 € due to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	€ _____	__
2.Special purpose compensation (534 € or € 300) due to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	€ _____	__
	<input type="checkbox"/>	<input type="checkbox"/>		
3.Extraordinary financial support 600 € due to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	€ _____	__
	<input type="checkbox"/>	<input type="checkbox"/>		
3.Employee support in the area of culture due to COVID-19 (social work check)	<input type="checkbox"/>	<input type="checkbox"/>	€ _____	__
	<input type="checkbox"/>	<input type="checkbox"/>		
4. Other benefit due to COVID-19, ie oils:	<input type="checkbox"/>	<input type="checkbox"/>	€ _____	__
	<input type="checkbox"/>	<input type="checkbox"/>		
5. Other payments, specify:	<input type="checkbox"/>	<input type="checkbox"/>	€ _____	__
	<input type="checkbox"/>	<input type="checkbox"/>		

G17. When were you insured for the first time?

- Up to 31-12-1992..... 1
- From 1-1-1993 and onwards 2
- I have never been insured..... 3→H1

G18. Which was your social insurance organization?

Health Care insurance organization before the creation of EFKA

1st Pension insurance organization _____

2st Pension insurance organization _____

1st Supplementary scheme of social insurance _____

2st Supplementary scheme of social insurance _____

3st Supplementary scheme of social insurance _____

- Months insured during 2020..... |__|

- I was not insured during 2020.....

G19. How many years have you been insured for?.....

G20. Which is your insurance class?.....

G21. Please, mention the amount you paid for your social insurance contributions during 2020.

Amount..... € | |

H. INVESTMENT INCOME

H1. During 2020, 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 of yours).

- Yes..... 1
- Yes..... 2→11

H2. During 2020, what was your net income from the above sources (investments in your own name)?

- Total amount..... € | | →H4
- Do not know the exact amount.....

H3. If you don't know the exact amount, could you please define the income range that this amount belongs in?

- Up to 100 €..... 1
- 101 – 200€..... 2
- 201 – 500€..... 3
- 501 – 1000€..... 4
- 1001 – 3000€..... 5
- 3001 – 5000€..... 6
- 5001€ and up..... 7

H4. Please, mention the type of the investment.

L. PRIVATE PENSIONS

11. During 2020, did you receive any income from private pension schemes, including private old age pensions, survivor's pensions, sickness and disability pensions, unemployment benefits, etc. regularly paid by the interviewee or by the spouse or relative that passed away?

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

Also be excluded: life insurance schemes that pay a lump sum on maturity, as well as private pensions paid by your employer's contributions.)

- Yes..... 1
- No..... 2→I3

12. If YES, register the amount and the number of months you received this amount during 2020.

PRIVATE PENSION		IF YES, please register:	
		Net monthly amount	Number of months
1. Old age pension	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		
2. Other, please specify: _____	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		

13. During 2020, did you make any payments for individual private pension schemes, on your own initiative?

(Be excluded: the amounts paid in social insurance schemes or private schemes on the employer's initiative.)

- Yes..... 1
- No..... 2→J1

14. During 2020, what was the net amount you were paying and what was the payment frequency?

Net amount..... € | _____ |

- Payment period:
- Year 1
 - Semester 2
 - Quarter 3

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

MA. SUBSIDIES, BENEFITS, ALLOWANCES, LOANS

FOR THE INTERVIEWER: The questions of this section will be answered by those who personally received any subsidy, benefit, allowance, loan etc.

J1. During 20202019, did you receive any subsidy or other payments by the State for housing costs?
(Interest subsidy is **included**, while rent subsidy is **excluded**.)

- Yes..... 1
- No..... 2→J4

J2. What was the monthly amount you received?

Please include any amounts paid directly to the owner of the house or to the bank provided the loan. Applied to cases of subsidizing the interest of a loan to buy a house.)

- **Monthly amount**.....€ | _____ |

- Please record the type of allowance/ benefit: _____

J3. For how many months during 2019 did you receive this payment?

- Number of months |__|

J4. For the purchase or construction of you dwelling have you received a loan that you have not repaid yet and for which you pay interest?

- Yes..... 1
- No..... 2→K1

If yes:

- When did you receive the loan Year |__|__|__|

- What is the amount received?..... Amount € | _____ |

(In case more than one household members have received a loan for purchasing or constructing a dwelling, record the amount corresponded only to **yourself**.)

- What is the loan duration?..... Years |__|

- What is the loan interest rate? | _____ | %

- Total amount paid in 20202019 Amount € | _____ |

- Type of loan (repairing, earthquake stricken, interest free loans are not included.)

K. SOCIAL ASSISTANCE

K1. During 2020, did you receive any social assistance payment such as the social solidarity allowance or allowances to persons released from prisons, drug-addicts, alcoholics, long-standing unemployed aged 20-66 etc?

- Yes..... 1
- No..... 2→L1

K2. If yes, which was the net monthly amount and the number of months you received it?

ALLOWANCE OR BENEFIT			If yes, please register:	
	YES	NO	Monthly amount	Number of months received
1. Allowances to drug-addicts or alcoholics released from prisons, refugees etc	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
2. Allowance to poor households in mountainous and disadvantageous areas	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
3. Benefits to households that faced an earthquake, fire, flood etc	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
4. Social Solidarity Allowance for Uninsured Elderly	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
5. Heating allowance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
6. Minimum Guaranteed Income	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
7. Lump sum to its beneficiaries Minimum Guaranteed Income (December 2020), due COVID-19	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
8. One-off emergency financial assistance - beneficiaries of the Minimum Guaranteed Income, parents due to COVID-19	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
9. Social dividend	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
10. Rent allowance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
11. Program "GEFYRA" (State contribution to repayment home loans in genes from COVID-19)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
12. Other benefit due to COVID-19	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
13. Other benefits. Specify -----	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_
14. Gifts of the above allowances	YES <input type="checkbox"/>	NO <input type="checkbox"/>	€ _____	_

L. INCOME FROM RENTING

L1. Do you have in your possession any asset (e.g. building, house, apartment, land, car etc)?

*(Be included: taxi, truck, boat **only if** the owner does not have as his/her main job the rental of the asset, e.g. a pensioner renting a taxi*

Be excluded: ownership of main dwelling, as well as any assets that are part of the interviewee's business property).

- Yes..... 1
- No..... 2→M1

L2. If YES, please record the type of assets (e.g. flat, taxi, land, parking, boat, etc.).

(Complete as a matter of priority the assets that the household rents. Square meters shall be indicated only if the asset is a building, or apartment and not land, estate, etc.)

Asset : _____ (sq .m.) |_|_|_|

Asset : _____ (sq .m.) |_|_|_|

Asset : _____ (sq .m.) |_|_|_|

L3. Do you know what was the total income your household received from any renting of the property recorded above after deducting costs, such as interest payments, repairs, maintenance, insurance and other charges during 2020?

- Yes, specify amount..... € |_____| → L6
- No profit made (expenses equaled or exceeded rent received)..... 1
- Don't know..... 2 → L5
- I didn't rent any asset during 2020..... 3 → M1

L4. What was the amount of any expenses made during 2019, for repairs, maintenance, insurance etc. of your property?

- Amount € |_____| → L6

L5. If you don't know the exact amount, please give the approximate range of income.

- Up to 1.000 € 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

L6. Was the pre-mentioned amount subjected to tax?

- Yes..... 1
- No..... 2

L7. The total net amount you received from renting assets during 2020, was reduced due to the implementation of the measure to reduce professional rent, main residence, student housing and seafarers' main residence in the context of the COVID-19 pandemic?

- Yes..... 1
- No..... 2

M. FAMILY RELATED ALLOWANCES - BENEFITS

M1. During 2020, did you or any member of your household receive any family allowance or benefit?

- Yes..... 1
- No..... 2 → N1

M2. Please note the net amount, as well as the number of months you received the allowance or benefit.

ALLOWANCE OR BENEFIT			If yes, Monthly amount	please register: Number of months received
1. Child Benefit (established with the Article 214 of Law 4512/2018 and replacing the Child Support Benefit and the Special Benefit for Third-Family Children from 1/1/2018)	YES	<input type="checkbox"/>	€ _____	_ _
	NO	<input type="checkbox"/>		
2. Pregnancy-puerperal benefit	YES	<input type="checkbox"/>	€ _____	_ _
	NO	<input type="checkbox"/>		
3. Birth allowance	YES	<input type="checkbox"/>	€ _____	_ _
	NO	<input type="checkbox"/>		
4. Other allowances, please specify:	YES	<input type="checkbox"/>	€ _____	_ _
	NO	<input type="checkbox"/>		

1st Beneficiary organization : _____

2nd Beneficiary organization : _____

N. INTRA HOUSEHOLD TRANSFERS TO/FROM OTHER HOUSEHOLDS

N1. During 2020, did you make any regular payments to members of other private households?
(Be included: financial support for a student living away from home, support to a spouse or former spouse (alimonies), for 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 increase the income of the other household, e.g. loan repayment for education).

- Yes..... 1
- No..... 2 → N4

N2. If yes, what was the type of the transfer and which was the total annual amount?

- Alimony..... 1 Amount of the alimony € | _____ |
- Other transfer _____ 2 Amount of other transfer € | _____ |

N3. Did you have any tax reduction due to this amount?

- Yes..... 1
- No..... 2

N4. During 2020, did you receive any regular payments from members of other private households?
(Be included: amounts received from parents, children, relatives, others (e.g. alimonies).
(Be excluded: gifts in cash such as for Christmas or birthdays as well as the amounts, which do not increase the income of the other household, e.g. loan repayment for education).

- Yes..... 1
- No..... 2 → O1

N5. If yes, what was the type of the transfer and which was the total annual amount?

- Alimony..... 1 Amount of the alimony € | _____ |
- Other transfer _____ 2 Amount of other transfer € | _____ |

N6. Was the pre-mentioned amount subject to tax?

- Yes..... 1
- No..... 2

O. UNEMPLOYMENT / VOCATIONAL TRAINING ALLOWANCES

01. During 2020, did you receive any unemployment allowance, vocational training allowance or reimbursement because of dismissal?

- Yes..... 1
 - No..... 2 → P1

02. 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, Monthly amount	please register Number of months received
1. Full unemployment benefit	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
2. Exceptional financial allowance due to insolvent employer (e.g. dismissal due to bankruptcy etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
3. Suspension allowance	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
4. Unemployment benefit for self employed	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
5. Vocational training allowance for unemployed	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
6. Reimbursement due to dismissal from work	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
7. Seasonal unemployment benefit for persons seasonally working (e.g. actors and actresses, musicians, building workers, hotel staff, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
8. Allowances to long-standing unemployed aged 20-66	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
9. Allowance for young persons aged 20-29 years	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
10. Full unemployment allowance for unemployed moved in EU	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
11. Early retirement pension due to resignation	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
12. One-time financial support € 400 to non-subsidized long-term unemployed due to COVID-19	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
13. Other benefit due to COVID-19	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
14. Other allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _
15. Bonus of the above allowances	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _

NB. PENSIONS

P1. During 2020 did you receive any old age pension?

(Be excluded: private pensions that were fully paid by the individual

Be included: private pensions paid by the employer (parallel pension from private sector.)

- Yes..... 1
- No..... 2 → Q1

P2. If YES, 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, Net monthly amount	please register Number of months received
1.Old age pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
2.Supplementary pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
3.Parallel pension from private sector (paid by the employer)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
4.Lump sum due to retirement	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
5.National resistance pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
6.One-time retroactive pensions	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
7.Other pensions, please specify:.....	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _

Health Care insurance organization before the creation of EFKA

1st Pension insurance organization _____

2st Pension insurance organization _____

1st Supplementary scheme of social insurance _____

2st Supplementary scheme of social insurance _____

3st Supplementary scheme of social insurance _____

Q1. SURVIVOR'S PENSIONS AND BENEFITS

Q1. During 2020 did you receive any survivor's pension, benefit or allowance?

(Be excluded: private pensions and or alimonies that were fully paid by the deceased.

Be included: private pensions paid by the employer of the deceases (parallel pension from private sector.)

- Yes..... 1
- No..... 2 → R1

Q2. If YES, 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, Monthly amount	please register Number of months received
1.Old age pension from public sector YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
2.Supplementary pension from public sector YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
3.Parallel pension from private sector (paid by the employer) YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
4.Orphans' pension YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
5.Pension of war victims YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
6. One-time retroactive pensions YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _
7. Other pensions/benefits, please specify: YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _

Health Care insurance organization before the creation of EFKA

1st Pension insurance organization _____

2st Pension insurance organization _____

1st Supplementary scheme of social insurance _____

2st Supplementary scheme of social insurance _____

3st Supplementary scheme of social insurance _____

ND. SICKNESS BENEFITS / ALLOWANCES

R1. During 2020, 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. Also included: paid work leaves due to sickness and reimbursements for accidents while at work.

Be excluded: allowance paid by private sickness insurance paid fully by the individual.)

- Yes..... 1
- No..... 2 → S1

R2. If YES, for each of the following sickness benefits or allowances, please register the net monthly amount and the number of months you received them.

BENEFIT / ALLOWANCE		If yes, Net monthly amount	please register Number of months received
1. Pay sick leave	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		
2. Benefit for accident at work	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		
3. Other benefits/allowances, please specify:	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		

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

S. PENSIONS – DISABILITY BENEFITS

S1. During 2020, 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: private sickness schemes that were fully paid by the individual.)

- Yes..... 1
- No..... 2 → T1

S2. If YES, 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, Net monthly amount	please register Number of months received
1.Disability pension	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		
2.Traffic allowance	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		
3. One_time retroactive pensions	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		
4.Nutrition allowance for people suffering kidney's disease	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		
5.Other benefits/allowances. Please specify:	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		

Health Care insurance organization before the creation of EFKA

1st Pension insurance organization _____

2st Pension insurance organization _____

1st Supplementary scheme of social insurance _____

2st Supplementary scheme of social insurance _____

3st Supplementary scheme of social insurance _____

NF. EDUCATIONAL ALLOWANCES

T1. During 2020, 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 recorded under unemployment benefits.)

- Yes..... 1
- No..... 2 → U1

T2. If YES, 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, Net monthly amount	please register Number of months received
1.Benefit received for participation in research programs	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		
2.Scholarships	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		
3.Other educational benefits/allowances, please specify:	YES <input type="checkbox"/>	€ _____	_ _
	NO <input type="checkbox"/>		

U. TAXES ON

U1. During 2020, did you submit (or are about to submit) income tax declaration for the previous year (2019)?

- Yes..... 1→ U3
- My income was declared at income tax declaration together with another household member 2
- I was not obliged to submit an income tax declaration..... 3→ U8a
- I did not submit an income tax declaration even though I had to..... 4→ U8a
- I have not submitted my income tax declaration yet..... 5→ U7

U2. 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 →U8a

U3. Did your income tax declaration include only your personal income or also the income of other household members?

- Personal income only..... 1→ U5
- Other members income, as well 2

U4. Please note the serial number(s) of member(s) whose income has been included with yours.

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

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

U5. Please, register the total amount of tax paid in 2020 concerning tax deducted at source from 2019 income.

- Total amount of tax.....€ | _____ |→U7

- Do not know the exact amount..... 1

- Do not pay any tax..... 2→ U7

U6. Could you please indicate the range of the tax paid?

- Up to 500 € 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

U7. During 2020, did you pay any supplementary/ additional tax defined after tax return or supplementary income declaration for your total income?

- Yes, tax amount..... € | _____ |→U8a

- Yes, but do not know the exact amount..... 1

- No..... 2→ U8a

U8. Could you please indicate the range of the tax paid?

- Up to 500 € 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

U8a. Do you have a secondary dwelling?

- Yes..... 1
- No..... 2 → U8d

U8b. Which is the total area of the secondary dwelling?

- Total area in sq meters..... | | | |

U8c. Which is the zone price of the secondary dwelling?

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

U8d. Do you have a car?

- Yes..... 1
- No..... 2 → U8f

U8e. If YES, please record:

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

U8f. Do you have a boat?

- Yes..... 1
- No..... 2 → U8f

U8g. If YES, please record:

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

U9a. During 2020, did you receive a back pay amount from a government agency related to pensions, taxes or insurance contributions from previous years?

- Yes..... 1
- No..... 2 → U10

U9b. If YES, please refer the amount:

- Total amount..... € | _____ |

U10. Please state the amount corresponding to the total value of your online transactions for goods and services in the year 2020.

- Total amount..... .€ | _____ | → V1
- I do not remember the exact amount..... 1 → U10a

U10a. In which of the following size classes is the amount corresponding to your online transactions for goods and services in 2020 classified?

- | | |
|--|---|
| - 0 – 500 € <input type="checkbox"/> 1 | - 4.501€ – 6.000 € <input type="checkbox"/> 6 |
| - 501 – 1000 € <input type="checkbox"/> 2 | - 6.001€ – 9.000 € <input type="checkbox"/> 7 |
| - 1.001 – 1.500 € <input type="checkbox"/> 3 | - 9.001€ – 12.000 € <input type="checkbox"/> 8 |
| - 1.501 – 3.000 € <input type="checkbox"/> 4 | - 12.001€ – 15.000 € <input type="checkbox"/> 9 |
| - 3.001 – 4.500 € <input type="checkbox"/> 5 | - Up to 15.001€ <input type="checkbox"/> 10 |

U11. During 2020, you joined the emergency measure due to the COVID-19 pandemic regarding with the deduction in installments of certified debts of natural persons?

- Yes..... 1
- No..... 2 → V1

U11a. If YES, indicate the total discount amount

- Discount amount..... .€ | _____ | → V1

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

V1. During 2020, did you pay any amount as extraordinary financial contribution of your 2018 income?

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

- Yes..... 1
- No..... 2 → W1

V2.If YES, what is approximately the amount you paid?

-Annual amount.....€ | _____ |

W. MATERIAL DEPRIVATION

W1. Do you have or do any of the following?

	Yes	Cannot afford	No, other reasons
1. Buy new (not used) clothes when those you have are worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Have two pairs of properly fitting shoes appropriate for your everyday activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Get together with friends/ family (relatives) for a coffee/drink/ meal at least once a month?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Regularly participate in a leisure activity for which you pay a ticket or subscription?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Spend a small amount of money each week on yourself? (no cigarettes included)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Internet connection whenever you need to? (Included are internet connection via mobile phone)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

W2. Are you satisfied with your life in general?

The question concerns the current (current) perception of the individual about his life.

0: not at all satisfied... 10: completely satisfied

Not satisfied at all										Completely satisfied	Do not know
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99

W3. To what extent can you trust people you do not know well?

Excludes relatives, friends, neighbors and other people you know.

0: you do not trust them at all... 10: you trust them completely

Not trust them at all										Completely trust them	Do not know
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99

WA. WORKING AND LIVING CONDITIONS OF DISABLED PERSONS

FOR THE INTERVIEWER: The following questions are answered only by those individuals that have check 1 or 2 in Question C3 due to a health problem of their own.

WA1. For each one of the following activities fill in the degree of difficulty you have

Difficulty in various activities	No difficulty at all	Some difficulty	Great difficulty	Cannot do it all
Difficulty in seeing even when wearing glasses or contact lenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty in hearing even when using hearing aid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty in walking or using stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty in remembering or concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty in daily personal care such as having a bath or shower or get dressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty in communication such as in understanding what other people say or being understood by others although you use the usual language of communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

WA2. During the past six (6) months or more did you ever felt that are you are being treated with inequality in some sector of your life, e.g. you don't have equal opportunities with others or you face some kind of exclusion due to difficulties you have with your health?

- No, I did not felt this at all 1
- Yes, I have felt this some times 2
- Yes, I have felt this quite a few times 3
- Yes, I have felt this a lot of times 4

WA3. In the area you live, do you face any problems of accessibility to pavements, public transport, stops, shop or public services?

- Yes..... 1
- No..... 2

WA4. At your workplace, current (if now working) or previous (if now not working) have there been made the necessary changes to handle your disability issues such as ramps, elevators, specialized equipment, software, special working hours etc?

- Yes..... 1
- No..... 2
- Sort of..... 3
- I do not/did not have the need for special changes 4
- I'm not currently working / have never worked 5

FOR THE INTERVIEWER: Question WA5 that follows, should be answered only for individuals that have answered they are not currently working (codes 02 to 09) to Question D3 in Current Main Activity Status

WA5. What is the main reason you are not working?

- My health status does not allow me to work..... 1
- I'm currently on an educational program / I'm a student etc..... 2
- Family obligations..... 3
- Cannot find a job that offers the necessary environment for my health status..... 4
- Cannot find an appropriate for my qualifications job 5
- I don't have the financial need to have a job..... 6
- My parents / family do not allow me to have a job..... 7
- I'm a retired person..... 8
- Other reason 9

X. DURATION AND DATE OF INTERVIEW

X1. FOR THE INTERVIEWER: Please note the time and the date of finishing completion of the questionnaire

- Time the interview ended (e.g. 19:25) :

Date of interview: Day Month Year **2021**

X2. Participation in the research:

- Personally..... 1 → X4
- Through a representative..... 2

X3. S / n of a member who filled in the questionnaire according to the Register of Members.....

X4. Type of interview:

- Paper assisted personal interview (PAPI)..... 1
- Computer assisted personal interview (CAPI)..... 2
- Computer assisted telephone interview (CATI)..... 3
- Computer assisted web-interview (CAWI)..... 4
- Other..... 5