



REPUBLIC OF CYPRUS



STATISTICAL SERVICE

Form: SILC 1

**SURVEY ON INCOME AND  
LIVING CONDITIONS OF HOUSEHOLDS 2025**

**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, 2025

## 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:**

--	--	--	--

**NEW DEGREE OF URBANISATION:**

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.....  | 3  | } End of Survey |
| (e.g. medical institutions, home for the old aged, prison etc.)  |    |                 |
| 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 .....   | 6  |                 |
| (All persons in the sample moved because of one of the reasons mentioned above e.g. a person moved in an institution, another one died etc.) |    |                 |
| e. Access to the household is impossible (due to flood, snow, inaccessible road etc) .....   | 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. <b>It is split</b> .....  | 8 | → Complete Parts B & C |
| (For households created after the last wave and are not initial households)  |   |                        |
| b. <b>It was added in the sample in this wave</b> .....  | 9 | → Complete Parts B & C |
| (For households interviewed for the first time and are not split, that is households with rotational group code 4) |   |                        |

**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 | } End of Survey |
| 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 4

**3. During the year 2024 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-see problematic questionnaires .....
2. Yes-other pending matters .....
3. No pending matters.....

1

2

3

**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 2025**

**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: a. 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 (Serial Nr)	Name (NamePers)	Sex (Sex)		Date of birth (DateBirth)	Age (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	
			Male	Female	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				Yes	No	S · O · S  D U T R E I M N P G  O R A P 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
1st			1	2			1	2	1	2				1	2					
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				

→PART C

A. DEMOGRAPHIC AND BASIC PERSONAL DATA (continued)

(1)	(3)	(16)	(17)	(18)		(19)		(20)		(21)	22	(23)
Line	Name (NamePers)	RB032	Residential Status (ResStat)	In which country were you born? (RB280)		What is your citizenship? (RB290)		Permanent Residence abroad (UsualRes)		Year of permanent settlement in Cyprus (YearCy)	Duration of stay in Cyprus (RB285)	Basic activity status (current) (Bas.ActStat/ 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?	Years of stay in Cyprus since the year of permanent settlement, in completed years	1. Employed 2. Unemployed 3. In retirement or early retirement 4. Unable to work due to long-standing health problems 5. Student/Pupil 6. Fulfilling domestic tasks and care responsibilities 7. Compulsory military or civilian service 8. Other
				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 2012 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	Current 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 before or after school (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 (i.e. grandmother/ grandfather, domestic worker) (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.

### C. INTRA-HOUSEHOLD RELATIONSHIPS BETWEEN THE HOUSEHOLD MEMBERS

**FOR THE INTERVIEWER:** For each person in question, please note the 'Sequential number of the person in the household' of the member with whom he/she has the relationship in the question. asked only towards the members that are registered in the lines above him/her.

**This will be**

**If not listed or not applicable, then leave in blank**

[illegible]

#### 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:

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REPUBLIC OF CYPRUS



STATISTICAL SERVICE

Form: SILC 3

**SURVEY ON INCOME AND  
LIVING CONDITIONS OF HOUSEHOLDS 2025**

**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"/>	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, 2025

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

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

- Number of rooms .....

**3a1. What is the size of your dwelling, in square meters? If you do not know, please give an approximate number. (It refers to the floor space measured inside the outer walls excluding non-habitable cellars and attics and excluding in multi-dwelling buildings all common spaces)**

- Square metres .....

**6. Is the dwelling:**

- Owned without paying mortgage for the main dwelling? .....
- Owned paying mortgage for the main dwelling? .....
- Rented or sub rented at market rate? .....
- (Includes cases where the rent is fully or practically recovered from housing benefit) .....
- Rented at a lower price than the market price? .....
- Provided rent-free (by the parents, relatives etc.)? .....  → Q. HC006
- Q11a

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

- Year .....

**HOUSEHOLD ENERGY EFFICIENCY**

**HC006. What year was the dwelling where you live (house or apartment building) constructed or substantially renovated?**

- Before 1945 .....
- 1945-1960 .....
- 1961-1980 .....
- 1981-2000 .....
- 2001-2010 .....
- 2011-2015 .....
- 2016 or after (please state the year: \_\_\_\_\_) .....
- Don't know .....

**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 2024?**

**HOUSING ALLOWANCES**

- Mortgage interest subsidy (Social Welfare Services, Minimum Guaranteed Income (MGI)) .....
- Other allowances, please specify: .....
- (e.g. heating allowance) .....

If YES: Please indicate the annual amount received in the year 2024

€

€

→ Q. PHOT

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

- |  |   |
|--|---|
| - Before 1945 .....                      | <div>1</div>                                    |
| - 1945-1960 .....                        | <div>2</div>                                    |
| - 1961-1970 .....                        | <div>3</div>                                    |
| - 1971-1980 .....                        | <div>4</div>                                    |
| - 1981-1990.....                         | <div>5</div>                                    |
| - 1991-2000 .....                        | <div>6</div>                                    |
| - 2001-2010 .....                        | <div>7</div>                                    |
| - 2011-2015.....                         | <div>8</div>                                    |
| - 2016 and after, specify the year ..... | <div></div> <div></div> <div></div> <div></div> |
| - Don't know.....                        | <div>9</div> <div>9</div>                       |

**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 .....               | <div>1</div> |
| - Furnished/Partly furnished..... | <div>2</div> |

**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 2024?**

ALLOWANCES		If YES: please indicate the annual amount received in the year 2024	
	YES	NO	
- Rent allowance (Social welfare services or Minimum Guaranteed Income (MGI))	<div>1</div>	<div>2</div>	€ <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
- Rent allowance (Ministry of Interior/Service for the Displaced Persons)	<div>1</div>	<div>2</div>	€ <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
- Other allowances, please specify: .....	<div>1</div>	<div>2</div>	€ <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

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

	YES	NO
a. Water? .....	<div>1</div>	<div>2</div>
b. Electricity? .....	<div>1</div>	<div>2</div>
c. Heating? .....	<div>1</div>	<div>2</div>
d. Sewerage services fee? .....	<div>1</div>	<div>2</div>
e. Refuse collection, community services? .....	<div>1</div>	<div>2</div>
f. Other expenses (common expenses etc.)? .....	<div>1</div>	<div>2</div>
g. Regular repairs and maintenance? .....	<div>1</div>	<div>2</div>

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

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

### HOUSING COSTS

15. Please state whether you have paid any of the following during the year 2024:

If YES: Please indicate the annual amount you paid in the year 2024

	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, community services? ...	<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

Q.  
HC003A\_1

**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/photovoltaic, geothermal, etc.)..... 7
- Other..... 8
- Don't know..... 99

## **HC003A\_1. In the last 5 years, has any renovation work been carried out to improve the energy efficiency of this dwelling, for example, applying thermal insulation to the walls, roof or floor, replacing windows or replacing the heating system with a more efficient one?**

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..... 1
- No..... 2
- The building was built in the last 5 years (2020 onwards)..... 3
- Don't know..... 4

→ HC003A\_3  
MH06

## **HC003A\_2: How many energy efficiency measures have been carried out in the last 5 years (for example, replacing windows and insulating the walls are counted as two measures)?**

- Three or more measures ..... 1
- Two measures ..... 2
- One measure ..... 3

MH06

## **HC003A\_3: Does this dwelling need renovation work to improve its energy efficiency?**

- Needed..... 1
- Not needed..... 2
- Don't know..... 3

MH06

**HEE07: What is the main reason why your dwelling has not undergone renovation work to improve its energy efficiency? (e.g. replacing windows or heating systems, installing insulation, photovoltaic systems, solar water heating)**

- No interest .....
- Too expensive .....
- It is difficult to find professionals to do it .....
- Administrative obstacles .....
- Other obstacles (protected historical building, difficult to agree with neighbours or co-owners, etc.) .....

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

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

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

- Only single glazing .....
- Only double glazing .....
- Triple glazing or more .....
- Mixed single and double/triple glazing .....
- Mixed double and triple glazing .....
- Don't know .....

**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

**HH120. 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 .....

$$\epsilon \quad | \quad | \quad | \quad | \quad | \quad |$$

23a. FOR THE INTERVIEWER: The next questions refer to the housing loan for the main dwelling. If your mortgage has been restructured please provide the details of the restructuring.  
If the dwelling is owned, paying mortgage for the main dwelling (Q6=2), then ask questions 23b to 23i.

**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 2024?**

- Amount ..... € | | | | |

**23g. What is the actual total amount paid for 2024?**

- 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 2024 ..... € | | | | |

<b>24. FOR THE INTERVIEWER:</b> Please check from the Members Register, whether there are any children under 16 years old in the household..	
- Yes.....	<input type="checkbox"/> 1
- No .....	<input type="checkbox"/> 2 → Q. 27

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

**25. During 2024, 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.....	<input type="checkbox"/> 1
- No.....	<input type="checkbox"/> 2 → Q. 27

**26. If YES, what was the total amount during the year 2024?**

- Total Gross annual amount (before tax and social insurance contributions were deducted) .....	€ <input type="text"/>
- Total Net annual amount (after tax and social insurance contributions were deducted) .....	€ <input type="text"/>

**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 2024?**

BENEFIT-ALLOWANCE	YES	NO	If YES: Please indicate the total amount for 2024	
a. Mother's allowance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	
b. Child allowance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <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"/>	
d. Maternity allowance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	
e. Paternity allowance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	
f. Parental leave allowance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	HY052G2
g. Grant for the care of children placed with foster families .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	
h. Maternity grant (lump sum payment).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	
i. Benefit to families with triplets or more.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	
j. Allowance for the care of the elderly .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	
k. Single Parent Benefit .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	
l. Other family benefits, please specify:.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	

**28n. During the year 2024, did anyone in your household receive the Missing Persons Allowance?**

- Yes .....	<input type="checkbox"/> 1
- No .....	<input type="checkbox"/> 2 → Q. 28bn

**29n. What was the total amount received in 2024?**

- Total amount (annual) .....	€ <input type="text"/>
-------------------------------	------------------------

**29n1. Total amount paid for GHS in 2024:**

- Total amount (annual) .....	€ <input type="text"/>
-------------------------------	------------------------

28bn. During the year 2024, did anyone in your household receive the Minimum Guaranteed Income (MGI) or the Public Benefit allowance?

- Yes .....

1

- No .....

2

See note below 'For the interviewer'

29bn. What was the total amount received in 2024?

- 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, 27g, 27j or 27l there is at least one answer with a YES, go to Q29 SN, *otherwise go to Q. 30.*

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 .....

1

- No .....

2

→ 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 2024 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 .....
- No .....  → Q. 32

**31. If YES, specify:**

TYPE OF ASSISTANCE	FOR OFFICIAL USE	THE AMOUNT WAS PAID EVERY	TOTAL GROSS AMOUNT PAID IN 2024 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2024 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
	1. Alimony (mandatory/voluntary) 2. Other kind of help			
.....	<input type="text" value="1"/>	week <input type="text" value="1"/>	€	€
	<input type="text" value="2"/>	month <input type="text" value="2"/>	<input type="text"/>	<input type="text"/>
		year <input type="text" value="3"/>	<input type="text"/>	<input type="text"/>
.....	<input type="text" value="1"/>	week <input type="text" value="1"/>	€	€
	<input type="text" value="2"/>	month <input type="text" value="2"/>	<input type="text"/>	<input type="text"/>
		year <input type="text" value="3"/>	<input type="text"/>	<input type="text"/>
.....	<input type="text" value="1"/>	week <input type="text" value="1"/>	€	€
	<input type="text" value="2"/>	month <input type="text" value="2"/>	<input type="text"/>	<input type="text"/>
		year <input type="text" value="3"/>	<input type="text"/>	<input type="text"/>
.....	<input type="text" value="1"/>	week <input type="text" value="1"/>	€	€
	<input type="text" value="2"/>	month <input type="text" value="2"/>	<input type="text"/>	<input type="text"/>
		year <input type="text" value="3"/>	<input type="text"/>	<input type="text"/>

**32. During the year 2024, 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 .....
- No .....  → Q. 34

33. If YES, specify:

TYPE OF ASSISTANCE	FOR OFFICIAL USE	THE AMOUNT WAS RECEIVED EVERY	TOTAL GROSS AMOUNT RECEIVED IN 2024 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT RECEIVED IN 2024 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	
	1. Alimony (mandatory/ voluntary) 2. Other kind of help				
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _ _	_ _ _ _ _ _ _	
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _ _	_ _ _ _ _ _ _	
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _ _	_ _ _ _ _ _ _	
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _ _	_ _ _ _ _ _ _	

**INCOME IN KIND**

34. During the year 2024 did you have any savings from own production of goods?

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

- Yes .....

1

- No .....

2

→ Q. 35a

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

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

35a. During the year 2024, did any member of your household receive any subsidy from the C.A.P.O or from the Agricultural Insurance Agency?

- Yes .....

1

- No .....

2

**INCOME FROM RENT**

**36. During the year 2024, 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 2024?**

- 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 2024, 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. H1010

**42. If YES:**

a. What property tax did you pay during the year 2024 for <u>your main house</u> ?	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. What property tax did you pay during the year 2024 for <u>ALL your immovable property</u> ?	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**EVOLUTION OF HOUSEHOLD INCOME**

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

- |                          |                                |             |
|--------------------------|--------------------------------|-------------|
| - Increased .....        | <input type="text" value="1"/> |             |
| - Remained the same..... | <input type="text" value="2"/> | → Q. HI040a |
| - Decreased.....         | <input type="text" value="3"/> | → Q. HI030  |

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

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

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

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

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

- |             |                                |   |
|-------------|--------------------------------|---|
| - Yes ..... | <input type="text" value="1"/> |   |
| - No .....  | <input type="text" value="2"/> | → <div style="border: 1px solid black; padding: 2px; display: inline-block;">Q.FORMMEMB<br/>(if new hhld, otherwise<br/>go to<br/>Q. HC040)</div> |

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

- |                  |                                |
|------------------|--------------------------------|
| - Increase.....  | <input type="text" value="1"/> |
| - Decrease ..... | <input type="text" value="2"/> |

**FORMMEMB. During 2024, 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 ..... | <input type="text" value="1"/> |
| - No .....  | <input type="text" value="2"/> |

## HEALTH

**INTRODUCTION:** The following questions are about health care related goods and services you or any other members of your household used and paid for during the last 12 months. These are addressed at the household level.

**HS200. To what extent were the costs of medical examinations or treatments a financial burden to your household during the past 12 months?**

(It refers to all members of the household. It excludes dental examinations or treatments or any prescribed or non-prescribed medication)

- A heavy burden .....
- Somewhat a burden .....
- Not a burden at all .....
- No one in the household needed/had medical examination or treatment .....

**HS210. To what extent were the costs of dental examinations or treatments a financial burden to your household during the past 12 months?**

(It refers to all members of the household. It excludes any prescribed or non-prescribed medication)

- A heavy burden .....
- Somewhat a burden .....
- Not a burden at all .....
- No one in the household needed/had dental examination or treatment .....

**HS220. To what extent were the costs of medicines (prescribed and non-prescribed) a financial burden to your household during the past 12 months?**

(It refers to all members of the household)

- A heavy burden .....
- Somewhat a burden .....
- Not a burden at all .....
- No one in the household needed/had medicines .....

## ENERGY AND THE ENVIRONMENT

**HEE01. What is the walking distance from your home to the nearest public green space or the beach?**

This includes parks, playgrounds, forests, picnic areas, canal paths, riverside areas.

- Under 400 metres .....
- 400 - 999 metres.....
- 1.000 - 1999 metres .....
- 2.000 metres or more .....

**HEE09. Do you separate plastic bottles (e.g. bottles for water, detergents, cooking oil, milk etc) from general household waste?**

(If the household completely avoids using plastic bottles, then answer 1 should be chosen)

- Always or most of the time .....
- Sometimes .....
- Rarely or never.....

**HEE11A. Does your household have access to a car for private use whenever needed?**

[Please include company cars/vans or other cars that are not owned by the household but are regularly used for private purposes]

- Yes.....
- No .....  →HEE11B=0  
Q. FAO\_1

**HEE11B. How many cars have you access to for private use, including leased and company cars?**

Number of cars ..... (1-9)

**HEE12. What type of fuel does the newest car that your household uses for private purposes run on?**

Newest car means the car registered the most recently.

- Diesel .....
- Petrol .....
- Hybrid (fuel and electricity).....
- Electric .....
- Other (e.g. gas, hydrogen).....
- Don't know .....

**HEE13. When was the newest car your household uses first registered?  
(from the first owner, irrespective of the country)**

- Year of first registration .....  (1940-2025)
- Before 1940 .....
- Don't know .....

**FOR THE INTERVIEWER: If HHE11B>1, then the following question must be answered  
(regarding the cars used by the household).**

**HEE14. When was the oldest car your household uses first registered?  
(from the first owner, irrespective of the country)**

- Year of first registration .....  (1940-2025)
  - Before 1940 .....
  - Don't know .....
-

**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'.

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

--	--

HB130. Interview mode used for the Household Questionnaire

- Paper assisted personal interview (PAPI) .....

1
---

- Computer assisted personal interview (CAPI) .....

2
---

- Computer assisted telephone interview (CATI) .....

3
---

- Computer assisted web-interview (CAWI).....

4
---

- Other .....

5
---

**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 2025**

**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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DEGREE OF URBANISATION:	<input type="text"/>			
INTERVIEW DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GEO. CODE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOUSEHOLD ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	INTERVIEWER'S NUMBER:	<input type="text"/>	<input type="text"/>	
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, 2025

**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 .....
  - Married .....
  - Widowed .....
  - Divorced .....
  - Separated .....
  - Cohabitant .....
- Q. PB230

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

- Never married .....
- Married .....
- Widowed .....
- Divorced .....

**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 .....
- No .....  → Q. EDUCA1

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

- Primary Education .....
  - Lower Secondary (first 3 grades) Preparatory level or New Modern Apprenticeship programme .....
  - Upper Secondary - Lyceum (4th-6th or 7th form), Technical or Vocational School).....
  - Post-secondary non tertiary education (duration of programmes up to 2 years).....
  - Short cycle tertiary programmes (duration of programmes 2-3 years e.g. Private College, Police Academy, HHIC, Tour Guide School etc).....
  - Bachelor or equivalent .....
  - Postgraduate (Master, MBA, MA MSc) or graduate degree of duration of 5 years or more.....
  - Doctorate or equivalent .....
- Q. EDUCA1
- If Age < 35 go to Q. CURED2  
If Age > 35 go to Q. EDUCA1
- If Age < 35 go to Q. CURED2  
If Age > 35 go to Q. 7c1
- Q. 7c1

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

- General orientation .....
- Vocational/Technical orientation .....
- Unknown orientation .....

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

**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.....
- Good.....
- Fair.....
- Bad.....
- Very bad .....

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

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

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

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

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

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

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

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

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

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

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

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

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

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

---

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

**Refer to the most recent occasion.**

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

---

---

## HEALTH MODULE 2025

**PH080. During the past 12 months, how many times did you visit a dentist or orthodontist on your own behalf?**

- Not at all.....
- 1-2 times.....
- 3-5 times.....
- 6-9 times.....
- 10 times or more .....

**PH090. During the past 12 months, how many times did you visit or consult a GP (General Practitioner) or Family Doctor on your own behalf? Please include visits to your doctor's office as well as home visits and consultations by telephone or email.**

- Not at all.....
- 1-2 times.....
- 3-5 times.....
- 6-9 times.....
- 10 times or more .....

**PH100. During the past 12 months, how many times did you visit or consult a medical or surgical specialist on your own behalf? (e.g Cardiologist, Gynaecologist, Ophtalmologist, Psychiatrist etc, including dental surgeon). Please include visits to your doctor's office as well as home visits and consultations by telephone or email. It includes visits at the Emergency Department of a hospital.**

- Not at all.....
- 1-2 times.....
- 3-5 times.....
- 6-9 times.....
- 10 times or more .....

**PH101. Do you have difficulty seeing, even if wearing glasses? Would you say...**

- No difficulty.....
- Some difficulty .....
- A lot of difficulty.....
- Cannot see at all.....

**PH111. Do you have difficulty hearing, even if using a hearing aid(s)? Would you say ...**

- No difficulty.....
- Some difficulty .....
- A lot of difficulty.....
- Cannot hear at all.....

**PH121. Do you have difficulty walking or climbing steps? Would you say ...**

- |                            |   |
|----------------------------|---|
| - No difficulty.....       | 1 |
| - Some difficulty .....    | 2 |
| - A lot of difficulty..... | 3 |
| - Cannot walk at all.....  | 4 |

**PH131. Do you have difficulty remembering or concentrating? Would you say...**

- |                                     |   |
|-------------------------------------|---|
| - No difficulty.....                | 1 |
| - Some difficulty .....             | 2 |
| - A lot of difficulty.....          | 3 |
| - Cannot remember/focus at all..... | 4 |

**PH141. Do you have difficulty with self-care, such as washing all over or dressing? Would you say...**

- |                            |   |
|----------------------------|---|
| - No difficulty.....       | 1 |
| - Some difficulty .....    | 2 |
| - A lot of difficulty..... | 3 |
| - Cannot do at all.....    | 4 |

**PH151. Using your usual language, do you have difficulty communicating  
(for example understanding or being understood by others)? Would you say...**

- |                                  |   |
|----------------------------------|---|
| - No difficulty.....             | 1 |
| - Some difficulty .....          | 2 |
| - A lot of difficulty.....       | 3 |
| - Cannot communicate at all..... | 4 |

**PHYSICAL ACTIVITY**

**INTRODUCTION:** *The next two questions are about the physical activities you perform in a typical week.*

**FOR THE INTERVIEWER:** Question PH122 will be asked only if in Personal Register the respondent stated that he/she is "employed" (*BasActStat=1*).

**PH122. When you are at work, which of the following best describes what you do? Would you say ...**

*Interviewer instruction: Respondents should refer their answer to the 'main work' they do. If respondents do multiple tasks, they should include all tasks. Respondents should select only one answer.*

- |   |   |
|---|---|
| - Mostly sitting.....                                       | 1 |
| - Mostly standing.....                                      | 2 |
| - Mostly walking or tasks of moderate physical effort ..... | 3 |
| - Mostly heavy labour or physical demanding work.....       | 4 |

**INTRODUCTION:** *Now think about the physical activities you engage in when you are not working. Think of physical activities as sport, fitness and recreational (leisure) physical activities you engage in for a continuous period of at least 10 minutes and that cause at least a small increase in breathing or heart rate. This includes, for example, brisk walking, cycling, jogging, ball games, swimming, aerobics, etc. Also, it includes the activities aiming at transporting you, such as walking or cycling for getting to and from places, e.g to go shopping, to work, even if these activities do not have intention of physical activity.*

**PH132.** During a typical week, how much time in total do you engage in such physical activities when you are not working?

- Twice or more a day.....
- Once a day.....
- 4 to 6 times a week.....
- 1 to 3 times a week.....
- Less than once a week.....
- Never.....

**INTRODUCTION:** *The next two questions are about your consumption of fruit and vegetables in a typical week. It includes the consumption of fresh, frozen, canned or dried fruits and vegetables but does not include the consumption of natural concentrated juice from them.* or

**PH142.** During a typical week, how often do you eat fruit, excluding juice? It includes the consumption of fresh, frozen, canned or dried fruit.

- Twice or more a day.....
- Once a day.....
- 4 to 6 times a week.....
- 1 to 3 times a week.....
- Less than once a week.....
- Never.....

**PH152.** During a typical week, how often do you eat vegetables, salads or legumes (other than potatoes or vegetable juices)? It includes the consumption of cooked, fresh or frozen vegetables.

- Twice or more a day.....
- Once a day.....
- 4 to 6 times a week.....
- 1 to 3 times a week.....
- Less than once a week.....
- Never.....

**PEE10.** In the last 12 months, how often have you eaten meat, poultry, fish or seafood?

- Every day.....
- Every week.....
- Less often than every week (e.g. if all fasting periods are observed).....
- Not at all, I am a vegetarian or a vegan.....

---

**PH171. In the last 12 months, did you use tobacco (including water pipes, heated tobacco, chewing tobacco, etc.) or any other related products (electronic cigarettes with or without nicotine, nicotine pouches, etc.)?**

- Yes, daily..... 

1
---
- Yes, a few times a week..... 

2
---
- Yes, a few times a month..... 

3
---
- Yes, a few times in the year..... 

4
---
- Not at all..... 

5
---

---

**PH180. In the last 12 months, how often have you had an alcoholic drink of any kind [beer, wine, cider, spirits, cocktails, premixes, liquor, homemade alcohol...]?**

- Daily..... 

1
---
- A few times a week..... 

2
---
- A few times a month..... 

3
---
- A few times in the year..... 

4
---
- Not at all..... 

5
---

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<b>BODY MASS INDEX</b>
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**PH110\_B. How tall are you without shoes? .....**

--	--	--

 cm

---

**PH110\_A. How much do you weigh without clothes and shoes? .....**

--	--	--

 kg

---

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 2020 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 ..... 

1
---
- Self-employed without employees ..... 

2
---
- An employee..... 

3
---
- A family worker without payment ..... 

4
---

**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 ..... 

1
---
- Self-employed without employees ..... 

2
---
- An employee..... 

3
---
- A family worker without payment ..... 

4
---

**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 ..... 

1
---
- Par- time ..... 

2
---

**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..... 

11
----
- Fixed-term verbal contract ..... 

12
----
- Permanent written contract ..... 

21
----
- Permanent verbal contract ..... 

22
----

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

- Yes ..... 

1
---
- No ..... 

2
---

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

- 1 - 10 ..... 

1
---

 → Q. PL130v
- 11 - 19..... 

10
----
- 20 - 49..... 

11
----
- 50 - 249..... 

12
----
- Over 250..... 

13
----
- Do not know, but less than 11 persons..... 

14
----
- Do not know, but more than 10 persons..... 

15
----

**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> |

**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 ..... 

1
---

- No ..... 

2
---

 → 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 2024 until today?**

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

**38. What was your main activity in each month in the year 2024 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 2024, 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 2024?**

(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

- 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 2024, for each of your jobs as an employee.**

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

**42. During the year 2024, what was the amount of your regular earnings each time you got paid?**

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

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

**43. During the year 2024, did you have any extra income from work, that was not stated above?**

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

**44a. During the year 2024, 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
	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>If yes, specify:</i>		
Gross amount.....	€	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Net amount .....	€	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**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

**44EC. During 2024, did your employer contribute in the following funds?**

	YES	NO
a. - Social insurance fund .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. - Redundancy fund.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. - Human resource development fund .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. - Social cohesion fund .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. - 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"/>		
f. - Annual holiday fund .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. - 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"/>		
h. - 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"/>		
i. - General Healthcare System (GHS).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**44PP1. In your job, during 2024 are/were you?**

- Civil servant scale A or E.....	<input type="checkbox"/> 1	
- Semi-government employee scale A or E (Local Authorities included).....	<input type="checkbox"/> 2	
- Banking employee (Commercial Bank).....	<input type="checkbox"/> 3	} Q. 45
- Private employee.....	<input type="checkbox"/> 4	
- Other (e.g. priest, member of the parliament, working abroad etc.) .....	<input type="checkbox"/> 5	

**44PP2. Specifically, you are/were:**

- Permanent employee scale A employed <u>before October of 2011</u> .....	<input type="checkbox"/> 1
- Permanent employee scale A employed <u>after October of 2011</u> .....	<input type="checkbox"/> 2
- Casual employee scale A for an indefinite period.....	<input type="checkbox"/> 3
- Casual employee scale A for an definite period.....	<input type="checkbox"/> 4
- Permanent hourly-paid employee (scale E or D).....	<input type="checkbox"/> 5
- Casual hourly-paid employee (scale E or D) .....	<input type="checkbox"/> 6

**45. During the year 2024, 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.**

- a. Make:.....
- b. Model:.....
- c. 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 2024, 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 2024*      *Do not know*

**a. - Car insurance:**

Employer ..... ☐ 1 €       ☐ 1

Respondent ..... ☐ 2

**b. - Road tax:**

Employer ..... ☐ 1 €       ☐ 1

Respondent ..... ☐ 2

**c. - Fuel:**

Employer ..... ☐ 1 €       ☐ 1

Respondent ..... ☐ 2

**d. - Regular and unexpected repairs:**

Employer ..... ☐ 1 €       ☐ 1

Respondent ..... ☐ 2

**50. During the year 2024, approximately how many kilometres did you travel with the company's vehicle for private use only?**

- Number of kilometres .....

**51a. During the year 2024, 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 2024, did your employer provide you with the following:**

- |  | YES                        | NO                         |
|--|----------------------------|----------------------------|
| a - Vacations .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| t - Travel .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c - Free or price reduced meals during working hours .....             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e - Partial or full payments for electricity bills .....               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e - Partial or full payments for telephone or mobile phone bills ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f - Partial or full payments for water supply bills .....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g - 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 2024 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 .....  → Q. 68
- No .....  → Q. 68

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

- Yes .....  → Q. 59
- No .....  → Q. 59

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

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

## 58. FOR THE INTERVIEWER:

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

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

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

- Own .....
- Partnership .....

60. Always based on your share of the business what was your gross income during the year 2024 after the deduction of the business expenses?

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

- Amount ..... €

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

- Profit.....
- Loss .....

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

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

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

- Amount ..... €
- Do not know .....

64. During the year 2024 did you draw any money from the business account (which is used only for business purposes) for personal needs or needs of the household?

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

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

- Yes .....
- No .....  → Q. 66

65. Approximately how much did you receive for these needs during the year 2024?

- Amount ..... €

66. During the year 2024 did you pay additional income tax related to previous years?

*(closing accounts, fine etc.)*

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

67. During the year 2024, did you pay additional amounts for insurance contributions e.g. fine etc.?

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

# INCOME FROM AGRICULTURE LIVESTOCK/FISHING

68. During the year 2024, did you have any income from agriculture/livestock/fishing?

- Yes .....
- No .....  → Q. 79

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

- Yes .....
- No .....  → Q. 72

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

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

**71. FOR THE INTERVIEWER:**

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

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

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

- Own .....  1

- Partnership .....  2

**73. Always based on your share of the activity, what was your gross income during the year 2024 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 2024 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 2024, 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 2024, 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 then ask Q.84. If the answer in Q.80 is 1 or 3 then ask Q.83.

**83. During the year 2024, how much income did you receive from investments held in your name?**

Amount	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"/> <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"/> <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"/> <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

**PRIVATE PENSIONS**

**84. During the year 2024, 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 .....  1
- No .....  2 → Q. 85A

**85. If YES, specify the amount received, the number of months in 2024 during which an amount was received and information about the tax/GHS.**

PRIVATE PENSION	Received	Please indicate the total amount for the year 2024	Number of months	Is the amount you mentioned: 1. Gross (before tax deduction/GHS) 2. Net (after tax deduction/GHS)	Tax Amount/GHS
Old age pension	<input type="text"/> 1 From Cyprus	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	Amount .... € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text"/> 1
	<input type="text"/> 2 From Abroad				
Other pension, specify	<input type="text"/> 1 From Cyprus	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	Amount .. € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text"/> 1
	<input type="text"/> 2 From Abroad				

**85A. During the year 2024, 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 .....  1
- No .....  2 → Q. 85C

- If YES, amount ..... € | | | | | | |

## PENSIONS

90. During the year 2024, did you receive any of the following public pensions?

PENSIONS		Received	If YES please indicate the total amount received during the year 2024 (include 13th salary if available)	Number of months in 2024 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="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>
Social insurance pension	YES <input type="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>
Housewife pension	YES <input type="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>
Widow pension	YES <input type="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 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="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>
Disability pension	YES <input type="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>
Invalidity pension	YES <input type="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>
Orphan's allowance	YES <input type="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 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="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>
Pension for victims of violent crimes	YES <input type="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>
Pension to chairmen village commission	YES <input type="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>
Early retirement pension for farming	YES <input type="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>
Other pensions, specify ----- -----	YES <input type="text"/> 1 NO <input type="text"/> 2	<input type="text"/> 1 From Cyprus <input type="text"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1    2	€ <input type="text"/>



Provident Fund due to:		If YES, please indicate the total amount received during the year 2024	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	GHS
Widowing / Orphanage	YES <input type="text"/> NO <input type="text"/>	€ <input type="text"/>	1    2	€ <input type="text"/>
Disability	YES <input type="text"/> NO <input type="text"/>	€ <input type="text"/>	1    2	€ <input type="text"/>

**BENEFITS AND OTHER ALLOWANCES**

**94. During the year 2024, did you receive any of the following benefits or allowances?**

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

BENEFIT-ALLOWANCE		If YES please indicate the total amount received during the year 2024 (include 13th salary if available)	Number of months in 2024 related to this amount
Sickness benefit	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Sickness benefit for hourly paid government workers	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Injury benefit	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Disability benefit (lump sum payment)	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Grants to the blind	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Financial assistance to cover the special needs of the disabled	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Special provision for persons with Thalassaemia	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	PY102G_4 € <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 benefits/ allowances specify -----	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**EDUCATION-RELATED ALLOWANCES**

**95. During the year 2024, did you receive any of the following education-related allowances?**

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

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

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

- Yes ..... ☐ 1
- No ..... ☐ 2 → Q. 102

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

- Amount..... €

**INCOME TAX**

**102. Did you receive any reimbursement of income tax during the year 2024?**

- Yes ..... ☐ 1
- No ..... ☐ 2 → "Energy and Environment" Section

**103. How much reimbursement did you receive?**

- Amount of reimbursement..... €

**ENERGY AND ENVIRONMENT**

**FOR THE INTERVIEWER Q. PEE03: Answer if age 16-65 and PL032=1,5 (employed, students)**

**PEE03. In usual circumstances, are you able to get to work or your school or university in 1 hour by using public transport, bicycle or walking?**  
[Please do not consider days off, holidays or days working from home; delays due to rush hour, traffic jams, etc. should be included.]

- Yes .....
- No .....
- No, I am working/studying full-time from home and do not commute .....

**FOR THE INTERVIEWER: Everyone answers**

**PEE04. In the last 12 months, which mode of transport did you use most often?**  
[Consider transport for all different activities and different purposes: going shopping, going to work, school, etc.]

- Car (private, company, leased car, taxi, car share) .....
- Collective public transport (bus, tram, train, metro, ferry, etc.) .....
- Bicycle (incl. electric bicycle or electric scooter) .....
- Moped or motorbike (including electric) .....
- Walking .....
- None, I am unable to leave the house .....  → PEE08

**FOR THE INTERVIEWER: Answer only if answered PEE04=1-5**

**PEE05. In the last 12 months, which was your second most used mode of transport?**  
[Consider transport for all different private activities and different purposes: going shopping, going to work or school, etc.]

- Car (private, company, leased car, taxi, car share) .....
- Collective public transport (bus, tram, train, metro, ferry, etc.) .....
- Bicycle (incl. electric bicycle or electric scooter) .....
- Moped or motorbike (including electric) .....
- Walking .....
- No other transport is used .....

**PEE08. In the last 5 years, has your main house/apartment/studio been damaged by extreme weather events, for example storms, flooding, earthquakes, hail, heat waves or wildfires?**  
[Please refer to the house where you live now or lived at that time, not including damages in separate secondary buildings].

- Yes .....
- No .....
- Don't know .....

**PEE15. In the last 12 months, how many private or business flights did you take within Europe?**  
[Please consider roundtrips as one flight. Consider Europe to be the continent of Europe].

- One.....
- Two to three.....
- Four or more.....
- No flights in the last 12 months.....

---

**PEE16. In the last 12 months, how many private or business flights did you take to destinations outside Europe?**  
[Please consider roundtrips as one flight. Europe means the continent of Europe].

- One.....
- Two to three.....
- Four or more.....
- No flights during the last 12 months.....

---

**PEE17. In a typical 7 days, how many hours do you usually spend driving a non-electric car?**  
(for private reason)

[This covers your own car, a company car, a friend's car or other types of cars that you drive in a typical 7-day period. It does not include the hours of travelling if your profession demands driving, e.g. taxi, delivery]

[Please write 0 if you don't drive or if you only drive an electric car]

\_\_\_\_\_ [0-168] hours

---

**PEE20. The last time your mobile phone broke, did you try to have it repaired?**

- Yes.....
- No.....
- I have never owned one or it never broke.....

---

**PEE21. What did you do with your last mobile phone that was unusable and not working properly?**

- It's still in my home, but it is currently not in use.....
- I sold it or gave it to someone else.....
- It was disposed of through electronic waste collection/recycling  
(including leaving it to the retailer to dispose of).....
- It was disposed of, but not through electronic waste collection or recycling.....
- I have never owned one or it is working properly and still in use.....
- Other.....

---

**PW201. Overall, how satisfied are you with the public green spaces in your local area**  
(not necessarily the closest one, refer generally to your broader area)?

[On a scale from 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 |
|---|---|---|---|---|---|---|---|---|---|----|
- Don't know 

99
----

**VOLUNTEERING**

**PS110d. During the last twelve months, in which of the following activities of volunteering did you participate for or through an organisation, a formal group or a club?**

Please indicate all that apply:

	YES	NO
- Voluntary blood donation.....	<input type="checkbox"/>	<input type="checkbox"/>
- Events for the collection of essential items or money .....	<input type="checkbox"/>	<input type="checkbox"/>
- Various organisations (e.g. parents associations, Red Cross, religious organisations, scouts, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
- Volunteer events, (e.g. Marathons/ Sports events/ bazaars/festivals, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
- Environmental actions (e.g. park and beach cleaning, tree planting etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
- Animal protection and welfare.....	<input type="checkbox"/>	<input type="checkbox"/>
- Citizen protection (e.g. civil defense / neighborhood observers / volunteer firefighters and volunteering in emergencies).....	<input type="checkbox"/>	<input type="checkbox"/>
- Other volunteering activities.....	<input type="checkbox"/>	<input type="checkbox"/>

**FOR THE INTERVIEWER:** If in Q. PS110d there is at least one answer with a YES then go to Q. PS110b. Otherwise, go to Q. PS111d.

**PS110b. The activities of volunteering in which you spent most of your time were for or through:**

- A charitable organisation.....	<input type="checkbox"/>
- A cultural organisation.....	<input type="checkbox"/>
- A sport organisation.....	<input type="checkbox"/>
- A religious organisation of any faith.....	<input type="checkbox"/>
- Other organisation .....	<input type="checkbox"/>

**PS111d. During the last twelve months, in which informal unpaid activities of volunteering were you involved that were not arranged by any organisation?**

Please indicate all that apply:

	YES	NO
- Financial aid or aid in kind to individuals, families or organised groups .....	<input type="checkbox"/>	<input type="checkbox"/>
- Non-material help to other households/friends or non-profitable organisations .....	<input type="checkbox"/>	<input type="checkbox"/>
- Voluntary blood donation.....	<input type="checkbox"/>	<input type="checkbox"/>
- Animal protection and welfare.....	<input type="checkbox"/>	<input type="checkbox"/>
- Environmental actions (e.g. park and beach cleaning, tree planting etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
- Other volunteering activities.....	<input type="checkbox"/>	<input type="checkbox"/>

**PS102a. During the last twelve months, did you participate actively in the activities of a political party or local interest group, in a demonstration, in a peaceful protest including signing a petition (including via Internet), writing a letter to a politician or to the media, etc.?**

- Yes.....	<input type="checkbox"/>	→ Q. 105
- No .....	<input type="checkbox"/>	

**PS102b. If not, what was the main reason?**

- Lack of interest .....	<input type="checkbox"/>
- Lack of time.....	<input type="checkbox"/>
- Other reason.....	<input type="checkbox"/>

**PERSONAL DETAILS OF THE RESPONDENT**

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

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

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

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

**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) .....  :