



Form: SILC 1

**SURVEY ON INCOME AND  
LIVING CONDITIONS OF HOUSEHOLDS 2021**

**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"/>	<input type="text"/>
COUNTRY OF RESIDENCE (DB020):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DEGREE OF URBANISATION:	<input type="text"/>
INTERVIEW DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GEO. CODE:	<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"/>	INTERVIEWER'S NUMBER:	<input type="text"/>
ROTATIONAL GROUP CODE:	<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"/>
INTERVIEW WAVE:	<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"/>
WAVE NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PERIOD:	<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. 2019/1700 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 Official Statistics Law no. 25(1)2021 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.....  → **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 .....  → **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:**

**ROTATIONAL GROUP CODE:**

**NEW GEOGRAPHICAL CODE:**

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

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

a. I will personally interview the household at the new address .....  → **Complete Parts B & C**

b. Another interviewer working in a different area will interview the household at the new address .....  → **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..... [03]  
(e.g. medical institutions, home for the old aged, prison etc.)
  - 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 ..... [06]  
(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.)
  - e. Access to the household is impossible (due to flood, snow, inaccessible road etc) ..... [07]
  - f. Lost household (no information on what happened to the household) ..... [11]
- } End of Survey

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

- a. **It is a split** ..... [08] → Complete Parts B & C  
(For households created after the last wave and are not initial households)
- b. **It was added in the sample in this wave** ..... [09] → Complete Parts B & C  
(For households interviewed for the first time and are not split, that is households with rotational group code 2)

**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..... [11]  
  
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.)

**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 (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]
- } End of Survey

**FOR THE INTERVIEWER:** Ask. Q.3 only if the households are interviewed for the first time, that is the households with rotational group code 2

**3. During the year 2020 the household had its usual residence in:**

- Cyprus .....
- Abroad .....

**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 .....
  - 2. The household refused to cooperate .....
  - 3. The household is temporarily away (vacations etc.) .....
  - 4. Unable to respond due to illness or incapacity or access to dwelling is impossible.....
  - 5. The Household Questionnaire was not completed for other reasons (e.g lack of communication due to language).....
- } End of Survey

**FOR OFFICIAL USE ONLY**

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

- 1. ACCEPTANCE (At least one personal interview is completed)
- 2. REJECTION (No personal interview is completed)

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

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

**F. HOUSEHOLD REGISTER CODING**

**KeepHH:**

- 1. Yes .....
- 2. No .....
- 3. Wait for next year so to see whether two consecutive years or not .....
- 4. S.O.S Temporary answer during APPEND .....

**KeepHHFin:**

- 1. Yes .....
- 2. No .....
- 3. Wait for next year so to see whether two consecutive years or not .....
- 4. S.O.S Temporary answer during APPEND .....

SUPERVISOR'S NUMBER

Name of supervisor: .....

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 2

**SURVEY ON INCOME AND  
LIVING CONDITIONS OF HOUSEHOLDS 2021**

**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"/>		
COUNTRY OF RESIDENCE (RB020):	<input type="text" value="C"/> <input type="text" value="Y"/>	DEGREE OF URBANISATION:	<input type="text"/>
INTERVIEW DATE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/>		
INTERVIEW WAVE:	<input type="text"/>		
WAVE NUMBER:	<input type="text"/> <input type="text"/>	PERIOD:	<input type="text"/> <input type="text"/>

**PERSONAL  
REGISTER**

February, 2021

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 or small children, c. domestic employees

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(HHSize)

A. DEMOGRAPHIC AND BASIC PERSONAL DATA

(1) Line	(2) Member's Serial Number (SerNr)	(3) Name (NamePers)		(4) Sex (Sex)		(5) Date of birth (DateBirth)		(6) Age		(7) Age 16 and over (Age16)		(8) Under 12 years of age (Age12)		(9) Current and former household members (MembStat)		(10) Sample Person (Smpl)	(11) Personal Identification Number (PersID)	(12) KeepPers			(13) You entered the household from: (whereFrom)	(14) To where did the person move: (whereMoved)	(15) Month and Year when the person moved out or died																	
		Male	Female	Yes	No	Yes	No	Yes	No	Membership status	Yes	No	S	O	D			U	T	R			E	I	M	N	P	G	O	R	A	P	R	P	Y	E	N	A	D	N
1st		1	2			1	2	1	2									1	2	3																				
2nd		1	2			1	2	1	2									1	2	3																				
3rd		1	2			1	2	1	2									1	2	3																				
4th		1	2			1	2	1	2									1	2	3																				
5th		1	2			1	2	1	2									1	2	3																				
6th		1	2			1	2	1	2									1	2	3																				
7th		1	2			1	2	1	2									1	2	3																				
8th		1	2			1	2	1	2									1	2	3																				
9th		1	2			1	2	1	2									1	2	3																				
10th		1	2			1	2	1	2									1	2	3																				

A. DEMOGRAPHIC AND BASIC PERSONAL DATA (continued)

(1)	(2)	(16)	(17)	(18)		(19)		(20)		(21)	22	(23)
Line	Name	RB032	Residential Status <i>(ResStat)</i>	Country of Birth <i>(RB280)</i>		Country of Main Citizenship <i>(RB290)</i>		Usual Residence <i>(UsualRes)</i>		Year of permanent settlement <i>(YearCy)</i>	Duration of stay in Cyprus <i>(RB285)</i>	Main activity status (current) <i>(BasActStat/ RB211)</i>
		Sequential number of the person in the household	1=Currently living in the household 2=Domestic employee 3=Temporarily absent, within Cyprus 4=Temporarily absent, abroad	Country of birth and Code of country		Country of Main Citizenship and Code of country		Did you ever have your usual residence (for more than 12 months) abroad? (students are excluded)		If YES, which year did you come to Cyprus for permanent settlement?	Years of stay in Cyprus since the year of permanent settlement, in completed years	1=Employed 2=Unemployed 3=Retired 4=Unable to work due to long-standing health problems 5=Pupil/student/apprentice 6=Fulfilling domestic tasks and/or taking care of children/elderly 7=Compulsory military service 9=Other
Country	Code			Country	Code	Yes	No →Q. 23					
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 2008 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) <i>(ChildCare3)</i>	Compulsory education (primary, gymnasium) <i>(ChildCare4)</i>	Childcare at centre-based services <i>(ChildCare5)</i>	By a professional child-minder (at child's home or at child-minder's home) <i>(ChildCare6)</i>	Childcare at centre-based services (nurseries, kindergarten etc.) <i>(ChildCare7)</i>	By relatives, friends or other household members <i>(ChildCare8)</i>
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:

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**

**FOR OFFICIAL USE:**

c. The split household will be interviewed the period:

d. The split household will be interviewed from interviewer:

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 3

**SURVEY ON INCOME AND  
LIVING CONDITIONS OF HOUSEHOLDS 2021**

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"/>		
COUNTRY OF RESIDENCE (HB020)	<input type="text" value="C"/> <input type="text" value="Y"/>	DEGREE OF URBANISATION:	<input type="text"/>
INTERVIEW DATE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/>
ROTATIONAL GROUP CODE:	<input type="text"/>		
INTERVIEW WAVE:	<input type="text"/>		
WAVE NUMBER:	<input type="text"/> <input type="text"/>	PERIOD:	<input type="text"/> <input type="text"/>

**HOUSEHOLD  
QUESTIONNAIRE**

February, 2021

**1. FOR THE INTERVIEWER ONLY. 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.....  1
- Semi-detached house.....  2
- Terraced house .....  3
- Apartment or flat in a building with less than 10 dwellings .....  4
- Apartment or flat in a building with 10 dwellings or more.....  5
- Some other kind of accommodation (e.g. back-yard house, dwelling in a building used for other purposes etc.).....  6

**3. How many rooms does the dwelling have, not counting bathrooms, toilets, storage rooms and rooms with area less than 4m<sup>2</sup>? (Rooms used solely for business purposes are excluded)**

- Number of rooms .....

**3a1. 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 .....

**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"/> 1 | <input type="text"/> 2 |
| d. Pollution, grime or other environmental problems in the local area such as: smoke, dust, unpleasant smells or polluted water?..... | <input type="text"/> 1 | <input type="text"/> 2 |
| e. Crime, violence and vandalism in the local area? .....   | <input type="text"/> 1 | <input type="text"/> 2 |

**6. Is the dwelling:**

- Owned without paying mortgage for the main dwelling? .....  1
- Owned paying mortgage for the main dwelling? .....  2
- Rented or sub rented at market rate? **(Includes cases where the rent is fully or practically recovered from housing benefit)** .....  3 → **Q.11**
- Rented at a lower price than the market price? .....  4 → **Q.10b**
- Provided rent-free (by the parents, relatives etc.)? .....  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 .....

**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 2020?**

If YES: Please indicate the annual amount received in the year 2020

**HOUSING ALLOWANCES**

- Mortgage interest subsidy (Social Welfare Services, Minimum Guaranteed Income (MGI)).....  YES  NO €
- Other allowances, please specify:  YES  NO €

**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 2020?**

**ALLOWANCES**

If YES: please indicate the annual amount received in the year 2020

- Rent allowance (Social welfare services or Minimum Guaranteed Income (MGI)).....  YES  NO €
- Rent allowance (Ministry of Interior/Service for the Displaced Persons).....  YES  NO €
- Other allowances, please specify:  YES  NO €

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

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

**HOUSING COSTS**

**15. Please state whether you have paid any of the following during the year 2020:**

If **YES**: Please indicate the annual amount you paid in the year 2020

	YES	NO	
a. Water? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>
b. Electricity? (excluding thermal accumulators of the Electricity Authority of Cyprus).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>
c. Central Heating? (either oil, gas or thermal accumulators of the Electricity Authority of Cyprus).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>
d. Gasoil, charcoal, fire-wood for heating? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>
e. Gas for heating? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>
f. Insurance fees for residence? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>
g. Sewerage Services fee? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>
h. Refuse collection? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>
i. Mortgage of interest payments?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>
j. Other expenses (common expenses etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>
k. Regular repairs and maintenance? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 50px;" type="text"/>

**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 cannot afford it

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

c. Personal Computer .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Private car .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3



**HOUSING CONDITIONS**

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

- Yes - Central heating or similar (oil, gas or thermal accumulators of the Electricity Authority of Cyprus) .....
- Yes - other fixed heating (fireplace, split units or similar) .....
- No - There is no fixed heating.....

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

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

**FINANCIAL SITUATION**

**18. Do you or anyone in your household have to repay debts from any credit card, hire purchase or other loans? Loans from family/friends are included. (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 .....
- No .....  → Q. 17n

**HI120. How much was paid last month on the loan/s mentioned above (excluding mortgages on purchase of your main home) of all household members? (Please refer to the monthly instalments only.)**

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

- A heavy burden .....
- A slight burden .....
- Not a burden at all .....

**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 .....
- No, because household could not afford it.....
- No, for some other reasons .....

**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)? .....	<input type="text" value="1"/>	<input type="text" value="2"/>
b. Have a meal with meat, chicken, fish (or vegetarian equivalent) every second day? .....	<input type="text" value="1"/>	<input type="text" value="2"/>
c. Face an unexpected but necessary expense of €725 from your own resources? .....	<input type="text" value="1"/>	<input type="text" value="2"/>
d. Keep its home adequately warm? .....	<input type="text" value="1"/>	<input type="text" value="2"/>

**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, once	Yes, twice on more	No	Not applicable
a. Rent for accommodation or housing loans for the main dwelling?.....	1	2	3	4
b. Utility bills, (heating, electricity, gas, water etc) for the main dwelling? (telephone bills are not included) .....	1	2	3	4
c. Credit card balances or loan payments for purchases of housing equipment, purchase of a private car or other hire purchases? .....	1	2	3	4

**HS022. Το νοικοκυριό σας πληρώνει μειωμένους λογαριασμούς κοινής ωφέλειας, όπως για υδατοπρομήθεια, ηλεκτρισμό, αποχετευτικό, σκύβαλα, κ.λπ;**

- Ναι .....	1
- Όχι.....	2

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

- Yes .....	1
- No, because 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 .....	€	_ _ _ _ _ _ _
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**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 .....	_ _ _ _
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**23c. What was the initial amount borrowed (principal)?**

- Amount .....	€	_ _ _ _ _ _ _
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**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 2019?**

- Amount .....	€	_ _ _ _ _ _ _
----------------	---	---------------

**23g. What is the actual total amount paid for 2019?**

- 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 2019 .....	€	_ _ _ _ _ _ _

**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 2020, 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 2020?**

- 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 2020?**

BENEFIT-ALLOWANCE	YES	NO	If YES: Please indicate the total amount for 2020
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 disabled children (GMI/ Dep. for Social Inclusion of persons with disabilities).....	<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 2020, did anyone in your household receive the Missing Persons Allowance?**

- Yes .....  1

- No .....  2 → Q. 28bn

**29n. What was the total amount received in 2020?**

- Total amount (annual) ..... €

**28bn. During the year 2020, did anyone in your household receive the Minimum Guaranteed Income (MGI)?**

- Yes .....

- No .....

→ See note below 'For the interviewer'

**29bn. What was the total amount received in 2019?**

- Total amount (annual) ..... €

**29bns. Please specify the reason:**

-----

**FOR THE INTERVIEWER:** If in questions Q27c, 27f, 27i or 27k there is at least one answer with a YES, go to Q29 SN, *otherwise go to Q30*.

**29SN. Please specify the serial number of the recipient (person who receive the amount):**

**29NM. Please specify the name of the recipient (person who receive the amount):**

-----

**FOR THE INTERVIEWER:** The next questions to be asked only for persons under 16 years old

**29ID. Please specify the identity card number of the recipient**

(child who receives the amount): .....

**29ARC. Please specify the Alien Registration Card (ARC) number**

of the recipient (child who receives the amount): .....

**29c. Are there any other children under 16 years old in your household that receive any benefit?**

- Yes .....

- No .....

→ Q. 30

**29cs. Please specify the name and the identity card number of the children:**

Name ..... Identity Card Number .....

**FINANCIAL ASSISTANCE TO/AND FROM OTHERS**

**30. During the year 2020 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 2020 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2020 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
	1. Alimony (mandatory/voluntary) 2. Other kind of help			
-----	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">2</div>	week <span style="border: 1px solid black; padding: 2px 10px;">1</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-top: 1px solid black; width: 100%; height: 15px;"></div>	€  <div style="border-top: 1px solid black; width: 100%; height: 15px;"></div>
-----	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">2</div>	week <span style="border: 1px solid black; padding: 2px 10px;">1</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-top: 1px solid black; width: 100%; height: 15px;"></div>	€  <div style="border-top: 1px solid black; width: 100%; height: 15px;"></div>
-----	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">2</div>	week <span style="border: 1px solid black; padding: 2px 10px;">1</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-top: 1px solid black; width: 100%; height: 15px;"></div>	€  <div style="border-top: 1px solid black; width: 100%; height: 15px;"></div>
-----	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">2</div>	week <span style="border: 1px solid black; padding: 2px 10px;">1</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-top: 1px solid black; width: 100%; height: 15px;"></div>	€  <div style="border-top: 1px solid black; width: 100%; height: 15px;"></div>

**32. During the year 2020, 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 2020 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT RECEIVED IN 2020 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
	1. Alimony (mandatory/voluntary) 2. Other kind of help			
-----	1	week <input type="text" value="1"/>	€	€
	2	month <input type="text" value="2"/>	_ _ _ _ _ _ _	_ _ _ _ _ _ _
		year <input type="text" value="3"/>		
-----	1	week <input type="text" value="1"/>	€	€
	2	month <input type="text" value="2"/>	_ _ _ _ _ _ _	_ _ _ _ _ _ _
		year <input type="text" value="3"/>		
-----	1	week <input type="text" value="1"/>	€	€
	2	month <input type="text" value="2"/>	_ _ _ _ _ _ _	_ _ _ _ _ _ _
		year <input type="text" value="3"/>		
-----	1	week <input type="text" value="1"/>	€	€
	2	month <input type="text" value="2"/>	_ _ _ _ _ _ _	_ _ _ _ _ _ _
		year <input type="text" value="3"/>		

**INCOME IN KIND**

34. During the year 2020 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 .....
- No .....  → Q. 35a

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

- Total amount (annual) ..... €

35a. During the year 2020, did any member of your household receive any subsidy from the C.A.P.O or from the Agricultural Insurance Agency?

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



**EVOLUTION OF INCOME**

**HI010. In the past 12 months, how has your total net household income changed?**

- Yes, increased .....  1
- No, remained the same.....  2 → Q. HI040a
- Yes, decreased.....  3 → Q. HI030

**HI020. What was the main reason for your household's income increase?**

- Indexation or revaluation of salary (e.g Cost of living allowance, changes in the salary cuts) .....  1
  - Increased working time(same job).....  2
  - Increased wage or salary (same job).....  3
  - Come back to job market after illness, parenthood, parental leave, child care or to take care of a person with illness or disability .....  4
  - Starting or changed job.....  5
  - Change in household composition .....  6
  - Increase in social benefits.....  7
  - Other .....  8
- } Q. HI040a

**HI030. What was the main reason for your household's income decrease?**

- Reduced working time (same job) .....  1
- Reduced wage or salary (same job).....  2
- Parenthood/parental leave/child care/to take care of a person with illness or disability .....  3
- Changed job .....  4
- Lost job/unemployment/bankruptcy of (own) enterprise .....  5
- Became unable to work because of illness or disability.....  6
- Change in household composition (e.g children leaving home/divorce/other change).....  7
- Retirement .....  8
- Cut in social benefits.....  9
- Other .....  10

**HI012. Did the change in income happen as an outcome of COVID-19;**

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

**HI040a. Do you expect that the total net disposable income of your household will change in the future 12 months?**

- Yes .....  1
- No .....  2 → Q.FORMMEMB  
(if new hhld, otherwise  
go to Q. HC010\_A)

**HI040b. Do you expect that it will increase or decrease?**

- Increase.....  1
- Decrease .....  2

**FORMMEMB. During 2020, did you have any persons living in your household for at least 3 consecutive months, who had income, but are no longer members of this household?**

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



**FOR THE INTERVIEWER:** The next questions (Children's Health and Basic Needs) refer to the children of your household aged under 16 years old. If there are no children of this age, go to Q.HK020\_A

**CHILDREN'S HEALTH**

**Introduction:**

The next questions refer to the health care related services, which **any of your children under the age of 16** used or wanted to use during the last 12 months. These are addressed at the household level.

**HC010\_A.** Was there any time during the past 12 months when any of your children really needed medical examination or treatment? (It excludes dental examinations or treatments or any prescribed or non-prescribed medication)

- Yes, (at least one of my children really needed at least once medical examination or treatment) .....
- No, (none of my children needed any medical examination or treatment) .....  → Q. HC030\_A

**HC010\_B.** Did your child/children have a medical examination or treatment each time it was really needed?

- Yes (my children/child had a medical examination or treatment each time they/it needed it).....  → Q. HC030\_A
- No (there was at least one occasion when my child/at least one of my children did not have a medical examination or treatment) .....

**HC020.** What was the main reason for not having a medical examination or treatment?

- Could not afford to (too expensive) .....
- Long waiting list .....
- Could not take time because of work, care of children or others .....
- Too far to travel/no means of transportation .....
- Other reason, please specify .....
- -----

**HC030\_A.** Was there any time during the past 12 months when any of your children really needed dental examination or treatment?

- Yes, (at least one of my children really needed at least once dental examination or treatment) .....
- No, (none of my children needed any medical examination or treatment) .....  → Q.HD100

**HC030\_B.** Did your child/children have a dental examination or treatment each time it was really needed?

- Yes (my children/child had a dental examination or treatment each time they/it needed it) .....  → Q.HD100
- No (there was at least one occasion when my child/at least one of my children did not have a dental examination or treatment) .....

**HC040.** What was the main reason for not having a dental examination or treatment?

- Could not afford to (too expensive) .....
- Long waiting list .....
- Could not take time because of work, care of children or others .....
- Too far to travel/no means of transportation .....
- Other reason, please specify .....
- -----

**BASIC NEEDS/ MATERIAL DEPRIVATION OF THE CHILDREN**

**Introduction:**

The next questions refer to the children of your household under the age of 16 regarding to whether they have some items or certain basic needs are met.

**HD100. Can you tell me whether all the children (under 16 years old) of your household have some new (not second hand) clothes?**

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

**HD110. Can you tell me whether all the children (under 16 years old) of your household have two pairs of properly fitting shoes (including a pair of all-weather shoes)?**

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

**HD120. Can you tell me whether all the children (under 16 years old) of your household have fresh fruits and vegetables once a day?**

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

**HD140. Can you tell me whether all the children (under 16 years old) of your household have a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?**

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

**HD150. Can you tell me whether all the children (under 16 years old) of your household have books (not schooling) at home, suitable for their age?**

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

**HD160. Can you tell me whether all the children (under 16 years old) of your household have outdoor leisure equipment (bicycle, roller, skates, etc)?**

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

**HD170. Can you tell me whether all the children (under 16 years old) of your household have indoor games (educational baby toys, building blocks, board games, computer games, etc)?**

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

**HD180. Can you tell me whether all the children (under 16 years old) of your household participate in a regular leisure activity (swimming, playing football, playing an instrument, youth organisations, etc)?**

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

---

**HD190. Can you tell me whether all the children (under 16 years old) of your household have celebrations on special occasions (birthdays, name days, religious events)?**

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

---

**HD200. Can you tell me whether all the children (under 16 years old) of your household invite friends round for playing and eating from time to time?**

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

---

**HD240. Can you tell me whether all the children (under 16 years old) of your household go on holidays away from home for at least 1 week per year?**

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

---

**HD210. Can you tell me whether all the children (under 16 years old) attending school in your household, participate in school trips and school events that cost money?**

- Yes .....  1
- No, because the household cannot afford it .....  2
- No, for some other reason .....  3
- No children attending school .....  4

---

**HD220. Can you tell me whether all the children (under 16 years old) attending school in your household, have a suitable place to study or do homework?**

- Yes .....  1
- No, because the household cannot afford it.....  2
- No, for some other reason .....  3
- No children attending school .....  4

---

**HD225. Did ALL the children of the household aged 5 to 15 who attend school, have the possibility to follow distance learning courses/school in an appropriate way (each had available when necessary computer/mobile device, good internet connection) during covid-19 restrictions in last 12 months?**

- Yes .....  1
  - No, no internet connection or internet connection is not sufficient .....  2
  - No, no sufficient computer/mobile devices .....  3
  - No, no online courses available or not enough courses proposed by the school .....  4
  - No, other reason .....  5
  - No children attending school .....  6
-

**LIVING ARRANGEMENTS AND CONDITIONS OF CHILDREN IN  
SEPARATED AND BLENDED FAMILIES**

**HK020\_A . Do you or any other member of your household have children aged less than 18 years old, who do not live permanently in your household?**

- Yes .....
- No .....  → Q.44a

**HK020 NU . How many persons in your household are parents to children who do not live permanently in your household?**

- Number of persons

**HK020SN . Please specify the Serial Number of the parent and note down his/her name:**

	A/A	Name
	HK020SN	HK020SNNM
HK020(1)		
HK020(2)		
HK020(3)		
HK020(4)		

**DETAILS OF INTERVIEW**

**44a. FOR THE INTERVIEWER:**

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

**HB130. Interview mode used for the Household Questionnaire**

- Paper assisted personal interview (PAPI) .....
  - Computer assisted personal interview (CAPI) .....
  - Computer assisted telephone interview (CATI) .....
  - Computer assisted web-interview (CAWI).....
  - Other .....
- } → DurInt

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

**FixTime. For the interviewer only: Please record the time the interview was completed**

Choose 'Yes' to fix the current time.

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

REPUBLIC



OF CYPRUS

STATISTICAL

SERVICES

Form: SILC 4

**SURVEY ON INCOME AND LIVING  
CONDITIONS OF HOUSEHOLDS 2021**

**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"/>
COUNTRY OF RESIDENCE	<input type="text"/>	<input type="text"/>	DEGREE OF URBANISATION:	<input type="text"/>				
INTERVIEW DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GEO. CODE:	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOUSEHOLD ID:	<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"/>							
INTERVIEW WAVE:	<input type="text"/>							
WAVE NUMBER:	<input type="text"/>	<input type="text"/>	PERIOD:	<input type="text"/>	<input type="text"/>			

**MEMBER QUESTIONNAIRE  
AGED 16 AND OVER**

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

- Time interview started  
(e.g. 19:00) .....  :

- Date of interview:                                                                 

**DEMOGRAPHIC DATA**

**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

**PB230. What was your father's country of birth?**

- Country of birth .....

**PB240. What was your monther's country of birth?**

- Country of birth .....

**EDUCATION**

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

- Yes .....  1
- No.....  2 → Q. EDUCA1

**CURED1. What is the educational level you are currently studying in?**

- Primary Education .....  1
  - Lower Secondary Education (Gymnasium, first 3 grades) .....  2
  - Upper Secondary Education (Lyceum/Technical School or Voc.School) .....  3 → **If Age<35 go to Q. CURED2  
If Age>35 go to Q. EDUCA1**
  - Post-secondary non tertiary education (duration of programmes up to 2 years)...  4
  - Short cycle tertiary programmes (duration of programmes 2-3 years  
e.g. Private College, Police Academy, HHIC, Tour Guide School etc).  5
  - Bachelor or equivalent .....  6
  - Postgraduate (Master, MBA, MA MSc) or graduate degree of duation of .  
5 years or more.....  7
  - Doctorate or equivalent .....  8
- } Q. 7c1

**CURED2. What is the orientation of the educational programme that you are studying now?**

- General orientation .....  1
- Vocational/Technical orientation .....  2
- Orientation unkown.....  3

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

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

**7c3. Duration of programme**

**7c4. Year of studies**

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

**EDUCA1. What is the highest level of education you successfully completed?**

- Did not attend Primary School at all .....  → Q. 10
- Attended Primary School but did not complete it .....
- Primary Education.....  } Q. 9
- Lower secondary education (Gymnasium) .....
- Upper secondary education (Lyceum /Technical School) .....
- Post-secondary non-tertiary education (duration of programmes up to 2 years) .....
- Short cycle tertiary programmes (duration of programmes 2-3 years, e.g. Private College, Police Academy, HHIC, Tour Guide School etc). .....  } Q.EDUCA2
- Bachelor or equivalent .....
- Master or equivalent .....
- Doctorate or equivalent .....

**EDUCA2. Your highest level of education was completed at:**

- An Educational Institution in Cyprus .....
- An Educational Institution in another country .....
- An Educational Institution in Cyprus, but programme/qualification of Educational Institution of another country or in cyprus through distance learning from an Educational Institution in another country.....

**EDUCA3. What is the orientation of the highest level of education that you have completed?**

- General orientation .....
- Vocational/Technical orientation .....
- Orientation unknown.....

**For the Interviewer: Question EDUCA4 will be asked only if AGE<35 and in Q.EDUCA1=5 and EDUCA2=2 or 3 .**

**EDUCA4. Your Upper Secondary Education leaving certificate, in which of the following categories does it belong?**

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

**EDUCA5. School name and country** \_\_\_\_\_

**EDUCA6c. Country of Educational Institution** \_\_\_\_\_  Country code

**EDUCA7. Subject title** \_\_\_\_\_

**EDUCA8. Duration of programme**

**9. In which year did you complete this level?**

Year .....

**FOR THE INTERVIEWER:** If the answer to Q.EDUCA1 = 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.....
- Good.....
- Fair.....
- Bad.....
- Very bad .....

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

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

**PH030A. Are you now limited because of a health problem in activities people usually do?**

- Yes, severely limited .....
- Yes, limited but not severely.....
- Not limited at all .....  → Q.13

**PH030B. Have you been limited for at least the past 6 months?**

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

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

**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) .....
- Long waiting list .....
- Could not take time because of work, care of children or others .....
- Too far to travel/no means of transportation .....
- Fear of dentists, hospitals, examinations, or treatment .....
- Wanted to wait and see if the problem got better on its own.....
- Did not know any good dentist .....
- Other reason, specify:  
.....

**PH071. Is the unmet need for dental examination or treatment because of the COVID-19 crisis?**

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

**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).....
- No (I did not need any medical examination or treatment) .....  → PW010

**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) .....  → PW010
- No (there was at least one occasion when I did not have a medical examination or treatment) .....



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) .....
- Long waiting list.....
- Could not take time because of work, care of children or for others .....
- Too far to travel/no means of transportation .....
- Fear of medical doctors, hospitals, examination or treatment.....
- Wanted to wait and see if the problem got better on its own.....
- Did not know any good medical doctor.....
- Other reason, specify:  
.....

PH051. Is the unmet need for medical examination or treatment because of the COVID-19 crisis?

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

**WELLBEING**

PW010: Overall, how satisfied are you with your life these days;

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.

-

PW191: 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".

-

PMH010. Has your mental health been affected by the COVID-19 pandemic during the last 12 months?

- Yes, it has been negatively affected.....
- Yes, it has been positively affected.....
- No, has not been affected .....

**FOR THE INTERVIEWER: Questions PK020\_A and PK020\_B will be asked if the member has children who live in the household and are less than 18 years old.**

PK020\_A. To your opinion, do you spend as much time as you would like to, with your child/children (aged less than 18) who are living in your household?

- Yes .....  → PD020
- No .....

PK020\_B. What is the main reason for not spending the amount of time you would like to with your child/children (who are residing in your household)?

- Your work .....
- Your studies .....
- Being separated (or single parent) .....
- For health reasons.....
- Distance .....
- Child does not want/has other priorities .....
- Other reasons.....

**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 yourself)?**

- 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**

**PL271A. During the last 5 years, that is since 2016 until now, have you ever been unemployed?**

By 'unemployed', it is meant that you had no employment, you were actively seeking employment and were ready to start work within 2 weeks.

- Yes .....

- No .....  → PL032

**PL271B. For how many months were you unemployed?**

(in case of many unemployment periods, please consider the most recent one)

- Number of months

**PL032. What is your current main activity?**

(The activity is self-determined by the respondent)

- Employed .....  → PL051As

- Unemployed .....

- In retirement or in early retirement.....

- Permanently disabled or/and unfit to work .....

- Pupil, student, further training, unpaid work experience.....

- Fulfilling domestic tasks and care responsibilities.....

- In compulsory military community or service .....

- Other inactive person.....

**PL016. Have you ever worked?**

- Person has never been employed.....  } Q.38

- Person has employment experience limited to occasional work .....

- Person has employment experience other than occasional work .....

**PL051Bs. Please describe in detail the occupation you had in your last work.**

.....

**PL040B. In your last job,were you:**

- Self-employed with employees .....

- Self-employed without employees .....

- An employee.....

- A family worker without payment .....

**PL111Bs. Please describe in detail the main economic activity of the business or organisation or service of your last main job.**

.....   → Q.36

**PL051As. Please describe in detail the occupation you have in your present work.**

-----

**PL040A. In your present job, you are:**

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

**PL145. Is your job full-time or part-time?**

**Interviewer:** The answer should be given spontaneously by the respondent. If not, then, read out: 'do you work as many hours per week as the working hours applicable for this job or do you work fewer hours?'

- Full-time .....
- Par- time .....

**FOR THE INTERVIEWER:** Questions PL141 and PL150 will be asked only if in Question PL040A the respondent stated that he/she is an 'employee'

**PL141. What type of contract do you have in your main job?**

- Fixed term written contract.....
- Fixed term verbal contract .....
- Permanent written contract .....
- Permanent verbal contract .....

**PL150. Do/did you supervise or manage any personnel in your job?**

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

**PL111As. Please describe in detail the main economic activity of the business or organisation or service where you work.**

-----

**PL230. Does the business or organisation or service where you are currently working, belong to the Private or Public/Broad Public Sector?**

- Public .....
- Broad Public Sector (Semi-government organisations or municipalities).....
- Private Sector .....
- Mixed Sector .....

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

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

Number of hours:

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

- Yes .....

- No .....

→ Q. 36

---

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

-----

---

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

Number of hours: .....

---

**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: .....

---

**ChJob. Have you changed employer or main job since January 2020 until now?**

- Ναι .....

- Όχι .....

**38. What was your main activity in each month in the year 2020 and up to now?**  
*(The activity is self-determined by the respondent, given the person is not in employment)*

	2020												2021							
	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 or community 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

**PL220. During the year 2020, were you able to work from home during the COVID-19 pandemic?**

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

**COVID19\_A. Did you receive during 2020 any financial help from the support measures of the Ministry of Labour, Welfare and Social Insurance to face the effects of the COVID-19 corona virus pandemic?**

- Yes .....  1
- No.....  2 → Q. 39

**COVID19\_B. Please state below from which support measures you have received financial help?**

<u>Benefit</u>	<u>Amount</u>
- COVID19_B1. Special sickness benefit	COVID19_B1v. €
- COVID19_B2. Special childcare leave	COVID19_B2v. €
- COVID19_B3. Special allowance for the self-employed	COVID19_B3v. €
- COVID19_B4. Special plan for complete suspension of the company's operation	COVID19_B4v. €
- COVID19_B5. Special plan for partial suspension of the company's operation	COVID19_B5v. €
- COVID19_B6. Special benefit for the support of the unemployed	COVID19_B6v. €
- COVID19_B7. Special plan for specific types of businesses (e.g hotels, dance schools, etc)	COVID19_B7v. €
- COVID19_B8. Special plan for specific categories of self-employed	COVID19_B8v. €
- COVID19_B9. Oversees students benefit for those that were not to return to Cyprus for the Easter holidays €(750)	COVID19_B9v. €
- COVID19_B10. Special benefit for the absence from work (during Limassol and Pafos lockdown)	COVID19_B10v. €
- COVID19_B11. Any other benefit not mentioned above	COVID19_B11v. €

**INCOME OF EMPLOYEES**

**39. During the year 2020, 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 2020?**

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

- Yes, I know the annual earnings form 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 2020, 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 € <input type="text"/>	<b>ANNUAL GROSS AMOUNT</b> Amount € <input type="text"/>	<b>ANNUAL GROSS AMOUNT</b> Amount € <input type="text"/>
<b>ANNUAL TAX AMOUNT</b> Amount € <input type="text"/>	<b>ANNUAL TAX AMOUNT</b> Amount € <input type="text"/>	<b>ANNUAL TAX AMOUNT</b> Amount € <input type="text"/>
<b>ANNUAL SOCIAL INSURANCE/ PROVIDENT FUND/MEDICAL FUND/GHS ETC</b> Amount € <input type="text"/>	<b>ANNUAL SOCIAL INSURANCE/ PROVIDENT FUND/MEDICAL FUND/GHS ETC</b> Amount € <input type="text"/>	<b>ANNUAL SOCIAL INSURANCE/ PROVIDENT FUND/MEDICAL FUND/GHS ETC</b> Amount € <input type="text"/>
<b>ANNUAL NET AMOUNT</b> Amount € <input type="text"/>	<b>ANNUAL NET AMOUNT</b> Amount € <input type="text"/>	<b>ANNUAL NET AMOUNT</b> Amount € <input type="text"/>
<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/ provident fund/medical fund/GHS and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund/GHS 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/GHS and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund/GHS 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/GHS and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund/GHS only 4. Unknown 5. Gross equals net amount

**42. During the year 2020, 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 <input type="checkbox"/> 1 Monthly <input type="checkbox"/> 2	<b>PERIOD</b> Weekly <input type="checkbox"/> 1 Monthly <input type="checkbox"/> 2	<b>PERIOD</b> Weekly <input type="checkbox"/> 1 Monthly <input type="checkbox"/> 2
<b>NO. OF WEEKS/MONTHS</b> Weeks <input type="text"/> Months <input type="text"/>	<b>NO. OF WEEKS/MONTHS</b> Weeks <input type="text"/> Months <input type="text"/>	<b>NO. OF WEEKS/MONTHS</b> Weeks <input type="text"/> Months <input type="text"/>
<b>GROSS AMOUNT</b> € <input type="text"/>	<b>GROSS AMOUNT</b> € <input type="text"/>	<b>GROSS AMOUNT</b> € <input type="text"/>
<b>TAX</b> € <input type="text"/>	<b>TAX</b> € <input type="text"/>	<b>TAX</b> € <input type="text"/>
<b>SOCIAL INSURANCE/PROVIDENT FUND/ MEDICAL FUND/GHS</b> € <input type="text"/>	<b>SOCIAL INSURANCE/PROVIDENT FUND/ MEDICAL FUND/GHS</b> € <input type="text"/>	<b>SOCIAL INSURANCE/PROVIDENT FUND/ MEDICAL FUND/GHS</b> € <input type="text"/>
<b>NET AMOUNT</b> € <input type="text"/>	<b>NET AMOUNT</b> € <input type="text"/>	<b>NET AMOUNT</b> € <input type="text"/>
<b>The net amount you just mentioned is:</b> 1. Net of social insurance contributions/ provident fund/medical fund/GHS and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund/GHS 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/GHS and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund/GHS 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/GHS and taxes 2. Net of taxes only 3. Net of social insurance contributions/ provident fund/medical fund/GHS only 4. Unknown 5. Gross equals net amount



**43. During the year 2020, did you have any extra income from work, that was not stated above?**

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

**44. During the year 2020, 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/GHS and taxes
2. Net of taxes only
3. Net of social insurance contributions/provident fund/medical fund/GHS only
4. Unknown
5. Gross equals net amount

If yes, specify:

Gross amount..... €

Net amount ..... €

**44EC. During 2020, did your employer contribute in the following funds;**

	YES	NO
Social insurance fund .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Redundancy fund.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Human resource development fund .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Social cohesion fund .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
General Healthcare System (GESY).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Provident fund.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
If YES, amount (annual).....	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Annual holiday fund .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Medical fund .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
If YES, amount (annual).....	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Private pension plan.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
If YES, amount (annual).....	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

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



**INCOME FROM SELF-EMPLOYMENT**

**55. During the year 2020 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 .....
- No .....  → Q. 68

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

- Yes .....
- No .....  → Q. 59

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

- Myself.....  → Q. 59
- Other household member.....

**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 .....
- Partnership .....

**60. Always based on your share of the business what was your gross income during the year 2020 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.....
- Loss .....

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

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

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

- Amount ..... €
- Do not know .....

**64. During the year 2020 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 .....
- No .....  → Q. 66

**65. Approximately how much did you receive for these needs during the year 2020?**

- Amount ..... €

**66. During the year 2020 did you pay additional income tax related to previous years?**

(closing accounts, fine etc.)

- Yes .....
- No .....
- If YES, amount ..... €

**67. During the year 2020, did you pay additional amounts for insurance contributions e.g. fine etc.?**

- Yes .....
- No .....
- If YES, amount ..... €

**INCOME FROM AGRICULTURE  
LIVESTOCK/FISHING**

**68. During the year 2020, did you have any income from agriculture/livestock/fishing?**

- Yes .....
- No .....  → Q. 79

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

- Yes .....
- No .....  → Q. 72

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

- Myself.....  → Q. 72
- Other household member ...

**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 2020 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/GHS?**  
- Amount..... €            
- Do not know .....  1

**77. During the year 2020 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 2020, 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 2020, 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/GHS
		€ <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text"/> 1

**82. FOR THE INTERVIEWER:**  
If the answer in Q.80 is 2 then ask Q.84. If the answer in Q.80 is 3 then ask Q.83.

**83. During the year 2020, how much income did you receive from investments held in your name?**

Amount	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax Amount/GHS
€ <input style="width: 100%;" type="text"/>	1   2	Amount .. € <input style="width: 100%;" type="text"/> Do not know ..... <input style="width: 20px;" type="text" value="1"/>
€ <input style="width: 100%;" type="text"/>	1   2	Amount .. € <input style="width: 100%;" type="text"/> Do not know ..... <input style="width: 20px;" type="text" value="1"/>
€ <input style="width: 100%;" type="text"/>	1   2	Amount .. € <input style="width: 100%;" type="text"/> Do not know ..... <input style="width: 20px;" type="text" value="1"/>

**PRIVATE PENSIONS**

**84. During the year 2020, did you receive any income from a private pension scheme?**  
It includes private pensions of old age, widow/er, sickness, invalidity, that were regularly paid by the respondent or by the deceased spouse or relative.

- Yes .....
- No .....  → Q. 85A

**85. If YES, specify the amount received, the number of months in 2020 during which an amount was received and information about the tax.**

PRIVATE PENSION	Received	Please indicate the total amount for the year 2020	Number of months	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax/Social Insurance Amount/GHS
Old age pension	<input style="width: 20px;" type="text" value="1"/> From Cyprus	€ <input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	1   2	Amount .... € <input style="width: 100%;" type="text"/> Do not know ..... <input style="width: 20px;" type="text" value="1"/>
	<input style="width: 20px;" type="text" value="2"/> From Abroad				
Other pension, specify	<input style="width: 20px;" type="text" value="1"/> From Cyprus	€ <input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	1   2	Amount .. € <input style="width: 100%;" type="text"/> Do not know ..... <input style="width: 20px;" type="text" value="1"/>
	<input style="width: 20px;" type="text" value="2"/> From Abroad				

**85A. During the year 2020, have you contributed any fees towards any private pension plan, on your own initiative? (Do not include any fees contributed towards the governmental social insurance funds or towards any private plans initiated by the employer)**

- Yes .....
- No .....  → Q. 85C

**85B. During the year 2020, what was the total amount paid towards private pension plans?**

- Total amount ..... €



**PENSIONS**

**90. During the year 2020, did you receive any of the following public pensions?**

PENSIONS		Received	If YES please indicate the total amount received during the year 2020 (include 13th salary if available)	Number of months in 2020 related to this amount	Is the amount you mentioned: 1: Gross (before tax deduction) 2: Net (after tax deduction)	Tax/Social Insurance Amount/GHS 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 2020
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 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"/>
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"/>		
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"/>		
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"/>



**FOR THE INTERVIEWER: If the respondent, during the year 2018 received social insurance pension from Cyprus, then ask Q. 90a1**

**90a1. During the year 2020, did you receive the Honorary Benefit?**

- Yes .....  1
- No .....  2 → Q. 90a
- If Yes, amount of benefit ..... €

**90PP. FOR THE INTERVIEWER:** Please note whether the respondent received any pension from the Public or Broad Public Sector during the year 2020.

1. Yes, from the Public Sector (Treasury of the Republic of Cyprus)
2. Yes, from the Broad Public Sector (Semi-Government Organizations, Municipalities, etc)
3. No, The respondent received pension from other sources or did not receive any pension

**90a. During the year 2020, did you receive the Public Benefit Allowance or the Minimum Guaranteed Income (MGI)?**

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

**90at. For what reason?**

Public Benefit Allowance or MGI due to:		If YES, please indicate the total amount received during the year 2020 (include 13th salary if available)
Old age	YES <input type="checkbox"/> 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"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	
Widowing/Orphanage	YES <input type="checkbox"/> 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"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	
Disability/Invalidity	YES <input type="checkbox"/> 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"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	
Unemployment	YES <input type="checkbox"/> 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"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	

**91an. During the year 2020, have you received a lump sum payment due to retirement from work? (Provident Fund is included)**

- Yes .....  1
- No .....  2 → Q. 91cn

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

Lump Sum Payment from:		If YES, please indicate the total amount received during the year 2020	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="checkbox"/> 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"/> <input type="text"/> <input type="text"/>	1 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"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2			
Provident Fund	YES <input type="checkbox"/> 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"/> <input type="text"/> <input type="text"/>	1 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"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2			
Bonus from work	YES <input type="checkbox"/> 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"/> <input type="text"/> <input type="text"/>	1 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"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2			

**91cn. During the year 2020, have you received a lump sum payment from Provident Fund (widowing/orphanage or disability)?**

- Yes .....  1
- No .....  2 → Q. 94

91d. If YES, please specify :

Provident Fund due to:		If YES, please indicate the total amount received during the year 2020	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax	
Widowing / Orphanage	YES	1	€	1 2	€
	NO	2			
Disability	YES	1	€	1 2	€
	NO	2			

**BENEFITS AND OTHER ALLOWANCES**

94. During the year 2020, 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 2020 (include 13th salary if available)	Number of months in 2020 related to this amount	
Sickness benefit	YES	1	€	
	NO	2		
Injury benefit	YES	1	€	
	NO	2		
Disability benefit (lump sum payment)	YES	1	€	
	NO	2		
Grants to the blind	YES	1	€	
	NO	2		
Financial assistance to cover the special needs of the disabled	YES	1	€	
	NO	2		
Other benefits/ allowances specify ----- -----	YES	1	€	
	NO	2		

**EDUCATION-RELATED ALLOWANCES**

**95. During the year 2020, 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"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	
Public Scholarship	YES <input type="checkbox"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	
Other non-Public Scholarship, specify .....	YES <input type="checkbox"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	
Other education-related allowances grants, specify .....	YES <input type="checkbox"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	

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

- Yes .....
- No .....  → 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 .....**

**ARC: Please specify your Alien Registration Card (ARC) number.....**

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

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

**INCOME TAX**

**102. Did you receive any reimbursement of income tax during the year 2020?**

- Yes .....
- No .....  → If HK020SN=Ser.No. of this individual, then go to Question PK010\_NU. Otherwise, go to PS101a

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

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



**PK030\_A. Do you spend as much time as you would like to with your child/children (less than 18 years old) who are not permanently living in your household?**

- Yes.....  → PS101a
  - No.....
- 

**PK030\_B. What is the main reason for not spending as much time as you would like to with your child/children who are not living permanently in your household?**

- My work.....
- My studies .....
- Being separated (single parent).....
- For health reasons.....
- Distance.....
- Child doesn't want or has other priorities.....
- Other reasons.....

**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 .....
- No .....  → **PS101b**

**PS101d. Kind of work/service you undertook**

- Voluntary blood donation .....
- Events for the collection of essential items or money .....
- Various organisations (e.g. parents associations, Red Cross, religious organisations, scouts, etc).....
- Volunteer events, e.g. Marathons/ Sports events/ bazaars/festivals, etc .....
- Environmental actions e.g.Park and beach cleaning, tree planting etc.....
- Animal protection and welfare.....
- Citizen protectin (eg civil defense / neighborhood observers /volunteer firefighters and volunteering in emergencies).....
- Other volunteering activities .....

→ **PS100a**

**PS101b. If NOT, what was the main reason?**

- Lack of interest.....
- Lack of time.....
- Lack of information.....
- Other reason .....

**PS101b2. Would you like to participate in the future in any volunteer work for or through an organisation, a formal group or a club?**

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

**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 .....
- No .....  → **PS100b**

**PS100d. Kind of work/service you undertook:**

- Financial aid/ aid in kind to individuals, families or organised groups.....
- Non-material help to other households/friends or non-profitable organisations, such as assistance in agricultural tasks, repairs/technical matters, building work, private lessons, medical assistance etc).....
- Voluntary blood donation.....
- Animal protection and welfare.....
- Environmental actions e.g.Park and beach cleaning, tree planting etc.....
- Other volunteering activities .....

→ **PS102\_1a**

**PS100b. If NOT, what was the main reason?**

- Lack of interest .....  1
- Lack of time.....  2
- Lacking of information .....  3
- Other reason .....  4

---

**PS100b2. Would you like to participate in the future in any informal unpaid activities that were not arranged by any organisation?**

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

---

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

- Yes .....  1 → Q. 105 (end of module)
- 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 .....
  - Information completed only from registers .....
  - Information completed from both: interview and registers .....
  - Imputed data .....
  - Unable to respond due to illness, incapacity .....
  - Refused to cooperate .....
  - Absent and a proxy interview was not possible .....
  - Unable to contact for other reasons .....
  - No interview was performed for unknown reasons .....
- } → DurInt

**PB260. Nature of participation**

- Direct participation .....
- Indirect participation .....

**PB265. Member's Serial Number who completed the member questionnaire** .....

**PB270. Interview mode**

- Paper Assisted Personal Interview (PAPI) .....
- Computer Assisted Personal Interview (CAPI) .....
- Computer Assisted Telephone Interview (CATI) .....

**DURATION OF INTERVIEW**

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

**FixTime. For the interviewer: Please, record the time that the interview was completed**

Choose 'Yes' to fix the current time.

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