



REPUBLIC OF CYPRUS
MINISTRY OF FINANCE



STATISTICAL SERVICE
OF CYPRUS
1444 NICOSIA

File number: 05.27.006.009.001

Form H.B.S. 1

CONFIDENTIAL

HOUSEHOLD BUDGET SURVEY 2015/2016

HOUSEHOLD QUESTIONNAIRE

Town / Community	
Household serial number	

Name of person responsible in the household:

Address:

Postal code: Telephone:.....

General information

1. The purpose of the survey is to collect data on the distribution of household expenditure, which is required for the revision of the weights of the Consumer Price Index (CPI), as well as data on household income, which are considered necessary for the compilation of various socio-economic indicators, in order to determine the standard of living of the population.

2. The survey is conducted according to the recommendations of the European Union Statistical Office (EUROSTAT) and the Statistics Law No. 15(I) of 2000.

3. The provision of the requested information is mandatory and all the households selected in the sample are requested to cooperate when visited by the interviewer from the Statistical Service. All questions must be answered with the greatest possible accuracy. If precise figures for a question are not available the best possible estimate should be given.

4. The Statistical Service is bound by the Statistics Law to treat all information gathered as **CONFIDENTIAL**. The responses will be used solely for statistical purposes and no one, either public authority or individuals, will take note of the individual data of the household.

July, 2015

PART A'
I. HOUSEHOLD COMPOSITION

Name (first name only)	Serial Number of the member	Sex	Relationship to the head of the household	Marital status	Father's serial number	Mother's serial number	Partner/ Spouse serial number	Residential status	Relationship to NEW head of household	Month and Year of Birth	Country of Birth	Country of Citizenship	Country of Residence
		1: Male 2: Female											
	01												
	02												
	03												
	04												
	05												
	06												
	07												

QUESTION CODES

	Relationship to the head of the household	Marital status	Father's serial number	Mother's serial number	Partner/ Spouse serial number	Residential status	Relationship to NEW head of household	
	1=Head of household 2=Spouse 3=Partner 4=Child (natural or adopted) of the head of the household or of the partner/spouse 5=Brother / sister 6=Parents / parents - in law 7=Grandchild 8=Brother-in-law / son-in-law / sister-in-law / daughter-in-law 9=Other relative 10=No family relationship 11=Domestic employee	1=Single 2=Married 3=Widowed (not remarried) 4=Divorced (not remarried) 5=Separated (not remarried) 6=Single living with a consensual partner 7=Widowed living with a consensual partner 8=Divorced living with a consensual partner 9=Separated living with a consensual partner	Please note: -2 if the father is not a member of the household	Please note: -2 if the mother is not a member of the household	Please note: -2 if the partner /spouse is not a member of the household	1=In the household 2=Domestic employee 3=Absent in Cyprus, but a member of the household 4=Absent temporarily abroad, but a member of the household	1=Head of household 2=Spouse 3=Partner 4=Child (natural or adopted) of the head of the household or of the partner/spouse 5=Parents / parents - in law 6=Other relative 7=No family relationship 8=Domestic employee	

Serial Number of the member	Education level						Health Insurance Coverage
	Level of studies completed	Level of studies currently being followed	Public or Private education (for level of studies currently being followed)	Country of Study	Subject of Study	Year of Study	
01							
02							
03							
04							
05							
06							
07							
QUESTION CODES							
	Level of studies completed	Level of studies currently being followed	Public or Private education		Health Insurance Coverage		
	1=Never attended school 2=Pre-primary education 3=Has not completed primary 4=Primary education 5=Lower -secondary education (3 years) 6=Apprenticeship scheme or New Modern Apprenticeship scheme 7=Upper-secondary education - General 8=Upper secondary Technical / Vocational education 9=Post-secondary non-tertiary education (MIEEK or 1 year duration programme) 10=Tertiary - Short Cycle Programmes (2-3 years) 11=Tertiary education (bachelor) (3-4 years) 12=Master programmes or long first degree programmes (5 years and above) 13=Doctorate programmes	1=Not attending 2=Preschool / Pre-primary education 3=Primary education 4=Lower Secondary education (Gymnasium - 3 years) 5=New Modern Apprenticeship scheme 6=Upper-secondary education - General 7=Upper secondary Technical / Vocational education 8=Post-secondary non-tertiary education (MIEEK or 1 year duration programme) 9=Tertiary - Short Cycle education(2-3 years) 10=Tertiary education (bachelor degree) (3-4 years) 11=Master degree or long first degree (5 years and above) 12=Doctorate degrees	1=Public education 2=Private education	The fields country, subject and year of study will only be completed by students who attend a level of study above post secondary non-tertiary education and are absent temporarily abroad.	1=No insurance 2=Public insurance 3=Personal private insurance 4=Private insurance from employer 5=Health fund from employer 6=Public and personal private insurance 7=Public and private insurance from employer 8=Public and health fund from employer 9=Personal private insurance and private insurance from employer 10=Personal private insurance and health fund from employer 11=Private insurance from employer and health fund from employer		

II. EMPLOYMENT OF HOUSEHOLD MEMBERS AGED 15 AND OVER

Serial Number of member	Employment of last week	For those working or are currently unemployed but have worked before					For those currently working			Additional job (last week)	
		Occupation (note last occupation for the unemployed)		Economic activity (kind of business or industry)		Employment Status	Employment Sector	Type of work contract	1=Working Full Time	1=Yes 2=No	Number of hours worked last week
		Description	Code	Description	Code				2=Working Part Time		
01											
02											
03											
04											
05											
06											
07											

QUESTION CODES

	Employment of last week		Employment Status	Employment Sector	Type of work contract	
	1=Working (includes employment without payment) 2=Working but temporarily absent 3=Unemployed who has worked before 4=Unemployed who never worked before 5=In retirement 6=Pupil/Student/further education 7=Fulfilling domestic tasks 8=Permanently ill / disabled 9=In compulsory military service 10=Income recipient 11=Non-economically active		1=Employer 2=Self-employed 3=Employee 4=In family business without payment 5=Apprentice 6=The status cannot be categorized	1=Public sector (government, semi-government, local government) 2=Private sector	1=Permanent job/work contract of unlimited duration 2=Temporary job/work contract of limited duration	

1 Are there any persons included in the household, but are temporarily away, such as soldiers, students, pupils or persons who work abroad or infants / small children or other persons, such as a domestic employee, which belong in the household, but were not registered above?

Yes ☐ 1 ———> Name of member

No ☐ 2 ———> Part B'

If Yes, please record the names of these persons in the household composition catalogue

PART B'

I. BASIC CHARACTERISTICS AND AMENITIES OF THE HOUSING UNIT

<p>1 Type of building in which your dwelling is located:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Detached house -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1</td></tr> <tr><td>Semi-detached house -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2</td></tr> <tr><td>Terraced house -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3</td></tr> <tr><td>Apartment or flat in a building with less than 10 dwellings -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 4</td></tr> <tr><td>Apartment or flat in a building with 10 or more dwellings -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 5</td></tr> <tr><td>Other type (e.g. back-yard house), specify -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 6</td></tr> </table>	Detached house -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1	Semi-detached house -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2	Terraced house -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3	Apartment or flat in a building with less than 10 dwellings -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 4	Apartment or flat in a building with 10 or more dwellings -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 5	Other type (e.g. back-yard house), specify -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 6	<p>7 When was this dwelling constructed (completed)?</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Before 1946 -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1</td></tr> <tr><td>1946 - 1960 -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2</td></tr> <tr><td>1961 - 1970 -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3</td></tr> <tr><td>1971 - 1980 -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 4</td></tr> <tr><td>1981 - 1990 -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 5</td></tr> <tr><td>1991 - 2000 -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 6</td></tr> <tr><td>2001 - 2009 -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 7</td></tr> <tr><td>2010 and after, specify the year -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 8</td></tr> </table>	Before 1946 -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1	1946 - 1960 -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2	1961 - 1970 -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3	1971 - 1980 -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 4	1981 - 1990 -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 5	1991 - 2000 -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 6	2001 - 2009 -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 7	2010 and after, specify the year -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 8																																																
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Provided rent-free (from parents, other relatives, employer etc.) -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 5		→ Q.3																																																																										
Separate room within the dwelling -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1																																																																												
Kitchenette (area < 2×2 m ²) -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2																																																																												
Outside the dwelling -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3																																																																												
No kitchen available -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 4																																																																												
Within the dwelling -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1																																																																												
Outside the dwelling -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2																																																																												
No bathing facilities available -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3																																																																												
Within the dwelling -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1																																																																												
Outside the dwelling -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2																																																																												
No flush toilet available -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3																																																																												
Within the dwelling -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1																																																																												
Outside the dwelling -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2																																																																												
No facilities for the provision of running water -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3																																																																												
	YES NO																																																																												
-----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2																																																																											
Central Heating with oil -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1																																																																												
Central Heating with Natural Gas -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2																																																																												
Electric central heating -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3																																																																												
Thermal accumulators of the EAC -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 4																																																																												
Solar Heating System -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 5																																																																												
	YES NO																																																																												
-----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2																																																																											
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<p>3 If you own the dwelling, when did you purchase or if it is provided rent-free, when did you move to this become an owner? If it is provided rent-free, when did you move to this address?</p> <p>Year <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> → Q.6</p>																																																																													
<p>4 If the dwelling is rented, which year did you sign the rental contract for your dwelling?</p> <p>Year <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> → Q.5</p>																																																																													
<p>5 If the dwelling is rented, you rent it:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Unfurnished -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1</td></tr> <tr><td>Furnished -----</td><td align="center"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2</td></tr> </table>	Unfurnished -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1	Furnished -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2																																																																									
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Furnished -----	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2																																																																												
<p>6 Dwelling area:</p> <p>(a) How many rooms are there in your dwelling? (corridors, bathrooms, toilets and spaces less than 2×2 sq. meters are excluded) -----</p> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																																																													
<p>(b) How many of these rooms are used for residential purposes? -----</p> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																																																													
<p>(c) What is the dwelling's area used by the household (m²)? -----</p> <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																																																													

9 Is there a garage in your dwelling?

Yes
No

10 Do you use another dwelling (owned or not) as a secondary residence or for any other needs of your household (For not owned dwellings, the dwelling must be available for use by the household for a period of at least 3 months per year)?

Yes
No → Q.11

(a) If you do use another dwelling, where is it located?

In Cyprus -----
Abroad ----- → (c)
In Cyprus and abroad -----

ENUMERATOR:
IF Q. 10(a) = 3, ASK Q. 10(b) & 10(c)

(b) The residence which is located in Cyprus is:

Owned -----
Rented -----
Provided rent-free -----

(c) The residence which is located abroad is:

Owned -----
Rented -----
Provided rent-free -----

II. DURABLE GOODS POSSESSED BY THE HOUSEHOLD

11 Does your dwelling own any of the following goods?

If YES: How Many *

	YES	NO	How Many	*
Private car/s -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Alarm System-----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Colour TV/s (not LCD/Plasma)---	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Plasma/LCD TV/s-----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Satellite reception -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Home Cinema -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Tablet-----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Personal computer (Desktop, Laptop, Netbook etc.)--	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Electronic games console -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Caravan -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Boat -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Refrigerator -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Freezer -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Washing machine -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Dryer -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Dish washing machine -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>
Microwave oven -----	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/>

* Way of acquisition of the most recently bought car:

1. Purchase without loan
2. Purchase with loan or installments
3. Present
4. Provided free from employer, organization etc.

12 Is your dwelling connected to the Internet?

Yes → Q.13
No → Part C

13 Is this a broadband connection (e.g ADSL, cable, satellite);

Yes
No

PART C'				
EXPENDITURE ON THE MAIN AND SECONDARY RESIDENCE IN CYPRUS				
Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
I. MAIN RESIDENCE EXPENDITURE				
<u>RENTED DWELLING</u>				
1 What is your monthly rent? ----- (An answer should be given even if another household / employer is paying the rent)	Month			04110 00 1
2 During the last 12 months, for how many months did you pay rent for your dwelling? <div style="text-align: right;">Months <input type="text"/></div>				
3 Does the rent recorded include any payments for:				
Electricity -----	Month			04510 03 1
Electricity for EAC heaters -----	Month			04510 04 1
Water -----	Month			04410 02 1
Sewerage services -----	Month			04430 03 1
Refuse collection -----	Year			04420 02 4
Heating -----	Month			04530 03 1
Common expenses -----	Month			04441 02 1
Other, please specify	Month			.....
<u>IMPUTED RENT FOR OWNER OCCUPIED HOUSING</u>				
4 How much would you pay as monthly rent for your dwelling, if you were renting an identical dwelling? -----	Month	4		04210 00 1
<u>IMPUTED RENT FOR FREE HOUSING</u>				
5 How much would you pay as monthly rent for your dwelling, if you were renting an identical dwelling, which is:				
Granted free from elsewhere (except employer)-----	Month	4		04220 02 1
Granted free by the employer -----	Month	6		04220 01 1
<u>MUNICIPAL OR COMMUNAL TAXES</u>				
6 During the last 12 months, how much was paid for:				
Property tax -----	Year			21000 00 4
Municipal tax on immovable property -----	Year			21100 05 4
Community fee on immovable property -----	Year			21100 06 4
Capital Gains Tax -----	Year			21100 07 4
Inheritance Tax -----	Year			21100 08 4
Sewerage Board Fees -----	Year			21100 09 4
Refuse collection -----	Year			04420 01 4
Other taxes, please specify	Year			21- - - -
.....	Year			21- - - -
<u>ELECTRICITY</u>				
7 (a) Does the dwelling have photovoltaic installed? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2				
(b) On the last EAC bill:				
i) What was the cost of the electricity consumption (except EAC electric heaters)? ----- (In months)	| | |			04510 01 -
ii) How much electricity consumption did the dwelling have (in kilowatts)? <input type="text"/>				
(c) During the last 12 months, have you paid any amount for the connection or reconnection of your dwelling to the electricity network? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2				
If Yes, what was the amount paid? -----	Year			04510 05 4

Expenditure Description		Period	Way of Acquisition	Expenditure in €	Code
(d) Electricity for the electrical heating system (E.A.C. electric heaters): What was the amount paid during the last 12 months? - - - - -		Year			04510 02 4
<u>FUELS (EXCLUDING ELECTRICITY)</u>					
8	What was the total amount paid for the following fuels?				
	Heating oil for central heating - - - - -	Year			04530 01 4
	Lamp oil - - - - -	Year			04530 02 4
	Fire-wood - - - - -	Year			04549 01 4
	Gas for cooking - - - - -	Year			04522 00 4
	Gas for heating - - - - -	Year			04521 00 4
	Charcoal - - - - -	Month			04541 00 1
	Other fuels (e.g. peat, brown coal, solid fuels), specify.	Month			04 - - - - 1
<u>WATER SUPPLY</u>					
9	(a) What was the amount paid on the last bill and how many months did it cover?				
	Water supply (exclude sewerage service charges) - - - - - (In months)				04410 01 -
	Sewerage service charges - - - - - (In months)				04430 02 -
	Total amount paid for the water supply (if it is not possible to distinguish) - - - - - (In months)				04410 99 -
	(b) During the last 12 months, have you paid any amount for the connection or reconnection of the water supply in your dwelling?				
	Yes <input type="checkbox"/> 1				
	No <input type="checkbox"/> 2 → Q.10				
	If Yes, what was the amount paid? - - - - -	Year			04410 04 4
<u>TELEPHONE, TELEVISION AND INTERNET SERVICES</u>					
10	(a) <u>Bundled telecommunication services</u>				
	During the last 12 months, have you paid any amount for bundled telecommunication services (the bundle includes telephone, television and internet services)?				
	Yes <input type="checkbox"/> 1				
	No <input type="checkbox"/> 2 → Q.10(b)				
	If Yes, what did the bundle include?				
	(i) Telephone				
	Yes <input type="checkbox"/> 1				
	No <input type="checkbox"/> 2				
	(ii) Internet				
	Yes <input type="checkbox"/> 1				
	No <input type="checkbox"/> 2				
	(iii) Mobile phone				
	Yes <input type="checkbox"/> 1				
	No <input type="checkbox"/> 2				
	(iv) Access to pay TV channels				
	Yes <input type="checkbox"/> 1				
	No <input type="checkbox"/> 2				
	If Yes, what was the amount paid for the last telecommunication bundle bill and what period did it cover? - - - - - (In months)				08304 00 -
	(b) <u>Fixed Telephone</u>				
	Does the household own a fixed telephone line?				
	Yes <input type="checkbox"/> 1				
	No <input type="checkbox"/> 2 → Q.10(c)				
	<u>If YES:</u>				
	(i) What was the total amount paid for the last fixed telephone line bill? - - - - -	Month			08301 01 1

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
(if the household has a bundled telecommunication package, please specify here only the extra charges and not the standard amount paid for the whole package)				
(ii) <u>During the last 12 months</u>, have you paid any amount for installation, reconnection or transfer of telephone line? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.10(c)				
If Yes , what was the amount paid? - - - - -	Year			08301 02 4
(c) <u>Mobile Telephony</u> Does any member of your household own a mobile phone? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.10(d)				
(i) What was the amount of the last bill that was paid for each one of the mobile phones that your household owns? (if any of the above mentioned mobile phones is included in a bundled telecommunication service, please specify here only the extra charges and not the standard amount paid for the package)				
1 st mobile phone - -	Month			08302 01 1
2 nd mobile phone - -	Month			08302 01 1
3 rd mobile phone - -	Month			08302 01 1
4 th mobile phone - -	Month			08302 01 1
5 th mobile phone - -	Month			08302 01 1
(ii) <u>During the last 12 months</u>, have you paid any amount for the connection or reconnection of a mobile phone, replacement of a card or number transfer from another service provider? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.10(d)				
If Yes , what was the amount paid? - - - - -	Year			08302 03 4
(d) <u>Internet subscription</u> (i) What was the amount paid on the last bill for internet connection services and what period did it cover? - - - - - (In months) (if the household has a bundled telecommunication package, please specify here only the extra charges and not the standard amount paid for the whole package)				08303 02 -
(ii) <u>During the last 12 months</u>, have you paid any amount for internet connection or reconnection services? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.10(e)				
If Yes , please specify the amount - - - - -	Year			08303 01 4
(e) <u>Access to pay TV channels</u> (i) Do you have access to pay TV channels? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11				
(ii) What was the amount of the last bill paid for access to paid TV channels and what period did it cover? - - - - - (In months) (if the household has a bundled telecommunication package, please specify here only the extra charges and not the standard amount paid for the whole package)				09423 01 -
<u>COMMON EXPENSES (EXCEPT CENTRAL HEATING)</u>				
11 (a) Do you pay common expenses (which are not included in the rent)? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.12				
If YES :				
(b) How much did you pay the last time and what period did it cover? - - - - - (In months)				04441 01 -
(c) Please specify what is included in common expenses (e.g. cleaning and lighting of common areas etc.).....				

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
<u>INSURANCE FOR RESIDENCE, FURNITURE, ELECTRICAL EQUIPMENT ETC.</u>				
12 Do you pay insurance for your dwelling (insurance includes furniture, electrical equipment etc.)? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.13				
If YES: During the last 12 months, how much did you pay the last time (last bill) for this insurance and what period did it cover? - - - - - (In months) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div>				12520 01 -
<u>EXPENDITURE ON REMOVALS</u>				
13 During the last 12 months, have you paid any amount for the transportation of your chattels? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.14				
If YES: How much did the removal cost in total? - - - - - Year				07362 01 4
<u>REPAIRS AND MAINTENANCE OF THE DWELLING</u>				
14 During the last 12 months, have you done any repairs / replacements and in general any maintenance of your main residence, such as painting, repair of electrical or pipe installations, repair of solar systems etc.? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.15				
If YES: (a) Was the work conducted by a member of the household, was it assigned to a contractor or was it done by both of them? By a household member <input type="checkbox"/> 1 → Q.14(b) By a contractor <input type="checkbox"/> 2 → Q.14(c) By both <input type="checkbox"/> 3 → Q.14(b+c)				
(b) If it was conducted by A MEMBER OF THE HOUSEHOLD , what was the total cost for: Paints- - - - - Year				04310 01 4
Paint brushes- - - - - Year				04310 02 4
Wall paper - - - - - Year				04310 03 4
Materials for any other work done on maintenance and repairs - - - - Year				04310 50 4
(c) If the work was assigned to a CONTRACTOR , what sort of services were used? (i) Services of plumbers Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.14c(ii)				
If YES: Which of the following main repairs did you perform? Replacement of pipes for water supply - - - - - Year				04321 01 4
Construction of sewerage/cesspit - - - - - Year				04321 02 4
Roof insulation - - - - - Year				04329 10 4
Other repairs (e.g. water tank) - - - - - Year				04321 50 4
If it is not possible to distinguish the repairs done by plumbers, what was the total cost of the services? - - - - - Year				04321 99 4
(ii) Services of electricians Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.14c(iii)				
If YES: What was the total cost of the services done by electricians? - - - - - Year				04322 00 4
(iii) Maintenance services for the heating system Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.14c(iv)				
If YES: Which of the following major repairs did you perform? Boiler replacement for central heating - - - - - Year				04323 01 4
Other maintenance services for the heating system - - - - - Year				04323 50 4

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
(iv) Services of carpenters <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.14c(v)				
If YES: Which of the following major repairs did you perform? Replacement of main entrance door (from wood) -----	Year			04325 01 4
Replacement of kitchen cabinets -----	Year			04325 02 4
Other carpenter services -----	Year			04325 50 4
<i>If it is not possible to distinguish the repairs done by carpenters, what was the total cost of the services? -----</i>	Year			04325 99 4
(v) Services of painters <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.14c(vi)				
If YES: What was the total cost of the services performed by painters? -----	Year			04324 01 4
(vi) Services of builders <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.14c(vii)				
If YES: Which of the following major repairs did you perform? Replacement of floor (from wood) or conversion to other kind of floor -----	Year			04329 06 4
Unification of internal area (abolition of walls) -----	Year			04329 07 4
Replacement / repair of the roof -----	Year			04329 09 4
Construction of plasterboards -----	Year			04329 04 4
Other major repairs -----	Year			04329 50 4
<i>If it is not possible to distinguish the repairs done by builders, what was the total cost of the services? -----</i>	Year			04329 01 4
(vii) Services of blacksmiths <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.14c(viii)				
If YES: Which of the following major repairs did you perform? Replacement of windows / doors and placement of double glasses -----	Year			04329 05 4
Paving of the garden / fencing the dwelling and replacement of the metal rails -----	Year			04329 08 4
Other major repairs -----	Year			04329 50 4
<i>If it is not possible to distinguish the services performed by blacksmiths, what was the total cost of the services? -----</i>	Year			04329 02 4
(viii) Services of decorators <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.14c(ix)				
If YES: What was the total cost of the services performed by decorators? -----	Year			04324 02 4
(ix) Services of other technicians <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.15				
If YES: What was the total cost of the services performed by other technicians?	Year			04329 03 4

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
<u>OTHER EXPENSES OF THE DWELLING</u>				
15 During the last 12 months, have you made any other expenses for your dwelling, such as sewerage cleaning services etc.?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	See note		
If YES, what was the amount paid for:				
Sewerage cleaning services	Year			04430 01 4
Other expenses for the dwelling, please specify	Year			.....
.....	Year			.....
ENUMERATOR: IF PART B', QUESTION 10 = 1, THEN GO TO QUESTION 16 IF PART B', QUESTION 10 = 2, THEN GO TO PART D'				
II. <u>EXPENDITURE FOR THE SECONDARY DWELLING IN CYPRUS</u>				
16 For those using a secondary dwelling (owned or not) as a country home or for other needs of the household				
<u>RENTED DWELLING</u>				
(a) What is your monthly rent?	Month			04121 00 1
(b) For how many months did you rent this dwelling during the last 12 months? <input type="checkbox"/>				
<u>OWNED DWELLING OR DWELLING OCCUPIED FREE OF CHARGE</u>				
(c) How much would you have paid as monthly rent for your dwelling, if you were renting an identical one?	Month	4		04220 03 1
<u>RENTED / OWNED / OCCUPIED FREE OF CHARGE DWELLING</u>				
(d) What was the total cost of the most recent bills for the following:				
Electricity (except E.A.C. electric heaters) (In months)	<input type="text"/>	<input type="text"/>		04510 01 2
Electricity for the electrical heating system (EAC electric heaters)	Year			04510 02 4
Connection or reconnection of electricity	Year			04510 05 4
Water (except sewerage service charges) (In months)	<input type="text"/>	<input type="text"/>		04410 01 -
Sewerage service charge (In months)	<input type="text"/>	<input type="text"/>		04430 02 -
Water and sewerage service charge (complete only if the distinction between the two is not possible) (In months)	<input type="text"/>	<input type="text"/>		04410 99 -
Connection or reconnection of water supply	Year			04410 04 4
Sewerage Board Fees	Year			21100 09 4
Property Tax	Year			21000 00 4
Municipal tax on immovable property	Year			21100 05 4
Community fee on immovable property	Year			21100 06 4
Refuse collection	Year			04420 01 4
Common expenses (except central heating) (In months)	<input type="text"/>	<input type="text"/>		04441 01 -
Fix telephone	Month			08301 01 1
Connection or reconnection of fix telephone line	Year			08301 02 4
Internet connection charges	Year			08303 01 4
Internet service charge (In months)	<input type="text"/>	<input type="text"/>		08303 02 -
Telecommunication bundle services (In months)	<input type="text"/>	<input type="text"/>		08304 00 -
Insurance fee for the dwelling, furniture, electric appliances etc. (In months)	<input type="text"/>	<input type="text"/>		12520 02 -
Other, please specify	Month			.....

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
(e) During the last 12 months, have you acquired any kind of fuel for your secondary residence? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.16(f)				
<i>If YES, what was the amount paid for:</i> Heating oil for central heating -----	Year			04530 01 4
Lamp oil -----	Year			04530 02 4
Gas for cooking -----	Year			04522 00 4
Gas for central heating -----	Year			04521 00 4
Charcoal -----	Month			04541 00 1
Fire-wood -----	Year			04549 01 4
Other fuel, please specify -----	Month			04 - - - - 1
(f) During the last 12 months, have you done any repairs, replacements and in general, any maintenance for your secondary dwelling? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.16(g)				
<i>If YES:</i> (i) Was the work conducted by a member of the household, was it assigned to a contractor or was it done by both of them? By a household member <input type="checkbox"/> 1 → Q.16(f)(ii) By a contractor <input type="checkbox"/> 2 → Q.16(f)(iii) By both <input type="checkbox"/> 3 → Q.16(f)(ii+iii)				
(ii) If it was conducted by A MEMBER OF THE HOUSEHOLD, what was the total cost for: Paints-----	Year			04310 01 4
Paint brushes-----	Year			04310 02 4
Wall paper -----	Year			04310 03 4
Materials for any other work done on maintenance and repairs -----	Year			04310 50 4
(iii) If the work was assigned to a CONTRACTOR, what sort of services were used? (1) Services of plumbers Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.16(f)(iii)2)				
<i>If YES:</i> Which of the following major repairs did you perform? Replacement of pipes for water supply -----	Year			04321 01 4
Construction of sewerage/cesspit -----	Year			04321 02 4
Roof insulation -----	Year			04329 10 4
Other repairs (e.g. water tank) -----	Year			04321 50 4
<i>If it is not possible to distinguish the repairs done by plumbers, what was the total cost of the services? -----</i>	Year			04321 99 4
(2) Services of electricians Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.16(f)(iii)3)				
<i>If YES:</i> What was the total cost of the services done by electricians? -----	Year			04322 00 4
(3) Maintenance services for the heating system Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.16(f)(iii)4)				
<i>If YES:</i> Which of the following major repairs did you perform? Boiler replacement for central heating -----	Year			04323 01 4
Other maintenance services for the heating system -----	Year			04323 50 4

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
(4) Services of carpenters <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.16(f)(iii)5)				
If YES : Which of the following major repairs did you perform?				
Replacement of main entrance door (from wood) -----	Year			04325 01 4
Replacement of kitchen cabinets -----	Year			04325 02 4
Other carpenter services -----	Year			04325 50 4
<i>If it is not possible to distinguish the repairs done by carpenters, what was the total cost of the services? -----</i>	Year			04325 99 4
(5) Services of painters <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.16(f)(iii)6)				
If YES : What was the total cost of the services of painters? -----				
Year				04324 01 4
(6) Services of builders <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.16(f)(iii)7)				
If YES : Which of the following major repairs did you perform?				
Replacement of floor (from wood) or conversion to other kind of floor -----	Year			04329 06 4
Unification of internal area (abolition of walls) -----	Year			04329 07 4
Replacement / repair of the roof -----	Year			04329 09 4
Construction of plasterboards -----	Year			04329 04 4
Other major repairs -----	Year			04329 50 4
<i>If it is not possible to distinguish the repairs done by builders, what was the total cost of the services? -----</i>	Year			04329 01 4
(7) Services of blacksmiths <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.16(f)(iii)8)				
If YES : Which of the following major repairs did you perform?				
Replacement of windows / doors and placement of double glasses -----	Year			04329 05 4
Paving of the garden / fencing the dwelling and replacement of the metal rails -----	Year			04329 08 4
Other major repairs -----	Year			04329 50 4
<i>If it is not possible to distinguish the repairs done by blacksmiths, what was the total cost of the services? -----</i>	Year			04329 02 4
(8) Services of decorators <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.16(f)(iii)9)				
If YES : What was the total cost of the services of decorators? -----				
Year				04324 02 4
(9) Services of other technicians <div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Q.16(g)				
If YES : What was the total cost of the services of other technicians? -----				
Year				04329 03 4
(g) OTHER EXPENSES FOR THE SECONDARY DWELLING During the last 12 months, have you done any expenses for your secondary dwelling, such as sewerage cleaning services etc.?				
<div> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div> → Part D'				
If YES , what was the amount paid for:				
Sewerage cleaning services -----	Year			04430 01 4
Other dwelling expenses, please specify -----	Year			-----
-----	Year			-----

PART D'				
MEANS OF TRANSPORT EXPENDITURE				
Expenditure Description	Period	Way of acquisition	Expenditure in €	Code
I. CARS				
1 Does your household own or used to own during the <u>last 12 months</u> , any car/s for private use? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → </div>	Q.6			
2 Have you purchased any of these (or any other which you don't own today) during <u>the last 12 months</u> ? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → </div> <p><i>If YES:</i> Specify the number of cars which you purchased during the last 12 months. <input type="text"/></p>				
3 Did you buy it new or second hand and how much did it cost? <i>(If the acquisition of the car was done with an exchange or sale of an older car, subtract the value of the older car)</i>				
1st car New	Year			07111 00 4
Used car from Cyprus, purchased from company / yard	Year			07112 01 4
Used car from Cyprus, purchased from another household	Year			07112 02 4
Used car from abroad (e.g. Japan, UK etc.)	Year			07112 03 4
2nd car New	Year			07111 00 4
Used car from Cyprus, purchased from company / yard	Year			07112 01 4
Used car from Cyprus, purchased from another household	Year			07112 02 4
Used car from abroad (e.g. Japan, UK etc.)	Year			07112 03 4
3rd car New	Year			07111 00 4
Used car from Cyprus (purchased from company / yard)	Year			07112 01 4
Used car from Cyprus (purchased from another household)	Year			07112 02 4
Used car from abroad (e.g. Japan, UK etc.)	Year			07112 03 4
4 <u>During the last 12 months</u> , what was the total amount of the subsequent bills for all the cars that you own or used to own?				
(a) Annual Road Taxes:				
1st car	Year			21100 01 4
2nd car	Year			21100 01 4
3rd car	Year			21100 01 4
4th car	Year			21100 01 4
(b) Insurance:				
1st car	Year			12541 01 4
2nd car	Year			12541 01 4
3rd car	Year			12541 01 4
4th car	Year			12541 01 4
(c) Subscription to roadside assistance services (total amount) - - - - -	Year			07230 05 4
(d) Technical control (includes MOT) (total amount) - - - - -	Year			07230 06 4

Expenditure Description		Period	Way of acquisition	Expenditure in €	Code
<u>REPAIRS, MAINTENANCE, REPLACEMENTS AND SPARE PARTS</u>					
5	<p>During the last 12 months, have you done any repairs, maintenance or have you purchased any spare parts / accessories for your car/s (it includes materials for repairs and maintenance, such as tyres, batteries, filters, special cleaning products, oil exchange, service etc.)?</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.7</p> <p><i>If YES:</i></p> <p>(a) Were these repairs performed by a member of your household, in a garage / petrol station or both?</p> <p>By a member of the household <input type="checkbox"/> 1 → Q.5(b) In a garage / petrol station <input type="checkbox"/> 2 → Q.5(c) By both <input type="checkbox"/> 3 → Q.5(b+c)</p> <p>(b) If these repairs were performed by a MEMBER OF THE HOUSEHOLD:</p> <p>What was the total cost of the following materials, spare parts etc. that were used?</p> <p>Tyres----- Year <input type="text"/> 07211 00 4</p> <p>Spare parts and car accessories (e.g. batteries, filters etc.) - Year <input type="text"/> 07212 01 4</p> <p>Various lubricants (e.g. car oil, break and transmission fluids, coolants etc.) ----- Year <input type="text"/> 07224 00 4</p> <p>Special cleaning products (e.g. sealing compounds and polishes) ----- Year <input type="text"/> 07212 04 4</p> <p>(c) If these repairs/maintenance were performed in a GARAGE / PETROL STATION:</p> <p>What was the total cost of these repairs / maintenance (EXCEPT car washing)? ----- Year <input type="text"/> 07230 01 4</p>				
6	<p>During the last 12 months, did you buy a car as a gift to another household?</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.7</p> <p>Number of cars which you bought / gave as a gift to another household <input type="text"/></p>				

Expenditure Description		Period	Way of acquisition	Expenditure in €	Code
If YES: Did you buy it new or used and what was its value?					
1st car	New	Year	8		07111 00 4
Used car from Cyprus, purchased from company / yard		Year	8		07112 01 4
Used car from Cyprus, purchased from another household		Year	8		07112 02 4
Used car from abroad (e.g. Japan, UK etc.)		Year	8		07112 03 4
2nd car	New	Year	8		07111 00 4
Used car from Cyprus, purchased from company / yard		Year	8		07112 01 4
Used car from Cyprus, purchased from another household		Year	8		07112 02 4
Used car from abroad (e.g. Japan, UK etc.)		Year	8		07112 03 4
II. OTHER MEANS OF TRANSPORT					
7	Does your household own or used to own during the last 12 months any other means of transport for private use, such as bicycle, motorbike or motorcycle?				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	→	Q.11	
8	If YES: Have you purchased any of these (or any other which you don't own today) during the last 12 months?				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	→	Q.9	
If YES, how much did you pay?					
Bicycle -----		Year			07130 00 4
New motor bike (less than 50 cc) -----		Year			07120 02 4
Second-hand motor bike (less than 50 cc)-----		Year			07120 04 4
New motorcycle (50 cc and over)- -----		Year			07120 01 4
Second-hand motorcycle (50 cc and over)- -----		Year			07120 03 4
9	During the last 12 months, what was the total cost for the following bills?				
(a) Annual road taxes:	Motorbike (less than 50 cc)	Year			21100 02 4
	Motorcycle (50 cc and over)	Year			21100 03 4
(b) Insurance:	Motorbike (less than 50 cc)	Year			12541 03 4
	Motorcycle (50 cc and over)	Year			12541 02 4
(c) Subscription to roadside assistance service (total amount)- - - - -		Year			07230 05 4

Expenditure Description		Period	Way of acquisition	Expenditure in €	Code
REPAIRS, MAINTENANCE, REPLACEMENTS AND SPARE PARTS					
10	<p>During the last 12 months, have you done any repairs, maintenance or have you purchased any spare parts for the above mentioned means of transport?</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11</p> <p><i>If YES:</i></p> <p>(a) Were these repairs performed by a member of the household or in a garage/petrol station or by both?</p> <p>By a member of the household <input type="checkbox"/> 1 → Q.10(b) In a garage / petrol station <input type="checkbox"/> 2 → Q.10(c) By both <input type="checkbox"/> 3 → Q.10(b+c)</p> <p>(b) If these repairs were performed by a MEMBER OF THE HOUSEHOLD: What was the total cost of the following materials, spare parts etc. which were used for the repairs / maintenance?</p> <p>Tyres ----- Year 07211 00 4</p> <p>Spare parts and accessories (e.g. filters, batteries etc.) -----</p> <p>Motorbike/Motorcycle Year 07212 02 4</p> <p>Bicycle Year 07212 03 4</p> <p>Various lubricants (e.g. oil, break and transmission fluids) -----</p> <p>Motorbike/Motorcycle/Bicycle Year 07224 00 4</p> <p>Special cleaning products -----</p> <p>Motorbike/Motorcycle/Bicycle Year 07212 04 4</p> <p>(c) If these repairs were performed in a GARAGE/PETROL STATION: What was the total cost of these repairs / maintenance (include materials and labour)?</p> <p>Motorbike/Motorcycle Year 07230 02 4</p> <p>Bicycle Year 07230 03 4</p>				
11	<p>During the last 12 months, did you purchase any other means of transportation, such as bicycle, motorbike, motorcycle and gave it away as a gift?</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.12</p> <p><i>If YES, how much did it cost?</i></p> <p>Bicycle ----- Year 07130 00 4</p> <p>New motor bike (less than 50 cc) ----- Year 07120 02 4</p> <p>Second-hand motor bike (less than 50 cc) ----- Year 07120 04 4</p> <p>New motorcycle (50 cc and over) ----- Year 07120 01 4</p> <p>Second-hand motorcycle (50 cc and over) ----- Year 07120 03 4</p>				
12	<p>During the last 12 months, have you paid any amount for car renting or for renting any other mean of transport (does <u>NOT</u> include rentals during holidays)?</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.13</p> <p><i>If YES, what was the total cost? -----</i></p> <p>Year 07241 02 4</p>				
13	<p>Do you pay a monthly fee for parking at work or elsewhere NOT connected with your dwelling?</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.14</p> <p><i>If YES, how much do you pay per month? -----</i></p> <p>Month 07241 01 1</p>				

[illegible]

PART E'
HOLIDAY EXPENDITURE

TRIPS ABROAD WITH AN OVERNIGHT STAY

1.

During the last 12 months, have you or any other member of your household made a trip abroad for at least **ONE** overnight stay (e.g. summer holidays, Christmas/Easter vacation, for a weekend / short break, visit to friends or relatives etc.)?

YES

1

NO

2



Q. 2

1a.

If **YES**, how many trips abroad have you or any other member of your household made in total, during the last 12 months ?

1 2 3

No. of trip abroad	Main Country of Destination		How many members of your household participated in this trip?	Number of overnight stays	In what type of accommodation did you stay?					Was it a package holiday?	
					Hotel, tourist apartment, holiday dwelling / rented house	Camping area, caravan	Owned house, friend's/ relative's house, owned/friends'/relatives ' yacht	Other, specify (e.g. cruise ship, monastery)	Code	Yes	No
		Code									
1		1 2 3			1	2	3	4		1	2
2		1 2 3			1	2	3	4		1	2
3		1 2 3			1	2	3	4		1	2
4		1 2 3			1	2	3	4		1	2
5		1 2 3			1	2	3	4		1	2
6		1 2 3			1	2	3	4		1	2

LONG HOLIDAYS IN CYPRUS**2.**

During the last 12 months, have you or any other member of your household made a trip in **CYPRUS** with at least **FOUR** overnight stays (e.g. summer holidays, Christmas/Easter vacation, for a weekend / short break, visit to friends or relatives etc.)?

YES

NO

→ **Q.3 or Part F'****2a.**

If **YES**, how many trips with at least **FOUR** overnight stays have you or any other member of your household made in total in Cyprus, during the last 12 months?

No. of trip in Cyprus	How many members of your household participated in this trip?	Number of overnight stays	In what type of accommodation did you stay?								Was it a package holiday?	
			Hotel	Tourist apartment (organised)	Holiday dwelling / villa (organised)	Rented house, apartment or room	Camping area, caravan	Owned house, friend's/ relative's house, owned/friends'/ relatives' yacht	Other, specify (e.g. monastery)	Code	Yes	No
1			1	2	3	4	5	6	7		1	2
2			1	2	3	4	5	6	7		1	2
3			1	2	3	4	5	6	7		1	2
4			1	2	3	4	5	6	7		1	2
5			1	2	3	4	5	6	7		1	2
6			1	2	3	4	5	6	7		1	2

E(I): EXPENDITURE FOR TRIPS ABROAD

Expenditure Description	First Trip		Second Trip		Third Trip		Code
	1		2		3		
	Way of acquisition	Exp in €	Way of acquisition	Exp in €	Way of acquisition	Exp in €	
FOR ORGANISED TRIPS ABROAD:							
3 What was the total cost of the package?-----							09602 00 4
COMPLETE Q. 4 FOR <u>NON-ORGANISED TRIPS</u> AND FOR THE <u>ADDITIONAL EXPENDITURE</u> OF ORGANISED TRIPS							
4 For organised trips, specify the <u>additional expenses</u> paid for the following: For non-organised trips, specify the <u>total</u> expenses paid for the following:							
Transport expenditure:							
Plane tickets -----							07332 01 4
Sea fares -----							07341 02 4
Rental of car/motorcycle/bicycle etc. -----							07241 03 4 1
Car rental with driver and taxi -----							07322 03 4 1
Buses, trains etc. -----							07350 02 4 1
Accommodation expenditure:							
Hotel, tourist apartment, holiday dwelling, rented house -----							11201 05 4
Camping area, caravan -----							11202 01 4 1
Owned house, friend's / relative's house, owned/relative's/friend's yacht-----							30000 02 4 1
Other type of accommodation, specify
.....						
Food and drinks expenditure:							
Restaurants -----							11111 07 4 1
Cafés -----							11111 08 4 1
Entertainment places, clubs -----							11111 09 4 1
Other expenditure on food and drinks (includes food and drinks consumed at bars, theatres, cinemas, sports stadia, swimming pools etc.) - - -							11111 50 4 1
Other expenditure:							
Travel and luggage insurance -----							12542 00 4
Other goods and services:							
Recreational and sporting services -----							09411 04 4 1
Tickets for shows (e.g. concerts, opera, circus)- -							09421 04 4 1
Visits to museums, archaeological areas, zoological gardens etc. -----							09422 02 4 1
Expenditure ⁽¹⁾ on clothing items, footwear, souvenirs, jewellery, beauty products, watches, bags, household equipment etc. -----							30000 01 4 1

(1) These expenditure need to be registered in detail in the questionnaire's corresponding parts if these items were purchased on a date which is included in the reference period for each of these items.

E(II): EXPENDITURE FOR LONG HOLIDAYS IN CYPRUS

Expenditure Description	First trip <div>1</div>		Second trip <div>2</div>		Third trip <div>3</div>		Code
	Way of acquisition	Exp in €	Way of acquisition	Exp in €	Way of acquisition	Exp in €	
FOR PACKAGE HOLIDAYS IN CYPRUS:							
5 What was the total cost of the package?-----							09601 00 4
COMPLETE Q. 6 FOR NON-ORGANISED HOLIDAYS AND FOR THE ADDITIONAL EXPENDITURE OF ORGANISED HOLIDAYS							
6 For organised holidays, specify the <u>additional expenses</u> paid for the following: For non-organised holidays, specify the <u>total expenses</u> paid for the following:							
Transport expenditure:							
Rental of car/motorcycle/bicycle etc. -----							07241 03 4 2
Car rental with driver and taxi -----							07322 03 4 2
Buses etc. -----							07350 02 4 2
Accommodation expenditure:							
Hotel -----							11201 01 4
Tourist apartment (organised) -----							11201 02 4
Holiday dwelling (organised)-----							11201 03 4
Rented house, apartment, room -----							11201 04 4
Camping area, caravan -----							11202 01 4 2
Owned house, friend's/relative's house, owned/relative's/friend's yacht -----							30000 02 4 2
Other accommodation, specify
.....						
Food and drinks expenditure:							
Restaurants -----							11111 07 4 2
Cafés -----							11111 08 4 2
Entertainment places, clubs -----							11111 09 4 2
Other expenditure on food and drinks (includes food and drinks consumed at bars, theatres, cinemas, sports stadia, swimming pools etc.)-----							11111 50 4 2
Other goods and services:							
Recreational and sporting services -----							09411 04 4 2
Tickets for shows (e.g. concerts, opera, circus) ---							09421 04 4 2
Visits to museums, archaeological areas, zoological gardens etc. -----							09422 02 4 2
Expenditure ⁽¹⁾ on clothing items, footwear, souvenirs, jewellery, beauty products, watches, bags etc. -----							30000 01 4 2

(1) These expenditure need to be registered in detail in the questionnaire's corresponding parts if these items were purchased on a date which is included in the reference period for each of these items.

⇒ **Part F'**

[illegible]

PART F'					
EXPENDITURE ON HOUSEHOLD APPLIANCES					
Description	Purchase during the last 12 months 1. Yes 2. No	Way of acquisition	Exp in €	Sale of respective item 1. Yes 2. No	Code
1 During the last 12 months, have you purchased in cash (or with finance) or have you gotten without payment from your enterprise or from your employer for the needs of your household or as a present to other households or your household any of the following items? (transportation and installation expenses are included in the value)					
I. Major household appliances					
Refrigerator (fridge-freezer) - - - - -					05311 01 4
Freezer - - - - -					05311 02 4
Refrigerator (without freezer) - - - - -					05311 03 4
Washing machine - - - - -					05312 01 4
Dryer - - - - -					05312 02 4
Dish washer - - - - -					05312 03 4
Iron pressing machines - - - - -					05312 04 4
Microwave oven - - - - -					05313 03 4
Electrical cooker, oven - - - - -					05313 01 4
Gas cooker, oven - - - - -					05313 02 4
Spit roasters - - - - -					05313 04 4
Combined cookers - - - - -					05313 05 4
Extractor hoods - - - - -					05314 04 4
Ventilators - - - - -					05314 03 4
Air conditioners - - - - -					05314 01 4
Heaters - - - - -					05314 02 4
Solar heater - - - - -					05314 05 4
Vacuum cleaners - - - - -					05315 01 4
Carpet shampooing machines - - - - -					05315 02 4
Sewing and knitting machines - - - - -					05319 02 4
Safes - - - - -					05319 01 4
Other, specify
.....				
.....				
II. Small electrical household appliances					
Mixer - - - - -					05321 01 4
Juice extractor - - - - -					05329 03 4
Small electric oven - - - - -					05329 04 4
Grills - - - - -					05324 01 4
Toasters - - - - -					05324 02 4
Electric kettle - - - - -					05322 02 4
Electric iron - - - - -					05323 00 4
Fans - - - - -					05329 01 4
Electric knives - - - - -					05329 02 4
Hair dryer - - - - -					12121 01 4
Coffee makers - - - - -					05322 01 4
Other, specify.....				
.....				

Description	Purchase during the last 12 months 1. Yes 2. No	Way of acquisition	Exp in €	Sale of respective item 1. Yes 2. No	Code
2 <u>During the last 12 months</u> , have you paid an amount for renting any electrical or non-electrical household appliances (it includes furniture and items rented for parties, such as plates, glasses, tables, chairs etc.)? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.3 </div> <i>If YES, please specify the number of electrical or non-electrical appliances which were rented during the last 12 months</i> <input type="text"/> <i>If YES, please specify item and cost:</i> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div>					
.....	XXX			XXX	.....
.....	XXX			XXX	.....
.....	XXX			XXX	.....
.....	XXX			XXX	.....
.....	XXX			XXX	.....
.....	XXX			XXX	.....
.....	XXX			XXX	.....
3 <u>During the last 12 months</u> , have you paid any amount for repairs / maintenance of electric or non-electric appliances? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.4 </div> <i>If YES, please specify the number of electrical or non-electrical appliances which were repaired / maintained during the last 12 months</i> <input type="text"/> <i>If YES, please specify item and cost:</i> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div>					
.....	XXX			XXX	.....
.....	XXX			XXX	.....
.....	XXX			XXX	.....
.....	XXX			XXX	.....
.....	XXX			XXX	.....
.....	XXX			XXX	.....

Description	Purchase during the last 12 months 1. Yes 2. No	Way of acquisition	Exp in €	Code
4 During the last 12 months, have you purchased in cash (or with finance) or have you gotten without payment from your enterprise or from your employer for the needs of your household or as a present to other or from other households any of the following items?				
III. Furniture and decoration accessories				
Tables -----				05111 01 4
Chairs -----				05111 02 4
Sofas -----				05111 03 4
Desks and desks for PCs -----				05111 05 4
Beds -----				05111 04 4
Cupboards -----				05111 07 4
Matresses -----				05111 08 4
Garden furniture -----				05112 00 4
Bookcases -----				05111 06 4
Lighting equipment -----				05113 00 4
Art paintings (original or reproduction) -----				05119 01 4
Mirrors -----				05119 02 4
Cradles, play-pens and high-chairs for babies -----				05119 03 4
Other, specify -----				-----
-----				-----
-----				-----
IV. Carpets and other floor coverings				
Carpets, rugs, fitted carpets, linoleum etc. -----				05121 00 4
Other floor coverings -----				05122 00 4
V. Household textiles				
Curtains (includes fabric blinds) -----				05201 01 4
Bedlinen and pillow cases -----				05202 01 4
Pillows of all kind -----				05202 02 4
Blankets and bed coverings (quilts) -----				05202 03 4
Towels -----				05203 01 4
Table linen -----				05203 02 4
Kitchen napkins -----				05203 03 4
Embroideries -----				05201 02 4
Other, specify (e.g. door mats, bathroom mats etc.) -----				-----
-----				-----
-----				-----
5 Repairs of furniture, carpets, lighting equipment and other household textiles, during the last 12 months				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → Q.6				
Please specify the number of repairs of furniture, carpets, lighting equipment and other household textiles				
<input type="text"/>				
If YES, specify item and cost -----				-----
-----				-----

Description	Purchase during the last 3 months 1. Yes 2. No	Way of acquisition	Exp in €	Code
<div>6</div> During the last 3 months, have you purchased in cash (or with finance) or have you gotten without payment from your enterprise or from your employer for the needs of your household or as a present to other or from other households any of the following items?				
VI. Glassware, tableware and household utensils				
Plates -----				05401 01 3
Glasses -----				05401 02 3
Vases -----				05401 03 3
Cups -----				05401 04 3
Cutlery -----				05402 01 3
Silverware -----				05402 02 3
Saucepans, frying pans, pyrex, pans -----				05403 01 3
Plastic containers -----				05403 02 3
Waste bins -----				05403 03 3
Thermos flask -----				05403 04 3
Iron board -----				05403 05 3
Bread container -----				05403 07 3
Letter boxes -----				05403 08 3
Portable safes -----				05403 09 3
Other, specify
.....			
.....			
<div>7</div> Repairs and maintenance of glassware, cutlery and kitchen utensils, during the last 3 months-----				05404 00 3

Description	Purchase during the last 3 months 1. Yes 2. No	Way of acquisition	Exp in €	Code
<div>8</div> During the last 3 months, have you purchased in cash (or with finance) or have you gotten without payment from your enterprise or from your employer for the needs of your household or as a present to other or from other households any of the following items?				
VII. Major items of household use, tools and garden equipment				
Electric drills - - - - -				05511 01 3
Electric saws - - - - -				05511 02 3
Powered lawn mowers - - - - -				05511 03 3
Home alarm system - - - - -				05511 05 3
Water pumps - - - - -				05511 04 3
Water tank - - - - -				05511 06 3
Other, specify
.....			
.....			
VIII. Small items of household use, tools and garden equipment				
Hammers - - - - -				05521 01 3
Screwdrivers - - - - -				05521 02 3
Garden tools (spades, hoses, water cans, shovels etc.) - -				05521 04 3
Plugs - - - - -				05522 01 3
Ladders - - - - -				05521 03 3
HDMI cable - - - - -				05522 04 3
Other, specify.....			
.....			
.....			
<div>9</div> Repairs and maintenance of tools and equipment for house and garden, during the last 3 months				
<div>Yes</div> <div>1</div> <div>No</div> <div>2</div> <div>→ Part Z'</div>				
Specify the number of repairs and maintenance done for tools and equipment for house and garden				
Please, specify type of tool and cost				
.....			
.....			
.....			

PART Z'
EXPENDITURE ON CLOTHING AND FOOTWEAR

Expenditure description		Period	Way of acquisition	Expenditure in €	Code
1	During the last 3 months, have you purchased in cash (or with finance) or have you got without payment from your enterprise or from your employer for the needs of your household or as a present to other households any of the following items?				
I.	(a) Men's clothing				
	Suits - - - - -	3 months			03121 01 3
	Raincoats & coats - - - - -	3 months			03121 02 3
	Shirts / T-shirts - - - - -	3 months			03121 03 3
	Blazers - - - - -	3 months			03121 04 3
	Trousers & shorts (except jeans) - - - - -	3 months			03121 05 3
	Jean trousers and shorts - - - - -	3 months			03121 06 3
	Woolen garments of all kind- - - - -	3 months			03121 07 3
	Jacket - - - - -	3 months			03121 08 3
	Ties - - - - -	3 months			03131 01 3
	Underwear - - - - -	3 months			03121 09 3
	Pyjamas - - - - -	3 months			03121 10 3
	Socks - - - - -	3 months			03121 11 3
	Sportswear - - - - -	3 months			03121 12 3
	Swimsuit - - - - -	3 months			03121 13 3
	Clothing materials - - - - -	3 months			03110 01 3
	Repair of garments - - - - -	3 months			03142 01 3
	Hire of garments- - - - -	3 months			03142 02 3
	Other clothing items, specify	3 months			.....
	.....	3 months			.....
	.....	3 months			.....
	(b) Footwear for men				
	Men's shoes - - - - -	3 months			03211 01 3
	Sandals- - - - -	3 months			03211 02 3
	Men's boots - - - - -	3 months			03211 03 3
	Slippers - - - - -	3 months			03211 04 3
	Sports shoes - - - - -	3 months			03211 05 3
	Repair of men's footwear - - - - -	3 months			03220 01 3
	Hire of footwear - - - - -	3 months			03220 04 3
	Other men's footwear, specify	3 months			.....
	.....	3 months			.....
	.....	3 months			.....

Expenditure description	Period	Way of acquisition	Expenditure in €	Code
II. (a) Women's clothing				
Women's suits - - - - -	3 months			03122 01 3
Raincoats and coats - - - - -	3 months			03122 02 3
Dresses - - - - -	3 months			03122 03 3
Skirts - - - - -	3 months			03122 04 3
Trousers and shorts (except jeans)- - - - -	3 months			03122 05 3
Jean trousers and shorts - - - - -	3 months			03122 06 3
Jackets / Blazers - - - - -	3 months			03122 07 3
Blouses / Shirts / T-shirts - - - - -	3 months			03122 08 3
Woolen garments of all kind - - - - -	3 months			03122 09 3
Underwear - - - - -	3 months			03122 10 3
Nightdresses / Pyjamas - - - - -	3 months			03122 11 3
Tights / Socks - - - - -	3 months			03122 14 3
Sportswear - - - - -	3 months			03122 12 3
Swimsuit - - - - -	3 months			03122 13 3
Women's clothing materials - - - - -	3 months			03110 02 3
Repair of garments - - - - -	3 months			03142 01 3
Hire of garments- - - - -	3 months			03142 02 3
Other clothing items, specify	3 months			.....
.....	3 months			.....
.....	3 months			.....
.....	3 months			.....
.....	3 months			.....
.....	3 months			.....
.....	3 months			.....
(b) Footwear for women				
Women's shoes - - - - -	3 months			03212 01 3
Sandals- - - - -	3 months			03212 02 3
Women's boots - - - - -	3 months			03212 03 3
Slippers - - - - -	3 months			03212 04 3
Sports shoes - - - - -	3 months			03212 05 3
Repair of women's footwear - - - - -	3 months			03220 02 3
Hire of footwear - - - - -	3 months			03220 04 3
Other footwear for women, specify	3 months			.....
.....	3 months			.....

Expenditure description	Period	Way of acquisition	Expenditure in €	Code
III. (a) Garments for infants and children (up to 13 years old)				
Blazers / Jackets - - - - -	3 months			03123 01 3
Woolen garments of all kind- - - - -	3 months			03123 02 3
Trousers and shorts (except jeans)- - - - -	3 months			03123 03 3
Jean trousers and shorts - - - - -	3 months			03123 04 3
Blouses / Shirts / T-shirts- - - - -	3 months			03123 05 3
Underwear - - - - -	3 months			03123 06 3
Pyjamas - - - - -	3 months			03123 07 3
Socks - - - - -	3 months			03123 08 3
Sportswear - - - - -	3 months			03123 09 3
Swimsuit - - - - -	3 months			03123 10 3
Babywear - - - - -	3 months			03123 11 3
Dresses - - - - -	3 months			03123 12 3
Repair of garments - - - - -	3 months			03142 01 3
Hire of garments - - - - -	3 months			03142 02 3
Other clothing items, specify.....	3 months			.....
.....	3 months			.....
.....	3 months			.....
(b) Footwear for infants and children				
Children's and infant's shoes - - - - -	3 months			03213 01 3
Sandals- - - - -	3 months			03213 02 3
Children's boots - - - - -	3 months			03213 03 3
Slippers - - - - -	3 months			03213 04 3
Sports shoes - - - - -	3 months			03213 05 3
Ballet shoes- - - - -	3 months			03213 06 3
Repair of children's and infant's footwear - -	3 months			03220 03 3
Hire of footwear - - - - -	3 months			03220 04 3
Other children's footwear, specify	3 months			.....
.....	3 months			.....
.....	3 months			.....
.....	3 months			.....

PART H
EXPENDITURE ON EDUCATION AND CHILD CARE

Expenditure Description	Period	Way of acquisition	Exp in €	Code
I. EXPENDITURE ON EDUCATION				
1 (i) <u>During the last 12 months</u> , has any member of your household been attending pre-primary, primary school, lower-secondary school, upper-secondary school, college, university, private institute, institute for foreign languages etc., for which either you paid or another household has paid or your employer has provided (free of charge or in a reduced price)?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>				
(ii) <u>During the last 12 months</u> , have you paid any amount for another household for attendance in pre-primary, primary school, lower-secondary school, upper-secondary school, college, university, private institute, institute for foreign languages etc.?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>				
ENUMERATOR: IF Q. 1(i) = 1 or Q. 1(ii) = 1, then questions 1(a) - 1(u) need to be asked. If Q. 1(i) = 2 & Q. 1(ii) = 2, then Q. 2 needs to be asked.				
(a) <u>Pre-primary education (Kindergarten/Day nursery) (children aged 3+) - Public:</u> During the last 12 months, has any member of your household been attending a public kindergarten / day nursery (children aged 3+)? (the cost provided for another household is included)				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → 1(b)				
If YES , please state the name of the public kindergarten / day nursery				
.....				
What was the amount paid for the following expenses?				
Tuition fees (meals are not included) -----	Year			10101 01 4 1
Contribution to parents' association -----	Year			10101 02 4 1
School bus -----	Year			07321 00 4 1
School bag -----	Year			12321 04 4 1
School uniform -----	Year			03131 09 4 1
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 1
Private lessons for pre-primary school children in public institutes (does not include music, dance lessons, gymnastics etc.) -----	Year			10101 05 4 1
Private lessons for pre-primary school children in private institutes (does not include music, dance lessons, gymnastics etc.) -----	Year			10101 06 4 1
(b) <u>Pre-primary education (Kindergarten/Day nursery) (children aged 3+) - Private / Communal:</u> During the last 12 months, has any member of your household been attending a private / communal kindergarten / day nursery (children aged 3+)? (the cost provided for another household is included)				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → 1(c)				
If YES , please state the name of the private/communal kindergarten / day nursery				
.....				
What was the amount paid for the following expenses?				
Tuition fees (meals are not included) -----	Year			10101 03 4 2
Contribution to parents' association -----	Year			10101 04 4 2
School bus -----	Year			07321 00 4 2
School bag -----	Year			12321 04 4 2
School uniform -----	Year			03131 09 4 2
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 2
Private lessons for pre-primary school children in public institutes (does not include music, dance lessons, gymnastics etc.) -----	Year			10101 05 4 2
Private lessons for pre-primary school children in private institutes (does not include music, dance lessons, gymnastics etc.) -----	Year			10101 06 4 2

Expenditure Description	Period	Way of acquisition	Exp in €	Code
(c) Primary school - Public: During the last 12 months, has any member of your household been attending a public primary school? (the cost provided for another household is included) <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(d) </div>				
<i>If YES, what was the amount paid for the following expenses?</i>				
Contribution to parents' association -----	Year			10102 01 4 3
School bus -----	Year			07321 00 4 3
Paper products (note pads, writing pads, drawing paper, educational material etc) -----	Year			09541 00 4 3
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09549 00 4 3
Educational text books -----	Year			09512 00 4 3
School bag-----	Year			12321 04 4 3
School uniform -----	Year			03131 09 4 3
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 08 4 3
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 3
Private lessons for primary school children in private institutes (does not include music, dance lessons, gymnastics etc.)-----	Year			10102 05 4 3
Private lessons for primary school children in public institutes (does not include music, dance lessons, gymnastics etc.)-----	Year			10102 04 4 3
-----	Year			
(d) Primary school - Private: During the last 12 months, has any member of your household been attending a private primary school? (the cost provided for another household is included) <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(e) </div>				
<i>If YES, what was the amount paid for the following expenses?</i>				
Enrollment, tuition fees -----	Year			10102 02 4 4
Contribution to parents' association -----	Year			10102 03 4 4
School bus -----	Year			07321 00 4 4
Paper products (note pads, writing pads, drawing paper, educational material etc) -----	Year			09541 00 4 4
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09549 00 4 4
Educational text books -----	Year			09512 00 4 4
School bag-----	Year			12321 04 4 4
School uniform -----	Year			03131 09 4 4
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 08 4 4
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 4
Private lessons for primary school children in private institutes (does not include music, dance lessons, gymnastics etc.)-----	Year			10102 05 4 4
Private lessons for primary school children in public institutes (does not include music, dance lessons, gymnastics etc.)-----	Year			10102 04 4 4
-----	Year			
(e) Lower secondary education (Gymnasium) - Public: During the last 12 months, has any member of your household been attending a public gymnasium (lower secondary education)? (the cost provided for another household is included) <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(f) </div>				
<i>If YES, what was the amount paid for the following expenses?</i>				
Enrollment, contribution to parents' association -----	Year			10200 01 4 5
School bus -----	Year			07321 00 4 5
Paper products (note pads, writing pads, drawing paper, educational material etc) -----	Year			09541 00 4 5
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09549 00 4 5
Educational text books -----	Year			09512 00 4 5
School bag-----	Year			12321 04 4 5
School uniform -----	Year			03131 09 4 5
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 08 4 5
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 5
Private lessons for lower secondary school children in private institutes (does not include music, dance lessons, gymnastics etc.)-----	Year			10200 11 4 5
Private lessons for lower secondary school children in public institutes (does not include music, dance lessons, gymnastics etc.)-----	Year			10200 10 4 5
-----	Year			

Expenditure Description	Period	Way of acquisition	Exp in €	Code
(f) Lower secondary education (Gymnasium) - Private: During the last 12 months, has any member of your household been attending a private gymnasium (lower secondary education)? (the cost provided for another household is included)				
Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(g)				
<i>If YES, what was the amount paid for the following expenses?</i>				
Enrollment, tuition fees -----	Year			10200 02 4 6
Contribution to parents' association -----	Year			10200 03 4 6
School bus -----	Year			07321 00 4 6
Paper products (note pads, writing pads, drawing paper, educational material etc) -----	Year			09541 00 4 6
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09549 00 4 6
Educational text books -----	Year			09512 00 4 6
School bag-----	Year			12321 04 4 6
School uniform -----	Year			03131 09 4 6
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 08 4 6
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 6
Accommodation services at boarding schools in Cyprus-----	Year			11203 01 4 6
Private lessons for lower secondary school children in private institutes (does not include music, dance lessons, gymnastics etc.)-----	Year			10200 11 4 6
Private lessons for lower secondary school children in public institutes (does not include music, dance lessons, gymnastics etc.)-----	Year			10200 10 4 6
(g) Upper-secondary education - Public: (vocational education not included here) During the last 12 months, has any member of your household been attending a public high-school (upper-secondary education)? (the cost provided for another household is included)				
Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(h)				
<i>If YES, what was the amount paid for the following expenses?</i>				
Enrollment, contribution to parents' association -----	Year			10200 04 4 7
School bus -----	Year			07321 00 4 7
Paper products (note pads, writing pads, drawing paper, educational material etc) -----	Year			09541 00 4 7
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09549 00 4 7
Educational text books -----	Year			09512 00 4 7
School bag-----	Year			12321 04 4 7
School uniform -----	Year			03131 09 4 7
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 08 4 7
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 7
Accommodation services at boarding schools in Cyprus-----	Year			11203 01 4 7
Private lessons for upper secondary school children in private institutes (does not include music, dance lessons, gymnastics etc.) -----	Year			10200 11 4 7
Private lessons for upper secondary school children in public institutes (does not include music, dance lessons, gymnastics etc.) -----	Year			10200 10 4 7
(h) Upper-secondary education - Private: (vocational education not included here) During the last 12 months, has any member of your household been attending a private high-school (upper secondary school)? (the cost provided for another household is included)				
Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(i)				
<i>If YES, what was the amount paid for the following expenses?</i>				
Enrollment, tuition fees -----	Year			10200 05 4 8
Contribution to parents' association -----	Year			10200 06 4 8
School bus -----	Year			07321 00 4 8
Paper products (note pads, writing pads, drawing paper, educational material etc) -----	Year			09541 00 4 8
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09549 00 4 8
Educational text books -----	Year			09512 00 4 8
School bag-----	Year			12321 04 4 8
School uniform -----	Year			03131 09 4 8
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 08 4 8
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 8
Accommodation services at boarding schools in Cyprus-----	Year			11203 01 4 8

Expenditure Description	Period	Way of acquisition	Exp in €	Code
Private lessons for upper secondary school children in private institutes (does not include music, dance lessons, gymnastics etc.) - - - - -	Year			10200 11 4 8
Private lessons for upper secondary school children in public institutes (does not include music, dance lessons, gymnastics etc.) - - - - -	Year			10200 10 4 8
(i) Vocational education - Public: During the last 12 months, has any member of your household been attending public vocational education? (the cost provided for another household is included) <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(k) </div> <i>If YES, what was the amount paid for the following expenses?</i> Enrollment, contribution to parents' association - - - - - Year 10200 07 4 9 School bus - - - - - Year 07321 00 4 9 Paper products (note pads, writing pads, drawing paper, educational material etc) - - - - - Year 09541 00 4 9 Other stationery and drawing materials (pens, pencils etc.) - - - - - Year 09549 00 4 9 Educational text books - - - - - Year 09512 00 4 9 School bag- - - - - Year 12321 04 4 9 School uniform - - - - - Year 03131 09 4 9 Special uniform for educational purposes (i.e. chemistry or cooking apron) - - - - - Year 03131 08 4 9 Meals provided by the school (NOT canteens) - - - - - Year 11113 01 4 9 Accomodation services at boarding schools in Cyprus- - - - - Year 11203 01 4 9 Private lessons for vocational school children in private institutes (does not include music, dance lessons, gymnastics etc.)- - - - - Year 10200 11 4 9 Private lessons for vocational school children in public institutes (does not include music, dance lessons, gymnastics etc.) - - - - - Year 10200 10 4 9				
(j) Vocational education - Private: During the last 12 months, has any member of your household been attending private vocational education? (the cost provided for another household is included) <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(l) </div> <i>If YES, what was the amount paid for the following expenses?</i> Enrollment, tuition fees - - - - - Year 10200 08 4 10 Contribution to parents' association - - - - - Year 10200 09 4 10 School bus - - - - - Year 07321 00 4 10 Paper products (note pads, writing pads, drawing paper, educational material etc) - - - - - Year 09541 00 4 10 Other stationery and drawing materials (pens, pencils etc.) - - - - - Year 09549 00 4 10 Educational text books - - - - - Year 09512 00 4 10 School bag- - - - - Year 12321 04 4 10 School uniform - - - - - Year 03131 09 4 10 Special uniform for educational purposes (i.e. chemistry or cooking apron) - - - - - Year 03131 08 4 10 Meals provided by the school (NOT canteens) - - - - - Year 11113 01 4 10 Accomodation services at boarding schools in Cyprus- - - - - Year 11203 01 4 10 Private lessons for vocational school children in private institutes (does not include music, dance lessons, gymnastics etc.)- - - - - Year 10200 11 4 10 Private lessons for vocational school children in public institutes (does not include music, dance lessons, gymnastics etc.) - - - - - Year 10200 10 4 10				
(k) Post-secondary non-tertiary education in Cyprus - Public: During the last 12 months, has any member of your household been attending public post-secondary non-tertiary education in Cyprus (M.I.E.E.K.)? (the cost provided for another household is included) <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(m) </div> <i>If YES, please state the name of the institution</i> <i>What was the amount paid for the following expenses?</i> Enrollment, tuition fees - - - - - Year 10300 01 4 11 Educational text books - - - - - Year 09512 00 4 11 Paper products (note pads, writing pads, drawing paper, educational material etc) - - - - - Year 09541 00 4 11 Other stationery and drawing materials (pens, pencils etc.) - - - - - Year 09549 00 4 11				

Expenditure Description	Period	Way of acquisition	Exp in €	Code
Special uniform for educational purposes (i.e. cooking apron) -----	Year			03131 08 4 11
Private lessons (does not include music, dance lessons, gymnastics etc.)-----	Year			10300 04 4 11
Accommodation services at boarding schools in Cyprus-----	Year			11203 01 4 11
Accommodation in an apartment / house -----	Year			04121 00 4 11
Meals provided by educational institutions (NOT canteens) -----	Year			11113 01 4 11
Combined passenger transport (e.g. intercity taxis, buses) -----	Year			07350 01 4 11
(l) Post-secondary non-tertiary education in Cyprus - Private: During the last 12 months, has any member of your household been attending private post-secondary non-tertiary education in Cyprus? (the cost provided for another household is included) <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(n) </div> <i>If YES, please state the name of the institution</i> ----- <i>What was the amount paid for the following expenses?</i>				
Enrollment, tuition fees -----	Year			10300 02 4 12
Educational text books -----	Year			09512 00 4 12
Paper products (note pads, writing pads, drawing paper, educational material etc) -----	Year			09541 00 4 12
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09549 00 4 12
Special uniform for educational purposes (i.e. cooking apron) -----	Year			03131 08 4 12
Private lessons (does not include music, dance lessons, gymnastics etc.)-----	Year			10300 04 4 12
Accommodation services at boarding schools in Cyprus-----	Year			11203 01 4 12
Accommodation in an apartment / house -----	Year			04121 00 4 12
Meals provided by educational institutions (NOT canteens) -----	Year			11113 01 4 12
Combined passenger transport (e.g. intercity taxis, buses) -----	Year			07350 01 4 12
(m) Post-secondary non-tertiary education abroad: During the last 12 months, has any member of your household been attending post-secondary non-tertiary education abroad? (the cost provided for another household is included) <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(o) </div> <i>If YES, please state the name of the institution</i> ----- <i>What was the amount paid for the following expenses?</i>				
Enrollment, tuition fees -----	Year			10300 03 4 13
Plane tickets -----	Year			07332 02 4 13
Educational text books -----	Year			09512 00 4 13
Paper products (note pads, writing pads, drawing paper, educational material etc) -----	Year			09541 00 4 13
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09549 00 4 13
Special uniform for educational purposes (i.e. cooking apron) -----	Year			03131 08 4 13
Private lessons (does not include music, dance lessons, gymnastics etc.)-----	Year			10300 04 4 13
Accommodation services at boarding schools -----	Year			11203 03 4 13
Accommodation in an apartment / house -----	Year			04121 00 4 13
Meals provided by educational institutions (NOT canteens) -----	Year			11113 02 4 13
Combined passenger transport (e.g. intercity taxis, buses) -----	Year			07350 01 4 13
(n) Short Cycle programmes (2-3 years) in Cyprus - Public: During the last 12 months, has any member of your household been attending short cycle programmes (2-3 years) in a public institution in Cyprus? (the cost provided for another household is included) <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(p) </div> <i>If YES, please state the name of the public institution</i> ----- <i>What was the amount paid for the following expenses?</i>				
Enrollment, tuition fees -----	Year			10400 01 4 14
Educational text books -----	Year			09512 00 4 14
Paper products (note pads, writing pads, drawing paper, educational material etc) -----	Year			09541 00 4 14
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09549 00 4 14

Expenditure Description	Period	Way of acquisition	Exp in €	Code
Special uniform for educational purposes (i.e. chemistry or cooking apron) - - - - -	Year			03131 08 4 14
Private lessons (does not include music, dance lessons, gymnastics etc.) - - - - -	Year			10400 07 4 14
Accommodation services at boarding schools in Cyprus - - - - -	Year			11203 01 4 14
Accommodation in an apartment / house - - - - -	Year			04121 00 4 14
Meals provided by educational institutions (NOT canteens) - - - - -	Year			11113 01 4 14
Combined passenger transport (e.g. intercity taxis, buses) - - - - -	Year			07350 01 4 14
<p>(o) Short Cycle programmes (2-3 years) in Cyprus - Private: During the last 12 months, has any member of your household been attending short cycle programmes (2-3 years) in a private institution in Cyprus? (the cost provided for another household is included)</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(q)</p> <p>If YES, please state the name of the private institution</p> <p>.....</p> <p>What was the amount paid for the following expenses?</p>				
Enrollment, tuition fees - - - - -	Year			10400 02 4 15
Educational text books - - - - -	Year			09512 00 4 15
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09541 00 4 15
Other stationery and drawing materials (pens, pencils etc.) - - - - -	Year			09549 00 4 15
Special uniform for educational purposes (i.e. chemistry or cooking apron) - - - - -	Year			03131 08 4 15
Private lessons (does not include music, dance lessons, gymnastics etc.) - - - - -	Year			10400 07 4 15
Accommodation services at boarding schools in Cyprus - - - - -	Year			11203 01 4 15
Accommodation in an apartment / house - - - - -	Year			04121 00 4 15
Meals provided by educational institutions (NOT canteens) - - - - -	Year			11113 01 4 15
Combined passenger transport (e.g. intercity taxis, buses) - - - - -	Year			07350 01 4 15
<p>(p) Short Cycle programmes (2-3 years) abroad: During the last 12 months, has any member of your household been attending short cycle programmes (2-3 years) abroad? (the cost provided for another household is included)</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(r)</p> <p>If YES, please state the name of the educational institution abroad</p> <p>.....</p> <p>What was the amount paid for the following expenses?</p>				
Enrollment, tuition fees - - - - -	Year			10400 03 4 16
Plane tickets - - - - -	Year			07332 02 4 16
Educational text books - - - - -	Year			09512 00 4 16
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09541 00 4 16
Other stationery and drawing materials (pens, pencils etc.) - - - - -	Year			09549 00 4 16
Special uniform for educational purposes (i.e. chemistry or cooking apron) - - - - -	Year			03131 08 4 16
Private lessons (does not include music, dance lessons, gymnastics etc.) - - - - -	Year			10400 07 4 16
Accommodation services at boarding schools abroad - - - - -	Year			11203 03 4 16
Accommodation in an apartment / house - - - - -	Year			04121 00 4 16
Meals provided by educational institutions (NOT canteens) - - - - -	Year			11113 02 4 16
Combined passenger transport (e.g. intercity taxis, buses) - - - - -	Year			07350 01 4 16
<p>(q) Bachelors, Masters and Doctorate programmes in Cyprus - Public Educational Institutions: During the last 12 months, has any member of your household been attending a bachelor, masters' or doctorate programme in a public educational institution in Cyprus? (the cost provided for another household is included)</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(s)</p> <p>If YES, please state the name of the public educational institution in Cyprus</p> <p>.....</p> <p>What was the amount paid for the following expenses?</p>				
Enrollment, tuition fees - - - - -	Year			10400 04 4 17
Educational text books - - - - -	Year			09512 00 4 17
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09541 00 4 17

Expenditure Description	Period	Way of acquisition	Exp in €	Code
Other stationery and drawing materials (pens, pencils etc.) - - - - -	Year			09549 00 4 17
Special uniform for educational purposes (i.e. chemistry or cooking apron) - - - - -	Year			03131 08 4 17
Private lessons (does not include music, dance lessons, gymnastics etc.) - - - - -	Year			10400 07 4 17
Accommodation services at boarding schools in Cyprus - - - - -	Year			11203 01 4 17
Accommodation in an apartment / house - - - - -	Year			04121 00 4 17
Meals provided by educational institutions (NOT canteens) - - - - -	Year			11113 01 4 17
Combined passenger transport (e.g. intercity taxis, buses) - - - - -	Year			07350 01 4 17
<p>(r) Bachelors, Masters and Doctorate programmes in Cyprus - Private Educational Institutions: During the last 12 months, has any member of your household been attending a bachelor, masters' or doctorate programme in a private educational institution in Cyprus? (the cost provided for another household is included)</p> <p>Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(c)</p> <p>If YES, please state the name of the private educational institution in Cyprus </p> <p>What was the amount paid for the following expenses?</p>				
Enrollment, tuition fees - - - - -	Year			10400 05 4 18
Educational text books - - - - -	Year			09512 00 4 18
Paper products (note pads, writing pads, drawing paper, educational material etc) - - - - -	Year			09541 00 4 18
Other stationery and drawing materials (pens, pencils etc.) - - - - -	Year			09549 00 4 18
Special uniform for educational purposes (i.e. chemistry or cooking apron) - - - - -	Year			03131 08 4 18
Private lessons (does not include music, dance lessons, gymnastics etc.) - - - - -	Year			10400 07 4 18
Accommodation services at boarding schools in Cyprus - - - - -	Year			11203 01 4 18
Accommodation in an apartment / house - - - - -	Year			04121 00 4 18
Meals provided by educational institutions (NOT canteens) - - - - -	Year			11113 01 4 18
Combined passenger transport (e.g. intercity taxis, buses) - - - - -	Year			07350 01 4 18
<p>(s) Bachelors, Masters and Doctorate programmes abroad: During the last 12 months, has any member of your household been attending a bachelor, masters' or doctorate programme in an institution abroad? (the cost provided for another household is included)</p> <p>Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Q. 2</p> <p>If YES, please state the name of the educational institution abroad </p> <p>What was the amount paid for the following expenses?</p>				
Enrollment, tuition fees - - - - -	Year			10400 06 4 19
Plane tickets - - - - -	Year			07332 02 4 19
Educational text books - - - - -	Year			09512 00 4 19
Paper products (note pads, writing pads, drawing paper, educational material etc) - - - - -	Year			09541 00 4 19
Other stationery and drawing materials (pens, pencils etc.) - - - - -	Year			09549 00 4 19
Special uniform for educational purposes (i.e. chemistry or cooking apron) - - - - -	Year			03131 08 4 19
Private lessons (does not include music, dance lessons, gymnastics etc.) - - - - -	Year			10400 07 4 19
Accommodation services at boarding schools abroad - - - - -	Year			11203 03 4 19
Accommodation in an apartment / house - - - - -	Year			04121 00 4 19
Meals provided by educational institutions (NOT canteens) - - - - -	Year			11113 02 4 19
Combined passenger transport (e.g. intercity taxis, buses) - - - - -	Year			07350 01 4 19
<p>2 During the last 12 months, has your household or another household paid or has your employer provided (free of charge or in reduced price), for educational programmes generally for adults, which do not require any special prior instruction - enrollment, tuition fees, materials etc.?</p> <p>Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Q. 3</p> <p>If YES, what was the amount paid? - - - - -</p>				
	Year			10500 00 4

[illegible]

P A R T I'				
EXPENDITURE ON MEDICAL CARE				
Expenditure description	Period	Way of acquisition	Exp in €	Code
I. EXPENDITURE ON HOSPITALISATION IN CYPRUS (the expenditure concerns Cyprus residents only)				
I1 During the last 12 months, have you paid an amount as an <u>inpatient</u> for the care and stay of any member of your household or a member of another household, in a public / private hospital or clinic for at least one night ? (The amount paid by the insurance or from another household or provided by your employer is included here) <u>Inpatient: is a patient who is formally admitted to a hospital /clinic for treatment and/or care and stays for a minimum of one night or more than 24 hours</u>				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I2				
What did the above mentioned care concern? (multiple choice)				
Surgery (operative treatment) <input type="checkbox"/> 1 → I1(a)				
Childbirth <input type="checkbox"/> 2 → I1(b)				
Other hospitalization <input type="checkbox"/> 3 → I1(c)				
(a) Surgery				
(i) For the surgery , was this person hospitalised as an inpatient in a public hospital ?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I1(a)(ii)				
1) Was this particular surgical procedure performed for cure ?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I1(a)(i)(2)				
Who paid the amount for the care and stay of this person as an inpatient in a public hospital?				
Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06300 01 4 1 6 8
Please state the amount paid by the insurance -----	Year			06300 01 4 1 6 9
2) Was this particular surgical procedure performed for rehabilitation ?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I1(a)(ii)				
Who paid the amount for the care and stay of this person as an inpatient in a public hospital?				
Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06300 01 4 1 7 8
Please state the amount paid by the insurance -----	Year			06300 01 4 1 7 9
(ii) For the surgery , was this person hospitalised as an inpatient in a private hospital / polyclinic (with 2 or more specialities) ?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(a)(iii)				
1) Was this particular surgical procedure performed for cure ?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(a)(ii)(2)				
Who paid the amount for the care and stay of this person as an inpatient in a private hospital / polyclinic?				
Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06300 10 4 3 6 8
Please state the amount paid by the insurance -----	Year			06300 10 4 3 6 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
2) Was this particular surgical procedure performed for rehabilitation? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> </div>	→ 1(a)(iii)			
Who paid the amount for the care and stay of this person as an inpatient in a private hospital / polyclinic? <div style="text-align: right;"> Household <input type="text" value="1"/> Insurance <input type="text" value="2"/> Household and Insurance <input type="text" value="3"/> </div>				
Please state the amount paid by the household -----	Year			06300 10 4 3 7 8
Please state the amount paid by the insurance -----	Year			06300 10 4 3 7 9
(iii) For the surgery, was this person hospitalised as an inpatient in a private clinic of one speciality? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> </div>	→ 1(b) or 1(c) or I2			
1) Was this particular surgical procedure performed for cure? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> </div>				
Who paid the amount for the care and stay of this person as an inpatient in a private clinic of one speciality? <div style="text-align: right;"> Household <input type="text" value="1"/> Insurance <input type="text" value="2"/> Household and Insurance <input type="text" value="3"/> </div>				
Please state the amount paid by the household ----- Please state the amount paid by the insurance -----				
Please state the amount paid by the household -----	Year			06300 06 4 2 6 8
Please state the amount paid by the insurance -----	Year			06300 06 4 2 6 9
2) Was this particular surgical procedure performed for rehabilitation? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> </div>	→ 1(b) or 1(c) or I2			
Who paid the amount for the care and stay of this person as an inpatient in a private clinic of one speciality? <div style="text-align: right;"> Household <input type="text" value="1"/> Insurance <input type="text" value="2"/> Household and Insurance <input type="text" value="3"/> </div>				
Please state the amount paid by the household -----	Year			06300 06 4 2 7 8
Please state the amount paid by the insurance -----	Year			06300 06 4 2 7 9
(b) Childbirth				
(i) For the childbirth, was this person hospitalised as an inpatient in a public hospital? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> </div>	→ 1(b)(ii)			
Who paid the amount for the care and stay of this person as an inpatient in a public hospital? <div style="text-align: right;"> Household <input type="text" value="1"/> Insurance <input type="text" value="2"/> Household and Insurance <input type="text" value="3"/> </div>				
Please state the amount paid by the household -----	Year			06300 02 4 1 6 8
Please state the amount paid by the insurance -----	Year			06300 02 4 1 6 9
(ii) For the childbirth, was this person hospitalised as an inpatient in a private hospital / polyclinic (with 2 or more specialities)? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> </div>	→ 1(b)(iii)			
Who paid the amount for the care and stay of this person as an inpatient in a private hospital / polyclinic? <div style="text-align: right;"> Household <input type="text" value="1"/> Insurance <input type="text" value="2"/> Household and Insurance <input type="text" value="3"/> </div>				
Please state the amount paid by the household -----	Year			06300 11 4 3 6 8
Please state the amount paid by the insurance -----	Year			06300 11 4 3 6 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
(iii) For the childbirth, was this person hospitalised as an inpatient in a private clinic (with 1 speciality)? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(c) or Q.I2 </div> Who paid the amount for the care and stay of this person as an inpatient in a private clinic? <div style="text-align: right;"> Household <input type="text" value="1"/> Insurance <input type="text" value="2"/> Household and Insurance <input type="text" value="3"/> </div> Please state the amount paid by the household ----- Year Please state the amount paid by the insurance ----- Year				
				06300 07 4 2 6 8
				06300 07 4 2 6 9
(c) <u>Other treatment</u> (i) For the other treatment, was this person hospitalised as an inpatient in a public hospital? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(c)(ii) </div> 1) Was this particular treatment performed for cure? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(c)(i)(2) </div> Who paid the amount for the care and stay of this person as an inpatient in a public hospital? <div style="text-align: right;"> Household <input type="text" value="1"/> Insurance <input type="text" value="2"/> Household and Insurance <input type="text" value="3"/> </div> Please state the amount paid by the household ----- Year Please state the amount paid by the insurance ----- Year				
				06300 03 4 1 6 8
				06300 03 4 1 6 9
2) Was this particular treatment performed for rehabilitation? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(c)(ii) </div> Who paid the amount for the care and stay of this person as an inpatient in a public hospital? <div style="text-align: right;"> Household <input type="text" value="1"/> Insurance <input type="text" value="2"/> Household and Insurance <input type="text" value="3"/> </div> Please state the amount paid by the household ----- Year Please state the amount paid by the insurance ----- Year				
				06300 03 4 1 7 8
				06300 03 4 1 7 9
(ii) For the other treatment, was this person hospitalised as an inpatient in a private hospital / polyclinic (with 2 or more specialities)? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(c)(iii) </div> 1) Was this particular treatment performed for cure? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(c)(ii)(2) </div> Who paid the amount for the care and stay of this person as an inpatient in a private hospital / polyclinic (with 2 or more specialities)? <div style="text-align: right;"> Household <input type="text" value="1"/> Insurance <input type="text" value="2"/> Household and Insurance <input type="text" value="3"/> </div> Please state the amount paid by the household ----- Year Please state the amount paid by the insurance ----- Year				
				06300 12 4 3 6 8
				06300 12 4 3 6 9
2) Was this particular treatment performed for rehabilitation? <div style="text-align: right;"> Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 1(c)(iii) </div>				

Expenditure description	Period	Way of acquisition	Exp in €	Code
Who paid the amount for the care and stay of this person as an inpatient in a private hospital / polyclinic (with 2 or more specialties)?				
Household <input type="checkbox"/>	1			
Insurance <input type="checkbox"/>	2			
Household and Insurance <input type="checkbox"/>	3			
Please state the amount paid by the household -----	Year			06300 12 4 3 7 8
Please state the amount paid by the insurance -----	Year			06300 12 4 3 7 9
(iii) For the other treatment , was this person hospitalised as an inpatient in a private clinic (with 1 speciality) ?				
Yes <input type="checkbox"/>	1			
No <input type="checkbox"/> → Q.I2	2			
1) Was this particular treatment performed for cure ?				
Yes <input type="checkbox"/>	1			
No <input type="checkbox"/> → 1(c)(iii)(2)	2			
Who paid the amount for the care and stay of this person as an inpatient in a private clinic (with 1 speciality)?				
Household <input type="checkbox"/>	1			
Insurance <input type="checkbox"/>	2			
Household and Insurance <input type="checkbox"/>	3			
Please state the amount paid by the household -----	Year			06300 08 4 2 6 8
Please state the amount paid by the insurance -----	Year			06300 08 4 2 6 9
2) Was this particular treatment performed for rehabilitation ?				
Yes <input type="checkbox"/>	1			
No <input type="checkbox"/> → Q.I2	2			
Who paid the amount for the care and stay of this person as an inpatient in a private clinic (with 1 speciality)?				
Household <input type="checkbox"/>	1			
Insurance <input type="checkbox"/>	2			
Household and Insurance <input type="checkbox"/>	3			
Please state the amount paid by the household -----	Year			06300 08 4 2 7 8
Please state the amount paid by the insurance -----	Year			06300 08 4 2 7 9
I2 During the last 12 months, have you paid an amount as a <u>daycare patient</u> for a surgery or any other treatment for any member of your household or a member of another household, for which this person <u>was not required to stay</u> in a public hospital, clinic or private hospital for even one night (e.g. eye surgery performed with lazer, gynecological operation etc.)? (The amount paid by the insurance or from another household or provided by your employer is included here) <u>Daycare patient</u>: is admitted to a hospital / clinic for diagnostic, treatment or other types of health care, but is not required to remain overnight				
Yes <input type="checkbox"/>	1			
No <input type="checkbox"/> → Q.I3	2			
If YES , was this person a daycare patient in a: (multiple choice)				
Public hospital <input type="checkbox"/>	1	→ I2(a)		
Private hospital / polyclinic <input type="checkbox"/>	2	→ I2(b)		
Private clinic of one speciality <input type="checkbox"/>	3	→ I2(c)		
(a) Public hospital				
(i) Was this particular treatment performed for cure ?				
Yes <input type="checkbox"/>	1			
No <input type="checkbox"/> → I2(a)(ii)	2			

Expenditure description	Period	Way of acquisition	Exp in €	Code
Who paid the amount for the care of this person as a daycare patient in a public hospital?				
Household <input type="text" value="1"/>				
Insurance <input type="text" value="2"/>				
Household and Insurance <input type="text" value="3"/>				
Please state the amount paid by the household -----	Year			06300 04 4 1 6 8
Please state the amount paid by the insurance -----	Year			06300 04 4 1 6 9
(ii) Was this particular treatment performed for <u>rehabilitation</u>?				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → I2(b)				
Who paid the amount for the care of this person as a daycare patient in a public hospital?				
Household <input type="text" value="1"/>				
Insurance <input type="text" value="2"/>				
Household and Insurance <input type="text" value="3"/>				
Please state the amount paid by the household -----	Year			06300 04 4 1 7 8
Please state the amount paid by the insurance -----	Year			06300 04 4 1 7 9
(b) <u>Private hospital / polyclinic (with 2 or more specialities)</u>				
(i) Was this particular treatment performed for <u>cure</u>?				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → 2(b)(ii)				
Who paid the amount for the care of this person as a daycare patient in a private hospital / polyclinic?				
Household <input type="text" value="1"/>				
Insurance <input type="text" value="2"/>				
Household and Insurance <input type="text" value="3"/>				
Please state the amount paid by the household -----	Year			06300 13 4 3 6 8
Please state the amount paid by the insurance -----	Year			06300 13 4 3 6 9
(ii) Was this particular treatment performed for <u>rehabilitation</u>?				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → I2(c)				
Who paid the amount for the care of this person as a daycare patient in a private hospital / polyclinic?				
Household <input type="text" value="1"/>				
Insurance <input type="text" value="2"/>				
Household and Insurance <input type="text" value="3"/>				
Please state the amount paid by the household -----	Year			06300 13 4 3 7 8
Please state the amount paid by the insurance -----	Year			06300 13 4 3 7 9
(c) <u>Private clinic of one speciality</u>				
(i) Was this particular treatment performed for <u>cure</u>?				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → 2(c)(ii)				
Who paid the amount for the care of this person as a daycare patient in a clinic of one specialty?				
Household <input type="text" value="1"/>				
Insurance <input type="text" value="2"/>				
Household and Insurance <input type="text" value="3"/>				
Please state the amount paid by the household -----	Year			06300 09 4 2 6 8
Please state the amount paid by the insurance -----	Year			06300 09 4 2 6 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
(ii) Was this particular treatment performed for rehabilitation? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I3 </div> Who paid the amount for the care of this person as a daycare patient in a clinic of one specialty? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div> Please state the amount paid by the household ----- Year Please state the amount paid by the insurance ----- Year				06300 09 4 2 7 8 06300 09 4 2 7 9
I3 During the last 12 months, have you paid an amount for the hospitalisation of any member of your household or a member of another household, in the <u>Casualty Department</u> either in a public hospital or private hospital / polyclinic, but was not required to stay even for one night (does not include the ambulance transfer)? (The amount paid by the insurance or from another household or provided by your employer is included here) <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I4 </div> This person visited the Casualty Department in: <div style="text-align: right;"> Public hospital <input type="checkbox"/> 1 → I3(a) Private hospital / polyclinic <input type="checkbox"/> 2 → I3(b) </div> (a) Who paid the amount for the visit in the Casualty department in the public hospital? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div> Please state the amount paid by the household ----- Year Please state the amount paid by the insurance ----- Year				06300 05 4 1 6 8 06300 05 4 1 6 9
(b) Who paid the amount for the visit in the Casualty department in the private hospital / polyclinic? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div> Please state the amount paid by the household ----- Year Please state the amount paid by the insurance ----- Year				06300 14 4 3 6 8 06300 14 4 3 6 9
I4 During the last 12 months, have you paid an amount for the <u>transfer with an ambulance</u> to or from a hospital / clinic of any member of your household or a member of another household? (The amount paid from another household or provided by your employer is included here) <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I5 </div> The transfer was done with a: (multiple choice) <div style="text-align: right;"> Public ambulance <input type="checkbox"/> 1 → I4(a) Private ambulance <input type="checkbox"/> 2 → I4(b) </div> (a) Who paid the amount for the transfer with a public ambulance? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div> Please state the amount paid by the household ----- Year Please state the amount paid by the insurance ----- Year				06232 01 4 1 6 8 06232 01 4 1 6 9
(b) Who paid the amount for the transfer with a private ambulance? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div> Please state the amount paid by the household ----- Year Please state the amount paid by the insurance ----- Year				06232 01 4 3 6 8 06232 01 4 3 6 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
II. MEDICAL TREATMENT ABROAD (the expenditure concerns residents of Cyprus only)				
I5 During the last 12 months, has any member of your household or a member of another household been hospitalised as a <u>daycare patient or an inpatient in a clinic / hospital abroad</u> for treatment for which you paid? (The amount paid by the insurance or from another household or provided by your employer is included here)				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ Q.I6		
If YES :				
(a) Who paid the amount for the plane tickets ?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			07332 02 4 5 8
Please state the amount paid by the insurance -----	Year			07332 02 4 5 9
(b) Who paid the amount for accomodation / food expenses ?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06300 19 4 5 8
Please state the amount paid by the insurance -----	Year			06300 19 4 5 9
(c) (i) Did you stay for at least one night in a hospital / clinic abroad for cure ?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ 5(c)(ii)		
Who paid the amount for the hospitalisation in a hospital/clinic for at least 1 night?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06 300 15 4 5 6 8
Please state the amount paid by the insurance -----	Year			06 300 15 4 5 6 9
(ii) Did you stay for at least one night in a hospital / clinic abroad for rehabilitation ?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ 5(d)(i)		
Who paid the amount for the hospitalisation in a hospital/clinic for at least 1 night?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06 300 15 4 5 7 8
Please state the amount paid by the insurance -----	Year			06 300 15 4 5 7 9
(d) (i) Were you hospitalised without an overnight stay in a hospital / clinic abroad for cure ?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ 5(d)(ii)		
Who paid the amount for the hospitalisation in a hospital/clinic without an overnight stay?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06300 16 4 5 6 8
Please state the amount paid by the insurance -----	Year			06300 16 4 5 6 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
(ii) Were you hospitalised <u>without an overnight stay in a hospital/clinic</u> abroad for rehabilitation? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I6 </div>				
Who paid the amount for the hospitalisation in a hospital/clinic without an overnight stay? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div>				
Please state the amount paid by the household -----	Year			06300 16 4 5 7 8
Please state the amount paid by the insurance -----	Year			06300 16 4 5 7 9
III. EXPENDITURE ON DOCTORS				
I6 During the last month, have you paid an amount for any member of your household or a member of another household for <u>visits to doctors of any speciality or home visits by a doctor of any specialisation</u> (except dentists, orthodontics, periodontologists, endodontics and dental hygienists)? (The amount paid by the insurance or from another household or provided by your employer is included here) * * Please note that vaccines are not included in the amount paid for the visit				
<div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I7 </div>				
If YES, did you visit: (multiple choice) <div style="text-align: right;"> General practitioner <input type="checkbox"/> 1 → I6(a) Pathologist <input type="checkbox"/> 2 → I6(b) Paediatrician <input type="checkbox"/> 3 → I6(c) Gyneacologist <input type="checkbox"/> 4 → I6(d) Cardiologist <input type="checkbox"/> 5 → I6(e) Ophthalmologist <input type="checkbox"/> 6 → I6(f) Otorhinolaryngologist <input type="checkbox"/> 7 → I6(g) Dermatologist <input type="checkbox"/> 8 → I6(h) Psychiatrist <input type="checkbox"/> 9 → I6(i) Other speciality <input type="checkbox"/> 10 → I6(j) </div>				
(a) Visit to general practitioner				
1) Was the visit to the general practitioner in a public hospital? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I6(a)(2) </div>				
Who paid the amount for the visit? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div>				
Please state the amount paid by the household -----	Month			06211 01 1 1 9 8
Please state the amount paid by the insurance -----	Month			06211 01 1 1 9 9
2) Was the visit to the general practitioner in a public health centre? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I6(a)(3) </div>				
Who paid the amount for the visit? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div>				
Please state the amount paid by the household -----	Month			06211 01 1 4 9 8
Please state the amount paid by the insurance -----	Month			06211 01 1 4 9 9
3) Was the visit to the general practitioner in a private physician's office? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I6(a)(4) </div>				

Expenditure description	Period	Way of acquisition	Exp in €	Code
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06211 01 1 2 9 8
Please state the amount paid by the insurance -----	Month			06211 01 1 2 9 9
4) Was the visit to the general practitioner abroad?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(a)(5)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06211 01 1 5 9 8
Please state the amount paid by the insurance -----	Month			06211 01 1 5 9 9
5) The general practitioner visited you at home?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(b)...(j) or Q.17		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06211 02 1 0 9 8
Please state the amount paid by the insurance -----	Month			06211 02 1 0 9 9
(b) Visit to a physician with speciality in internal medicine				
<i>Vaccines are not included in the amount paid for the visit</i>				
<i>Vaccines should be reported in Q.7</i>				
1) Was the visit to the pathologist in a public hospital?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(b)(2)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 01 1 1 9 8
Please state the amount paid by the insurance -----	Month			06212 01 1 1 9 9
2) Was the visit to the pathologist in a public health center?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(b)(3)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 01 1 4 9 8
Please state the amount paid by the insurance -----	Month			06212 01 1 4 9 9
3) Was the visit to the pathologist in a private physician's office?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(b)(4)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 01 1 2 9 8
Please state the amount paid by the insurance -----	Month			06212 01 1 2 9 9
4) Was the visit to the pathologist abroad?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(b)(5)		

Expenditure description	Period	Way of acquisition	Exp in €	Code
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 01 1 5 9 8
Please state the amount paid by the insurance -----	Month			06212 01 1 5 9 9
5) The pathologist visited you at home?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(c)...(j) or Q.I7		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 09 1 0 9 8
Please state the amount paid by the insurance -----	Month			06212 09 1 0 9 9
(c) Visit to paediatrician				
<i>Vaccines are not included in the amount paid for the visit</i>				
<i>Vaccines should be reported in Q.7</i>				
1) Was the visit to the paediatrician in a public hospital?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(c)(2)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 02 1 1 9 8
Please state the amount paid by the insurance -----	Month			06212 02 1 1 9 9
2) Was the visit to the paediatrician in a public health center?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(c)(3)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 02 1 4 9 8
Please state the amount paid by the insurance -----	Month			06212 02 1 4 9 9
3) Was the visit to the paediatrician in a private physician's office?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(c)(4)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 02 1 2 9 8
Please state the amount paid by the insurance -----	Month			06212 02 1 2 9 9
4) Was the visit to the paediatrician abroad?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(c)(5)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 02 1 5 9 8
Please state the amount paid by the insurance -----	Month			06212 02 1 5 9 9
5) The paediatrician visited you at home?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/>		→ I6(d)...(j) or Q.I7		
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 10 1 0 9 8
Please state the amount paid by the insurance -----	Month			06212 10 1 0 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code			
(d) Visit to a gynaecologist							
1) Was the visit to the gynaecologist in a public hospital ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ I6(d)(2)					
Who paid the amount for the visit?	Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3						
Please state the amount paid by the household -----	Month				06212 03 1 1 9 8		
Please state the amount paid by the insurance -----	Month				06212 03 1 1 9 9		
2) Was the visit to the gynaecologist in a public health center ?							
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ I6(d)(3)						
Who paid the amount for the visit?		Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3					
Please state the amount paid by the household -----		Month	06212 03 1 4 9 8				
Please state the amount paid by the insurance -----		Month	06212 03 1 4 9 9				
3) Was the visit to the gynaecologist in a private physician's office ?							
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2		→ I6(d)(4)					
Who paid the amount for the visit?	Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3						
Please state the amount paid by the household -----	Month				06212 03 1 2 9 8		
Please state the amount paid by the insurance -----	Month				06212 03 1 2 9 9		
4) Was the visit to the gynaecologist abroad ?							
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ I6(d)(5)						
Who paid the amount for the visit?		Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3					
Please state the amount paid by the household -----		Month	06212 03 1 5 9 8				
Please state the amount paid by the insurance -----		Month	06212 03 1 5 9 9				
5) The gynaecologist visited you at home ?							
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2		→ I6(e)...(j) or Q.17					
Who paid the amount for the visit?	Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3						
Please state the amount paid by the household -----	Month				06212 11 1 0 9 8		
Please state the amount paid by the insurance -----	Month				06212 11 1 0 9 9		
(e) Visit to a cardiologist							
1) Was the visit to the cardiologist in a public hospital ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2				→ I6(e)(2)		
Who paid the amount for the visit?	Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3						
Please state the amount paid by the household -----	Month	06212 04 1 1 9 8					
Please state the amount paid by the insurance -----	Month	06212 04 1 1 9 9					
2) Was the visit to the cardiologist in a public health center ?							
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ I6(e)(3)						
Who paid the amount for the visit?				Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3			
Please state the amount paid by the household -----				Month	06212 04 1 4 9 8		
Please state the amount paid by the insurance -----				Month	06212 04 1 4 9 9		

Expenditure description	Period	Way of acquisition	Exp in €	Code
3) Was the visit to the cardiologist in a private physician's office?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(e)(4)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 04 1 2 9 8
Please state the amount paid by the insurance -----	Month			06212 04 1 2 9 9
4) Was the visit to the cardiologist abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(e)(5)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 04 1 5 9 8
Please state the amount paid by the insurance -----	Month			06212 04 1 5 9 9
5) The cardiologist visited you at home?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(f)...(j) or Q.I7				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 12 1 0 9 8
Please state the amount paid by the insurance -----	Month			06212 12 1 0 9 9
(f) Visit to an ophthalmologist				
1) Was the visit to the ophthalmologist in a public hospital?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(f)(2)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 05 1 1 9 8
Please state the amount paid by the insurance -----	Month			06212 05 1 1 9 9
2) Was the visit to the ophthalmologist in a public health center?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(f)(3)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 05 1 4 9 8
Please state the amount paid by the insurance -----	Month			06212 05 1 4 9 9
3) Was the visit to the ophthalmologist in a private physician's office?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(f)(4)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 05 1 2 9 8
Please state the amount paid by the insurance -----	Month			06212 05 1 2 9 9
4) Was the visit to the ophthalmologist abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(f)(5)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 05 1 5 9 8
Please state the amount paid by the insurance -----	Month			06212 05 1 5 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
5) The ophthalmologist visited you at home?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I6(g)...(j) or Q.I7				
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 13 1 0 9 8
Please state the amount paid by the insurance -----	Month			06212 13 1 0 9 9
(g) Visit to an otorhinolaryngologist				
1) Was the visit to the otorhinolaryngologist in a public hospital?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I6(g)(2)				
Who paid the amount for the visit?				
Noικοκυριό <input type="checkbox"/>				
Ασφάλεια <input type="checkbox"/>				
Noικοκυριό και ασφάλεια <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 06 1 1 9 8
Please state the amount paid by the insurance -----	Month			06212 06 1 1 9 9
2) Was the visit to the otorhinolaryngologist in a public health center?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I6(g)(3)				
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 06 1 4 9 8
Please state the amount paid by the insurance -----	Month			06212 06 1 4 9 9
3) Was the visit to the otorhinolaryngologist in a private physician's office?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I6(g)(4)				
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 06 1 2 9 8
Please state the amount paid by the insurance -----	Month			06212 06 1 2 9 9
4) Was the visit to the otorhinolaryngologist abroad?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I6(g)(5)				
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 06 1 5 9 8
Please state the amount paid by the insurance -----	Month			06212 06 1 5 9 9
5) The otorhinolaryngologist visited you at home?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I6(h)...(j) or Q.I7				
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 14 1 0 9 8
Please state the amount paid by the insurance -----	Month			06212 14 1 0 9 9
(h) Visit to a dermatologist				
1) Was the visit to the dermatologist in a public hospital?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I6(h)(2)				
Who paid the amount for the visit?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06212 07 1 1 9 8
Please state the amount paid by the insurance -----	Month			06212 07 1 1 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
2) Was the visit to the dermatologist in a public health center?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(h)(3)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 07 1 4 9 8
Please state the amount paid by the insurance -----	Month			06212 07 1 4 9 9
3) Was the visit to the dermatologist in a private physician's office?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(h)(4)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 07 1 2 9 8
Please state the amount paid by the insurance -----	Month			06212 07 1 2 9 9
4) Was the visit to the dermatologist abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(h)(5)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 07 1 5 9 8
Please state the amount paid by the insurance -----	Month			06212 07 1 5 9 9
5) The dermatologist visited you at home?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(i)...(j) or Q.17				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 15 1 0 9 8
Please state the amount paid by the insurance -----	Month			06212 15 1 0 9 9
(i) Visit to a psychiatrist				
1) Was the visit to the psychiatrist in a public hospital?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(i)(2)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 08 1 1 9 8
Please state the amount paid by the insurance -----	Month			06212 08 1 1 9 9
2) Was the visit to the psychiatrist in a public health center?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(i)(3)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 08 1 4 9 8
Please state the amount paid by the insurance -----	Month			06212 08 1 4 9 9
3) Was the visit to the psychiatrist in a private physician's office?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(i)(4)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 08 1 2 9 8
Please state the amount paid by the insurance -----	Month			06212 08 1 2 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
4) Was the visit to the psychiatrist abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(i)(5)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 08 1 5 9 8
Please state the amount paid by the insurance -----	Month			06212 08 1 5 9 9
5) The psychiatrist visited you at home?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(j) or Q.17				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 16 1 0 9 8
Please state the amount paid by the insurance -----	Month			06212 16 1 0 9 9
(j) Visit to a doctor of other speciality (maxillofacial surgeon is included here) Specify the speciality -----				
1) Was the visit to the doctor in a public hospital?				
Na <input type="checkbox"/> 1				
Oxi <input type="checkbox"/> 2 → I6(j)(2)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 50 1 1 9 8
Please state the amount paid by the insurance -----	Month			06212 50 1 1 9 9
2) Was the visit to the doctor in a public health center?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(j)(3)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 50 1 4 9 8
Please state the amount paid by the insurance -----	Month			06212 50 1 4 9 9
3) Was the visit to the doctor in a private physician's office?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(j)(4)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 50 1 2 9 8
Please state the amount paid by the insurance -----	Month			06212 50 1 2 9 9
4) Was the visit to the doctor abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I6(j)(5)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06212 50 1 5 9 8
Please state the amount paid by the insurance -----	Month			06212 50 1 5 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
2) Was the dental filling done in a public health centre?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ I8(a)(3)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 01 4 4 9 8
Please state the amount paid by the insurance -----	Year			06220 01 4 4 9 9
3) Was the dental filling done in a private dental office?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ I8(a)(4)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 01 4 2 9 8
Please state the amount paid by the insurance -----	Year			06220 01 4 2 9 9
4) Was the dental filling done in a private office / clinic / hospital abroad?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ I8(b)...(f) or Q.I9		
Who paid the amount for the visit?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 01 4 5 9 8
Please state the amount paid by the insurance -----	Year			06220 01 4 5 9 9
(b) Tooth extraction				
1) Was the tooth extraction done in a public hospital?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ I8(b)(2)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 02 4 1 9 8
Please state the amount paid by the insurance -----	Year			06220 02 4 1 9 9
2) Was the tooth extraction done in a public health centre?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ I8(b)(3)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 02 4 4 9 8
Please state the amount paid by the insurance -----	Year			06220 02 4 4 9 9
3) Was the tooth extraction done in a private dental office?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ I8(b)(4)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 02 4 2 9 8
Please state the amount paid by the insurance -----	Year			06220 02 4 2 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
4) Was the tooth extraction done in a private office / clinic / hospital abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(c)...(f) or Q.I9				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 02 4 5 9 8
Please state the amount paid by the insurance -----	Year			06220 02 4 5 9 9
(c) <u>Dental cleaning</u>				
1) Was the dental cleaning done in a public hospital?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(c)(2)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 03 4 1 9 8
Please state the amount paid by the insurance -----	Year			06220 03 4 1 9 9
2) Was the tooth extraction done in a public health centre?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(c)(3)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 03 4 4 9 8
Please state the amount paid by the insurance -----	Year			06220 03 4 4 9 9
3) Was the dental cleaning done in a private dental office?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(c)(4)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 03 4 2 9 8
Please state the amount paid by the insurance -----	Year			06220 03 4 2 9 9
4) Was the dental cleaning done in a private office / clinic / hospital abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(d)...(f) or Q.I9				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 03 4 5 9 8
Please state the amount paid by the insurance -----	Year			06220 03 4 5 9 9
(d) <u>Fitting dentures (do not include the cost for the purchase of the denture here)</u>				
1) Was the denture fitting done in a public hospital?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(d)(2)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				

Expenditure description	Period	Way of acquisition	Exp in €	Code
Please state the amount paid by the household -----	Year			06220 04 4 1 9 8
Please state the amount paid by the insurance -----	Year			06220 04 4 1 9 9
2) Was the denture fitting done in a public health centre?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(d)(3)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 04 4 4 9 8
Please state the amount paid by the insurance -----	Year			06220 04 4 4 9 9
3) Was the denture fitting done in a private dental office?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(d)(4)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 04 4 2 9 8
Please state the amount paid by the insurance -----	Year			06220 04 4 2 9 9
4) Was the denture fitting done in a private office / clinic / hospital abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(e)...(f) or Q.I9				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 04 4 5 9 8
Please state the amount paid by the insurance -----	Year			06220 04 4 5 9 9
(e) Braces				
1) Was the fitting of the braces done in a public hospital?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(e)(2)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 05 4 1 9 8
Please state the amount paid by the insurance -----	Year			06220 05 4 1 9 9
2) Was the fitting of the braces done in a public health centre?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(e)(3)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 05 4 4 9 8
Please state the amount paid by the insurance -----	Year			06220 05 4 4 9 9
3) Was the fitting of the braces done in a private dental office?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I8(e)(4)				
Who paid the amount for the visit?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Year			06220 05 4 2 9 8
Please state the amount paid by the insurance -----	Year			06220 05 4 2 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
4) Was the fitting of the braces done in a private office / clinic / hospital abroad?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ I8(f) or Q.I9		
Who paid the amount for the visit?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 05 4 5 9 8
Please state the amount paid by the insurance -----	Year			06220 05 4 5 9 9
(f) Other dental services				
1) Was the dental service done in a public hospital?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ I8(f)(2)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 50 4 1 9 8
Please state the amount paid by the insurance -----	Year			06220 50 4 1 9 9
2) Was the dental service done in a public health centre?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ I8(f)(3)		
Ποιος πλήρωσε το ποσό της επίσκεψης;				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 50 4 4 9 8
Please state the amount paid by the insurance -----	Year			06220 50 4 4 9 9
3) Was the dental service done in a private dental office?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ I8(f)(4)		
Who paid the amount for the visit?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 50 4 2 9 8
Please state the amount paid by the insurance -----	Year			06220 50 4 2 9 9
4) Was the dental service done in a private office / clinic / hospital abroad?				
Yes <input type="checkbox"/>	<input type="checkbox"/>			
No <input type="checkbox"/>	<input type="checkbox"/>	→ Q.I9		
Who paid the amount for the visit?				
Household <input type="checkbox"/>	<input type="checkbox"/>			
Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Household and Insurance <input type="checkbox"/>	<input type="checkbox"/>			
Please state the amount paid by the household -----	Year			06220 50 4 5 9 8
Please state the amount paid by the insurance -----	Year			06220 50 4 5 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
I9 <u>During the last month</u> , have you paid an amount for any member of your household or a member of another household for <u>microbiological or radiographic exams</u> (e.g. blood tests, X-rays etc.)? (The amount paid by the insurance or from another household or provided by your employer is included here) <i>Please note that if the amount is included in the hospitalization expenditure then it should not be stated here</i>				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I10				
If YES , which of the following tests / analyses did you take? (multiple choice)				
Blood tests <input type="checkbox"/> 1 → I9(a)				
Urine or faeces culture <input type="checkbox"/> 2 → I9(b)				
X-ray (includes mammography, osteoporosis test) <input type="checkbox"/> 3 → I9(c)				
Ultra sound <input type="checkbox"/> 4 → I9(d)				
Other tests <input type="checkbox"/> 5 → I9(e)				
If you performed other tests / analyses please specify				
(a) Blood tests				
1) Were the blood tests done in a public microbiological centre ?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I9(a)(2)				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household - - - - -	Month			06231 01 1 1 9 8
Please state the amount paid by the insurance - - - - -	Month			06231 01 1 1 9 9
2) Were the blood tests done in a private microbiological centre ?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I9(a)(3)				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household - - - - -	Month			06231 01 1 2 9 8
Please state the amount paid by the insurance - - - - -	Month			06231 01 1 2 9 9
3) Were the blood tests done abroad ?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I9(b)...(e) or Q.I11				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household - - - - -	Month			06231 01 1 5 9 8
Please state the amount paid by the insurance - - - - -	Month			06231 01 1 5 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
(b) Urine or faeces culture				
1) Was the urine or faeces culture done in a public microbiological centre?				
Yes	1			
No	2	→ I9(b)(2)		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household - - - - -	Month			06231 02 1 1 9 8
Please state the amount paid by the insurance - - - - -	Month			06231 02 1 1 9 9
2) Was the urine or faeces culture done in a private microbiological centre?				
Yes	1			
No	2	→ I9(b)(3)		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household - - - - -	Month			06231 02 1 2 9 8
Please state the amount paid by the insurance - - - - -	Month			06231 02 1 2 9 9
3) Was the urine or faeces culture done abroad?				
Yes	1			
No	2	→ I9(c)...(e) or Q.I11		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household - - - - -	Month			06231 02 1 5 9 8
Please state the amount paid by the insurance - - - - -	Month			06231 02 1 5 9 9
(c) X-ray (includes mammography and osteoporosis test)				
1) Were the X-rays done in a public radiography centre?				
Yes	1			
No	2	→ I9(c)(2)		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household - - - - -	Month			06231 03 1 1 9 8
Please state the amount paid by the insurance - - - - -	Month			06231 03 1 1 9 9
2) Were the X-rays done in a private radiography centre?				
Yes	1			
No	2	→ I9(c)(3)		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household - - - - -	Month			06231 03 1 2 9 8
Please state the amount paid by the insurance - - - - -	Month			06231 03 1 2 9 9
3) Were the X-rays done abroad?				
Yes	1			
No	2	→ I9(d)...(e) or Q.I11		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household - - - - -	Month			06231 03 1 5 9 8
Please state the amount paid by the insurance - - - - -	Month			06231 03 1 5 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
(d) Ultrasound				
1) Was the ultrasound done in a public medical centre?				
Yes	1			
No	2	→ I9(d)(2)		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household -----	Month			06231 04 1 1 9 8
Please state the amount paid by the insurance -----	Month			06231 04 1 1 9 9
2) Was the ultrasound done in a private medical centre?				
Yes	1			
No	2	→ I9(d)(3)		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household -----	Month			06231 04 1 2 9 8
Please state the amount paid by the insurance -----	Month			06231 04 1 2 9 9
3) Was the ultrasound done abroad?				
Yes	1			
No	2	→ I9(e) or Q.I11		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household -----	Month			06231 04 1 5 9 8
Please state the amount paid by the insurance -----	Month			06231 04 1 5 9 9
(e) Other analyses / tests				
1) Was the other analysis done in a public medical centre?				
Yes	1			
No	2	→ I9(e)(2)		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household -----	Month			06231 50 1 1 9 8
Please state the amount paid by the insurance -----	Month			06231 50 1 1 9 9
2) Was the other analysis done in a private medical centre?				
Yes	1			
No	2	→ I9(e)(3)		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household -----	Month			06231 50 1 2 9 8
Please state the amount paid by the insurance -----	Month			06231 50 1 2 9 9
3) Was the other analysis done abroad?				
Yes	1			
No	2	→ Q.I11		
Who paid the amount?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household -----	Month			06231 50 1 5 9 8
Please state the amount paid by the insurance -----	Month			06231 50 1 5 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
I10 <u>During the last 3 months</u> , have you paid an amount for any member of your household or a member of another household for <u>microbiological or radiographic exams</u> (e.g. blood tests, X-rays etc.)? (The amount paid by the insurance or from another household or provided by your employer is included here) <i>Please note that if the amount is included in the hospitalization expenditure then it should not be stated here</i>				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I11				
<i>If YES, which of the following tests / analysis did you complete? (multiple choice)</i>				
Blood tests <input type="checkbox"/> 1 → I10(a)				
Urine or faeces culture <input type="checkbox"/> 2 → I10(b)				
X-ray (includes mammography, osteoporosis test) <input type="checkbox"/> 3 → I10(c)				
Ultra sound <input type="checkbox"/> 4 → I10(d)				
Other tests <input type="checkbox"/> 5 → I10(e)				
Αν κάνατε άλλες αναλύσεις, παρακαλώ δηλώστε τι αναλύσεις κάνατε				
(a) Blood tests 1) Were the blood tests done in a public microbiological centre?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I10(a)(2)				
Who paid the amount?				
Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household - - - - -	3month			06231 01 3 1 9 8
Please state the amount paid by the insurance - - - - -	3month			06231 01 3 1 9 9
2) Were the blood tests done in a private microbiological centre?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I10(a)(3)				
Who paid the amount?				
Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household - - - - -	3month			06231 01 3 2 9 8
Please state the amount paid by the insurance - - - - -	3month			06231 01 3 2 9 9
3) Were the blood tests done abroad?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I10(b)...(e) or Q.I11				
Who paid the amount?				
Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household - - - - -	3month			06231 01 3 5 9 8
Please state the amount paid by the insurance - - - - -	3month			06231 01 3 5 9 9
(b) Urine or faeces culture 1) Was the urine or faeces culture done in a public microbiological centre?				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I10(b)(2)				
Who paid the amount?				
Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household - - - - -	3month			06231 02 3 1 9 8
Please state the amount paid by the insurance - - - - -	3month			06231 02 3 1 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
2) Was the urine or faeces culture done in a private microbiological centre?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I10(b)(3)				
Who paid the amount?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	3month			06231 02 3 2 9 8
Please state the amount paid by the insurance -----	3month			06231 02 3 2 9 9
3) Was the urine or faeces culture done abroad?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I10(c)...(e) or Q.I11				
Who paid the amount?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	3month			06231 02 3 5 9 8
Please state the amount paid by the insurance -----	3month			06231 02 3 5 9 9
(c) X-ray (includes mammography and osteoporosis test)				
1) Were the X-rays done in a public radiography centre?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I10(c)(2)				
Who paid the amount?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	3month			06231 03 3 1 9 8
Please state the amount paid by the insurance -----	3month			06231 03 3 1 9 9
2) Were the X-rays done in a private radiography centre?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I10(c)(3)				
Who paid the amount?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	3month			06231 03 3 2 9 8
Please state the amount paid by the insurance -----	3month			06231 03 3 2 9 9
3) Were the X-rays done abroad?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I10(d)...(e) or Q.I11				
Who paid the amount?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	3month			06231 03 3 5 9 8
Please state the amount paid by the insurance -----	3month			06231 03 3 5 9 9
(d) Ultrasound				
1) Was the ultrasound done in a public medical centre?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I10(d)(2)				
Who paid the amount?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	3month			06231 04 3 1 9 8
Please state the amount paid by the insurance -----	3month			06231 04 3 1 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
2) Was the ultrasound done in a private medical centre?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I10(d)(3)				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	3month			06231 04 3 2 9 8
Please state the amount paid by the insurance -----	3month			06231 04 3 2 9 9
3) Was the ultrasound done abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I10(e) or Q.I11				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	3month			06231 04 3 5 9 8
Please state the amount paid by the insurance -----	3month			06231 04 3 5 9 9
(e) <u>Other analysis / tests</u>				
1) Was the other analysis done in a public medical centre?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I10(e)(2)				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	3month			06231 50 3 1 9 8
Please state the amount paid by the insurance -----	3month			06231 50 3 1 9 9
2) Was the other analysis done in a private medical centre?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I10(e)(3)				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	3month			06231 50 3 2 9 8
Please state the amount paid by the insurance -----	3month			06231 50 3 2 9 9
3) Was the other analysis done abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → Q.I11				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	3month			06231 50 3 5 9 8
Please state the amount paid by the insurance -----	3month			06231 50 3 5 9 9
I11 During the last year, have you paid an amount for a member of your household or a member of another household for MRI / Computed tomography (CT scan)? (The amount paid by the insurance or from another household or provided by your employer is included here) <i>Please note that if the amount is included in the hospitalization expenditure then it should not be stated here</i>				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → Q.I12				

Expenditure description	Period	Way of acquisition	Exp in €	Code
a) Was the MRI / CT scan performed in a public medical centre?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → 11(b)				
Who paid the amount?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Year			06231 05 1 1 9 8
Please state the amount paid by the insurance -----	Year			06231 05 1 1 9 9
b) Was the MRI / CT scan performed in a private medical centre?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → 11(c)				
Who paid the amount?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Year			06231 05 1 2 9 8
Please state the amount paid by the insurance -----	Year			06231 05 1 2 9 9
c) Was the MRI / CT scan performed abroad?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → Q.I12				
Who paid the amount?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Year			06231 05 1 5 9 8
Please state the amount paid by the insurance -----	Year			06231 05 1 5 9 9
I12 During the last month, did any member of your household or a member of another household need further treatment (e.g. physiotherapy, speech therapy, dietician) for which you have paid? (The amount paid by the insurance or from another household or provided by your employer is included here)				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → Q.I13				
If YES, what kind of treatment was needed?				
Physiotherapy <input type="checkbox"/> → I12(a)				
Other therapy (e.g. speech therapy, acupuncture, dietician etc.) <input type="checkbox"/> → I12(b)				
If other kind of therapy was needed, please specify ----- -----				
(a) Physiotherapy				
1) Was the physiotherapy performed in a public medical centre?				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → I12(a)(2)				
Who paid the amount?				
Household <input type="checkbox"/>				
Insurance <input type="checkbox"/>				
Household and Insurance <input type="checkbox"/>				
Please state the amount paid by the household -----	Month			06239 01 1 1 9 8
Please state the amount paid by the insurance -----	Month			06239 01 1 1 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
2) Was the physiotherapy performed in a private medical centre?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I12(a)(3)				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06239 01 1 2 9 8
Please state the amount paid by the insurance -----	Month			06239 01 1 2 9 9
3) Was the physiotherapy performed abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I12(a)(4)				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06239 01 1 5 9 8
Please state the amount paid by the insurance -----	Month			06239 01 1 5 9 9
4) Was the physiotherapy performed at home?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I12(b) or Q.I13				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06239 01 1 0 9 8
Please state the amount paid by the insurance -----	Month			06239 01 1 0 9 9
(b) <u>Other treatment (e.g. speech therapy, acupuncture, dietician etc.)</u>				
1) Was the treatment stated above performed in a public medical centre?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I12(b)(2)				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06239 .. 1 1 8
Please state the amount paid by the insurance -----	Month			06239 .. 1 1 9
2) Was the treatment stated above performed in a private medical centre?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I12(b)(3)				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06239 .. 1 2 8
Please state the amount paid by the insurance -----	Month			06239 .. 1 2 9
3) Was the treatment stated above performed abroad?				
Yes <input type="checkbox"/> 1				
No <input type="checkbox"/> 2 → I12(b)(4)				
Who paid the amount?				
Household <input type="checkbox"/> 1				
Insurance <input type="checkbox"/> 2				
Household and Insurance <input type="checkbox"/> 3				
Please state the amount paid by the household -----	Month			06239 .. 1 5 8
Please state the amount paid by the insurance -----	Month			06239 .. 1 5 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
4) Was the treatment stated above performed at home? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I13 </div>				
Who paid the amount? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div>				
Please state the amount paid by the household -----	Month			06239 .. 1 0 8
Please state the amount paid by the insurance -----	Month			06239 .. 1 0 9
I13 During the last month, have you paid an amount for the purchase of <u>medicines</u> (includes aspirins, antibiotics, pain killers etc.)? (The amount paid by the insurance or from another household or provided by your employer is included here) <i>In this amount do not include the purchase of a vaccine from the pharmacy</i> <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I14 </div>				
If YES , were the medications bought: (multiple choice) <div style="text-align: right;"> with doctor's prescription <input type="checkbox"/> 1 → I13(a) Without doctor's prescription <input type="checkbox"/> 2 → I13(b) </div>				
(a) Prescribed medicine 1) Were the medicines with doctor's prescription bought from a public pharmacy? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I13(a)(ii) </div>				
Who paid the amount? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div>				
Please state the amount paid by the household -----	Month			06110 01 1 1 9 8
Please state the amount paid by the insurance -----	Month			06110 01 1 1 9 9
2) Were the medicines with doctor's prescription bought from a private pharmacy? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I13(b) or Q.I14 </div>				
Who paid the amount? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div>				
Please state the amount paid by the household -----	Month			06110 01 1 2 9 8
Please state the amount paid by the insurance -----	Month			06110 01 1 2 9 9
(b) Non-prescribed medicine 1) Were the medicines without doctor's prescription bought from a private pharmacy? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.I14 </div>				
Who paid the amount? <div style="text-align: right;"> Household <input type="checkbox"/> 1 Insurance <input type="checkbox"/> 2 Household and Insurance <input type="checkbox"/> 3 </div>				
Please state the amount paid by the household -----	Month			06110 02 1 2 9 8
Please state the amount paid by the insurance -----	Month			06110 02 1 2 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
IV. THERAPEUTIC APPLIANCES AND EQUIPMENT				
I14 During the last 12 months, have you purchased in cash or with installments or have you got without payment from your store or employer or as a gift to other households, any <u>therapeutic appliances or equipment</u> (it includes corrective eye glasses, eye lenses, hearing aids, denture, blood pressure monitor, wheelchair)? (The amount paid by the insurance or from another household or provided by your employer is included here)				
Yes	1			
No	2	→ Q.I15		
If YES , please specify which of the following appliances you bought: (multiple choice)				
Corrective eye glasses	1	→ I14(a)		
Eye lenses	2	→ I14(b)		
Hearing aids	3	→ I14(c)		
Denture	4	→ I14(d)		
Blood pressure monitor	5	→ I14(e)		
Wheelchair	6	→ I14(f)		
Orthopedic footwear	7	→ I14(g)		
Other therapeutic appliance or equipment	8	→ I14(h)		
If you have bought any other therapeutic appliance or equipment, please specify				
(a) <u>Corrective eye glasses (e.g. shortsightedness, farsightedness etc. - Sunglasses are not included here)</u>				
Who paid the amount for the corrective eye glasses?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household - - - - -	Year			06131 02 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year			06131 02 4 9 9 9
(b) <u>Eye lenses</u>				
Who paid the amount for the eye lenses?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household - - - - -	Year			06131 01 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year			06131 01 4 9 9 9
(c) <u>Hearing aids</u>				
Who paid the amount for the hearing aids?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household - - - - -	Year			06132 00 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year			06132 00 4 9 9 9
(d) <u>Denture</u>				
Who paid the amount for the denture?				
Household	1			
Insurance	2			
Household and Insurance	3			
Please state the amount paid by the household - - - - -	Year			06133 01 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year			06133 01 4 9 9 9

Expenditure description	Period	Way of acquisition	Exp in €	Code
(e) <u>Blood pressure monitor</u>				
Who paid the amount for the blood pressure monitor?				
Household <input type="checkbox"/>	1			
Insurance <input type="checkbox"/>	2			
Household and Insurance <input type="checkbox"/>	3			
Please state the amount paid by the household -----	Year			06139 02 4 9 9 8
Please state the amount paid by the insurance -----	Year			06139 02 4 9 9 9
(f) <u>Wheelchair</u>				
Who paid the amount for the wheelchair?				
Household <input type="checkbox"/>	1			
Insurance <input type="checkbox"/>	2			
Household and Insurance <input type="checkbox"/>	3			
Please state the amount paid by the household -----	Year			06139 01 4 9 9 8
Please state the amount paid by the insurance -----	Year			06139 01 4 9 9 9
(g) <u>Orthopedic footwear</u>				
Who paid the amount for the orthopedic footwear?				
Household <input type="checkbox"/>	1			
Insurance <input type="checkbox"/>	2			
Household and Insurance <input type="checkbox"/>	3			
Please state the amount paid by the household -----	Year			06139 04 4 9 9 8
Please state the amount paid by the insurance -----	Year			06139 04 4 9 9 9
(h) <u>Other therapeutic appliance / equipment</u>				
Who paid the amount for the other therapeutic equipment / appliance?				
Household <input type="checkbox"/>	1			
Insurance <input type="checkbox"/>	2			
Household and Insurance <input type="checkbox"/>	3			
Please state the amount paid by the household -----	Year			06139 50 4 9 9 8
Please state the amount paid by the insurance -----	Year			06139 50 4 9 9 9
I15 <u>During the last 12 months, has any member of your household or a member of another household <u>rented any therapeutic appliance / equipment</u>, for which you have paid an amount?</u>				
(The amount paid by the insurance or from another household or provided by your employer is included here)				
Yes <input type="checkbox"/>	1			
No <input type="checkbox"/>	2	→ Q.I16		
Who paid the amount for the rental of the therapeutic appliance / equipment?				
Household <input type="checkbox"/>	1			
Insurance <input type="checkbox"/>	2			
Household and Insurance <input type="checkbox"/>	3			
Please state the amount paid by the household -----	Year			06232 02 4 9 9 8
Please state the amount paid by the insurance -----	Year			06232 02 4 9 9 9

[illegible]

PART J'				
EXPENDITURE ON WEDDINGS / CHRISTENINGS / FUNERALS, ADMINISTRATIVE AND JUDICIAL EXPENDITURE AND EXPENDITURE ON OTHER SERVICES				
Expenditure Description	Period	Way of acquisition	Exp in €	Code
I. EXPENDITURE ON WEDDINGS, CHRISTENINGS, FUNERALS ETC.				
1 WEDDING CEREMONY				
<p><u>During the last 12 months</u>, have you paid any amount for a wedding ceremony (it includes church fees)?</p> <p>(It includes the amount paid by another household or your employer)</p>				
<p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	→ Q.2			
If YES , what was the amount paid for:				
(i) Wedding invitations -----	Year			09530 02 4 2
(ii) Loukoumia -----	Year			01114 09 4 2
(iii) Wedding treats -----	Year			01114 14 4 2
(iv) Flowers for wedding ceremony/reception -----	Year			09332 04 4 2
(v) Wedding reception (it includes the hire of the hall) -----	Year			11111 05 4 2
(vi) Wedding photography -----	Year			09425 02 4 2
(vii) Issuance of marriage certificate -----	Year			12701 01 4 2
(viii) Church fees for the wedding ceremony -----	Year			12704 04 4 2
(ix) Purchase of wedding dress -----	Year			03122 15 4 2
(x) Hire of wedding dress -----	Year			03142 03 4 2
(xi) Groom's suit -----	Year			03121 14 4 2
(xii) Wedding rings -----	Year			12311 02 4 2
(xiii) Wedding planner -----	Year			12704 09 4 2
(xiv) Wedding cake -----	Year			01184 03 4 2
(xv) Music (dj) -----	Year			09421 03 4 2
(xvi) Wedding wreaths -----	Year			12311 01 4 2
(xvii) Other, state (e.g. wedding candles, wedding favors, bonbonniere etc.)	Year			.....
.....	Year			.....
.....	Year			.....
2 CHRISTENING CEREMONY				
<p><u>During the last 12 months</u>, have you paid any amount for a christening ceremony?</p> <p>(It includes the amount paid by another household or your employer)</p>				
<p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	→ Q.3			
If YES , what was the amount paid for:				
(i) Baby's Christening outfit -----	Year			03123 13 4 3
(ii) Invitations -----	Year			09530 02 4 3
(iii) Crucifix and chain -----	Year			12311 01 4 3
(iv) Christening favors -----	Year			05119 04 4 3
(v) Reception -----	Year			11111 05 4 3
(vi) Christening treats -----	Year			01114 14 4 3
(vii) Church fees for christening ceremony -----	Year			12704 04 4 3
(viii) Issuance of christening certificate -----	Year			12701 01 4 3
(ix) Cake -----	Year			01184 03 4 3
(x) Christening photography -----	Year			09425 03 4 3
(xi) Other, state (e.g. candy table, children's entertainment, christening box, candles, decorations, christening testimonials)	Year			.....
.....	Year			.....
.....	Year			.....
.....	Year			.....

Expenditure Description		Period	Way of acquisition	Exp in €	Code
3	<u>FUNERAL OR MEMORIAL SERVICE</u>				
(a) <u>During the last 12 months</u> , have you paid any amount for a funeral service? (It includes the amount paid by another household or your employer)		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ Q.3(b)		
If YES , what was the amount paid for:					
(i) Issuance of death certificate -----		Year			12701 01 4 4
(ii) Church fees for funeral service-----		Year			12704 04 4 4
(iii) Charges for undertaking and other funeral services (EXCLUDE charges for funerary articles) -----		Year			12703 00 4 4
(iv) Funerary articles (coffins and gravestones) -----		Year			12329 05 4 4
(v) Other, state -----		Year			.....
		Year			.....
(b) <u>During the last 12 months</u> , have you paid any amount for a memorial service?		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ Q.4		
If YES , what were the church fees? -----		Year			12704 04 4 4
4	<u>BIRTHDAY, NAMEDAY CELEBRATIONS ETC. (OUTSIDE THE HOUSEHOLD)</u>				
(i) <u>During the last 12 months</u> , have you paid any amount for birthday parties, nameday celebrations etc., which took place OUTSIDE the household (e.g. at a restaurant, playground, amusement park etc.)? (It includes the amount paid by another household or your employer)		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ Q.4(ii)		
If YES , please indicate the name of the place where each party was carried out and the amount that was paid -----		Year			.....
		Year			.....
		Year			.....
		Year			.....
(ii) <u>During the last 12 months</u> , have you paid any amount for the services of musicians, clowns and entertainment performers at parties? (It includes the amount paid by another household or your employer)		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ Q.5		
If YES , please indicate the type of service provided and the amount that was paid -----		Year			09421 03 4
		Year			09421 03 4
		Year			09421 03 4
II. EXPENDITURE ON ISSUANCE OF DRIVER AND HUNTING LICENSES, PASSPORT ETC.					
5	<u>During the last 12 months</u> , has any member of your household paid an amount for the issuance of a driving or hunting licence, passport/identity card issuance, birth certificate, driving lessons etc.?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ Q.6		
(It includes the amount paid by another household or your employer)					
If YES , what was the amount paid for:					
(i) Issuance of driving licence for car / motor cycle etc. -----		Year			07243 01 4
(ii) Driving lessons -----		Year			07243 02 4
(iii) Issuance of hunting licence, fishing licence or gun licence -----		Year			12701 02 4
(iv) Other expenditure (e.g. passport and identity card issuance, birth certificate, driving license exam etc.) state, -----		Year			.....
		Year			.....
		Year			.....

Expenditure Description		Period	Way of acquisition	Exp in €	Code
III. JUDICIAL FEES AND FEES FOR SOLICITORS					
6	During the last 12 months, have you paid any amount to court, lawyer, notary for cases of <u>personal matters</u> of members of your household? (It includes the amount paid by another household or your employer)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ Q.7		
If YES, what was the amount paid for:					
(i) Legal services (lawyers, notaries etc.) - - - - -		Year			12702 00 4
(ii) Court expenses, fines - - - - -		Year			12704 05 4
IV. FINANCIAL AND ESTATE AGENTS' SERVICES					
7	During the last 12 months, have you paid any amount for estate agents' services or for financial services (e.g. brokers, investment counsellors, services of banks etc.)? (It includes the amount paid by another household or your employer)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ Q.8		
If YES, what was the amount paid for:					
(i) Services of estate agents - - - - -		Year			12704 01 4
(ii) Fees for the services of brokers, investment counsellors, tax consultants and the like - - - - -		Year			12622 00 4
(iii) Financial services of banks, cooperative banks and other financial institutions - - - - -		Year			12621 01 4
V. POSTAL SERVICES					
8	During the last month, have you paid any amount for postal services or for transfer and delivery of parcels? (It includes the amount paid by another household or your employer)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ Q.9		
If YES, what was the amount paid for:					
(i) Public post office - - - - -		Month			08101 01 1
(ii) Private postal offices (transfer and delivery of parcels and letters either in Cyprus or abroad) - - - - -		Month			08101 02 1
VI. EXPENDITURE ON CONTRIBUTIONS AND SUBSCRIPTIONS					
9	During the last 12 months, has any member of your household paid any <u>regular contributions or subscriptions</u> to clubs, associations etc.? (It includes the amount paid by another household or your employer)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ Q.10		
If YES, what was the amount paid for:					
(i) Cultural, scientific and sports societies - - - - -		Year			12704 06 4
(ii) Professional societies - - - - - (e.g. ETEK, SELK, Cyprus Bar Association)		Year			12704 07 4
(iii) Church and charity donations - - - - - (e.g. Medecins Sans Frontieres, The smile of the child etc.)		Year			12704 08 4
VII. EXPENDITURE ON HOUSEKEEPING					
10	During the last 3 months, have you paid any amount for housekeeping, such as for domestic servants, gardeners, cleaning services etc.? (It includes the amount paid by another household or your employer)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	→ Q.11		
If YES, what was the amount paid for:					
(i) Domestic servant - - - - -		3months			05621 02 3
(ii) Gardener - - - - -		3months			05621 03 3
(iii) Window cleaning services - - - - -		3months			05629 01 3
(iv) Dry-cleaning and storage of carpets - - - - -		3months			05622 01 3

Expenditure Description	Period	Way of acquisition	Exp in €	Code
VIII. EXPENDITURE ON SOCIAL PROTECTION AND FINANCIAL ASSISTANCE				
11 (A) During the last 12 months, have you paid any amount to a retirement home for the elderly? (It includes the amount paid by another household or your employer or was a government grant)				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11(B)				
If YES , state the number of retirement homes that were paid by / for your household <input type="text"/>				
Please state the name of each retirement home				
(i) If YES , have you paid any amount as an inpatient? (was formally admitted and stayed for at least one night)				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11A(ii)				
If YES , what was the amount paid? - - - - - Year				12402 01 4
(ii) If YES , have you paid any amount as a daycare patient? (was admitted, but was not required to remain overnight)				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11A(iii)				
If YES , what was the amount paid? - - - - - Year				12402 02 4
(iii) If YES , have you paid any amount as an outpatient? (was not formally admitted and was not required to stay overnight)				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11(B)				
If YES , what was the amount paid? - - - - - Year				12402 03 4
(B) During the last 12 months, have you paid any amount to a retirement home or rehabilitation centre or pain centre for the care of disabled persons or persons with long term health problems (e.g. Arodaphnousa, Evagorion, Melathron Agoniston) (It includes the amount paid by another household or your employer or was a government grant)				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11C				
If YES , state the number of retirement homes / rehabilitation centres that were paid by / for your household <input type="text"/>				
Please state the name of each retirement home / rehabilitation centre				
(i) If YES , have you paid any amount as an inpatient? (was formally admitted and stayed for at least one night)				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11B(ii)				
If YES , what was the amount paid? - - - - - Year				12402 04 4
(ii) If YES , have you paid any amount as a day care patient? (was admitted, but was not required to remain overnight)				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11B(iii)				
If YES , what was the amount paid? - - - - - Year				12402 05 4
(iii) If YES , have you paid any amount as an outpatient? (was not formally admitted and was not required to stay overnight)				
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11C				
If YES , what was the amount paid? - - - - - Year				12402 06 4

Expenditure Description	Period	Way of acquisition	Exp in €	Code
<p>(C) During the last 12 months, have you paid any amount to a rehabilitation centre providing mental health support and substance abuse? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Q.11(D)</p> <p>If YES, state the number of rehabilitation centres that were paid by / for your household <input type="text"/></p> <p>Please state the name of each rehabilitation centre</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(i) If YES, have you paid any amount as an inpatient? (was formally admitted and stayed for at least one night)</p> <p>Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Q.11C(ii)</p> <p>If YES, what was the amount paid? - - - - -</p> <p>Year</p>				12402 07 4
<p>(ii) If YES, have you paid any amount as a day care patient? (was admitted, but was not required to remain overnight)</p> <p>Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Q.11C(iii)</p> <p>If YES, what was the amount paid? - - - - -</p> <p>Year</p>				12402 08 4
<p>(iii) If YES, have you paid any amount as an outpatient? (was not formally admitted and was not required to stay overnight)</p> <p>Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Q.11(D)</p> <p>If YES, what was the amount paid? - - - - -</p> <p>Year</p>				12402 09 4
<p>(D) During the last 12 months, have you paid any amount to schools / institutions for the disabled? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Q.11(E)</p> <p>If YES, state the number of schools / institutions that were paid by / for your household <input type="text"/></p> <p>Please state the name of each school / institution</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>If YES, what was the amount paid? - - - - -</p> <p>Year</p>				12403 03 4
<p>(E) During the last 12 months, have you paid any amount for home care for the elderly? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Q.11(F)</p> <p>If YES, what was the amount paid? - - - - -</p> <p>Year</p>				12403 01 4
<p>(F) During the last 12 months, have you paid any amount for home care for the disabled and / or persons with long term health problems? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Q.11(G)</p> <p>If YES, what was the amount paid? - - - - -</p> <p>Year</p>				12403 02 4

Expenditure Description	Period	Way of acquisition	Exp in €	Code
<p>(G) During the last 12 months, have you paid any amount for OTHER social protection services (e.g. cooking for elderly people or disabled persons, cleaning services for elderly people / disabled persons, counselling services etc.)? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11(H)</p> <p><i>If YES, please indicate the type of social protection service and the amount paid</i></p> <p>..... Year 12404.....</p> <p>..... Year 12404.....</p> <p>..... Year 12404.....</p> <p>..... Year 12404.....</p>				
<p>(H) During the last 12 months, have you paid any amount for counselling programs for pregnancy, labour, breastfeeding etc.? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.11(I)</p> <p><i>If YES, what was the amount paid? - - - - -</i></p> <p>..... Year 12404 01 4</p>				
<p>(I) During the last 12 months, have you given financial assistance to persons outside your household or have you paid specific bills for their account EXCEPT the expenditure mentioned above (11(A)-(H)) (Regular payments e.g. Alimony, bill payments etc.)?</p> <p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Part K</p> <p><i>If YES, specify the service and the amount paid.....</i></p> <p>..... Year 8</p> <p>..... Year 8</p> <p>..... Year 8</p> <p>..... Year 8</p>				

PART K'					
EXPENDITURE ON RECREATION, PERSONAL SERVICES AND PETS					
Description	Purchase during the last 12 months 1. Yes 2. No	Way of acquisition	Exp in €	Sale of respective item 1. Yes 2. No	Code
I. EXPENDITURE ON RECREATION ITEMS					
(A) AUDIO-VISUAL, PHOTOGRAPHIC EQUIPMENT AND INFORMATION PROCESSING EQUIPMENT					
1 During the last 12 months, have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items?					
Television Plasma/LCD/LED -----					09112 01 4
DVD player (not portable) -----					09112 03 4
Blu-ray player (not portable) -----					09112 09 4
Home Cinema -----					09112 08 4
Television aerials (not satellite aerials) -----					09112 05 4
Satellite dish (includes installation) -----					09112 06 4
Decoder (e.g. Cyta, Primetel, Cablenet, satellite, Xbmc, Apple TV etc.) -----					09112 07 4
Hi-Fi System -----					09111 01 4
Radio, cd-player, mp3-player (for the house) -----					09111 02 4
Speakers (e.g. docking stations) -----					09111 04 4
Personal CD-player (portable) -----					09113 01 4
Personal mp3-player (portable) -----					09113 02 4
Personal DVD-player (portable) -----					09113 03 4
Personal Blu-ray player (portable) -----					09113 04 4
Portable TV receiver -----					09113 05 4
Earphones -----					09119 02 4
Car radio, car cd-player, car mp3-player -----					09111 03 4
DVD player for the car -----					09112 04 4
Digital camera -----					09121 01 4
Video camera -----					09121 02 4
Camera -----					09121 03 4
Lenses, flash attachments, filters, exposure meters etc. -----					09122 00 4
Film and slide projectors -----					09121 04 4
Digital photo frames -----					09119 01 4
Optical instruments (binoculars, microscopes, telescopes, compasses etc.) -----					09123 00 4
Personal desktop computer -----					09131 01 4
Laptop -----					09131 02 4
Tablet -----					09131 03 4
Software on CD-ROMS, DVD etc. (does not include CD-Roms with games) -----					09133 02 4
Applications for mobile phones / tablets / PCs -----					09133 01 4
External hard drive -----					09149 01 4
Memory stick -----					09149 02 4
Memory cards for mobile phones / tablets -----					09149 03 4

Description	Purchase during the last 12 months 1. Yes 2. No	Way of acquisition	Exp in €	Sale of respective item 1. Yes 2. No	Code
PC monitor - - - - -					09132 02 4
Printers - - - - -					09132 01 4
Scanners- - - - -					09132 03 4
Printer / Scanner machine - - - - -					09132 04 4
Wireless telephone - - - - -					08201 02 4
Telephone with wire - - - - -					08201 01 4
Telephone with answering machine - - - - -					08203 03 4
Answering machine - - - - -					08203 01 4
Telefax- - - - -					08203 02 4
Mobile phone - - - - -					08202 01 4
Mobile case - - - - -					08202 02 4
Screen protector - - - - -					08202 03 4
Bluetooth - - - - -					08202 04 4
Other mobile phone equipment (e.g. hands free) - -					08202 50 4
Music and movie downloads - - - - -					09141 01 4
Services provided by websites who offer streaming of music and for which customers need a subscription and have to pay a monthly fee - - - - -					09141 02 4
Pre-recorded records and compacts disks (CD-ROMs), DVDs and Blu-rays - - - - -					09141 03 4
Unrecorded recording media (includes CDs, DVDs and Blu-ray disks) - - - - -					09142 00 4
Other items, specify (e.g. video, microphones, pocket calculators, typewriters, films etc.) - - - - -					.....4
.....					.....4
Repair of the above items, specify
.....				
(B) OTHER MAJOR DURABLES FOR RECREATION AND CULTURE					
2 During the last 12 months, have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items?					
Caravan - - - - -					09211 01 4
Boats / outboard motors - - - - -					09213 01 4
Sea-diving equipment, canoe, kayak, wind-surfing board - - - - -					09215 02 4
Musical instruments (the flute is included) - - - - -					09221 00 4
Rental and leasing of musical instruments - - - - -					09429 01 4
Pool tables, ping-pong tables, pin-ball machines etc. - - - - -					09222 00 4
Other, state (e.g. trailer equipment, boat equipment, horses, ponies and accessories, golf carts etc.) - - - - -					.....4
.....					.....4
.....					.....4
Maintenance and repairs of the above items (includes marina services for boats) - - - - -					09230 00 4

Description	Purchase during the last 12 months 1. Yes 2. No	Way of acquisition	Exp in €	Sale of respective item 1. Yes 2. No	Code
(C) ELECTRONIC GAMES AND EQUIPMENT FOR SPORT AND CAMPING					
3 During the last 12 months, have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items?					
Electronic game consoles (portable or plugged into the TV, e.g. Play Station, Wii, GameBoy) - - - - -					09311 02 4
DVD, CD-ROMs, Blu-ray (software) for video games for PC & electronic game consoles - - - - -					09311 03 4
Parlour games (e.g. cards, chess, taboo etc.) - - - - -					09311 01 4
Toys of all kinds (e.g. dolls, dollhouses, kitchens, small cars / airplanes, puzzles, play-dough, soft-toys, lego, playmobil etc.) - - - - -					09312 01 4
Bicycles and electric cars - - - - -					09312 02 4
Gymnastic and sport equipment (e.g. balls, rackets, skis etc.) - - - - -					09321 01 4
Body-building apparatus - - - - -					09321 06 4
Firearms (for hunting, sport and personal protection) -					09321 02 4
Fishing equipment (e.g. fishing rod, fishing hook etc.) -					09321 04 4
Camping equipment (e.g. tents, sleeping bags, camping stoves and barbecues, airbags etc.) - - - - -					09322 00 4
Other items, specify (e.g. game-specific footwear and protective equipment for sports)					
.....				
.....				
.....				
.....				

Expenditure Description		Period	Way of acquisition	Exp in €	Code
II. EXPENDITURE ON RECREATIONAL AND CULTURAL SERVICES					
4	During the last month, have you paid any amount or has anyone paid an amount for you for the following items? (does not include expenditure during vacation)				
(A) Expenditure on recreational services					
Tickets for sport matches of all kind (e.g. football, basketball, tennis etc.) - - - - -		Month			09411 01 1
Tickets for swimming / bowling contests and other sport contests - - - - -		Month			09411 02 1
Tickets for attending dance and music shows - - - - -		Month			09421 50 1
Other tickets for sports matches (includes horse racing events) - - - - -		Month			09411 50 1
Tickets for the use of swimming pools, bowling and courts of all kind (e.g. mini - football, tennis) - - - - -		Month			09412 01 1
Tickets for Luna-Park- - - - -		Month			09412 02 1
Tickets for amusement parks - - - - -		Month			09412 03 1
Cinema tickets - - - - -		Month			09421 01 1
Theatre tickets - - - - -		Month			09421 02 1
Other tickets for shows (e.g. concerts, opera, circus etc.)- - - - -		Month			09421 50 1
Tickets for museums, zoological and botanical gardens etc. (includes aquariums, historic monuments etc.) - - - -		Month			09422 01 1
Expenditure on other cultural services - - - - -		Month			09429 02 1
Hire of television, DVDs etc. - - - - -		Month			09424 00 1
Pin-ball machines and other games for adults other than games of chance (e.g. pool, snooker, electronic machines etc.) - - - - -		Month			09412 04 1
Games of chance (e.g. Lotto, Joker, Propo, internet bets)		Month			09430 00 1
Services of photographers (e.g. film development, film processing, portrait photography etc.) - - - - -		Month			09425 01 1
(B) Newspapers, books and stationery					
Children's books - - - - -		Month			09511 01 1
Fiction books - - - - -		Month			09511 02 1
Educational text books (includes encyclopaedias, atlases, tales etc.) - - - - -		Month			09512 00 1
Other non-fiction books - - - - -		Month			09513 00 1
Binding services and e-book downloads - - - - -		Month			09514 00 1
Newspapers - - - - -		Month			09521 01 1
Internet subscription for newspapers - - - - -		Month			09521 03 1
Subscription for newspapers (delivery at home) - - - - -		Month			09521 02 1
Periodicals/magazines - - - - -		Month			09522 01 1
Internet subscription for magazines - - - - -		Month			09522 03 1
Subscription for magazines (delivery at home) - - - - -		Month			09522 02 1
Note pads, envelopes, writing pads, drawing paper etc. - -		Month			09541 00 1
Pens, pencils, drawing and painting material etc. - - - - -		Month			09549 00 1
(C) Restaurants, cafés and the like					
Restaurants in Cyprus - - - - -		Month			11111 01 1
Entertainment places / clubs - - - - -		Month			11111 03 1
Take away food - - - - -		Month			11112 01 1
Delivery food (e.g. pizza etc.) - - - - -		Month			11112 02 1
Cafés - - - - -		Month			11111 02 1
Other (includes bars, food at theatres, cinemas, sport stadiums, swimming pools etc.) - - - - -		Month			11111 06 1

Expenditure Description		Period	Way of acquisition	Exp in €	Code
III. EXPENDITURE ON PERSONAL ARTICLES AND SERVICES					
5 During the last month, have you paid any amount or has anyone paid an amount for you for the following services?					
Hairdressing for men and children - - - - -		Month			12111 01 1
Hairdressing for women - - - - -		Month			12112 00 1
Barber shops - - - - -		Month			12111 02 1
Beauty salons (e.g. hair removal) - - - - -		Month			12113 01 1
Facial treatment - - - - -		Month			12113 02 1
Manicure / pedicure - - - - -		Month			12113 03 1
Turkish bath and saunas - - - - -		Month			12113 04 1
Fees paid to sport and social clubs, gyms and hotels - - -		Month			09412 06 1
Dry-cleaning, laundering of garments - - - - -		Month			03141 00 1
Other, state		Month			.....
.....		Month			.....
.....		Month			.....
Expenditure Description		Purchase during the last 12 months 1: Yes 2: No	Way of acquisition	Exp in €	Code
6 During the last 12 months, have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items?					
Jewellery- - - - -					12311 01 4
Watches - - - - -					12312 01 4
Clocks, alarms - - - - -					12312 02 4
Travel goods and other carriers - - - - -					12321 01 4
Attache cases - - - - -					12321 02 4
Ladies hand-bags - - - - -					12321 03 4
Articles for babies (baby carriages, pushchairs, carrycots, car seats, back-carriers etc.) - - - - -					12322 00 4
Electric razor - - - - -					12121 02 4
Other specify (e.g. electric toothbrushes, wallets, back-packs etc.)					.....
.....				
.....				
.....				

Expenditure Description		Purchase during the last 3 months 1: Yes 2: No	Way of acquisition	Exp in €	Code
7	During the last 3 months, have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items?				
	Articles for smokers (e.g. pipes, lighters, cigarette cases etc.) -----				12329 01 3
	Ladies' perfumes-----				12132 09 3
	Mens' colognes -----				12132 11 3
	Facial creams -----				12132 10 3
	Lipstick -----				12132 06 3
	Make-up products -----				12132 07 3
	Other personal items, specify (e.g. sunglasses, umbrellas, key-rings etc.)				.....

Expenditure description		Period	Way of acquisition	Exp in €	Code
IV. PETS					
8	Does your household have a pet (e.g. dog, cat, parrot etc.)				
	Yes <input type="checkbox"/> 1				
	No <input type="checkbox"/> 2				
	<i>If YES:</i>				
	(i) During the last 12 months, have you used the services of a veterinary or other services for pets (e.g. boarding kennel, micro-chip implanting, vaccines etc.)?				
	Yes <input type="checkbox"/> 1				
	No <input type="checkbox"/> 2				
	<i>If YES, please state the service and the amount paid</i>				
	.....	Year			09350 - 4
	.....	Year			09350 - 4
	.....	Year			09350 - 4
	.....	Year			09350 - 4
	.....	Year			09350 - 4
	(ii) Have you acquired your pet during the last 12 months?				
	Yes <input type="checkbox"/> 1				
	No <input type="checkbox"/> 2				
	<i>If YES, how much did you pay in total? -----</i>	Year			09341 00 4

PART L'		
INSTALLMENTS, LOANS AND INVESTMENTS		
Type of expenditure	Exp in €	Code
I. <u>INSTALLMENTS FOR LOANS</u>		
1 Do you have any housing loans?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.2	
<i>If YES :</i>		
a) How many housing loans do you have?		
Number of loans: <input type="text"/>		
b) What is the MONTHLY installment for the loan?		
1st loan - - - - -		13100 01 1
2nd loan - - - - -		13100 02 1
3rd loan - - - - -		13100 03 1
c) <u>During the last 12 months</u> , have you made any installments for the repayment of housing loans?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.2	
d) What was the total amount repaid during the last 12 months?		
1st loan - - - - -		
2nd loan - - - - -		
3rd loan - - - - -		
2 <u>During the last 12 months</u> , have you made any installments for the repayment of any other loans?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.3	
<i>If YES , what was the purpose and how much did you pay for:</i>		
Means of transport - - - - -		13100 04 4
Housing equipment - - - - -		13100 05 4
Education in Cyprus - - - - -		13100 06 4
Education abroad - - - - -		13100 12 4
Immovable property - - - - -		13100 07 4
Housing maintenance - - - - -		13100 11 4
Credit card - - - - -		13100 08 4
Other, please state (e.g. for vacation).....		.....
.....	
.....	
.....	
.....	

Type of expenditure	Exp in €	Code	
II. INVESTMENTS			
3 During the last 12 months, have you made any investments? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div>	→ Q.4		
If YES , what was the purpose and how much did you pay for:			
Purchase of a housing unit - - - - -			13200 01 4
Construction of a housing unit - - - - -			13200 02 4
Purchase of other immovable property - - - - -			13200 03 4
Purchase of an enterprise - - - - -			13200 04 4
Modifications, improvements, extensions of:			
Housing units - - - - -			13200 05 4
Other buildings - - - - -			13200 06 4
Shares, bonds and securities issued by the:			
Government - - - - -			13200 07 4
Semi-government sector - - - - -			13200 08 4
Private sector - - - - -			13200 09 4
Loans given to third party - - - - -			13200 10 4
Other investments, please state .....		.....
.....		
.....		
III. SAVINGS			
4 During the last 12 months, did you make any deposits in banks or any other financial institutions? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 </div>	→ Part M'		
If YES , what was the total amount of the deposits you made during the last 12 months? - - - - -			
		13300 00 4	

INCOME FROM EMPLOYMENT, PENSIONS AND SOCIAL BENEFITS

(To be answered by **ALL** household members of 15 years and over)

	Member Ser. No <div><div></div><div></div><div></div></div>	Member Ser. Ser. No <div><div></div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div><div></div></div>
1			
During the last 12 months, have you received any income or any other form of pay as an employee or a daily paid worker or as an apprentice or as self-employed or as employer?	Yes <div><div>1</div></div> No <div><div>2</div></div> → 4.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 4.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 4.1
If YES:			
INCOME OF EMPLOYEES			
2.1 During the last 12 months, have you worked even for one hour as an employee (includes daily paid workers, workers paid by the hour, apprentices)?	Yes <div><div>1</div></div> No <div><div>2</div></div> → 3.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 3.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 3.1
If YES:			
2.2 For how many weeks or months have you been paid as an employee during the last 12 months (does not include the 13th salary, overtime, tips etc.)? -----	Weeks <div><div></div><div></div></div> or Months <div><div></div><div></div></div>	Weeks <div><div></div><div></div></div> or Months <div><div></div><div></div></div>	Weeks <div><div></div><div></div></div> or Months <div><div></div><div></div></div>
2.3 (a) What was your gross income of last week/month? In the main activity -----€ (b) What was you net income during the last 12 months: In the secondary/extra activity ----- €	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>
2.4 How much income tax did you pay or will you pay for the above earnings? ----- €	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>
2.5 How much did you pay for social insurance? ---- €	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
2.6 How much did you pay for other deductions, such as provident fund, contributions to unions, medical fund, salary reduction, special contribution etc. (does not include installments of loans deducted from your salary)? ----- €	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
2.7 During the last 12 months, have you had any change in your salary (increase/decrease) apart from the cost of living allowance?	Yes <div><div>1</div></div> No <div><div>2</div></div> → 2.14	Yes <div><div>1</div></div> No <div><div>2</div></div> → 2.14	Yes <div><div>1</div></div> No <div><div>2</div></div> → 2.14
2.8 For how many weeks / months during the last 12 months were you paid with the previous salary?----	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
2.9 a) What was your gross income of the last week/month PREVIOUS to the change?-----€ b) Was this amount: Weekly ----- Monthly -----	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div>1</div></div> <div><div>2</div></div>	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div>1</div></div> <div><div>2</div></div>	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div>1</div></div> <div><div>2</div></div>

	Member Ser. No [][]	Member Ser. No [][]	Member Ser. No [][]
2.10 How much income tax did you pay or will you pay for the above amount? ----- €	[][][][][][][][]	[][][][][][][][]	[][][][][][][][]
2.11 How much did you pay for social insurance for the above amount? ----- €	[][][][][][][][]	[][][][][][][][]	[][][][][][][][]
2.12 How much did you pay for other deductions, such as provident fund, contributions to unions, medical fund, salary reduction, special contribution etc. (does not include installments of loans deducted from your salary)? ----- €	[][][][][][][][]	[][][][][][][][]	[][][][][][][][]
2.13 <u>During the last 12 months</u> , have you had any extra income from your work, apart from the income stated above, coming from the following: (make sure that the amounts recorded in this question have not been included in the income given in questions 2.3 and 2.9)			
• 13th salary If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]
• 14th salary If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]
• Overtime If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]
• Tips If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]
• Commissions If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]
• Stock options and bonus If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]	Yes No [1] [2] [][][][][][][][] [][][][][][][][]

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• Productivity allowance If YES , please state: Gross amount- - - - € Net amount- - - - - €	Yes No <div>1</div> <div>2</div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div>1</div> <div>2</div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div>1</div> <div>2</div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>
• Transport allowance (does not include allowance given for professional purposes) If YES , please state: Gross amount- - - - € Net amount- - - - - €	Yes No <div>1</div> <div>2</div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div>1</div> <div>2</div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div>1</div> <div>2</div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>
• Other benefits, please state..... If YES , please state: Gross amount- - - - € Net amount- - - - - €	Yes No <div>1</div> <div>2</div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div>1</div> <div>2</div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div>1</div> <div>2</div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>
2.14 During the last 12 months, did your employer contribute in the following funds?			
• Social Insurance Fund	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>
• Redundancy Fund	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>
• Human Resource Development Fund	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>
• Social Cohesion Fund	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>
• Provident Fund	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>
If YES , please state the amount- - - - €	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
• Annual Holiday Fund	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>
• Medical Fund	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>
If YES , please state the amount- - - - €	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
• Private Pension Plan	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>	Yes No <div>1</div> <div>2</div>
If YES , please state the amount- - - - €	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>

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2.15	<p>During the last 12 months, has your employer provided you with any of the following benefits (the goods or services recorded must be for your own personal benefit and not for practising your profession)?</p> <ul style="list-style-type: none"> • Clothing • Vacations • Provision of free or reduced price meals during working hours • Partial or full payment of personal bills (e.g. electricity bills, water bills, telephone bills) • Provision of products produced or imported by the employer, free or at reduced prices (except clothing) • Travelling allowance • Fuel for private means of transport (for means of transport not provided by the employer) • Other benefits (does not include the provision of means of transport) <p>If Yes, even to one of the above benefits:</p> <p>What is the total amount that these benefits represent?-----€</p>	<p>Yes No</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p>	<p>Yes No</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p>	<p>Yes No</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p> <p><input type="text"/>1 <input type="text"/>2</p>
2.16	<p>During the last 12 months, has your employer provided you with any kind of vehicle for private use?</p> <p>If Yes, who paid for the following with respect to this particular vehicle?</p> <ul style="list-style-type: none"> • Road taxes <p>Employer -----</p> <p>Interviewee -----</p>	<p>Yes <input type="text"/>1</p> <p>No <input type="text"/>2 → 3.1</p> <p><input type="text"/>1</p> <p><input type="text"/>2</p>	<p>Yes <input type="text"/>1</p> <p>No <input type="text"/>2 → 3.1</p> <p><input type="text"/>1</p> <p><input type="text"/>2</p>	<p>Yes <input type="text"/>1</p> <p>No <input type="text"/>2 → 3.1</p> <p><input type="text"/>1</p> <p><input type="text"/>2</p>

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	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<ul style="list-style-type: none"> Insurance <div>Employer -----</div> <div>Interviewee -----</div> Fuel <div>Employer -----</div> <div>Interviewee -----</div> Regular or unexpected expences <div>Employer -----</div> <div>Interviewee -----</div> <p>Please indicate the total amount you have saved during the last 12 months, from the payments that your employer has made ----- €</p>	<div><div>1</div><div>2</div></div> <div><div>1</div><div>2</div></div> <div><div>1</div><div>2</div></div> <div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div> <div><div>1</div><div>2</div></div> <div><div>1</div><div>2</div></div> <div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div> <div><div>1</div><div>2</div></div> <div><div>1</div><div>2</div></div> <div><div>1</div><div>2</div></div>
INCOME OF SELF-EMPLOYED/ EMPLOYERS 3.1 During the last 12 months, have you received any income from self-employment, such as from your own business, professional practice, freelance work under subcontract, trade etc.? (excludes agriculture, livestock and fishing sector) <i>If YES:</i>	Yes <div><div>1</div></div> No <div><div>2</div></div> → 4.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 4.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 4.1
3.2 What was your gross income from your work during the last 12 months? (Expenses are considered to be the amounts spent for raw materials, equipment, distribution of goods, employees' salaries and general running expenses, rent, electricity, telecommunications etc.) ----- €	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
3.3 How much income tax did you pay or will you pay for the above amount? ----- €	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
3.4 How much did you pay for social insurance?- €	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
3.5 How much did you pay for other deductions, such as provident fund, contributions to unions etc.? ----- €	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
INCOME FROM AGRICULTURE/LIVESTOCK/FISHING 4.1 During the last 12 months, have you had any income from agriculture /livestock /fishing etc.? <i>If YES:</i>	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.1.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.1.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.1.1

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5.2.5 How much did you pay for other deductions, such as contributions to medical fund, special contribution, salary reduction etc.?-----€	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.3.1 During the last 12 months, have you received a widowed pension? <i>If YES :</i>	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.4.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.4.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.4.1
5.3.2 For how many months in total did you receive this pension during the last 12 months (including the 13th pension)? -----	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
5.3.3 What was your gross income from the above pension for the last month?-----€	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.3.4 How much income tax did you pay or will you pay for the above amount?-----€	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.3.5 How much did you pay for other deductions, such as contributions to medical fund, special contribution, salary reduction etc.?-----€	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.4.1 During the last 12 months, have you received an invalidity pension? <i>If YES :</i>	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.5.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.5.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.5.1
5.4.2 For how many months in total did you receive this pension during the last 12 months (including the 13th pension)? -----	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
5.4.3 What was your gross income from the above pension for the last month?-----€	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.4.4 How much income tax did you pay or will you pay for the above income?-----€	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.4.5 How much did you pay for other deductions, such as contributions to medical fund, special contribution, salary reduction etc.?-----€	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.5.1 During the last 12 months, have you received a disability pension? <i>If YES :</i>	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.6.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.6.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.6.1
5.5.2 For how many months in total did you receive this pension during the last 12 months (including the 13th pension)? -----	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
5.5.3 What was your gross income from the above pension for the last month?-----€	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.5.4 How much income tax did you pay or will you pay for the above income?-----€	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>

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5.5.5 How much did you pay for other deductions, such as contributions to medical fund, special contribution, salary reduction etc.?-----€	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
5.6.1 During the last 12 months, have you received any <u>other</u> pension (e.g. housewife pension, pension for victims of violent crimes, orphan's allowance etc.)? If YES , please state	Yes <div>1</div> No <div>2</div> → 6.1	Yes <div>1</div> No <div>2</div> → 6.1	Yes <div>1</div> No <div>2</div> → 6.1
5.6.2 For how many months in total did you receive this pension (including the 13th pension)? 1st Pension ----- 2nd Pension ----- 3rd Pension -----	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
5.6.3 How much was your gross income from the above pensions during the last month? 1st Pension-----€ 2nd Pension-----€ 3rd Pension-----€	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
5.6.4 How much income tax did you pay or will you pay for the above income? 1st Pension-----€ 2nd Pension-----€ 3rd Pension-----€	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
5.6.5 How much did you pay for other deductions? 1st Pension-----€ 2nd Pension-----€ 3rd Pension-----€	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

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<u>INCOME FROM PRIVATE PENSION SCHEME</u>			
6.1 During the last 12 months, have you received any income from a private pension scheme? (It includes private old-age pensions, sickness pensions, widowed pensions, disability / invalidity pensions that were paid on a regular basis by the interviewee or by the deceased spouse or by another relative) If YES :	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 7.1	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 7.1	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 7.1
6.2 Have you received a lump sum from this private pension plan?	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 6.3	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 6.3	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 6.3
6.2 (a) What was the amount received? ----- €	| | | | |	| | | | |	| | | | |
6.3 For how many months in total did you receive this pension during the last 12 months?-----	| |	| |	| |
6.4 What was your net income from the above pension for the last month? ----- €	| | | | |	| | | | |	| | | | |
<u>SOCIAL BENEFITS AND ALLOWANCES</u>			
7.1 During the last 12 months, did anyone in your household receive Public Benefit? If YES, please state: Net amount- - - - €	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 7.2	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 7.2	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 7.2
7.2 During the last 12 months, did anyone in your household receive the Minimum Guaranteed Income (MGI)? If YES, please state: Net amount- - - - € Please state the reason	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 7.3	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 7.3	Yes <input type="text" value="1"/> No <input type="text" value="2"/> → 7.3

	Member Ser. No [][]	Member Ser. No [][]	Member Ser. No [][]
7.3 During the last 12 months, have you received any of the following social allowances or benefits?			
(a) Unemployment benefit If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (b) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (b) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (b) [][][][]
(b) Injury benefit If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (c) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (c) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (c) [][][][]
(c) Allowance for the care of disabled children If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (d) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (d) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (d) [][][][]
(d) Missing person's allowance If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (e) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (e) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (e) [][][][]
(e) Sickness benefit If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (f) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (f) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (f) [][][][]
(f) Maternity allowance If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (g) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (g) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (g) [][][][]
(g) Child allowance If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (h) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (h) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (h) [][][][]
(h) Allowance for the care of the elderly If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (i) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (i) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (i) [][][][]
(i) Grants to the blind If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (j) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (j) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (j) [][][][]
(j) Grant for the care of children placed with foster families If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (k) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (k) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (k) [][][][]
(k) Disability grant (lump sum) If YES, please state: Net amount- - - - €	Yes <input type="checkbox"/> No <input type="checkbox"/> → (l) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (l) [][][][]	Yes <input type="checkbox"/> No <input type="checkbox"/> → (l) [][][][]

	Member Ser. No	Member Ser. No	Member Ser. No
(l) Maternity grant (lump sum)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (m)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (m)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (m)
If YES, please state: Net amount- - - - €	<input type="text"/>	<input type="text"/>	<input type="text"/>
(m) Funeral grant (lump sum)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (n)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (n)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (n)
If YES, please state: Net amount- - - - €	<input type="text"/>	<input type="text"/>	<input type="text"/>
(n) Single parent allowance	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (o)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (o)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (o)
If YES, please state: Net amount- - - - €	<input type="text"/>	<input type="text"/>	<input type="text"/>
(o) Financial assistance to large families for purchasing a car (lump sum)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (p)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (p)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (p)
If YES, please state: Net amount- - - - €	<input type="text"/>	<input type="text"/>	<input type="text"/>
(p) Self-employment scheme for tertiary education graduates	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (q)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (q)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (q)
If YES, please state: Net amount- - - - €	<input type="text"/>	<input type="text"/>	<input type="text"/>
(q) Financial assistance to cover the special needs of the disabled	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (r)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (r)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (r)
If YES, please state: Net amount- - - - €	<input type="text"/>	<input type="text"/>	<input type="text"/>
(r) Allowance for soldiers in compulsory army service	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (s)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (s)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → (s)
If YES, please state: Net amount- - - - €	<input type="text"/>	<input type="text"/>	<input type="text"/>
(s) Other benefits/allowances/grants, please specify	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 8.1	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 8.1	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 8.1
.....			
.....			
.....			
If YES, please state: Net amount- - - - €	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART N'
OTHER INCOME

(To be answered by **ALL** household members of 15 years and over)

	Member Ser. No | | |	Member Ser. No | | |	Member Ser. No| | |
I. INCOME FROM RENTS			
1 During the last 12 months, have you received any income from renting a building, house, apartment, room or any other immovable property (includes land property)?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(e)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(e)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(e)
<i>If YES :</i>			
(a) How much was the gross income from renting this property? ----- €	| | | | |	| | | | |	| | | | |
(b) What was the cost for maintenance and repairs? ----- €	| | | | |	| | | | |	| | | | |
(c) What was the cost for property/land taxes? - €	| | | | |	| | | | |	| | | | |
(d) What was the cost for other expenses (commision etc.)? ----- €	| | | | |	| | | | |	| | | | |
(e) During the last 12 months, have you paid any amount for property/land taxes on immovable property that you do not rent (e.g. land, houses, shops)?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.2
<i>If Yes , what was the amount paid? ----- €</i>	| | | | |	| | | | |	| | | | |
II. INCOME FROM INTERESTS AND DIVIDENT:			
2 During the last 12 months, have you received any amount from the following sources of income?			
(a) Interests (e.g. from savings in a bank, bonds)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 2(b)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 2(b)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 2(b)
<i>If YES , what was the amount received? - - - - €</i>	| | | | |	| | | | |	| | | | |
(b) Dividends (e.g. dividnets from shares, mutual funds, profits from shares)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 2(c)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 2(c)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 2(c)
<i>If YES , what was the amount received? - - - - €</i>	| | | | |	| | | | |	| | | | |
(c) Capital investmets on small scale unincorporated businesses (e.g. a silent partner of a small hairdresser saloon)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.3
<i>If YES , please state: Net amount- - - - - €</i>	| | | | |	| | | | |	| | | | |

	Member Ser. No <div> <div></div> <div></div> </div>	Member Ser. No <div> <div></div> <div></div> </div>	Member Ser. No <div> <div></div> <div></div> </div>
III. OTHER INCOME			
3 During the last 12 months, have you received any income from the following?			
(a) Benefit from Redundancy fund (due to termination of employment or redundancy)	Yes <div>1</div> No <div>2</div> → 3(b)	Yes <div>1</div> No <div>2</div> → 3(b)	Yes <div>1</div> No <div>2</div> → 3(b)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(b) Lump sum payment from the Public and Broad Public Sector due to retirement	Yes <div>1</div> No <div>2</div> → 3(c)	Yes <div>1</div> No <div>2</div> → 3(c)	Yes <div>1</div> No <div>2</div> → 3(c)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(c) Lump sum payment from the Provident Fund due to retirement	Yes <div>1</div> No <div>2</div> → 3(d)	Yes <div>1</div> No <div>2</div> → 3(d)	Yes <div>1</div> No <div>2</div> → 3(d)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(d) Lump sum payment from the Provident Fund due to termination of employment or EARLY retirement	Yes <div>1</div> No <div>2</div> → 3(e)	Yes <div>1</div> No <div>2</div> → 3(e)	Yes <div>1</div> No <div>2</div> → 3(e)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(e) Lump sum payment from the Provident Fund due to widowhood / orphanage	Yes <div>1</div> No <div>2</div> → 3(f)	Yes <div>1</div> No <div>2</div> → 3(f)	Yes <div>1</div> No <div>2</div> → 3(f)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(f) Lump sum payment from the Provident Fund due to disability	Yes <div>1</div> No <div>2</div> → 3(g)	Yes <div>1</div> No <div>2</div> → 3(g)	Yes <div>1</div> No <div>2</div> → 3(g)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(g) Bonus from work due to retirement	Yes <div>1</div> No <div>2</div> → 3(h)	Yes <div>1</div> No <div>2</div> → 3(h)	Yes <div>1</div> No <div>2</div> → 3(h)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(h) Students' allowance	Yes <div>1</div> No <div>2</div> → 3(i)	Yes <div>1</div> No <div>2</div> → 3(i)	Yes <div>1</div> No <div>2</div> → 3(i)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(i) Public scholarship	Yes <div>1</div> No <div>2</div> → 3(j)	Yes <div>1</div> No <div>2</div> → 3(j)	Yes <div>1</div> No <div>2</div> → 3(j)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(j) Non-public scholarship	Yes <div>1</div> No <div>2</div> → 3(k)	Yes <div>1</div> No <div>2</div> → 3(k)	Yes <div>1</div> No <div>2</div> → 3(k)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(k) Authors' royalties	Yes <div>1</div> No <div>2</div> → 3(l)	Yes <div>1</div> No <div>2</div> → 3(l)	Yes <div>1</div> No <div>2</div> → 3(l)
If YES, what was the amount received? - - - - €	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>

	Member Ser. No <div> <div></div> <div></div> </div>	Member Ser. No <div> <div></div> <div></div> </div>	Member Ser. No <div> <div></div> <div></div> </div>
(l) Sale of immovable property	Yes <div>1</div> No <div>2</div> → 3(m)	Yes <div>1</div> No <div>2</div> → 3(m)	Yes <div>1</div> No <div>2</div> → 3(m)
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(m) Sale of enterprise	Yes <div>1</div> No <div>2</div> → 3(n)	Yes <div>1</div> No <div>2</div> → 3(n)	Yes <div>1</div> No <div>2</div> → 3(n)
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(n) Sale of durable goods (refrigerator, washing machine etc.)	Yes <div>1</div> No <div>2</div> → 3(o)	Yes <div>1</div> No <div>2</div> → 3(o)	Yes <div>1</div> No <div>2</div> → 3(o)
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(o) Sale of second-hand car/s	Yes <div>1</div> No <div>2</div> → 3(p)	Yes <div>1</div> No <div>2</div> → 3(p)	Yes <div>1</div> No <div>2</div> → 3(p)
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(p) Sale of <u>other</u> means of transport (e.g. motorbike etc.)	Yes <div>1</div> No <div>2</div> → 3(q)	Yes <div>1</div> No <div>2</div> → 3(q)	Yes <div>1</div> No <div>2</div> → 3(q)
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(q) Life insurance, share bonds, saving bonds etc.	Yes <div>1</div> No <div>2</div> → 3®	Yes <div>1</div> No <div>2</div> → 3®	Yes <div>1</div> No <div>2</div> → 3®
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(r) Insurances, excluding life insurance	Yes <div>1</div> No <div>2</div> → 3(s)	Yes <div>1</div> No <div>2</div> → 3(s)	Yes <div>1</div> No <div>2</div> → 3(s)
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(s) Inheritance	Yes <div>1</div> No <div>2</div> → 3(t)	Yes <div>1</div> No <div>2</div> → 3(t)	Yes <div>1</div> No <div>2</div> → 3(t)
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(t) Winnings from lottery, bets etc.	Yes <div>1</div> No <div>2</div> → 3(u)	Yes <div>1</div> No <div>2</div> → 3(u)	Yes <div>1</div> No <div>2</div> → 3(u)
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(u) Income tax return	Yes <div>1</div> No <div>2</div> → 3(v)	Yes <div>1</div> No <div>2</div> → 3(v)	Yes <div>1</div> No <div>2</div> → 3(v)
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
(v) Other receipts	Yes <div>1</div> No <div>2</div> → Q.4	Yes <div>1</div> No <div>2</div> → Q.4	Yes <div>1</div> No <div>2</div> → Q.4
<i>If YES, what was the amount received? - - - - €</i>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>

		Member Ser. No <div> <div></div> <div></div> </div>	Member Ser. No <div> <div></div> <div></div> </div>	Member Ser. No <div> <div></div> <div></div> </div>
IV. LOANS / WITHDRAWALS FROM SAVINGS				
4	During the last 12 months, have you received a loan (including the use of credit card and overdraft) or have you withdrawn any amount from your savings for any for the following reasons?	Yes <div>1</div> No <div>2</div> → Part O	Yes <div>1</div> No <div>2</div> → Part O	Yes <div>1</div> No <div>2</div> → Part O
<i>If YES:</i>				
Loan for purchase or construction of a house -- €				
Loan for repairs or maintenance of house ---- €				
Loan for purchase of transport means----- €				
Loan for purchase of housing equipment----- €				
Loan for studies in Cyprus ----- €				
Loan for studies abroad ----- €				
Loan for vacations/holidays ----- €				
Loan for health reasons----- €				
Loan for personal reasons ----- €				
Loan for other reasons----- €				
Income from loan repayments ----- €				
Current credit card balance ----- €				
Current overdraft ----- €				
Withdrawals from savings ----- €				

PART O'
GRANTING / RECEIVING HELP FROM THIRD PARTIES

1 During the last 12 months, have you provided any financial help to members of other households on a regular basis?

(Includes alimony, children who have their own household and do not live in the household anymore (not students), old parents, relatives etc.)

Excludes money given as presents for Christmas, birthdays etc.)

Yes

No → Q. 2

If YES, please state the number of financial helps that you provided to other households

For every financial help stated above, please complete the following table reflecting the situation of the last 12 months:

TYPE OF FINANCIAL HELP	TOTAL NET AMOUNT GIVEN DURING THE LAST 12 MONTHS
<div></div> <div>.....</div>	<div>€</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div></div> <div>.....</div>	<div>€</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div></div> <div>.....</div>	<div>€</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

2 During the last 12 months, have you received any financial help from other households on a regular basis?

(Includes alimony, money from parents / parents-in-law, relatives, other people etc.)

Does not include money given as presents for Christmas, birthdays etc.)

Yes

No → END OF INTERVIEW

If YES, please state the number of financial helps that you received from other households

For every financial help stated above, please complete the following table reflecting the situation of the last 12 months:

TYPE OF FINANCIAL HELP	TOTAL NET AMOUNT RECEIVED DURING THE LAST 12 MONTHS
<div></div> <div>.....</div>	<div>€</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div></div> <div>.....</div>	<div>€</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div></div> <div>.....</div>	<div>€</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

Interview result

The household refuses to cooperate	1
The members of the household are away for a long period of time	2
The dwelling has been destroyed	3
The dwelling is empty	4
The household is temporarily occupied by people who have their main residence elsewhere	5
The dwelling is used for other purposes	6
The dwelling was not found	7
Other reason (specify)	8

GENERAL COMMENTS

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[illegible]

Enumerator name:

Date:

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FOR OFFICIAL USE

Checked by:

Date:

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Coder's name:

Date:

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Final check by:

Date:

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