

REPUBLIC



OF CYPRUS

STATISTICAL

SERVICE

Form: SILC 1

**SURVEY ON INCOME AND  
LIVING CONDITIONS OF HOUSEHOLDS**

**CONFIDENTIAL**

SILCKEY:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
YEAR OF INTERVIEW:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DEGREE OF URBANISATION:	<input type="text"/>		
INTERVIEW MONTH:	<input type="text"/>	<input type="text"/>	GEO. CODE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
HOUSEHOLD ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	INTERVIEWER'S NUMBER:	<input type="text"/>	<input type="text"/>
ROTATIONAL GROUP CODE:	<input type="text"/>							
WAVE NUMBER:	<input type="text"/>	<input type="text"/>	PEERIOD:	<input type="text"/>	<input type="text"/>			

Name of person responsible in the household: \_\_\_\_\_

Address: \_\_\_\_\_ District: \_\_\_\_\_

Post code: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Contact email: \_\_\_\_\_

**HOUSEHOLD  
REGISTER**

**General Information about the Survey:**

1. The survey conducted is in accordance with the Regulation No. 1177/2003 of the European Council and the European Parliament (EU-SILC). The main objective of the survey is to study the standard of living of the population with respect to their income at the European and national level. The survey will be used as the main source for the compilation of statistical indicators about the distribution of income and the social exclusion with respect to the European Union level.
2. The Statistical Service is kindly requesting all households to cooperate when visited by the interviewer and supply the necessary information as accurate as possible.
3. The Statistical Service is obliged in accordance with the statistics Law no. 15(1)2000 to treat all the information collected as **CONFIDENTIAL**. The compiled information will be used solely for general statistical purposes. The individual data of the household will not be disclosed to any person, organisation or other Government Departments.

**A . LOCATING THE HOUSEHOLD**

*Could the household be located at the same address as in the previous wave?*

1. The household was found at the same address as in the previous wave..... 01 → Complete Part C  
(At least one person from the sample stays at the same address as in the previous wave)

2. The entire household moved out to another dwelling in Cyprus ..... 02 → Complete the new address  
(No one from the sample stays at the same address as in the previous wave and contact with the household is possible)

**NEW ADDRESS**

**HOUSEHOLD ID:**

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**ROTATIONAL GROUP CODE:**

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**NEW GEOGRAPHICAL CODE:**

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Name of person responsible in the household :	
New Address :	
New District :	
New Post code :	
New Telephone number :	

**3. FOR THE INTERVIEWER: Specify what action will be taken**

- a. I will personally interview the household at the new address ..... 1 → Complete Parts B & C
- b. Another interviewer working in a different area will interview the household at the new address ..... 2 → Inform immediately the service

**End of the interview**  
for the specific interviewer

**4. Reasons for not conducting the interview with the household:**

- |  |    |  |
|--|----|--|
| a. The entire household moved to a collective household or institution in Cyprus.....<br>(e.g. medical institutions, home for the old aged, prison etc.)   | 03 |  |
| b. The entire household moved out to a dwelling not in Cyprus.....   | 04 |  |
| c. All household members died.....   | 05 |  |
| d. None of the members belongs to the sample .....<br>(All persons in the sample moved because of one of the reasons mentioned above e.g. a person moved in an institution, another one died etc.) | 06 |  |
| e. Access to the household is impossible<br>(due to flood, snow, inaccessible road etc) .....  | 07 |  |
| f. Lost household (no information on what happened to the household) .....   | 11 |  |

**5. This is the first time the household is interviewed because:**

- |   |    |                        |
|---|----|------------------------|
| a. <b>It is split</b> .....<br>(For households created after the last wave and are not initial households)  | 08 | → Complete Parts B & C |
| b. <b>It was added in the sample in this wave</b> .....<br>(For households interviewed for the first time and are not split, that is households with rotational group code 1) | 09 | → Complete Parts B & C |

**6. Fusion**

- |   |    |                 |
|---|----|-----------------|
| The household merged with another sample household..... | 10 | → End of Survey |
|---|----|-----------------|

**B . LOCATING THE DWELLING**

**1. The dwelling was located:**

- |  |    |
|--|----|
| - The dwelling was located at the specified address and it is possible to contact the household staying there.....<br><br>The answer does not consider the result of the contact with the household (if the household refuses to cooperate, if it is temporarily absent or if it is unable to respond due to illness etc.) | 11 |
|--|----|

**2. Contact with the household of this dwelling at the specified address is not possible because:**

- |  |    |  |
|--|----|--|
| a. The dwelling cannot be found according to the record of contact<br>(area, street, number etc.) .....  | 21 |  |
| b. Access to the dwelling at the specified address is impossible because of flood, snow, inaccessible road etc. ....   | 22 |  |
| c. The building at the specified address is demolished, the place is used for business purposes (shop/business), as secondary residence, it is empty (due to repairs or death of renters etc.) ..... | 23 |  |

**FOR THE INTERVIEWER:** Ask. Q.3 only if the households are interviewed for the first time, that is the households with rotational group code 1

**3. During the year 2017 the household had its usual residence in:**

- Cyprus .....

1

- Abroad .....

2

**Record of person (not in the household) who is able to give information about the household in case it has moved.**

Name: .....

Address: .....

Telephone number: .....

### C. HOUSEHOLD INTERVIEW RESULT

**FOR THE INTERVIEWER:** Indicate whether the household questionnaire has been completed

1. The Household Questionnaire has been completed .....

11

2. The household refused to cooperate .....

21

3. The household is temporarily away (vacations etc.) .....

22

4. Unable to respond due to illness or incapacity or access to dwelling is impossible.....

23

5. The Household Questionnaire was not completed for other reasons (e.g lack of communication due to language).....

24

End of Survey

### FOR OFFICIAL USE ONLY

#### D. ACCEPTANCE/ REJECTION OF THE HOUSEHOLD INTERVIEW

1. ACCEPTANCE (At least one personal interview is completed)

1

2. REJECTION (No personal interview is completed)

2

#### E. THE QUESTIONNAIRE HAS BEEN EDITED BY SUPERVISOR

1. Yes .....

1

2. No .....

2

#### F. HOUSEHOLD REGISTER CODING

##### KeepHH:

1. Yes .....

1

2. No .....

2

3. Wait for next year so to see whether two consecutive years or not .....

3

4. S.O.S Temporary answer during APPEND .....

4

##### KeepHHFin:

1. Yes .....

1

2. No .....

2

3. Wait for next year so to see whether two consecutive years or not .....

3

4. S.O.S Temporary answer during APPEND .....

4

SUPERVISOR'S NUMBER

--	--

Name of supervisor: .....

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 2

**SURVEY ON INCOME AND  
LIVING CONDITIONS OF HOUSEHOLDS**

**CONFIDENTIAL**

SILCKEY:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
YEAR OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DEGREE OF URBANISATION:	<input type="text"/>
INTERVIEW MONTH:	<input type="text"/> <input type="text"/>	GEO. CODE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	INTERVIEWER'S NUMBER:	<input type="text"/> <input type="text"/>
ROTATIONAL GROUP CODE:	<input type="text"/>		
WAVE NUMBER:	<input type="text"/> <input type="text"/>	PERIOD:	<input type="text"/> <input type="text"/>

**PERSONAL  
REGISTER**

Please state the number of persons who usually live in the household. Please include: **a.** persons who are temporarily absent such as: working abroad, pupils, students or in the National Guard, **b.** infants of small children, **c.** domestic employees, **d.** persons who lived in your household for at least 3 consecutive months during last year, but are no longer members of this household.

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# A. DEMOGRAPHIC AND BASIC PERSONAL DATA

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)				
Line	Name	Member's Serial Number	Personal Identification Number	Sex	Date of birth	Age	Aged 16 and over	Under 12 years of age	Current and former household members	Sample Person?	Keep Pers	You entered the household from:	To where did the person move				
			(Personal id)	Male	Female			Yes	No	Yes	No	Sample Person = 1 Co-resident = 2	Yes	No	S O C I A L S T R U C T U R E M I N I M A L P R O P R I E T Y A N S W E R	1= An other household in Cyprus → Q. (18) 2= An other household abroad → Q. (18) 3= An institution → Q. (18)	1= To a private household within Cyprus 2= To a collective household or institution within the country 3= Abroad 4= Do not know/Lost
				Membership status													
1st				1 2			1 2	1 2									
2nd				1 2			1 2	1 2									
3rd				1 2			1 2	1 2									
4th				1 2			1 2	1 2									
5th				1 2			1 2	1 2									
6th				1 2			1 2	1 2									
7th				1 2			1 2	1 2									
8th				1 2			1 2	1 2									
9th				1 2			1 2	1 2									
10th				1 2			1 2	1 2									

**A. DEMOGRAPHIC AND BASIC PERSONAL DATA (continued)**

(1)	(2)	(15)		(16)	(17)	(18)		(19)	(20)		(21)	(22)	(23)	(24)	(25)
Line	Name	Month and Year when the person moved out or died		Number of months in the h/hold during 2017	Main activity status during 2017	Month and Year when the person moved in		Residential Status	Usual Residence		Year of permanent settlement	Basic activity status	Father's ID	Mother's ID	Spouse's/ Partner's ID
		Month	Year		1= At work 2= Unemployed 3= In retirement or early retirement 4= Other inactive person (pupil/student, soldier, housewife etc.)	Month	Year	1= Currently living in the household 2= Domestic employee 3= Temporarily absent, within Cyprus 4= Temporarily absent, abroad	Did you ever have your usual residence (for more than 12 months) abroad? (students are excluded)	Yes	No ↓ Q.22	If YES, which year did you come to Cyprus for permanent settlement?	1= Working 2= Unemployed 3= In retirement or early retirement 4= Other inactive person (pupil/student, soldier, housewife etc.)	Write: -2 If the father is not a current household member	Write: -2 If the mother is not a current household member
1st									1	2					
2nd									1	2					
3rd									1	2					
4th									1	2					
5th									1	2					
6th									1	2					
7th									1	2					
8th									1	2					
9th									1	2					
10th									1	2					

# **B. CARE OF CHILDREN UP TO 12 YEARS OF AGE**

**FOR THE INTERVIEWER:** The questions below refer to children up to 12 years of age (i.e. those born in 2005 onwards) only.

The rest of the household members are excluded.

<b>Question: During a usual week (in the period January - June) how many hours was the child taken care by the following services (in the absence of you or your wife/partner)?</b>							
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>	<b>(7)</b>	<b>(8)</b>
<b>Line</b>	<b>Member's Serial Number</b>	Pre-school education (kindergarten, nursery school, pre-primary)	Compulsory education (primary, gymnasium)	Childcare at centre-based services	By a professional child- minder (at child's home or at child-minder's home)	Childcare at centre- based services (nurseries, kindergarten etc.)	By relatives, friends or other household members
1st							
2nd							
3rd							
4th							
5th							
6th							
7th							
8th							
9th							
10th							

**(5):** Childcare at centre-based services is considered to be the care of children before or after school hours either within the school premises (e.g. not compulsory all day school) or outside the school premises. All-day schools do not exist in every school. Public and private schools are included.

**(7):** Childcare programme outside school is considered to be the care of children during day at specially formed premises e.g. some municipalities provide these services. The children must not attend pre-school or compulsory education on this particular day.

**(8):** It concerns unpaid care of children by grandparents, members of the household other than the parents, other relatives, friends or neighbours.



**C. MEMBER TRACING SHEET**

For co-residents

For persons who moved out to a collective household or an institution in Cyprus

For persons who moved abroad

For persons who died

For persons who stayed in the household only for 3 months

} : END OF INTERVIEW

FOR SAMPLE PERSONS WHO MOVED OUT TO A PRIVATE HOUSEHOLD WITHIN CYPRUS COMPLETE THE FOLLOWING :

New address for split households

PERSONAL ID:

--	--	--	--	--	--	--	--	--	--

ROTATIONAL GROUP CODE:

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Name	:
District	:
Municipality/Community	:
Address	:
Telephone number	:

**FOR THE INTERVIEWER :**

a. I will interview the split household at the new address

.....

1
---



Complete all the  
relevant  
questionnaires

b. The split household will be interviewed at the new address by another  
interviewer .....

2
---



Inform the service

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 3

**SURVEY ON INCOME AND  
LIVING CONDITIONS OF HOUSEHOLDS**

**CONFIDENTIAL**

SILCKEY:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
YEAR OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DEGREE OF URBANISATION: <input type="text"/>
INTERVIEW MONTH:	<input type="text"/> <input type="text"/>	GEO. CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	INTERVIEWER'S NUMBER: <input type="text"/> <input type="text"/>
ROTATIONAL GROUP CODE:	<input type="text"/>	
WAVE NUMBER:	<input type="text"/> <input type="text"/>	PERIOD: <input type="text"/> <input type="text"/>

**HOUSEHOLD  
QUESTIONNAIRE**

February, 2018

**1. FOR THE INTERVIEWER. Please complete:**

- Time interview started (e.g. 18:30) .....  :
- Date of interview: Date   Month   Year

**HOUSING DATA**

**2. Type of building in which your dwelling is located:**

- Detached house.....
- Semi-detached house.....
- Terraced house .....
- Apartment or flat in a building with less than 10 dwellings .....
- Apartment or flat in a building with 10 dwellings or more.....
- Some other kind of accommodation (e.g. back-yard house, dwelling in a building used for other purposes etc.).....

**3. How many rooms does the dwelling have, not counting bathrooms, toilets, storage rooms and halls (2X2)? (Rooms used solely for business purposes are excluded)**

- Number of rooms .....

**HC020. What is the size of your dwelling, in square meters? If you do not know, please give an approximate number.(It refers to the floor space measured inside the outer walls excluding non-habitable cellars and attics and excluding in multi-dwelling buildings all common spaces)**

- Square metres .....

**Q3a. SHOULD BE ANSWERED BY THE INTERVIEWER**

**3a. What is the living area (in m<sup>2</sup>) used by the household?**

- Less than 101.....
- 101-150 .....
- 151-200 .....
- 201-250 .....
- 251-300.....
- 301 and over .....

**4. Is there in the dwelling:**

- |                                  | Yes, for sole use of the household | Yes, shared          | NO                   |
|----------------------------------|------------------------------------|----------------------|----------------------|
| a. Indoor bath or shower? .....  | <input type="text"/>               | <input type="text"/> | <input type="text"/> |
| b. Indoor flushing toilet? ..... | <input type="text"/>               | <input type="text"/> | <input type="text"/> |

**5. Do you have any of the following problems with your accommodation:**

- |   | YES                  | NO                   |
|---|----------------------|----------------------|
| a. Leaking roof, damp walls, floors, foundation or rot in window frames or floor? .....       | <input type="text"/> | <input type="text"/> |
| b. Too dark dwelling, meaning there is not enough day-light coming through the windows? ..... | <input type="text"/> | <input type="text"/> |

**5. Do you have any of the following problems related to the place where you live:**

- |   | YES                  | NO                   |
|---|----------------------|----------------------|
| c. Too much noise in your dwelling from neighbours or from outside (traffic, business, factory etc)?.....                             | <input type="text"/> | <input type="text"/> |
| d. Pollution, grime or other environmental problems in the local area such as: smoke, dust, unpleasant smells or polluted water?..... | <input type="text"/> | <input type="text"/> |
| e. Crime, violence and vandalism in the local area? .....   | <input type="text"/> | <input type="text"/> |

**6. Is the dwelling:**

- |  |   |   |         |
|--|---|---|---------|
| - Owned without paying mortgage for the main dwelling? .....   | <table border="1"><tr><td>1</td></tr></table> | 1 |         |
| 1  |   |   |         |
| - Owned paying mortgage for the main dwelling? .....   | <table border="1"><tr><td>2</td></tr></table> | 2 |         |
| 2  |   |   |         |
| - Rented or sub rented at market rate?<br>( <b>Includes</b> cases where the rent is fully or practically recovered from housing benefit) ..... | <table border="1"><tr><td>3</td></tr></table> | 3 | → Q.11  |
| 3  |   |   |         |
| - Rented at a lower price than the market price? .....   | <table border="1"><tr><td>4</td></tr></table> | 4 | → Q.10b |
| 4  |   |   |         |
| - Provided rent-free (by the parents, relatives etc.)? .....   | <table border="1"><tr><td>5</td></tr></table> | 5 |         |
| 5  |   |   |         |

**7. If you own the dwelling, when did you purchase or become an owner?**

**If it is provided rent-free, when did you move to this address?**

- |              |  |  |  |  |
|--------------|--|--|--|--|
| - Year ..... |  |  |  |  |
|--------------|--|--|--|--|

**8. Which year was your dwelling constructed?**

- |  |   |
|--|---|
| - Before 1946 .....                      | 1 |
| - 1946-1960 .....                        | 2 |
| - 1961-1970 .....                        | 3 |
| - 1971-1980 .....                        | 4 |
| - 1981-1990 .....                        | 5 |
| - 1991-2000 .....                        | 6 |
| - 2001-2010 .....                        | 7 |
| - 2011 and after, specify the year ..... |   |

**9. Please have a look at the following housing benefits. For each benefit could you please indicate whether you or another member of the household received any of these during the year 2017?**

If **YES**: Please indicate  
the annual amount received in the  
year 2017

## HOUSING ALLOWANCES

- |   | YES                            | NO                             |   |
|---|--------------------------------|--------------------------------|---|
| - Mortgage interest subsidy (Social Welfare Services, Guaranteed Minimum Income (GMI)).....   | <input type="text" value="1"/> | <input type="text" value="2"/> | € <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |
| - Financial assistance for improving housing conditions (Department of Town Planning and Housing/Service for the Displaced Persons) ..... | <input type="text" value="1"/> | <input type="text" value="2"/> | € <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |
| - Housing benefit (Ministry of the Interior) .....  | <input type="text" value="1"/> | <input type="text" value="2"/> | € <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |
| - Other allowances, please specify:   | <input type="text" value="1"/> | <input type="text" value="2"/> | € <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |

**10. What rental value would you pay for a similar housing unit?**

- a. Monthly imputed rent for private or provided rent-free dwellings ..... €       → Q. 15
- b. Monthly imputed rent for dwellings rented at a lower rent than the normal price for this area ..... €

**11. In which year did you rent your dwelling?**

- Year .....

**11a. Which year was your rented dwelling constructed?**

- Before 1946 .....  1
- 1946-1960 .....  2
- 1961-1970 .....  3
- 1971-1980 .....  4
- 1981-1990 .....  5
- 1991-2000 .....  6
- 2001-2010 .....  7
- 2011 and after, specify the year .....

**12. How much are you paying in rent monthly?**

- Monthly rent (*before the deduction of any amount probably recovered from housing benefits e.g. rent allowances given to refugees, elderly, repatriates*) ..... €

**12a. Is your housing unit rented:**

- Unfurnished .....  1
- Furnished/Partly Furnished .....  2

**13. Please have a look at the following housing benefits. For each benefit, could you please indicate whether you or another member of the household received any of these during the year 2017?**

ALLOWANCES		If YES: please indicate the annual amount received in the year 2017	
	YES	NO	
- Rent allowance (Social welfare services or Minimum Guaranteed Income (MGI))	<input type="text"/> 1	<input type="text"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Rent allowance (Ministry of Interior/Service for the Displaced Persons)	<input type="text"/> 1	<input type="text"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other allowances, please specify: .....	<input type="text"/> 1	<input type="text"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**14. Does the rent stated include payments for:**

	YES	NO
a. Water? .....	<input type="text"/> 1	<input type="text"/> 2
b. Electricity? .....	<input type="text"/> 1	<input type="text"/> 2
c. Heating? .....	<input type="text"/> 1	<input type="text"/> 2
d. Sewerage services Fee? .....	<input type="text"/> 1	<input type="text"/> 2
e. Refuse collection? .....	<input type="text"/> 1	<input type="text"/> 2
f. Other expenses (common expenses etc.)? .....	<input type="text"/> 1	<input type="text"/> 2
g. Regular repairs and maintenance? .....	<input type="text"/> 1	<input type="text"/> 2

**HOUSING COSTS**

**15. Please state whether you have paid any of the following during the year 2017:**

**If YES: Please indicate the annual amount you paid in the year 2017**

	YES	NO	
a. Water? .....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
b. Electricity? (excluding thermal accumulators of the Electricity Authority of Cyprus).....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
c. Central Heating? (either oil, gas or thermal accumulators of the Electricity Authority of Cyprus).....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
d. Gasoil, charcoal, fire-wood for heating? .....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
e. Gas for heating? .....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
f. Insurance fees for residence? .....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
g. Sewerage Services Fee? .....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
h. Refuse collection? .....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
i. Mortgage of interest payments?.....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
j. Other expenses (common expenses etc.)?	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
k. Regular repairs and maintenance? .....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

**16. To what extent are the above housing costs, including mortgage repayment (installment and interest) or rent, a financial burden to you? Please note: Only actual paid housing costs have to be taken into account. Would you say they are:**

- A heavy burden .....	<input type="text" value="1"/>
- A slight burden .....	<input type="text" value="2"/>
- Not a burden at all .....	<input type="text" value="3"/>

**NON MONETARY GOODS**

**17. For each item below indicate whether or not your household possesses it. It does not matter whether the item is owned or provided rent-free.**

If you do not have an item:

(a) would you like to have it, but can not afford it or

(b) do not have it for other reasons, e.g. you do not want or need it

YES

Would like to have it but can not afford it

Do not want it, do not have it for other reasons

	YES	Would like to have it but can not afford it	Do not want it, do not have it for other reasons
a. Telephone (either fixed line or mobile) .....	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b. Colour TV .....	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c. Personal Computer .....	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d. Washing machine .....	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e. Private car .....	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

**17n. Did your household go on holidays away from home for at least one week, during the last 12 months, including stays in second dwelling or with friends/relatives?**

- Yes .....	<input type="text" value="1"/>
- No, because household could not afford it.....	<input type="text" value="2"/>
- No, for some other reasons .....	<input type="text" value="3"/>

**HOUSING CONDITIONS**

**MH04. Is your dwelling equipped with heating facilities?**

- Yes - Central heating or similar (oil, gas or thermal accumulators of the Electricity Authority of Cyprus) ... 1
- Yes - **In most of the rooms** (more than half) there is other fixed heating (fireplace, split units or similar)... 2
- Yes - other fixed heating (fireplace, split units or similar) **in half or less than half rooms** ..... 3
- Yes - Non fixed heating (portable heating)..... 4
- No - No heating at all..... 5

**MH05. Is your dwelling comfortably warm during winter time?**

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

**MH06. Do you have air-condition facilities in your dwelling?**

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

**FINANCIAL SITUATION**

**18. Do you or anyone in your household have to repay debts from any credit card, hire purchase or other loans? (Mortgage repayments or other loans connected with the purchase of main dwelling are excluded. They are included if they are connected to another dwelling. Loans for purchase of a private car, housing equipment, student loans, overdraft etc. are included.**

- Yes ..... 1
- No ..... 2 → Q. 20

**19. To what extent is the repayment of such loans a financial burden for your household? Would you say it is:**

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

**20. Can your household afford to:**

- |   | YES   | NO  |
|---|---|---|
| a. Go for a week's annual holiday away from home, including stays in second dwelling or with friends/relatives (whole household)? ..... | <span style="border: 1px solid black; padding: 0 5px;">1</span> | <span style="border: 1px solid black; padding: 0 5px;">2</span> |
| b. Have a meal with meat, chicken, fish (or vegetarian equivalent) every second day? .....  | <span style="border: 1px solid black; padding: 0 5px;">1</span> | <span style="border: 1px solid black; padding: 0 5px;">2</span> |
| c. Face an unexpected but necessary expense of €700 from your own resources? .....  | <span style="border: 1px solid black; padding: 0 5px;">1</span> | <span style="border: 1px solid black; padding: 0 5px;">2</span> |
| d. Keep its home adequately warm? .....   | <span style="border: 1px solid black; padding: 0 5px;">1</span> | <span style="border: 1px solid black; padding: 0 5px;">2</span> |

**21. Have you, at any time during the last 12 months, been unable to pay as scheduled due to financial difficulties any of the following:**

- |  | Yes,<br>once  | Yes, twice<br>on more   | No  | Not<br>applicable   |
|--|---|---|---|---|
| a. Rent for accommodation or housing loans for the main dwelling?.....   | <span style="border: 1px solid black; padding: 0 5px;">1</span> | <span style="border: 1px solid black; padding: 0 5px;">2</span> | <span style="border: 1px solid black; padding: 0 5px;">3</span> | <span style="border: 1px solid black; padding: 0 5px;">4</span> |
| b. Utility bills, (heating, electricity, gas, water etc) for the main dwelling? (telephone bills are not included) .....                   | <span style="border: 1px solid black; padding: 0 5px;">1</span> | <span style="border: 1px solid black; padding: 0 5px;">2</span> | <span style="border: 1px solid black; padding: 0 5px;">3</span> | <span style="border: 1px solid black; padding: 0 5px;">4</span> |
| c. Credit card balances or loan payments for purchases of housing equipment, purchase of a private car etc. or other hire purchases? ..... | <span style="border: 1px solid black; padding: 0 5px;">1</span> | <span style="border: 1px solid black; padding: 0 5px;">2</span> | <span style="border: 1px solid black; padding: 0 5px;">3</span> | <span style="border: 1px solid black; padding: 0 5px;">4</span> |

**HD080. Could you tell me if your household replaces worn-out furniture when worn-out or damaged?**

- Yes ..... 

1
---
- No, because the household cannot afford it ..... 

2
---
- No, for some other reason ..... 

3
---

**22. A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total income, is your household able to make ends meet, namely, to pay for its usual necessary expenses?**

- With great difficulty ..... 

1
---
- With difficulty ..... 

2
---
- With some difficulty ..... 

3
---
- Fairly easily ..... 

4
---
- Easily ..... 

5
---
- Very easily ..... 

6
---

**23. In your opinion, what is the very lowest net monthly income that your household would like to have in order to make ends meet, that is to pay its usual necessary expenses? Please answer in relation to the present circumstances of your household, and what you consider as usual necessary expenses (to make ends meet).**

- Total monthly amount ..... € 

--	--	--	--	--	--

**23a. Do you have a housing loan for your main dwelling?**

- Yes ..... 

1
---
- No ..... 

2
---

 → Q. 24

**23b. Which year did you get the housing loan?**

- Year ..... 

--	--	--	--	--

**23c. What was the initial amount borrowed (principal)?**

- Amount ..... € 

--	--	--	--	--	--

**23d. Overall, in how many years must the initial housing loan be repaid?**

- Years ..... 

--	--

**23e. What is the monthly payment for the housing loan?**

- Amount ..... € 

--	--	--	--	--	--

**23f. What was the outstanding amount of the housing loan at the end of 2017?**

- Amount ..... € 

--	--	--	--	--	--

**23g. What is the actual total amount paid for 2017?**

- Amount ..... € 

--	--	--	--	--	--

**23h. What interest rate do you pay for your housing loan?**

- Interest rate ..... 

--	--

**23i. Is your housing loan funded by the Central Agency for Equal Distribution of Burdens or by the Ministry of Interior?**

- Yes ..... 

1
---
- No ..... 

2
---

- If YES, state the amount for 2017 ..... € 

--	--	--	--	--	--



- 24. FOR THE INTERVIEWER:** Please check from the Members Register, whether there are any children under 16 years old in the household..
- Yes..... ☐ 1
- No ..... ☐ 2 → Q. 27

**INCOME OF PERSONS UNDER 16 YEARS OF AGE**

- 25. During 2017, did any of the children under 16 years of age have at least one independent source of income?**

*Please disregard any amounts received from other members of the household.*

- Yes..... ☐ 1
- No..... ☐ 2 → Q. 27

- 26. If YES, what was the total amount during the year 2017?**

- Total Gross annual amount (before tax and social insurance contributions were deducted) ..... €
- Total Net annual amount (after tax and social insurance contributions were deducted) ..... €

**SOCIAL BENEFITS AND ALLOWANCES**

- 27. Please look at this list of family-related benefits and allowances. For each benefit/allowance could you please indicate whether you or someone else in the household received any of these during the year 2017?**

If YES: Please indicate the total amount for 2017

BENEFIT-ALLOWANCE	YES	NO	
a. Mother's allowance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Child allowance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Allowance for the care of disabled children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Maternity allowance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Paternity allowance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Grant for the care of children placed with foster families .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. Maternity grant (lump sum payment).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. Benefit to families with triplets or more.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. Allowance for the care of the elderly .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
j. Single Parent Benefit .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
k. Other family benefits, please specify:.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- 28n. During the year 2017, did anyone in your household receive the Missing Persons Allowance?**

- Yes ..... ☐ 1
- No ..... ☐ 2 → Q. 28an

\_\_\_\_\_

**FINANCIAL ASSISTANCE TO/AND FROM OTHERS**

**30. During the year 2017, did you or anyone else in your household give on a regular basis any financial assistance to members of other private households?**

(It includes payments for a spouse or former spouse (alimony), children not living with you any more but they have their own household (not students), older parents, relatives, etc. It does not include money given as gifts for Christmas, birthdays etc.).

- Yes ..... 1

- No ..... 2 → Q. 32

**31. If YES, specify:**

TYPE OF ASSISTANCE	FOR OFFICIAL USE	THE AMOUNT WAS PAID EVERY	TOTAL GROSS AMOUNT PAID IN 2017 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2017 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
	1. Alimony (mandatory/voluntary) 2. Other kind of help			
-----	<span style="border: 1px solid black; padding: 2px 10px;">1</span>	week <span style="border: 1px solid black; padding: 2px 10px;">1</span>	€	€
	<span style="border: 1px solid black; padding: 2px 10px;">2</span>	month <span style="border: 1px solid black; padding: 2px 10px;">2</span>		
		year <span style="border: 1px solid black; padding: 2px 10px;">3</span>	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
-----	<span style="border: 1px solid black; padding: 2px 10px;">1</span>	week <span style="border: 1px solid black; padding: 2px 10px;">1</span>	€	€
	<span style="border: 1px solid black; padding: 2px 10px;">2</span>	month <span style="border: 1px solid black; padding: 2px 10px;">2</span>		
		year <span style="border: 1px solid black; padding: 2px 10px;">3</span>	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
-----	<span style="border: 1px solid black; padding: 2px 10px;">1</span>	week <span style="border: 1px solid black; padding: 2px 10px;">1</span>	€	€
	<span style="border: 1px solid black; padding: 2px 10px;">2</span>	month <span style="border: 1px solid black; padding: 2px 10px;">2</span>		
		year <span style="border: 1px solid black; padding: 2px 10px;">3</span>	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
-----	<span style="border: 1px solid black; padding: 2px 10px;">1</span>	week <span style="border: 1px solid black; padding: 2px 10px;">1</span>	€	€
	<span style="border: 1px solid black; padding: 2px 10px;">2</span>	month <span style="border: 1px solid black; padding: 2px 10px;">2</span>		
		year <span style="border: 1px solid black; padding: 2px 10px;">3</span>	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>

**32. During the year 2017, did you or anyone else in your household receive on a regular basis any financial assistance from members of other private households?**

(It includes amounts received from a spouse or former spouse (alimony), children, parents, relatives etc. It does not include money given as gifts for Christmas, birthdays etc.)

- Yes ..... 1

- No ..... 2 → Q. 34

**33. If YES, specify:**

TYPE OF ASSISTANCE	FOR OFFICIAL USE	THE AMOUNT WAS RECEIVED EVERY	TOTAL GROSS AMOUNT RECEIVED IN 2017 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT RECEIVED IN 2017 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	
	1. Alimony (mandatory/ voluntary) 2. Other kind of help				
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _	_ _ _ _ _ _	
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _	_ _ _ _ _ _	
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _	_ _ _ _ _ _	
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _	_ _ _ _ _ _	

**INCOME IN KIND**

**34. During the year 2017 did you have any savings from own production of goods?**

*This question refers to savings from the consumption of self-produced agricultural and livestock products, etc.*

- Yes ..... 1
- No ..... 2 → Q. 35a

**35. If YES, approximately how much did you save?**

- Total amount (annual) ..... € |\_|\_|\_|\_|\_|

**35a. During the year 2017, did any member of your household received any subsidy from the C.A.P.O. or from the Agricultural Insurance Agency?**

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

1

2

→ **Q. 38a1**

1

1

2

2

4

5

6

1

2

€ | | | | |

€ | | | | |

€ | | | | |

## TAX ON REAL ESTATE

1

2

€

1 2 3 4 5

€

1 2 3 4 5

***DURATION AND DATE OF INTERVIEW***

**43. FOR THE INTERVIEWER: Please record the time the interview was completed:**

- Member's serial number of the person who gives the information about the household..... 

--	--

- Member's serial number of the person responsible for the dwelling ..... 

--	--

If it is not possible to record one person responsible, in case there are two persons responsible, record also the member's serial number of the 2<sup>nd</sup> person

- Member's serial number of the 2<sup>nd</sup> person responsible..... 

--	--

- Duration of household questionnaire interview in minutes..... 

--	--

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REPUBLIC



OF CYPRUS

STATISTICAL

SERVICES

Form: SILC 4

**SURVEY ON INCOME AND LIVING  
CONDITIONS OF HOUSEHOLDS**

**CONFIDENTIAL**

SILCKEY:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
YEAR OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DEGREE OF URBANISATION: <input type="text"/>
INTERVIEW MONTH:	<input type="text"/> <input type="text"/>	GEO. CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	INTERVIEWER'S NUMBER: <input type="text"/> <input type="text"/>
MEMBER'S SERIAL NUMBER	<input type="text"/> <input type="text"/>	
ROTATIONAL GROUP CODE:	<input type="text"/>	
WAVE NUMBER:	<input type="text"/> <input type="text"/>	PERIOD: <input type="text"/> <input type="text"/>

**MEMBER QUESTIONNAIRE  
AGED 16 AND OVER**

February, 2018

**1. FOR THE INTERVIEWER. Please complete:**

- Time interview started

(e.g. 19:00) ..... 

--	--

 : 

--	--

Date

Month

Year

- Date of interview:

--	--

--	--

--	--	--	--

**DEMOGRAPHIC DATA**

**2. In which country were you born?**

- Cyprus ..... 

1
---

- Other: Specify country of birth (excluding Cyprus) ..... 

--	--

**3. What is your citizenship? In case of two citizenships please specify both.**

- Cypriot..... 

1
---

- Other:

First citizenship ..... 

--	--

Second citizenship ..... 

--	--

**4. What is your marital status?**

- Never married ..... 

1
---

- Married ..... 

2
---

- Widowed ..... 

3
---

- Divorced..... 

4
---

- Separated ..... 

5
---

- Cohabitant ..... 

6
---

} Q. 6

**5. What is your legal marital status?**

- Never married ..... 

1
---

- Married ..... 

2
---

- Widowed ..... 

3
---

- Divorced..... 

4
---

**EDUCATION**

**6. Are you currently in education?**

- Yes ..... 

1
---

- No..... 

2
---

 → Q. 8

**FOR THE INTERVIEWER:** If the answer to Q7 = 3 then ask Q7a **only if the person's age is under 35**. If the answer to Q7 = 4 then ask Q7b **only if the person's age is under 35**.

**7. What is the educational level you are currently studying in?**

- Primary Education ..... 

1
---

 } Q. 8

- Lower Secondary Education (Gymnasium) ..... 

2
---

 }

- Upper Secondary Education (Lyceum/Technical School) ..... 

3
---

 → Q. 7a only if the person's age is under 35. Otherwise ask Q. 8.

- Post-secondary non tertiary education (duration of programmes up to 2 years) ..... 

4
---

 → Q. 7b only if the person's age is under 35. Otherwise ask Q7c1.

- Short cycle tertiary programmes (duration of programmes 2-3 years e.g. Private College, Police Academy, H HIC, Tour Guide School etc). 

5
---

 }

- Bachelor or equivalent ..... 

6
---

 } Q. 7 c1

- Master or equivalent ..... 

7
---

 }

- Doctorate or equivalent ..... 

8
---

 }



**7a. Please specify whether is:**

- Upper secondary general education (Lyceum) .....  } Q. 8
- Upper secondary technical/vocational education (Technical School) .....  }

**7b. Please specify whether is:**

- Post-secondary non tertiary general education.....
- Post-secondary non tertiary vocational education .....

**7c1. School name** \_\_\_\_\_

**7c2. Subject title** \_\_\_\_\_

**7c3. Duration of programme** \_\_\_\_\_

**7c4. Year of studies**

**7c5. Country of studies** \_\_\_\_\_   
Country code

**FOR THE INTERVIEWER:** If the answer to Q. 8 = 5 then ask Q. 8a and if Q. 8 = 6 then ask Q. 8b only if the person's age is under 35. Otherwise ask Q. 9 and Q. 8c1.

**8. What is the highest level of education you successfully completed?**

- Never attended school .....  → Q. 10
- Not completed primary .....  } Q. 9
- Primary Education.....  }
- Lower secondary education (Gymnasium) .....  }
- Upper secondary education (Lyceum /Technical School) .....  → Q. 8a only if the person's age is under 35 otherwise ask Q. 9
- Post-secondary non-tertiary education (duration of programmes up to 2 years) .....  → Q. 8b only if the person's age is under 35 otherwise ask Q. 8c1
- Short cycle tertiary programmes (duration of programmes 2-3 years e.g. Private College, Police Academy, H HIC, Tour Guide School etc). .....  } Q. 8c1
- Bachelor or equivalent .....  }
- Master or equivalent .....  }
- Doctorate or equivalent .....  }

**8a. Please specify whether is:**

- Upper secondary general education (Lyceum) in Cyprus .....  → Q. 9
- Upper secondary general education (Lyceum) abroad .....  → Q. 8a1
- Upper secondary technical/vocational education (Technical School) in Cyprus.....  → Q. 9
- Upper secondary technical/vocational education (Technical School) abroad .....  → Q. 8a2

**8a1. Your Upper secondary education (Lyceum) leaving certificate in which of the following categories belongs?**

- Certificate of partial level completion and without direct access to tertiary education .....  } Q. 9
- Certificate of level completion, without direct access to tertiary education .....  }
- Certificate of level completion, with direct access to tertiary education .....  }
- Without distinction of direct access to tertiary education.....  }

**8a2. Your Upper secondary technical/vocational education (Technical school) leaving certificate in which of the following categories belongs?**

- Certificate of partial level completion and without direct access to tertiary education .....  } Q. 9
- Certificate of level completion, without direct access to tertiary education .....  }
- Certificate of level completion, with direct access to tertiary education .....  }
- Without distinction of direct access to tertiary education.....  }

**8b. Please specify whether is:**

- Post-secondary non tertiary general education.....
- Post-secondary non tertiary vocational education .....

8c1. School name and country .....

8c2. Subject title .....

8c3. Duration of programme .....

9. In which year did you complete this level?

Year ..... 

--	--	--	--

**FOR THE INTERVIEWER:** If the answer to Q. 8 = 2,3,4 or 5 then ask Q. 9a. Otherwise ask Q. 10

9a. Total years in education (1st grade of primary school and later)..... 

--	--

**HEALTH**

10. How is your health in general?

- Very good..... 

1
---
- Good..... 

2
---
- Fair..... 

3
---
- Bad..... 

4
---
- Very bad ..... 

5
---

11. Do you have any chronic (long-standing) illness or health problem?

- Yes ..... 

1
---
- No ..... 

2
---

12. For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?

- Severely limited ..... 

1
---
- Limited but not severely..... 

2
---
- Not limited at all ..... 

3
---

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

- Yes (I really needed at least at one occasion dental examination or treatment) ..... 

1
---
- No (I did not need any dental examination or treatment)..... 

2
---

 → Q. 15

13a. Did you have a dental examination or treatment each time you really needed?

- Yes (I had a dental examination or treatment each time I needed)..... 

1
---

 → Q. 15
- No (there was at least one occasion when I did not have a dental examination or treatment) ..... 

2
---

14. What was the main reason for not having a dental examination or treatment? Refer to the most recent occasion.

- Could not afford to (too expensive) ..... 

1
---
- Long waiting list ..... 

2
---
- Could not take time because of work, care of children or others ..... 

3
---
- Too far to travel/no means of transportation ..... 

4
---
- Fear of dentists, hospitals, examinations, or treatment ..... 

5
---
- Wanted to wait and see if the problem got better on its own..... 

6
---
- Did not know any good dentist ..... 

7
---
- Other reason, specify: ..... 

8
---

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

- Yes (I really needed at least at one occasion medical examination or treatment)..... 

1
---
- No (I did not need any medical examination or treatment) ..... 

2
---

 → PD020

15.a Did you have a medical examination or treatment each time you really needed?

- Yes (I had a medical examination or treatment each time I needed) ..... 

1
---

 → PD020
- No (there was at least one occasion when I did not have a medical examination or treatment) ..... 

2
---

**16. What was the main reason for not having a medical examination or treatment?**

**Refer to the most recent occasion.**

- |   |   |
|---|---|
| - Could not afford to (too expensive) .....                                 | 1 |
| - Long waiting list.....  | 2 |
| - Could not take time because of work, care of children or for others ..... | 3 |
| - Too far to travel/no means of transportation .....                        | 4 |
| - Fear of medical doctors, hospitals, examination or treatment.....         | 5 |
| - Wanted to wait and see if the problem got better on its own.....          | 6 |
| - Did not know any good medical doctor.....                                 | 7 |
| - Other reason, specify:<br>.....   | 8 |

**MATERIAL DEPRIVATION**

**PD020. Could you tell me if you can replace worn-out clothes by some new ones (not second hand)?**

- |                                      |   |
|--------------------------------------|---|
| - Yes .....                          | 1 |
| - No, because cannot afford it ..... | 2 |
| - No, for some other reason .....    | 3 |

**PD030. Could you tell me if you have two pairs of shoes in a good condition that are suitable for daily activities?**

- |                                      |   |
|--------------------------------------|---|
| - Yes .....                          | 1 |
| - No, because cannot afford it ..... | 2 |
| - No, for some other reason .....    | 3 |

**PD050. Could you tell me if you get together with friends/family (relatives) for a drink/ meal at least once a month?**

- |                                      |   |
|--------------------------------------|---|
| - Yes .....                          | 1 |
| - No, because cannot afford it ..... | 2 |
| - No, for some other reason .....    | 3 |

**PD060. Could you tell me if you regularly participate in a leisure activity such as sport, cinema, concert etc. (that costs money)?**

- |                                      |   |
|--------------------------------------|---|
| - Yes .....                          | 1 |
| - No, because cannot afford it ..... | 2 |
| - No, for some other reason .....    | 3 |

**PD070. Could you tell me if you spend a small amount of money each week on yourself for your own pleasure (buying/doing something for your self)?**

- |                                      |   |
|--------------------------------------|---|
| - Yes .....                          | 1 |
| - No, because cannot afford it ..... | 2 |
| - No, for some other reason .....    | 3 |

**PD080. Could you tell me if you have an Internet connection for personal use when needed (via laptop, desktop computer, smartphone etc.)?**

- |                                      |   |
|--------------------------------------|---|
| - Yes .....                          | 1 |
| - No, because cannot afford it ..... | 2 |
| - No, for some other reason .....    | 3 |

**LABOUR**

**17. During the previous week have you worked at least one hour?**

(Unpaid family workers must answer YES)

- Yes .....
- No .....

**18. What is your current main activity?**

(The activity is self-determined by the respondent)

- Employee working full time.....  } Q. 22
- Employee working part time.....  }
- Self-employed working full-time (including family worker).....
- Self-employed working part-time (including family worker).....
- Unemployed .....
- Pupil, student, further training unpaid work experience.....
- In retirement or in early retirement.....
- Permanently disabled or/and unfit to work .....
- In compulsory military community or service .....
- Fulfilling domestic tasks and care responsibilities.....
- Income recipient.....
- Other inactive person.....

**FOR THE INTERVIEWER:** If the age of the respondent is greater or equal to 63 then go to Q. 21

**19. During the last 4 weeks did you look for a job?**

- Yes .....
- No .....  → Q. 21

**20. In case work becomes available, would you be ready to start within the next 2 weeks?**

- Yes .....
- No .....

**21. Have you ever worked? (Pupils/students who have worked during vacations must answer NO)**

- Yes .....
- No .....  → Q. 38

**22. Please describe in detail the occupation you had/have in your last/present work.**

.....

**FOR THE INTERVIEWER:** The next question should be asked if in Q.18 the answer was 5 to 12 and Q.21=1

**PL111T2. Please describe in detail the main economic activity of the business or organisation or service of your last main job.**

.....

**23. In your job, are/were you:**

- Self-employed with employees .....  → Q. 26
- Self-employed without employees .....  → Q. 26
- An employee.....
- A family worker without payment .....  → Q. 26

**24. What is/was the type of your work contract?**

- Permanent or of unlimited duration .....
- Temporary or of limited duration .....

1

2

**25. Do/did you supervise or manage any personnel in your job?**

- Yes .....
- No .....

1

2

**26. FOR THE INTERVIEWER:** If the answer in Q.18 is 1,2,3 or 4 then go to Q.27. Otherwise ask Q.36

**27. How many persons in total, work at the local unit where you work? (Including yourself)**

- 1 - 10, specify the exact number .....
- 11 - 19 .....
- 20 - 49.....
- 50 and over.....
- Do not know, but less than 11 persons.....
- Do not know, but more than 10 persons.....

--	--

11

12

13

14

15

**28. Please describe in detail the main economic activity of the business or organisation or service where you work.**

- .....

--	--

**PL230T2. Does the business or organisation or service where you are currently working, belong to the Private or Public/Broad Public Sector?**

- Public or Broad Public Sector .....
- Private Sector .....

1

2

**29. How many hours a week do you normally work in your main job?**

*(Include the overtime you normally spend, paid or not)*

Number of hours:

--	--

**30a. Do you have different employer since the last interview (for the interviewer: during the last 12 months if first time in the survey)?**

- Yes .....
- No .....

**30. Have you changed your main job since the last interview (for the interviewer: or during the last 12 months if first time in the survey)?**

- Yes .....
- No .....  → Q. 32

**31. What was the reason for this job change?**

- To take up or seek a better job .....
- End of temporary work/contract.....
- Obligated to stop by employer (termination, business closure, redundancy, early retirement) .....
- Sale or closure of own/family business .....
- Child care or care for other dependents .....
- Husband's/wife's/partner's job required you to move to another area, marriage.....
- Other reason, specify: .....

**32. Do you normally work at more than one job?**

- Yes .....
- No .....  → Q. 34

**32a. If yes, please specify:**

-----

**33. How many hours in total do you work each week in your secondary job?**

Number of hours: .....

**34. FOR THE INTERVIEWER:** Check if the total number of hours provided in Q. 29 and Q. 33 is less than 30 then ask Q.35. If it is greater or equal to 30 then ask Q.36.

**35. What is the main reason for working less than 30 hours?**

- Undergoing education or training.....
- Personal illness or disability.....
- Want to work more hours, but cannot find a full-time job or cannot work more hours in this job ....
- Do not want to work more hours.....
- Number of hours in all jobs are considered as a full-time job .....
- Housework, care of children or other persons .....
- Other reasons, specify: .....

**36. At what age did you begin your first regular job?**

Age at first regular job: .....

**37. Approximately how many years have you worked as an employee or self-employed?**

Years: .....

**38. What was your main activity in each month in the year 2017 and up to now?**

*(The activity is self-determined by the respondent, given the person is not in employment)*

	2017												2018							
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.
Employee working full-time	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01
Employee working part-time	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02
Self-employed working full-time (including family worker)	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03
Self-employed working part-time (including family worker)	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04
Unemployed	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05
Pupil, student, further training, unpaid work experience	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06
In retirement or in early retirement	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07
Permanently disabled or/and unfit to work	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08
In compulsory military community or service	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09
Fulfilling domestic tasks and care responsibilities	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Income recipient	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
Other inactive person	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12

**FOR OFFICIAL USE:**

**Change of main activity since last interview (or during the last 12 months if first time in the survey)**

--	--

- Employed - Unemployed ..... 01
- Employed - Retired ..... 02
- Employed - Other inactive person ..... 03
- Unemployed - Employed ..... 04
- Unemployed - Retired ..... 05
- Unemployed - Other inactive person ..... 06
- Retired - Employed ..... 07
- Retired - Unemployed ..... 08
- Retired - Other inactive person ..... 09
- Other inactive person - Employed ..... 10
- Other inactive person - Unemployed ..... 11
- Other inactive person - Retired ..... 12
- No change ..... 13

**INCOME OF EMPLOYEES**

**39. During the year 2017, did you receive any income or other form of pay as an employee or daily paid worker?**

- Yes .....

1

- No .....

2

→ Q. 55

**40. Do you know your total gross or/and net earnings, from all your jobs, for the year 2017?**

(By gross earnings we mean the amount before the deduction of tax and social insurance/provident fund/medical fund)

- Yes, I know the annual earnings from all my jobs .....

1

→ Q. 41

- No, I know only the weekly/monthly earnings from all my jobs .....

2

→ Q. 42

**41. If YES, please specify the total gross/net earnings, as well as the deductions you had during 2017, for each of your jobs as an employee.**

1 <sup>st</sup> JOB	2 <sup>nd</sup> JOB	3 <sup>rd</sup> JOB
<b>ANNUAL GROSS AMOUNT</b> Amount €	<b>ANNUAL GROSS AMOUNT</b> Amount €	<b>ANNUAL GROSS AMOUNT</b> Amount €
<b>ANNUAL TAX AMOUNT</b> Amount €	<b>ANNUAL TAX AMOUNT</b> Amount €	<b>ANNUAL TAX AMOUNT</b> Amount €
<b>SOCIAL INSURANCE PROVIDENT FUND/MEDICAL FUND ETC</b> Amount €	<b>SOCIAL INSURANCE PROVIDENT FUND/MEDICAL FUND ETC</b> Amount €	<b>SOCIAL INSURANCE PROVIDENT FUND/MEDICAL FUND ETC</b> Amount €
<b>ANNUAL NET AMOUNT</b> Amount €	<b>ANNUAL NET AMOUNT</b> Amount €	<b>ANNUAL NET AMOUNT</b> Amount €
<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/ provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund only 4. Unknown 5. Gross equals net amount	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/ provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund only 4. Unknown 5. Gross equals net amount	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/ provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund only 4. Unknown 5. Gross equals net amount

**42. During the year 2017, what was the amount of your regular earnings each time you got paid?**

Please specify the gross and net amount as well as the deductions.

1 <sup>st</sup> JOB	2 <sup>nd</sup> JOB	3 <sup>rd</sup> JOB
<b>PERIOD</b> Weekly 1 Monthly 2	<b>PERIOD</b> Weekly 1 Monthly 2	<b>PERIOD</b> Weekly 1 Monthly 2
<b>NO. OF WEEKS/MONTHS</b> Weeks Months	<b>NO. OF WEEKS/MONTHS</b> Weeks Months	<b>NO. OF WEEKS/MONTHS</b> Weeks Months
<b>GROSS AMOUNT</b> €	<b>GROSS AMOUNT</b> €	<b>GROSS AMOUNT</b> €
<b>TAX</b> €	<b>TAX</b> €	<b>TAX</b> €
<b>SOCIAL INSURANCE/PROVIDENT FUND/MEDICAL FUND</b> €	<b>SOCIAL INSURANCE/PROVIDENT FUND/MEDICAL FUND</b> €	<b>SOCIAL INSURANCE/PROVIDENT FUND/MEDICAL FUND</b> €
<b>NET AMOUNT</b> €	<b>NET AMOUNT</b> €	<b>NET AMOUNT</b> €
<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/ provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund only 4. Unknown 5. Gross equals net amount	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/ provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund only 4. Unknown 5. Gross equals net amount	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/ provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund only 4. Unknown 5. Gross equals net amount



43. During the year 2017, did you have any extra income from work, that was not stated above?

	YES 1	NO 2	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund/medical fund only 4. Unknown 5. Gross equals net amount
<b>- 13th Salary</b> <i>If yes, specify:</i>			
Gross amount.....	€		
Net amount .....	€		
<hr/>			
	YES 1	NO 2	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund/medical fund only 4. Unknown 5. Gross equals net amount
<b>- 14th Salary</b> <i>If yes, specify:</i>			
Gross amount.....	€		
Net amount .....	€		
<hr/>			
	YES 1	NO 2	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund/medical fund only 4. Unknown 5. Gross equals net amount
<b>- Overtime</b> <i>If yes, specify:</i>			
Gross amount.....	€		
Net amount .....	€		
<hr/>			
	YES 1	NO 2	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund/medical fund only 4. Unknown 5. Gross equals net amount
<b>- Tips</b> <i>If yes, specify:</i>			
Gross amount.....	€		
Net amount .....	€		
<hr/>			
	YES 1	NO 2	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund/medical fund only 4. Unknown 5. Gross equals net amount
<b>- Commission</b> <i>If yes, specify:</i>			
Gross amount.....	€		
Net amount .....	€		
<hr/>			
	YES 1	NO 2	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund/medical fund only 4. Unknown 5. Gross equals net amount
<b>- Profit sharing, stock options and bonus</b> <i>If yes, specify:</i>			
Gross amount.....	€		
Net amount .....	€		
<hr/>			
	YES 1	NO 2	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund/medical fund only 4. Unknown 5. Gross equals net amount
<b>- Productivity allowances</b> <i>If yes, specify:</i>			
Gross amount.....	€		
Net amount .....	€		
<hr/>			
	YES 1	NO 2	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund/medical fund only 4. Unknown 5. Gross equals net amount
<b>- Transport allowance</b> <i>If yes, specify:</i>			
Gross amount.....	€		
Net amount .....	€		
<hr/>			
	YES 1	NO 2	<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/provident fund/medical fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund/medical fund only 4. Unknown 5. Gross equals net amount
<b>- Other payments specify:</b> ----- <i>If yes, specify:</i>			
Gross amount.....	€		
Net amount .....	€		

**44. During the year 2017, did you receive any additional payments from your employer, due to illness, maternity and disability, which were not included in the amounts given before?**

YES NO

☐ 1 ☐ 2

**The net amount you just mentioned is:**

1. Net of social insurance contributions/provident fund/medical fund and taxes
2. Net of taxes only
3. Net of social insurance contributions/provident fund/medical fund only
4. Unknown
5. Gross equals net amount

*If yes, specify:*

Gross amount..... €

Net amount .....€

**44EC. During 2017, did your employer contribute in the following funds;**

YES NO

Social insurance fund ..... ☐ 1 ☐ 2

Redundancy fund..... ☐ 1 ☐ 2

Human resource development fund ..... ☐ 1 ☐ 2

Social cohesion fund ..... ☐ 1 ☐ 2

Provident fund..... ☐ 1 ☐ 2

If YES, amount (annual)..... €

Annual holiday fund ..... ☐ 1 ☐ 2

Medical fund ..... ☐ 1 ☐ 2

If YES, amount (annual)..... €

Private pension plan..... ☐ 1 ☐ 2

If YES, amount (annual)..... €

**44PP. In your job are/were you;**

- Permanent civil servant scale A..... ☐ 1
- Permanent semi-government employee scale A (Local Authorities included)..... ☐ 2
- Permanent civil servant scale E..... ☐ 3
- Permanent semi-government employee scale E (Local Authorities included)..... ☐ 4
- Casual civil servant scale A..... ☐ 5
- Casual semi-government employee scale A (Local Authorities included)..... ☐ 6
- Casual civil servant scale E..... ☐ 7
- Casual semi-government employee scale E (Local Authorities included)..... ☐ 8
- Banking employee (Commercial Bank)..... ☐ 9
- Private employee..... ☐ 10
- Other (e.g. priest, member of the parliament, working abroad etc.) ..... ☐ 11

- | PERIOD  |   | GROSS  | TAX |  |  |  |  |   |  |  |  |  |  |
|---------|---|--|-----|--|--|--|--|---|--|--|--|--|--|
| MONTHLY | 1 | € <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>   |     |  |  |  |  | € <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>        |  |  |  |  |  |
|         |   |  |     |  |  |  |  |   |  |  |  |  |  |
|         |   |  |     |  |  |  |  |   |  |  |  |  |  |
| WEEKLY  | 2 | SOCIAL INS./PROVIDENT<br>FUND/MEDICAL FUND<br>€ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |     |  |  |  |  | NET<br>€ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |
|         |   |  |     |  |  |  |  |   |  |  |  |  |  |
|         |   |  |     |  |  |  |  |   |  |  |  |  |  |

# INCOME FROM SELF-EMPLOYMENT

55. During the year 2017 did you receive any income from self-employment, such as from your own business, professional practice, freelance work, work under subcontract, service supply, trade etc. ?  
(agriculture is excluded)

- Yes ..... ☐ 1
- No ..... ☐ 2 → Q. 68

56. Apart from you, are there other household members involved in running this business or activity?

- Yes ..... ☐ 1
- No ..... ☐ 2 → Q. 59

57. Who is the best person to provide us details on this business or activity, yourself or another household member?

- Myself..... ☐ 1 → Q. 59
- Other household member..... ☐ 2

## 58. FOR THE INTERVIEWER:

Enter the member's serial number of the person who is responsible for this business or activity

-Member's serial number .....   → Q. 68

59. Do you own this business or activity or are you in partnership with someone else?  
(Other household members involved in the business are not considered partners)

- Own ..... ☐ 1
- Partnership ..... ☐ 2

60. Always based on your share of the business what was your gross income during the year 2017 after the deduction of the business expenses?  
(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. The income amount should include the value of items received by the self-employer from the business or activity for personal use)

- Amount ..... €

61. Does the amount given refer to profit or loss?

- Profit..... ☐ 1
- Loss ..... ☐ 2

62. How much income tax will you pay concerning this amount?

- Tax amount..... €
- Do not know ..... ☐ 1

63. How much did you pay for social insurance/provident fund?

- Amount ..... €
- Do not know ..... ☐ 1

64. During the year 2017 did you draw any money from the business account (which is used only for business purposes) for personal needs or needs of the household?

(e.g. vacations, instalments, training schools, children studies etc.)  
(this amount is not included in the amount stated in Q.60)

- Yes ..... ☐ 1
- No ..... ☐ 2 → Q. 66

65. Approximately how much did you receive for these needs during the year 2017?

- Amount ..... €

66. During the year 2017 did you pay additional income tax related to previous years?  
(closing accounts, fine etc.)

- Yes ..... ☐ 1
- No ..... ☐ 2
- If YES, amount ..... €

67. During the year 2017, did you pay additional amounts for insurance contributions e.g. fine etc.?

- Yes ..... ☐ 1
- No ..... ☐ 2
- If YES, amount ..... €

# INCOME FROM AGRICULTURE LIVESTOCK/FISHING

68. During the year 2017, did you have any income from agriculture/livestock/fishing?

- Yes ..... ☐ 1
- No ..... ☐ 2 → Q. 79

69. Apart from yourself, are other household members involved in this activity?

- Yes ..... ☐ 1
- No ..... ☐ 2 → Q. 72

70. Who is the best person to provide us details on this activity, yourself or another household member?

- Myself..... ☐ 1 → Q. 72
- Other household member ... ☐ 2

**71. FOR THE INTERVIEWER:**

Enter the member's serial number of the person who is responsible for this activity.

- Member's serial number ....   → Q. 79

**72. Do you own this activity or are you in partnership with someone else?**

- Own .....  1

- Partnership .....  2

**73. Always based on your share of the activity, what was your gross income during the year 2017 after deducting the business expenses?**

(Expenses are considered to be the amounts spent for raw materials, equipment, distributions of goods, employees' salaries and general running expenses, rent, electricity, telecommunications etc. The income amount should include the value of items received from the activity for personal use)

- Amount ..... €

**74. Does the amount given refer to profit or loss?**

- Profit .....  1

- Loss .....  2

**75. How much income tax will you pay for this amount?**

- Tax amount.....€

- Do not know .....  1

**76. How much did you pay for social insurance?**

- Amount.....€

- Do not know .....  1

**77. During the year 2017 did you pay additional income tax related to previous years ?**

(closing accounts, fine etc.)

- Yes .....  1

- No .....  2

If YES, amount.....€

**78. During the year 2017, did you pay additional amounts for insurance contributions e.g. fine etc.?**

- Yes .....  1

- No .....  2

If YES, amount ..... €

**INCOME FROM INVESTMENTS**

**79. During the year 2017, did you receive any amount from interests, dividends or shares from any of your investments in a business?**

- Yes .....  1

- No .....  2 → Q. 84

**80. This income mentioned above results from investments held:**

- In your own name .....  1 → Q. 83

- Jointly with other household members .....  2

- Both sole and joint .....  3

**81. For each income received from jointly held investments, please provide the following information:**

Serial number of Person with whom you have the investment	Name of this person	Amount (If the amount was reported in the MQ of the other member with whom the account or investment is jointly held, write 0, otherwise write the amount here)	Is the amount you mentioned 1:Gross (before tax deduction) 2:Net (after tax deduction)	Tax Amount
		€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	Amount..€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text"/> 1
		€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	Amount..€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text"/> 1
		€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	Amount..€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text"/> 1

Amount	Is the amount you mentioned:	Tax Amount
€ <input type="text"/>	1:Gross (before tax deduction) 2:Net (after tax deduction)	Amount € <input type="text"/> Do not know ..... <input type="text"/>
€ <input type="text"/>	1 2	Amount € <input type="text"/> Do not know ..... <input type="text"/>
€ <input type="text"/>	1 2	Amount € <input type="text"/> Do not know ..... <input type="text"/>

- Yes ..... 

1
---

- No ..... 

2
---

 → Q. 85A

PRIVATE PENSION	Received	Please indicate the total amount for the year 2017	Number of months	Is the amount you mentioned: 1:Gross (before tax deduction) 2:Net (after tax deduction)	Tax/Social Insurance Amount
Old age pension	1 From Cyprus	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	Amount ...€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	2 From Abroad				Do not know ..... <input type="text"/>
Other pension specify	1 From Cyprus	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	Amount .€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	2 From Abroad				Do not know ..... <input type="text"/>

- No ..... **2** → **0.85C**

- Total amount ..... € | | | | |

**85C. During the year 2017, have you received a lump sum payment from a private pension plan?**

- Yes..... ☐ 1
- No ..... ☐ 2 → Q. 86
- If YES, amount ..... €

**UNEMPLOYMENT/VOCATIONAL TRAINING SCHEMES**

**86. During the year 2017, did you receive any of the following benefits/allowances?**

BENEFIT/ALLOWANCE		The amount was monthly or annually received?	If the amount was received each month write the number of months	Total annual amount received in 2017
Unemployment Benefit	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	Monthly <input type="checkbox"/> 1 Annually <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Allowance for soldiers in compulsory army service	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	Monthly <input type="checkbox"/> 1 Annually <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Self-employment scheme for tertiary education graduates	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	Monthly <input type="checkbox"/> 1 Annually <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other allowances specify .....	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	Monthly <input type="checkbox"/> 1 Annually <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**87an. During the year 2017, have you received a lump sum payment as compensation for termination of employment? (Provident Fund not included)**

- Yes ..... ☐ 1
- No ..... ☐ 2
- If YES, amount of compensation..... €

**87an1. During the year 2017, have you received a lump sum payment as redundancy compensation? (Provident Fund not included)**

- Yes ..... ☐ 1
- No ..... ☐ 2
- If YES, amount of redundancy compensation ..... €

**87cn. During the year 2017, have you received any amount from the Provident Fund due to termination of employment or EARLY retirement?**

- Yes ..... ☐ 1
- No ..... ☐ 2
- If YES, amount ..... €

**PENSIONS**

**90. During the year 2017, did you receive any of the following public pensions?**

PENSIONS		Received	If YES please indicate the total amount received during the year 2017 (include 13th salary if available)	Number of months in 2017 related to this amount	Is the amount you mentioned: 1: Gross (before tax deduction) 2: Net (after tax deduction)	Tax/Social Insurance Amount etc	Have you received the Benefit for Pensioners with Low Income and/or Easter Benefit?	If YES, please indicate the total amount received during the year 2017
Old age pension (Include also the pension for Civil Servants)	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Social insurance pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Housewife pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Widow pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Widow pension from the Public or Broad Public Sector	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Disability pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Invalidity pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Orphan's allowance	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Pension for victims of violent crimes	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Pension to chairmen village commission	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Early retirement pension for farming	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Other pensions specify ----- -----	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>

**90a. During the year 2017, did you receive the Public Benefit Allowance or the Guaranteed Minimum Income (GMI)?**

- Yes ..... ☐ 1
- No ..... ☐ 2 → Q. 91an



**90at. For what reason?**

Public Benefit Allowance or GMI due to:		If YES, please indicate the total amount received during the year 2017 (include 13th salary if available)
Old age	YES <input type="text" value="1"/>	€ <input type="text" value=""/>
	NO <input type="text" value="2"/>	
Widowing/Orphanage	YES <input type="text" value="1"/>	€ <input type="text" value=""/>
	NO <input type="text" value="2"/>	
Disability/Invalidity	YES <input type="text" value="1"/>	€ <input type="text" value=""/>
	NO <input type="text" value="2"/>	
Unemployment	YES <input type="text" value="1"/>	€ <input type="text" value=""/>
	NO <input type="text" value="2"/>	

**91an. During the year 2017, have you received a lump sum payment due to retirement from work? (Provident Fund is included)**

- Yes .....
- No .....  → Q. 91cn

**91b. If YES, please specify:**

Lump Sum Payment from:		If YES, please indicate the total amount received during the year 2017	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax
The Public and Broad Public Sector	YES <input type="text" value="1"/>	€ <input type="text" value=""/>	1 2	€ <input type="text" value=""/>
	NO <input type="text" value="2"/>			
Provident Fund	YES <input type="text" value="1"/>	€ <input type="text" value=""/>	1 2	€ <input type="text" value=""/>
	NO <input type="text" value="2"/>			
Bonus from work	YES <input type="text" value="1"/>	€ <input type="text" value=""/>	1 2	€ <input type="text" value=""/>
	NO <input type="text" value="2"/>			

**91cn. During the year 2017, have you received a lump sum payment from Provident Fund (widowing/orphanage or disability)?**

- Yes .....
- No .....  → Q. 94

**91d. If YES, please specify :**

Provident Fund due to:		If YES, please indicate the total amount received during the year 2017	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax
Widowing / Orphanage	YES <input type="text" value="1"/>	€ <input type="text" value=""/>	1 2	€ <input type="text" value=""/>
	NO <input type="text" value="2"/>			
Disability	YES <input type="text" value="1"/>	€ <input type="text" value=""/>	1 2	€ <input type="text" value=""/>
	NO <input type="text" value="2"/>			

**BENEFITS AND OTHER ALLOWANCES**

**94. During the year 2017, did you receive any of the following benefits or allowances?**

(Include allowances or benefits in connection with physical or mental illness, paid sick leave and compensation for occupational accidents and diseases)

BENEFIT-ALLOWANCE		If YES please indicate the total amount received during the year 2017 (include 13th salary if available)	Number of months in 2017 related to this amount
Sickness benefit	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/>
Injury benefit	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/>
Disability benefit (lump sum payment)	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/>
Grants to the blind	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/>
Financial assistance to cover the special needs of the disabled	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/>
Other benefits/allowances specify ----- -----	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/>

**EDUCATION-RELATED ALLOWANCES**

**95. During the year 2017, did you receive any of the following education-related allowances?**

(Include grants given to students involved in research, scholarships etc.)

BENEFIT-ALLOWANCE		If YES please indicate the amount
Student Grant	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Public Scholarship	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Other non-Public Scholarship specify -----	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Other education-related allowances, grants specify -----	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>

**Lmonthinc-p. Did you have any personal income during the last month from all sources of income?**

- Yes ..... ☐ 1
- No ..... ☐ 2 → IDNO

**Lmonthinc. What was your personal net income last month from all sources of income (income from work, from social benefits, from capital and any other regular source of income)?**

- Amount..... €

**IDNO: Please specify your identity card number .....**

**SINO: Please specify your social insurance number.....**

**PHONE: Please specify your telephone number.....**

**INCOME TAX**

**96. Have you submitted an income tax form regarding your income for the year 2016?**

- Yes.....
- No.....  → Q. 102

**97a. Do you know the total amount of tax you paid for the year 2016?**

- Yes, I know the total tax amount ..... €       → Q. 99
- Do not know the exact tax amount .....
- Did not pay tax .....  → Q. 102

**98. Which of the following ranges corresponds to the amount of tax paid?**

- less than €500.....
- €500 to less than €850 .....
- €850 to less than €1.700 .....
- €1.700 to less than €3.400 .....
- €3.400 to less than €6.800.....
- €6.800 to less than €10.250.....
- €10.250 or more.....

**99. The tax amount mentioned above at Q. 97a (or Q. 98) included tax payments corresponding to previous years?**

- Yes .....
- No .....  → Q. 102

**100a. Do you know the amount of the additional tax you paid?**

- Yes, I know the amount of additional tax ..... €       → Q. 102
- Do not know the exact amount.....

**101. Which of the following ranges corresponds to the additional amount you paid?**

- less than €500.....
- €500 to less than €850 .....
- €850 to less than €1.700 .....
- €1.700 to less than €3.400 .....
- €3.400 to less than €6.800.....
- €6.800 to less than €10.250.....
- €10.250 or more.....

**102. Did you receive any reimbursement of income tax during the year 2017?**

- Yes .....
- No .....  → PW010T

**103. Do you know how much reimbursement did you receive?**

- Yes, amount of reimbursement..... €       → PW010T
- No.....

**104. Which of the following ranges corresponds to the reimbursement you received?**

- less than €500.....
- €500 to less than €850 .....
- €850 to less than €1.700 .....
- €1.700 to less than €3.400 .....
- €3.400 to less than €6.800.....
- €6.800 to less than €10.250.....
- €10.250 or more.....

**WELL - BEING**

**Introduction:**

The following questions refer to the ad hoc module for the survey of 2018 regarding the wellbeing of persons aged 16 years and over.

For the following questions, please answer on a scale of 0 to 10, where 0 means "not at all satisfied" and 10 means completely satisfied.

Overall, how satisfied are you with ...		From 0 (not at all satisfied) to 10 (completely satisfied)	Do not know
PW010T	Your life these days?	0 1 2 3 4 5 6 7 8 9 10	99
PW030T	The present financial situation of your household ?	0 1 2 3 4 5 6 7 8 9 10	99
<b>FOR THE INTERVIEWER:</b> Question PW100T should be asked only if Q18 = 1, 2, 3 or 4. Otherwise go to PW120T			
PW100T	Your present job?	0 1 2 3 4 5 6 7 8 9 10	99
PW120T	The amount of time you have to do things you like doing?	0 1 2 3 4 5 6 7 8 9 10	99
PW160T	Your personal relationships with family, friends, neighbours and other people you know?	0 1 2 3 4 5 6 7 8 9 10	99

**During the past four weeks, for how long:**

		All of the time	Most of the time	Some of the time	A little of the time	None of the time	Do not know
<b>PW050T</b>	Have you been very nervous?	1	2	3	4	5	99
<b>PW060T</b>	Have you felt down in the dumps?	1	2	3	4	5	99
<b>PW070T</b>	Have you felt calm and peaceful?	1	2	3	4	5	99
<b>PW080T</b>	Have you felt down-hearted or depressed?	1	2	3	4	5	99
<b>PW090T</b>	Have you been happy?	1	2	3	4	5	99
<b>PW230T</b>	Have you been feeling lonely?	1	2	3	4	5	99

**PW040T: Do you feel that if you needed material help (e.g. money, loan or an object) you could receive it from relatives, friends, neighbours or other persons you know?**

- Yes .....
- No .....

**PW110T: Do you feel that if you needed non-material help (e.g. somebody to talk to, help with doing something or collecting something) you could receive it from relatives, friends, neighbours or other persons you know?**

- Yes .....
- No .....

**PW190T: To what extent do you trust other people that you do not know?**

Please answer on a scale from 0 to 10, where 0 means that in general "you do not trust them at all" and 10 that "you trust them completely".

Do not  
know

- 

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

99
----

**PW240T: Overall, to what extent would you say that you feel excluded from the society?**

Please answer on a scale from 0 to 10, where 0 means "not at all excluded" and 10 means "completely excluded".

Do not  
know

- 

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

99
----

### VOLUNTEERING

**PS101a. During the last twelve months, did you undertake any unpaid non-compulsory work (or provide services) for or through an organisation, a formal group or a club (i.e. religious, environmental, animal or charitable organisations, etc.)?**

- Yes .....

1
---

- No .....

2
---

→ PS100a

**PS101d. Please specify the work/service undertaken:**

-----

**PS100a. During the last twelve months, were you involved in any informal unpaid activities (i.e. helping other people, helping animals etc.) that were not arranged by any organisations?**

- Yes .....

1
---

- No .....

2
---

→ PS102\_1a

**PS100d. Please specify the work/service in which you have been involved:**

-----

**PS102\_1a. During the last twelve months, did you participate in a public consultation?**

- Yes .....

1
---

→ Q. 105

- No .....

2
---

**PS102\_1b. If NOT, what was the main reason?**

- Lack of interest .....

1
---

- Lack of time.....

2
---

- Lacking of information .....

3
---

- Other reason .....

4
---

**PS102\_2. Would you like to participate in a future public consultation?**

- Yes .....

1
---

- No .....

2
---

**TO BE COMPLETED BY THE INTERVIEWER**

**105. Member Interview Result:**

- |  |  |  |
|--|--|--|
| - Fully completed Member Questionnaire .....                     | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">11</div> |  |
| - Information completed only from registers .....                | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">12</div> |  |
| - Information completed from both: interview and registers ..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">13</div> |  |
| - Imputed data .....   | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">14</div> | <div style="font-size: 3em; vertical-align: middle;">}</div> <div style="vertical-align: middle;">→ DurInt</div> |
| - Unable to respond due to illness, incapacity .....             | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">21</div> |  |
| - Refused to cooperate .....                                     | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">23</div> |  |
| - Absent and a proxy interview was not possible .....            | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">31</div> |  |
| - Unable to contact for other reasons .....                      | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">32</div> |  |
| - No interview was performed for unknown reasons .....           | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">33</div> |  |

**106. Type of interview:**

- |  |   |  |
|--|---|--|
| - Face to face interview (PAPI) .....            | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">1</div> | <div style="font-size: 3em; vertical-align: middle;">}</div> <div style="vertical-align: middle;">→ DurInt</div> |
| - Face to face interview (CAPI) .....            | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">2</div> |  |
| - Telephone interview (CATI) .....               | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">3</div> |  |
| - Face to face interview (PAPI) with proxy ..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">4</div> |  |
| - Face to face interview (CAPI) with proxy ..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">5</div> |  |
| - Telephone interview (CATI) with proxy .....    | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">6</div> |  |

**107. Member's serial number who completed the member questionnaire .....**

**DURATION AND DATE OF INTERVIEW**

**DurInt. Duration of personal questionnaire interview in minutes .....**

	Date	Month	Year
- Date of interview:	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>