



REPUBLIC OF CYPRUS

STATISTICAL SERVICE

Form: SILC 1

**SURVEY ON INCOME AND
LIVING CONDITIONS OF HOUSEHOLDS 2024**

CONFIDENTIAL

SILCKEY:	<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"/>
INTERVIEW DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>
ROTATIONAL GROUP CODE:	<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"/>
WAVE NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of person responsible in the household: _____

Address: _____ District: _____

Quarter/Community/Municipality: _____ Telephone numbers: _____

Post code: _____

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 contacted 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.

February, 2024

A . LOCATING THE HOUSEHOLD

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

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

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

NEW ADDRESS

HOUSEHOLD ID:

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

ROTATIONAL GROUP CODE:

NEW GEOGRAPHICAL CODE:

--	--	--	--

Name of person responsible in the household :	
New Address :	
New Quarter/Community/ Municipality :	
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 1 → Complete Parts B & C

- b. Another interviewer working in a different area will interview the household at the new address 2 → Inform immediately the service

End of the interview
for the specific
interviewer

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

- | | | |
|--|----|--|
| a. The entire household moved to a collective household or institution in Cyprus.....
(e.g. medical institutions, home for the old aged, prison etc.) | 3 | |
| b. The entire household moved out to a dwelling not in Cyprus..... | 4 | |
| c. All household members died..... | 5 | |
| d. None of the members belongs to the sample
(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.) | 6 | |
| e. Access to the household is impossible
(due to flood, snow, inaccessible road etc) | 7 | |
| f. Lost household (no information on what happened to the household) | 11 | |

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

- | | | |
|---|---|------------------------|
| a. It is split
(For households created after the last wave and are not initial households) | 8 | → Complete Parts B & C |
| b. It was added in the sample in this wave
(For households interviewed for the first time and are not split, that is households with rotational group code 1) | 9 | → Complete Parts B & C |

6. Fusion

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

B . LOCATING THE DWELLING

1. The dwelling was located:

The dwelling was located at the specified address and it is possible to contact the household staying there.....

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 | |

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

3. During the year 2023 the household had its usual residence in:

- Cyprus
- Abroad

1

2

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

Name:

Address:

Telephone number:

C. HOUSEHOLD INTERVIEW RESULT

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

1. The Household Questionnaire has been completed
2. The household refused to cooperate
3. The household is temporarily away (vacations etc.)
4. Unable to respond due to illness or incapacity.....
5. The Household Questionnaire was not completed for other reasons (e.g lack of communication due to language).....

11

21

22

23

24

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)

1

2

E. THE QUESTIONNAIRE HAS BEEN EDITED BY SUPERVISOR

1. Yes
2. No

1

2

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

1

2

3

4

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

1

2

3

4

SUPERVISOR'S NUMBER

Name of supervisor:



REPUBLIC OF CYPRUS



STATISTICAL SERVICE

Form: SILC 2

**SURVEY ON INCOME AND
LIVING CONDITIONS OF HOUSEHOLDS 2024**

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"/> <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**

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

(HHSIZE)

A. DEMOGRAPHIC AND BASIC PERSONAL DATA

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
Line	Member's Serial Number (SerNr)	Name (NamePers)	Sex	Date of birth	Age	Age 16 and over (Age16)	Under 12 years of age (Age12)	Current and former household members (MembStat)	Sample Person (Smpl)	Personal Identification Number (PersID)	KeepPers	You entered the household from: (WhereFrom)	To where did the person move: (WhereMoved)	Month and Year when the person moved out or died		
			(Sex)	(DateBirth)	A											
			Male	Female			Yes	No	Yes	No			Yes	No		
								Membership status <u>For current household members</u> 1. Was in this h/hold in previous waves or current h/hold member →Q. 17 2. Moved into this h/hold from another sample h/hold since previous wave →Q. 13 3. Moved into this h/hold from outside sample since previous wave →Q. 13 4. Newly born →Q. 17 <u>Or former household members</u> 5. Moved out →Q. 14 6. Died →Q. 15	Sample Person = 1 Co-resident = 2	(Personal id)		S · O · S D U R E I M N P G O R A A P R P Y E N A D N S W E R	1. Another household in Cyprus 2. Another household abroad 3. An institution →Q. 17	1. To a private household within Cyprus 2. To a collective household or institution within the country 3. Abroad 4. Do not know/Lost	Month Year →PART C	
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)	(3)	(16)	(17)	(18)		(19)		(20)		(21)	22	(23)
Line	Name	RB032	Residential Status (ResStat)	In which country were you born? (RB280)		What is your citizenship? (RB290)		Usual Residence (UsualRes)		Year of permanent settlement (YearCy)	Duration of stay in Cyprus (RB285)	Basic activity status (current) (BasActStat/ RB211)
		Current Member Serial Number	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?		
				Country	Code	Country	Code	Yes	No → Q. 23			
1st								1	2	<input type="text"/>		
2nd								1	2	<input type="text"/>		
3rd								1	2	<input type="text"/>		
4th								1	2	<input type="text"/>		
5th								1	2	<input type="text"/>		
6th								1	2	<input type="text"/>		
7th								1	2	<input type="text"/>		
8th								1	2	<input type="text"/>		
9th								1	2	<input type="text"/>		
10th								1	2	<input type="text"/>		

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 2011 onwards) only.
The rest of the household members are excluded.

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)?								
(1)	(2)	(3)	(4)	(5)	(6)	(6s)	(7)	(8)
Line	Member's Serial Number	Pre-school education (kindergarten, nursery school, pre-primary) (ChildCare3) RL010	Compulsory education (primary, gymnasium) (ChildCare4) RL020	Childcare at centre-based services <u>before or after school</u> (e.g. non-compulsory all day school, afternoon child care clubs etc) (ChildCare5) RL030	By a professional child- minder (at child's home or at child-minder's home) (ChildCare6) RL050	Is the professional child- minder registered at the Social Welfare Services Department? (ChildCare6s) RL050s	Childcare in nurseries, kindergarten or other centre-based services (ChildCare7) RL040	By relatives, friends or other household members (ChildCare8) RL060
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.

B1. CHILDCARE NEEDS FOR CHILDREN UP TO 12 YEARS OF AGE

Introduction B1: The questions below refer to childcare needs for children up to 12 years of age . We ask separately for every child.

(1)	(2)	Children up to 12 years if age		
		(3)	(4)	(5)
Line	Member's Serial Number	Does your household pay for or contribute to the cost of childcare <u>at centre-based services</u> for <child name>? (It includes tuition fees, cost for canteen, and other related expenses) (RC370)	Does <child name> need to participate in childcare programmes <u>at centre-based services</u> or to participate more? (RC380)	What is the main reason that <child name> does not participate at all or does not participate more in childcare programmes at the <u>centre-based services</u>? (RC390)
		1. Yes 2. No	1. Yes 2. No→ RCH010	1. Cannot afford it 2. No places available 3. Places available, but not nearby 4. Places available, but opening hours not suitable 5. Places available but the quality of the services available not satisfactory 6. Other reasons
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				

B2. CHILDREN'S HEALTH AGED LESS THAN 16

Introduction B2: The next questions are about the health of each of your children under the age of 16. These are addressed at the individual level.

(1)	(2)	Children under the age of 16		
		(3)	(4)	(5)
Line	Member's Serial Number	How would you describe <child name> health in general? <i>(RCH010)</i>	Is <child name> limited because of a health problem in activities most children of the same age usually do? <i>(RCH020_A)</i>	Has <child name> been limited for at least the past 6 months? <i>(RCH020_B)</i>
		1. Very good 2. Good 3. Fair 4. Poor 5. Very poor	1. Severly limited 2. Limited but not severely 3. Not limited at all→ Tab C	1. Yes 2. No
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				

D. MEMBER TRACING SHEET

FOR THE INTERVIEWER: *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

} : 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

:

Quarter/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 2024**

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"/> <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"/>

**HOUSEHOLD
QUESTIONNAIRE**

February, 2024

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 / Terraced house..... 2
- Apartment or flat in a building with less than 10 dwellings 3
- Apartment or flat in a building with 10 dwellings or more..... 4
- Some other kind of accommodation (e.g. back-yard house, dwelling in a building used for other purposes etc.)..... 5

3. How many rooms does the dwelling have, not counting bathrooms, toilets, storage rooms and rooms with area less than 4m²? (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

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.11a
- Rented at a lower price than the market price? 4 → Q.HH061_2
- Provided rent-free (by the parents, relatives etc.)? 5 → Q. HC005

7. When did you purchase or become the owner of your dwelling?

- Year

HOUSEHOLD ENERGY EFFICIENCY

HC005. Which year was your dwelling constructed or had a major reconstruction?

- Before 1946..... 1
- 1946-1960..... 2
- 1961-1980..... 3
- 1981-2000..... 4
- 2001-2010..... 5
- 2011 and after (please state the year: _____)..... 6

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 2023?

HOUSING ALLOWANCES

- Mortgage interest subsidy (Social Welfare Services, Minimum Guaranteed Income (MGI))..... YES NO
- Other allowances, please specify: 1 2
(e.g heating allowance)-----

If YES: Please indicate the annual amount received in the year 2023

€

€

11a. Which year was your rented dwelling constructed?

- Before 1946
- 1946-1960
- 1961-1970
- 1971-1980
- 1981-1990.....
- 1991-2000
- 2001-2010
- 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*)..... €

12a. Is your housing unit rented:

- Unfurnished
- Furnished/Partly furnished.....

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 2023?

ALLOWANCES

If YES: please indicate the annual amount received in the year 2023

- | | YES | NO | |
|---|--------------------------------|--------------------------------|---|
| - Rent allowance (Social welfare services or Minimum Guaranteed Income (MGI)) | <input type="text" value="1"/> | <input type="text" value="2"/> | € <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |
| - Rent allowance (Ministry of Interior/Service for the Displaced Persons) | <input type="text" value="1"/> | <input type="text" value="2"/> | € <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |
| - Other allowances, please specify: | <input type="text" value="1"/> | <input type="text" value="2"/> | € <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |

14. Does the rent stated include payments for:

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

PHOT. Do you have a photovoltaic system installed on your building?

- Yes
- No

HOUSING COSTS

15. Please state whether you have paid any of the following during the year 2023:

If **YES**: Please indicate the annual amount you paid in the year 2023

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

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
a. Personal Computer	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b. Private car	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

HOUSING CONDITIONS AND HOUSEHOLD ENERGY EFFICIENCY

HC001. Which type of heating system do you mainly use?

- Central heating system (common heating system for the whole housing unit or for a building or a co property serving several dwellings e.g. apartments in a block of flats) 1
- Individual heating system (wood or gas stoves in each room, fixed electric radiators in each room, individual boilers, etc.) 2
- Non-fixed heating (e.g. portable heaters such as an electric radiator or a fan heater which can be moved from one room to another) 3
- No heating at all 4
- Don't know 99

FOR THE INTERVIEWER: Ask question HC002 only if HC001=1,2,3 or 99

HC002. What is the main source of energy of your heating system?

- Electricity 1
- Gas (natural or propane) 2
- Oil 3
- Biomass (pellets, other materials) 4
- Wood logs 5
- Coal 6
- Renewable energy (solar, geothermal, etc.) 7
- Other 8
- Don't know 99

FOR THE INTERVIEWER: If Q. HC005≥2018 or Q.18a≥2019, then HC003=4

HC003. Has the building you live in been improved in the last 5 years in terms of thermal insulation, windows or the heating system?

The following improvements should be considered:

- i. improvement of thermal insulation of external walls, roof or floor,
- ii. replacement of single glazed windows with double- or triple glazed ones,
- iii. replacement of heating systems with better and more efficient ones
- iv. replacement of solar water heating system
- v. installation of a photovoltaic system

- Yes – three or more measures 1
- Yes – two measures 2
- Yes – one measure 3
- No 4
- Don't know 99

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

- Yes 1
- No 2

HC004. What type of windows do you have in your dwelling?

- Only single glazing 1
- Only double glazing 2
- Triple glazing or more 3
- Mixed single and double/triple glazing 4
- Mixed double and triple glazing 5
- Don't know 99

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.)

- Total monthly amount: €

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 €890 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?..... | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| b. Utility bills, (heating, electricity, gas, water etc) for the main dwelling? (telephone bills are not included) | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| c. Credit card balances or loan payments for purchases of housing equipment, purchase of a private car or other hire purchases? | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |

HS022. Does your household pay reduced utility bills, such as for the waterboard, electricity, sewerage, refuse collection, etc.?

- Yes.....

1

- No.....

2

HD080. Could you tell me if your household replaces 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 €

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

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

- Yes
- No

1
2

→ Q. 24

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

- Year

--	--	--	--	--

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

- Amount

€

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

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

- Years

--	--

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

- Amount.....

€

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

23f. What was the outstanding amount of the housing loan at the end of 2023?

- Amount

€

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

23g. What is the actual total amount paid for 2023?

- 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
- No.....
- If YES, state the amount for 2023

1
2

€

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

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 2023, 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 2023?

- 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 2023?

BENEFIT-ALLOWANCE	YES	NO	If YES: Please indicate the total amount for 2023
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 (MGI/ 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"/>
l. Parental leave 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"/>

28n. During the year 2023, did anyone in your household receive the Missing Persons Allowance?

- Yes ☐ 1

- No ☐ 2 → Q. 28bn

29n. What was the total amount received in 2023?

- Total amount (annual) €

29n1. Total amount paid for GHS in 2023:

- Total amount (annual) €

28bn. During the year 2023, did anyone in your household receive the Minimum Guaranteed Income (MGI) or the Public Benefit allowance?

- Yes

- No

See note below 'For the interviewer'

29bn. What was the total amount received in 2023?

- Total amount (annual) €

29bns. Please specify the reason:

29bSN. Please specify the serial number of the recipient (person who receives the amount):

29bSNNM. Please specify the name of the recipient (person who receives the amount):

Name: -----

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 Q. HS200.

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

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

Name: -----

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 2023 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 2023 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2023 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
	1. Alimony (mandatory/voluntary) 2. Other kind of help			
-----	1	week 1	€	€
	2	month 2		
		year 3	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
-----	1	week 1	€	€
	2	month 2		
		year 3	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
-----	1	week 1	€	€
	2	month 2		
		year 3	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
-----	1	week 1	€	€
	2	month 2		
		year 3	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>

32. During the year 2023, 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

INCOME IN KIND

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

- Yes

1

- No

2

→ **O. 35a**

- Total amount (annual)

€ | | | |

- Yes

1

- No

2

INCOME FROM RENT

36. During the year 2023, did you or any other member of your household receive any income from renting a building , house, apartment, room or any other property?

- Yes

1

- No

2

→ Q. 41

36v. What was your gross income from rents of immovable property during the year 2023?

- Total annual amount €

38a1. Are you going to pay any tax or contribution to GHS for the income your received for renting this property?

- Yes

1

- No

2

→ Q. 39

38a. If YES, please state the tax/GHS amount:

- Total annual amount €

39. What was the cost for any repairs and maintenance?

- Total annual cost €

40. Other expenses (mortgage interest repayments for renting this property, commissions etc, real estate taxes are excluded)?

- Total annual amount €

TAX ON PROPERTY

41. During the year 2023, did you pay any tax in relation to yours or other household member's property? (The question refers to property either rented or non rented)

- Yes

1

- No

2

→ Q. HI010

42. If YES:

b. What property tax did you pay during the year 2023 for <u>your main house</u> ?	€
a. What property tax did you pay during the year 2023 for ALL your immovable property?	€

EVOLUTION OF HOUSEHOLD INCOME

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

- | | | |
|--------------------------|--------------|-------------|
| - Increased | <div>1</div> | |
| - Remained the same..... | <div>2</div> | → Q. HI040a |
| - Decreased..... | <div>3</div> | → Q. HI030 |

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

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

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

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

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

- | | | |
|-------------|--------------|---|
| - Yes | <div>1</div> | → <div>Q.FORMMEMB
(if new hhld, otherwise
go to
Q. HC040)</div> |
| - No | <div>2</div> | |

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

- | | |
|------------------|--------------|
| - Increase..... | <div>1</div> |
| - Decrease | <div>2</div> |

FORMMEMB. During 2023, 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 | <div>1</div> |
| - No | <div>2</div> |

ACCESS TO SERVICES - CHILDCARE FOR CHILDREN UP TO 12 YEARS OF AGE

FOR THE INTERVIEWER: Ask question HC040 only if:

- (1) the household has kids 0-12 years old,
- (2) at least one child (RL030+RL040)≠0 and
- (3) there is at least one answer 'Yes' in question RC370 at Personal Register (Table B).

HC040. You have mentioned before (in the Personal Register), that you pay fully or contribute to the cost of childcare at the centre-based services, for the children in your household aged 12 years and below. Are these costs paid by your household:

- With great difficulty.....
- With difficulty
- With some difficulty
- Fairly easily
- Easily
- Very easily

FOR THE INTERVIEWER: The next questions refer to the children of your household aged under 16 years old and deal with the Need for Healthcare and the Material Deprivation.

If there are no children under 16 years old in the household, proceed to question HK020_A

CHILDREN'S HEALTH

Introduction

The next questions refer to the children of your household aged under 16 years old and deal with the use or the need to use healthcare during the last 12 months

HCH010_A. Was there any time during the past 12 months when any of the children of your household really needed medical examination or treatment?

(It excludes dental examinations or treatments or any prescribed or non-prescribed medication)

- Yes (at least one of the children of my household really needed at least once medical examination or treatment
- No (none of my children needed any medical examination or treatment)..... → HCH030_A

HCH010_B. Did the child/children of your household have a medical examination or treatment each time it was really needed?

- Yes (the children/child of my household had a medical examination or treatment each time they/it needed) → HCH030_A
- No (there was at least one occasion when a child/at least one of the children of my household did not have a medical examination or treatment) → HCH030_A

HCH020. 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:

HCH030_A. Was there any time during the past 12 months when any of the children of your household really needed dental examination or treatment?
(includes the need for orthodontic therapy)

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

HCH030_B. Did the child/children of your household have a dental examination or treatment each time it was really needed?
(includes the need for orthodontic therapy)

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

HCH040. 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:

-

MATERIAL DEPRIVATION-BASIC NEEDS

Introduction:

The following questions concern your children under the age of 16, whether they have any goods and whether their basic needs are satisfied.

Can you tell me whether the children in your household aged under 16 years old:

HD100. Have some new (not second hand) clothes?

- Yes.....
- No, household cannot afford it
- No, other reason

HD110. Have two pairs of properly fitting shoes (including a pair of all-weather shoes)?

- Yes
- No, household cannot afford it
- No, other reason

HD120. Have fruits and vegetables once a day?

- Yes
- No, household cannot afford it
- No, other reason

HD140. Have one meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?

- Yes
- No, household cannot afford it
- No, other reason

HD150. Have books (not schooling) at home, suitable for their age?

- Yes.....
- No, household cannot afford it
- No, other reason

HD160. Have outdoor leisure equipment (bicycle, roller skates etc.)?

- Yes.....

1

 - No, household cannot afford it

2

 - No, other reason

3

-

HD170. Have indoor games (educational baby toys, building blocks, board games, computer games etc.)?

- Yes.....

1

 - No, household cannot afford it

2

 - No, other reason

3

-

HD180. Participate in a regular leisure activity (swimming, playing an instrument, youth organisations etc.)?

- Yes.....

1

 - No, household cannot afford it

2

 - No, other reason

3

-

HD190. Have celebrations on special occasions (birthdays, name days, religious events)?

- Yes.....

1

 - No, household cannot afford it

2

 - No, other reason

3

-

HD200. Invite friends round for playing and eating from time to time?

- Yes.....

1

 - No, household cannot afford it

2

 - No, other reason

3

-

HD240. Go on holiday away from home at least 1 week per year?

- Yes.....

1

 - No, household cannot afford it

2

 - No, other reason

3

-

Can you tell me whether the children in your household aged under 16 years old attending school:

HD210. Participate in school trips and school events that cost money?

- Yes.....

1

 - No, household cannot afford it

2

 - No, other reason

3

 - No children attending school

4

-

HD220. Have a suitable place to study or do homework?

- Yes.....

1

 - No, household cannot afford it

2

 - No, other reason

3

 - No children attending school

4

-

ACCESS TO SERVICES

USE OF PUBLIC TRANSPORT
during the last 12 months

HC300A: During the previous 12 months, has any member of your household used public transport? (Students studying abroad should be included)

- Yes.....

1

- No.....

2

 → HC190

HC300B: To what extent were the costs of public transport a financial burden during the last 12 months?

- Heavy burden.....

1

- Somewhat burden.....

2

- Not a burden at all.....

3

HOME CARE

HC190. Are there persons living in your household who need home care due to long-term physical or mental ill-health, infirmity or because of old age?
(This excludes those who only require help temporarily, e.g. during recovery)

- Yes.....

1

- No

2

 → Q. FAO_1

HC200. Does this person (these persons) concerned, receive any home care services provided by professional health or care workers (includes also housemaids, professionals=to be paid)?

- Yes

1

- No

2

 → HC240

HC221. Who pays for the help or care at home you stated above?

(Please consider the last 12 months)

- Fully paid by private or public health insurance, or other social protection branches (Social Welfare Services, GESY, private insurance, PASYKAF etc.)

1

 → HC240A
- Partially paid by the user/household

2

- Fully paid by the user/household

3

- Don't know.....

4

HC230. Are the costs for these home care services paid by your household?

(Please consider the last 12 months)

- With great difficulty.....
- With difficulty
- With some difficulty
- Fairly easily
- Easily
- Very easily

HC240. Does anybody in your household need more home care services provided by professional health or careworkers than they currently receive?

- Yes.....
- No..... → Q. FAO_1

HC250: Please state the main reason for not receiving home care services provided by professional health or careworkers, or for not receiving more care services than received at present:

- Cannot afford it.....
 - Refused by person needing such services
 - No such services available.....
 - Quality of the services available not satisfactory
 - Other reasons
-

FOOD SUFFICIENCY

FOR THE INTERVIEWER: The next 8 questions refer to the last 12 months and they try to capture the possibility or not of providing a sufficient amount of suitable food to all the members of the household, in order to ensure for each member the nutritional conditions necessary for healthy living.

If there was an inability to meet the needs, due to financial difficulties, even for one member of the household, then the answer to the question should be 'YES'.

Introduction: The following questions refer to food sufficiency in your household. It concerns ALL members of the household.

During the last 12 months, was there a time when, due <u>to lack of money or other resources</u> :		YES	NO	DON'T KNOW	NO ANSWER
FAO_1	You were worried you would not have enough food to eat?	1	2	3	4
FAO_2	You were unable to eat healthy and nutritious food?	1	2	3	4
FAO_3	You ate only a few kinds of foods?	1	2	3	4
FAO_4	You had to skip a meal?	1	2	3	4
FAO_5	You ate less than you thought you should?	1	2	3	4
FAO_6	Your household ran out of food?	1	2	3	4
FAO_7	You were hungry but did not eat?	1	2	3	4
FAO_8	You did not eat for a whole day?	1	2	3	4

DETAILS OF INTERVIEW

44a. FOR THE INTERVIEWER: Please complete:

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

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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

1

2

3

4

5

DurInt. Duration of household questionnaire interview in minutes

--	--

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

		:		
--	--	---	--	--



REPUBLIC OF CYPRUS



STATISTICAL SERVICE

Form: SILC 4

**SURVEY ON INCOME AND LIVING
CONDITIONS OF HOUSEHOLDS 2024**

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 (PB020):	<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"/>
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**

February, 2024

1. FOR THE INTERVIEWER. Please complete:

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

Date

Month

Year

- 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. PB230

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 - Country Code

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

- Country of birth - Country Code

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 (first 3 grades) Preparatory level or New Modern Apprenticeship programme 2
 - Upper Secondary - Lyceum (4th-6th or 7th form), Technical or Vocational 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 →

If Age<35 go to Q. CURED2
If Age>35 go to Q. 7c1
 - Bachelor or equivalent 6
 - Postgraduate (Master, MBA, MA MSc) or graduate degree of duration 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 in?

- General orientation 1
- Vocational/Technical orientation 2
- Unknown orientation 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 so far?

- Did not attend Primary School at all → Q. 10
- Attended Primary School but did not complete it
- Primary Education..... } Q. 9
- Lower secondary education (first 3 grades) (Apprenticeship programme
(Preparatory level or completion of New Modern Apprenticeship programme)
- Upper secondary (Lyceum/Technical School or vocational school)
- Post secondary (non tertiary) 1 year college
- Short-cycle Tertiary programmes, 2-3 years for specific occupations
(HIT, HHIC, PIVET ect.), or College 2-3 years
- University (Bachelor/Diploma 3-4 years) or College 4 years (BA, BSc ect.)
- Postgraduate (Master, MBA, MA, MSc) or graduate degrees/
diplomas of duration of 5 years or more
- Doctorate (PhD)

EDUCA2. Your highest level of education was completed at:

- An Educational Institution in Cyprus
- An Educational Instituion 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.....

FOR THE INTERVIEWER: Question EDUCA3 will be asked only if Q. EDUCA1=5.

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

- General orientation
- Vocational/Technical orientation
- Unknown Orientation

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 (Lyceum) leaving certificate, in which of the following categories belongs?

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

FOR THE INTERVIEWER: Questions EDUCA5-EDUCA8 will be asked only if EDUCA1>5.

EDUCA5. School name

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..... | 1 |
| - Good..... | 2 |
| - Fair..... | 3 |
| - Bad..... | 4 |
| - Very bad | 5 |

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

- | | |
|-------------|---|
| - Yes | 1 |
| - No | 2 |

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

- | | | |
|--------------------------------------|---|--------|
| - Yes, severely limited | 1 | |
| - Yes, limited but not severely..... | 2 | |
| - Not limited at all | 3 | → Q.13 |

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

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

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

- | | | |
|--|---|--------|
| - Yes (I really needed at least at one occasion dental examination or treatment) | 1 | |
| - No (I did not need any dental examination or treatment)..... | 2 | → Q.15 |

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

- | | | |
|--|---|---------|
| - Yes (I had a dental examination or treatment each time I needed)..... | 1 | → Q. 15 |
| - No (there was at least one occasion when I did not have a dental examination or treatment) | 2 | |

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

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

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

- | | | |
|--|---|------------|
| - Yes (I really needed at least at one occasion medical examination or treatment)..... | 1 | |
| - No (I did not need any medical examination or treatment) | 2 | → Q. 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) | 1 | → Q. PW010 |
| - No (there was at least one occasion when I did not have a medical examination or treatment) | 2 | |

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

Refer to the most recent occasion.

- Could not afford to (too expensive)

1

- Long waiting list.....

2

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

3

- Too far to travel/no means of transportation

4

- Fear of medical doctors, hospitals, examination or treatment.....

5

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

6

- Did not know any good medical doctor.....

7

- Other reason, specify:

8

WELLBEING

PW010. Overall, how satisfied are you with your life these days?

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

-

0

1

2

3

4

5

6

7

8

9

10

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".

-

0

1

2

3

4

5

6

7

8

9

10

MATERIAL AND SOCIAL 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

FOR THE INTERVIEWER: If the age of the respondent is greater or equal to 75, proceed to Q. PL032

PL271A. During the last 5 years, that is since 2019 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 → Q. PL032
- No → Q. 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 → Q. PL051As
- Unemployed
- In retirement or in early retirement.....
- Permanently disabled or/and unable to work due to long-standing health problems
- Pupil, student, further training, unpaid work experience.....
- Fulfilling domestic tasks and care responsibilities.....
- In compulsory military community or service
- Other

PL016. Have you ever worked?

- Person has never been in employment..... } 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 | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">1</div> |
| - Self-employed without employees | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">2</div> |
| - An employee..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">3</div> |
| - A family worker without payment | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">4</div> |

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 main job, are you:

- | | |
|---|---|
| - Self-employed with employees | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">1</div> |
| - Self-employed without employees | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">2</div> |
| - An employee..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">3</div> |
| - A family worker without payment | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">4</div> |

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 | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">1</div> |
| - Par- time | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">2</div> |

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..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">11</div> |
| - Fixed-term verbal contract | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">12</div> |
| - Permanent written contract | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">21</div> |
| - Permanent verbal contract | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">22</div> |

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

- | | |
|-------------|---|
| - Yes | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">1</div> |
| - No | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">2</div> |

**PL130. How many persons in total, work at the local unit where you work?
(Including yourself)**

- | | | |
|--|---|-------------|
| - 1 - 10 | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">1</div> | → Q. PL130v |
| - 11 - 19..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">2</div> | |
| - 20 - 49..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">3</div> | |
| - 50 and over..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">4</div> | |
| - Do not know, but less than 11 persons..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">5</div> | |
| - Do not know, but more than 10 persons..... | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">6</div> | |

PL130v. Specify the exact number.

- Number:

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

--	--

PL230. The business or organisation or service where you are currently working, belongs to:

- | | |
|--|--------------|
| - Public sector..... | <div>1</div> |
| - Broad Public Sector (Semi-Government organisations or Municipalities)..... | <div>2</div> |
| - Private Sector | <div>3</div> |
| - Mixed Sector | <div>4</div> |

PC310. In the case that you lose your current main job, would you be entitled to unemployment benefit?

- | | |
|--------------------|--------------|
| - Yes..... | <div>1</div> |
| - No..... | <div>2</div> |
| - Do not know..... | <div>3</div> |

PC320. In the case that you could not work due to illness or injury, would you be entitled to sickness benefit (from the Social Insurance Fund)?

- | | |
|--------------------|--------------|
| - Yes..... | <div>1</div> |
| - No..... | <div>2</div> |
| - Do not know..... | <div>3</div> |

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 | <div>1</div> | |
| - No | <div>2</div> | → 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 2023 until today?

- | | |
|-------------|--------------|
| - Yes | <div>1</div> |
| - No | <div>2</div> |

38. What was your main activity in each month in the year 2023 up to now?

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

[illegible]

INCOME OF EMPLOYEES

39. During the year 2023, 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 annual earnings, from all your jobs, for the year 2023?

(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 from all my jobs

1

→ Q. 41

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

2

→ Q. 42

41. If YES, please specify the total gross/net earnings, as well as the deductions you had during 2023, for each of your jobs as an employee.

1 st JOB	2 nd JOB	3 rd JOB
ANNUAL GROSS AMOUNT Amount €	ANNUAL GROSS AMOUNT Amount €	ANNUAL GROSS AMOUNT Amount €
ANNUAL TAX AMOUNT Amount €	ANNUAL TAX AMOUNT Amount €	ANNUAL TAX AMOUNT Amount €
ANNUAL SOCIAL INSURANCE/ PROVIDENT FUND/MEDICAL FUND/GHS ETC Amount €	ANNUAL SOCIAL INSURANCE/ PROVIDENT FUND/MEDICAL FUND/GHS ETC Amount €	ANNUAL SOCIAL INSURANCE/ PROVIDENT FUND/MEDICAL FUND/GHS ETC Amount €
ANNUAL NET AMOUNT Amount €	ANNUAL NET AMOUNT Amount €	ANNUAL NET AMOUNT Amount €
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	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	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

42. During the year 2023, 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 st JOB	2 nd JOB	3 rd JOB
PERIOD Weekly 1 Monthly 2	PERIOD Weekly 1 Monthly 2	PERIOD Weekly 1 Monthly 2
NO. OF WEEKS/MONTHS Weeks Months	NO. OF WEEKS/MONTHS Weeks Months	NO. OF WEEKS/MONTHS Weeks Months
GROSS AMOUNT €	GROSS AMOUNT €	GROSS AMOUNT €
TAX €	TAX €	TAX €
SOCIAL INSURANCE/PROVIDENT FUND/ MEDICAL FUND/GHS €	SOCIAL INSURANCE/PROVIDENT FUND/ MEDICAL FUND/GHS €	SOCIAL INSURANCE/PROVIDENT FUND/ MEDICAL FUND/GHS €
NET AMOUNT €	NET AMOUNT €	NET AMOUNT €
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	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	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

43. During the year 2023, did you have any extra income from work, that was not stated above?

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

44. During the year 2023, 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 2023, 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
- 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"/>	
- General Healthcare System (GHS).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

45. During the year 2023, did your employer provide you with any kind of vehicle for private use?

- Yes ☐ 1
- No ☐ 2 → Q. 51a

46. Please give the make, model and registration year of the vehicle.

- Make:.....
- Model:.....
- Year

47. Please specify the number of c.c's of the vehicle (e.g. 1598 c.c's)

- Number of c.c's

48. During the year 2023, for how many months did you use this vehicle provided by your employer?

- Number of months

49. Who pays/paid each of the following concerning this vehicle?

If employer, specify the amount saved during 2023 *Do not know*

- Car insurance:

- Employer ☐ 1 € ☐ 1
- Respondent ☐ 2

- Road tax:

- Employer ☐ 1 € ☐ 1
- Respondent ☐ 2 1

- Fuel:

- Employer ☐ 1 € ☐ 1
- Respondent ☐ 2

- Regular and unexpected repairs:

- Employer ☐ 1 € ☐ 1
- Respondent ☐ 2

50. During the year 2023, approximately how many kilometres did you travel with the company's vehicle for private use only?

- Number of kilometres

51a. During the year 2023, did your employer provide you with free or reduced housing rent?

- Yes ☐ 1
- No ☐ 2 → Q. 51

If YES, rent(annual).....€

51. During the year 2023, did your employer provide you with the following:

- | | YES | NO |
|--|----------------------------|----------------------------|
| - Vacations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Travel | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Free or price reduced meals during working hours | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Partial or full payments for electricity bills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Partial or full payments for telephone or mobile phone bills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Partial or full payments for water supply bills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Free or price reduced products, supplied by employer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

52. FOR THE INTERVIEWER: If in Q. 51 there is at least one answer with a YES go to Q. 53. Otherwise go to Q. 54a.

53. What total amount did you save due from the above?

- Amount €
- Do not know ☐ 1

54a. Please specify the gross and net amount as well as the deductions for the last salary you have received.

PERIOD

MONTHLY ☐ 1

WEEKLY ☐ 2

GROSS AMOUNT.....€

TAX.....€

SOCIAL INS./PROVIDENT

FUND/MEDICAL FUND/

GHS ETC€

NET AMOUNT€

INCOME FROM SELF-EMPLOYMENT

55. During the year 2023 did you receive any income from self-employment, such as from your own business, professional practice, freelance work, work under subcontract, service supply, trade etc. ?
(agriculture is excluded)

- Yes ☐ 1
- No ☐ 2 → Q. 68

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

- Yes ☐ 1
- No ☐ 2 → Q. 59

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

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

58. FOR THE INTERVIEWER:

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

-Member's serial number → Q. 68

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

- Own ☐ 1
- Partnership ☐ 2

60. Always based on your share of the business what was your gross income during the year 2023 after the deduction of the business expenses?
(Expenses are considered to be the amounts spent for raw materials, equipment, distribution of goods, employees' salaries and general running expenses, rent, electricity, telecommunications etc. The income amount should include the value of items received by the self-employer from the business or activity for personal use)

- Amount €

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

- Profit..... ☐ 1
- Loss ☐ 2

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

- Tax amount..... €
- Do not know ☐ 1

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

- Amount €
- Do not know ☐ 1

64. During the year 2023 did you draw any money from the business account (which is used only for business purposes) for personal needs or needs of the household?

(e.g. vacations, instalments, training schools, children studies etc.)

(this amount is not included in the amount stated in Q.60)

- Yes ☐ 1
- No ☐ 2 → Q. 66

65. Approximately how much did you receive for these needs during the year 2023?

- Amount €

66. During the year 2023 did you pay additional income tax related to previous years?
(closing accounts, fine etc.)

- Yes ☐ 1
- No ☐ 2
- If YES, amount €

67. During the year 2023, did you pay additional amounts for insurance contributions e.g. fine etc.?

- Yes ☐ 1
- No ☐ 2
- If YES, amount €

INCOME FROM AGRICULTURE LIVESTOCK/FISHING

68. During the year 2023, did you have any income from agriculture/livestock/fishing?

- Yes ☐ 1
- No ☐ 2 → Q. 79

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

- Yes ☐ 1
- No ☐ 2 → Q. 72

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

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

71. FOR THE INTERVIEWER:

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

- Member's serial number → Q. 79

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

- Own 1

- Partnership 2

73. Always based on your share of the activity, what was your gross income during the year 2022 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 2022 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 2022, 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 2022, 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 enter the amount here)	Is the amount you mentioned 1. Gross (before tax deduction/GHS) 2. Net (after tax deduction/GHS)	Tax Amount/GHS
		€ <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"/> 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"/>	1 2	Amount..€ <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"/>	1 2	Amount..€ <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 or 3 then ask Q.84. If the answer in Q.80 is 1 then ask Q.83.

83. During the year 2023, how much income did you receive from investments held in your name?

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

PRIVATE PENSIONS

84. During the year 2023, 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 2023 during which an amount was received and information about the tax/GHS.

PRIVATE PENSION	Received	Please indicate the total amount for the year 2023	Number of months	Is the amount you mentioned:		Tax Amount/GHS
				1. Gross (before tax deduction/GHS)	2. Net (after tax deduction/GHS)	
Old age pension	<input type="text"/> From Cyprus	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	Amount € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know <input type="text"/>
	<input type="text"/> From Abroad					
Other pension, specify	<input type="text"/> From Cyprus	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	Amount .. € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know <input type="text"/>
	<input type="text"/> From Abroad					

85A. During the year 2023, 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 2023, what was the total amount paid towards private pension plans?

- Total amount €

85C. During the year 2023, have you received a lump sum payment from a private pension plan?

- Yes..... 1

- No 2

- If YES, amount €

UNEMPLOYMENT SCHEMES

86. During the year 2023, did you receive any of the following benefits/allowances?

BENEFIT/ALLOWANCE		The amount was monthly or annually received?	If the amount was received each month write the number of months	Total annual amount received in 2023
Unemployment Benefit	YES <input type="text"/> 1 NO <input type="text"/> 2	Monthly <input type="text"/> 1 Annually <input type="text"/> 2	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Allowance for soldiers in compulsory army service	YES <input type="text"/> 1 NO <input type="text"/> 2	Monthly <input type="text"/> 1 Annually <input type="text"/> 2	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other allowances, specify	YES <input type="text"/> 1 NO <input type="text"/> 2	Monthly <input type="text"/> 1 Annually <input type="text"/> 2	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

87an. During the year 2023, have you received a lump sum payment as compensation for termination of employment? (Provident Fund not included)

- Yes 1

- No 2

- If YES, amount of compensation..... €

87an1. During the year 2023, have you received a lump sum payment as redundancy compensation? (Provident Fund not included)

- Yes 1

- No 2

- If YES, amount of redundancy compensation €

87cn. During the year 2023, have you received any amount from the Provident Fund due to termination of employment or EARLY retirement?

- Yes 1

- No 2

- If YES, amount €

PENSIONS

90. During the year 2023, did you receive any of the following public pensions?

PENSIONS		Received	If YES please indicate the total amount received during the year 2023 (include 13th salary if available)	Number of months in 2023 related to this amount	Is the amount you mentioned: 1: Gross (before tax deduction/GHS etc.) 2: Net (after tax deduction/GHS etc)	Tax/GHS etc.
Old age pension (Include also the pension from 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
Orphan's allowance 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"/>
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"/>
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"/>
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"/>

**91an. During the year 2023, have you received a lump sum payment due to retirement from work?
(Provident Fund is included)**

- Yes
- No → Q. 91cn

91b. If YES, please specify:

Lump Sum Payment from:		If YES, please indicate the total amount received during the year 2023	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax
The Public and Broad Public Sector	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text"/>	1 2	€ <input type="text"/>
Provident Fund	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text"/>	1 2	€ <input type="text"/>
Bonus from work	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text"/>	1 2	€ <input type="text"/>

91cn. During the year 2023, have you received a lump sum payment from Provident Fund (widowing/ orphanage or disability)?

- Yes
- No → Q. 94

91d. If YES, please specify :

Provident Fund due to:		If YES, please indicate the total amount received during the year 2023	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax
Widowing / Orphanage	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text"/>	1 2	€ <input type="text"/>
Disability	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text"/>	1 2	€ <input type="text"/>

(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 2023 (include 13th salary if available)	Number of months in 2023 related to this amount
Sickness benefit	YES	<input type="text"/>	€ <input type="text"/>	<input type="text"/>
	NO	<input type="text"/>		
Sickness benefit for hourly paid government workers	YES	<input type="text"/>	€ <input type="text"/>	<input type="text"/>
	NO	<input type="text"/>		
Injury benefit	YES	<input type="text"/>	€ <input type="text"/>	<input type="text"/>
	NO	<input type="text"/>		
Disability benefit (lump sum payment)	YES	<input type="text"/>	€ <input type="text"/>	<input type="text"/>
	NO	<input type="text"/>		
Grants to the blind	YES	<input type="text"/>	€ <input type="text"/>	<input type="text"/>
	NO	<input type="text"/>		
Financial assistance to cover the special needs of the disabled	YES	<input type="text"/>	€ <input type="text"/>	<input type="text"/>
	NO	<input type="text"/>		
Other benefits/allowances specify -----	YES	<input type="text"/>	€ <input type="text"/>	<input type="text"/>
	NO	<input type="text"/>		

EDUCATION-RELATED ALLOWANCES

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

BENEFIT-ALLOWANCE			If YES please indicate the amount
Students' Benefit (Students' Package)	YES	<input type="text" value="1"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	NO	<input type="text" value="2"/>	
Public Scholarship	YES	<input type="text" value="1"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	NO	<input type="text" value="2"/>	
Other non-Public Scholarship, specify	YES	<input type="text" value="1"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	NO	<input type="text" value="2"/>	
Other education-related allowances grants,specify	YES	<input type="text" value="1"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	NO	<input type="text" value="2"/>	

- Yes 1

- No 2 → **Q. IDNO**

- Amount..... € | | | | | |

INCOME TAX

- Yes 1

- No 2 → Q.105

- Amount of reimbursement..... € | | | | |

ACCESS TO SERVICES - USE OF PUBLIC TRANSPORT

PC280. During the previous 12 months, how often did you use public transport (bus, tram, train, underground/metro, etc.)?

- | | | | |
|-------------------------------------|---|---|----------|
| - Daily..... | <table border="1"><tr><td>1</td></tr></table> | 1 | } PC330A |
| 1 | | | |
| - Every week (not every day)..... | <table border="1"><tr><td>2</td></tr></table> | 2 | |
| 2 | | | |
| - Every month (not every week)..... | <table border="1"><tr><td>3</td></tr></table> | 3 | |
| 3 | | | |
| - Less than once a month..... | <table border="1"><tr><td>4</td></tr></table> | 4 | |
| 4 | | | |
| - Never..... | <table border="1"><tr><td>5</td></tr></table> | 5 | |
| 5 | | | |

Please refer to a typical week. If someone during most of the months in a year used the public transport at least 5 days, the answer 'daily' should be selected)

PC290. What is the main reason for not using public transport at all, or not using it more often?

- | | | |
|--|---|---|
| - Too expensive..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - No public transport available in the area..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - Physical access too difficult..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Frequency too low or inconvenient schedules..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - Travel time too long..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| - Safety or security concerns..... | <table border="1"><tr><td>6</td></tr></table> | 6 |
| 6 | | |
| - Other reasons..... | <table border="1"><tr><td>7</td></tr></table> | 7 |
| 7 | | |

ACCESS TO SERVICES - DISCRIMINATION IN USE OF SERVICES

FOR THE INTERVIEWER: The following 4 questions refer to discrimination issues. That is, whether in the last 12 months you have been treated unfairly and unequally or with prejudice due to certain characteristics such as your age, your nationality, your gender, disability/long-term health problem etc.

PC330A. In the previous 12 months, have you personally, even only once, felt discriminated against when in contact (in person, over the phone or via email) with any administrative offices or public services (for example: job centre, police, health and social services, citizen service centre)?

- | | | | |
|--|---|---|----------|
| - Yes..... | <table border="1"><tr><td>1</td></tr></table> | 1 | |
| 1 | | | |
| - No..... | <table border="1"><tr><td>2</td></tr></table> | 2 | → PC340A |
| 2 | | | |
| - I was not in contact with any administrative offices or public services... | <table border="1"><tr><td>3</td></tr></table> | 3 | → PC340A |
| 3 | | | |

PC330B. What was the main reason you personally felt discriminated against when in contact with administrative offices or public services?
(Read the listed reasons below)

- | | | |
|--|---|---|
| - Age (too young/too old)..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Sex..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - Disability or long-term health problem..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Immigrant or ethnic origin..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - Religion/belief..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| - Sexual orientation..... | <table border="1"><tr><td>6</td></tr></table> | 6 |
| 6 | | |
| - Other reason (for example, income, profession, education level, outward appearance, etc.)..... | <table border="1"><tr><td>7</td></tr></table> | 7 |
| 7 | | |

PC340A. In the last 5 years, have you personally, even only once, felt discriminated against when trying to rent or buy residential property (house, apartment)?

- | | | | |
|---|---|---|----------|
| - Yes..... | <table border="1"><tr><td>1</td></tr></table> | 1 | |
| 1 | | | |
| - No..... | <table border="1"><tr><td>2</td></tr></table> | 2 | → PC350A |
| 2 | | | |
| - I did not try to rent or buy an apartment or a house during the past 5 years..... | <table border="1"><tr><td>3</td></tr></table> | 3 | → PC350A |
| 3 | | | |

**PC340B. What was the main reason why you have personally felt discriminated against when trying to rent or buy a residential property (house, apartment) in the last 5 years?
(Read the listed reasons below)**

- | | | |
|--|---|---|
| - Age (too young/too old)..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Sex..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - Disability or long-term health problem..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Immigrant or ethnic origin..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - Religion/belief..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| - Sexual orientation..... | <table border="1"><tr><td>6</td></tr></table> | 6 |
| 6 | | |
| - Other reason (for example, income, profession, education level, outward appearance, etc.)..... | <table border="1"><tr><td>7</td></tr></table> | 7 |
| 7 | | |

PC350A. In the last 12 months, have you personally felt discriminated against (even only once), either as a parent/guardian or as a student, when in contact with somebody from an educational institution(school/college/university)?

- | | | | |
|--|---|---|----------|
| - Yes..... | <table border="1"><tr><td>1</td></tr></table> | 1 | |
| 1 | | | |
| - No..... | <table border="1"><tr><td>2</td></tr></table> | 2 | → PC360A |
| 2 | | | |
| - I was not in contact with anyone from school/college/university either as a parent/guardian or as a student..... | <table border="1"><tr><td>3</td></tr></table> | 3 | → PC360A |
| 3 | | | |

PC350B. What was the main reason why you have personally felt discriminated against when in contact with somebody from an educational institution?

(Read the reasons listed below)

- | | | |
|--|---|---|
| - Age (too young/too old)..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Sex..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - Disability or long-term health problem..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Immigrant or ethnic origin..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - Religion/belief..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| - Sexual orientation..... | <table border="1"><tr><td>6</td></tr></table> | 6 |
| 6 | | |
| - Other reason (for example, income, profession, education level, outward appearance, etc.)..... | <table border="1"><tr><td>7</td></tr></table> | 7 |
| 7 | | |

PC360A. In the last 12 months, have you personally felt discriminated against (even only once) in public spaces, for example in a shop, cafe or restaurant, or when using leisure or sports facilities, etc.?

- | | | | |
|------------|---|---|--------|
| - Yes..... | <table border="1"><tr><td>1</td></tr></table> | 1 | |
| 1 | | | |
| - No..... | <table border="1"><tr><td>2</td></tr></table> | 2 | → Q105 |
| 2 | | | |

PC360B. What was the main reason why you have personally felt discriminated against in public spaces?

(Read the reasons listed below)

- | | | |
|--|---|---|
| - Age (too young/too old)..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Sex..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - Disability or long-term health problem..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Immigrant or ethnic origin..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - Religion/belief..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| - Sexual orientation..... | <table border="1"><tr><td>6</td></tr></table> | 6 |
| 6 | | |
| - Other reason (for example, income, profession, education level, outward appearance, etc.)..... | <table border="1"><tr><td>7</td></tr></table> | 7 |
| 7 | | |

PERSONAL DETAILS OF THE RESPONDENT

IDNO. Please specify your identity card number

ARC. Please specify your Alien Registration Card (ARC) numbe

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

PHONE. Please specify your telephone number.....

TO BE COMPLETED BY THE INTERVIEWER:

105. Member Interview Result:

- | | | |
|--|---------------------------------|-------------------|
| - Fully completed Member Questionnaire | <input type="text" value="11"/> | } → DurInt |
| - Information completed only from registers | <input type="text" value="12"/> | |
| - Information completed from both: interview and registers | <input type="text" value="13"/> | |
| - Imputed data | <input type="text" value="14"/> | |
| - Unable to respond due to illness, incapacity | <input type="text" value="21"/> | |
| - Refused to cooperate | <input type="text" value="23"/> | |
| - Absent and a proxy interview was not possible | <input type="text" value="31"/> | |
| - Unable to contact for other reasons | <input type="text" value="32"/> | |
| - No interview was performed for unknown reasons | <input type="text" value="33"/> | |

PB260. Nature of participation

- | | | |
|--------------------------------|--------------------------------|-------------------|
| - Direct participation | <input type="text" value="1"/> | → Q. PB270 |
| - Indirect participation | <input type="text" value="2"/> | |

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

PB270. Interview mode

- | | |
|--|--------------------------------|
| - Paper Assisted Personal Interview (PAPI) | <input type="text" value="1"/> |
| - Computer Assisted Personal Interview (CAPI) | <input type="text" value="2"/> |
| - Computer Assisted Telephone Interview (CATI) | <input type="text" value="3"/> |

DURATION OF INTERVIEW

DurInt. Duration of personal questionnaire interview in minutes
- Time interview finished (eg. 19:25) :