



REPUBLIC OF CYPRUS
MINISTRY OF FINANCE



STATISTICAL SERVICE
OF CYPRUS
1444 NICOSIA

File number: 05.27.006.009.001

Form H.B.S. 3

CONFIDENTIAL

HOUSEHOLD BUDGET SURVEY 2023

HOUSEHOLD QUESTIONNAIRE

Town / Community	
Household serial number	

Name of person responsible in the household:

Address:

Postal code: Telephone:.....

General information

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

2. The survey is conducted according to the European Union Statistical Office (Eurostat) recommendations and the Official Statistics Law of 2021 (Law No. 25(I)/2021). According to the Official Statistics Law, the provision of the requested information is mandatory.

3. Please answer all questions as accurately as possible. If you do not know all the requested information precisely, you can give your best estimate.

4. The Statistical Service is obliged by the Statistics Law to treat all information gathered as **CONFIDENTIAL**. The information will be exclusively used for statistical purposes only and no person or public authority will have access to the personal data for any of the household members.

April, 2023

PART A'
I. HOUSEHOLD COMPOSITION

Name (first name only)	Serial Number of the member	Sex	Relationship to the reference person of the household	Marital status	Legal marital status of cohabitants	Father's serial number	Mother's serial number	Partner's/ Spouse's serial number	Residential status	Relationship to NEW reference person of the household	Date of birth	Country of birth	Citizenship	Country of residence	Father's country of birth	Mother's country of birth
		1: Male 2: Female														
	01															
	02															
	03															
	04															
	05															
	06															
	07															
QUESTION CODES																
			Relationship to the reference person of the household	Marital status	Legal marital status of cohabitants	Father's serial number	Mother's serial number	Partner's/ Spouse's serial number	Residential status	Relationship to NEW reference person of the household						
			1=Reference person	1=Never Married	1=Never Married	Please note: -2 if the father is not a member of the household	Please note: -2 if the mother is not a member of the household	Please note: -2 if the partner /spouse is not a member of the household	1=In the household 2=Domestic employee 3=Absent in Cyprus, but a member of the household 4=Absent temporarily abroad, but a member of the household	1=Head of household 2=Spouse 3=Partner 4=Child (natural or adopted) of the head of the household or of the partner/spouse 5=Parents / parents - in law 6=Other relative 7=No family relationship 8=Domestic employee						
			2=Spouse	2=Married or in a registered partnership	2=Married or in a registered partnership / Separated											
			3=Partner	3=Cohabitant	3=Widowed											
			4=Son / daughter of the reference person of the household or of the partner/spouse of the reference person	4=Widowed and not remarried	4=Divorced											
			5= Son / daughter in law	5=Divorced and not remarried												
			6=Parents / parents - in law													
			7=Grandchild													
			8=Brother / sister													
			9=Brother / sister in law													
			10=Other relative													
			11=Domestic employee													
			12=Other non-relative													

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

* Choose this option if they finished MIEEK up to 2016/2017

** Choose this option if they finished MIEEK from 2017/2018 and after

II. EMPLOYMENT OF HOUSEHOLD MEMBERS AGED 16 AND OVER

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

QUESTION CODES

	Employment of last week		Employment Status	Employment Sector	Work Contract	
	1=Employee working full-time		1=Self-employed with employees	1=Public or Broad Public Sector	1=Fixed-Term written contract	
	2=Employee working part-time		2=Self-employed without employees	2=Private sector	2=Fixed-Term verbal agreement	
	3=Self-employed working full-time (including family worker)		3=Employee		3=Permanent written contract	
	4=Self-employed working part-time (including family worker)		4=Family worker without payment		4=Permanent verbal agreement	
	5=Unemployed					
	6=Pupil, student, further training, unpaid work experience					
	7=In retirement or in early retirement					
	8=Permanently disabled or/and unfit to work					
	9=In compulsory military or community service					
	10=Fulfilling domestic tasks and care responsibilities					
	11=Income recipient					
	12=Other inactive person					

III. HEALTH CONDITION OF HOUSEHOLD MEMBERS AGED 16 AND OVER

Serial Number of the member	How is your health in general?	Do you have any chronic (long-standing) illness or health problem?	Are you now limited because of a health problem in activities people usually do?
01			
02			
03			
04			
05			
06			
07			
QUESTION CODES			
	Self-perceived general health	Long standing health problems	Limitation in activities because of health problems
	1 =Very good 2 =Good 3 =Fair (neither good nor bad) 4 =Bad 5 =Very bad	1 =Yes 2 =No	1 =Severely limited 2 =Limited but not severely 3 =Not limited at all

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

Yes

No

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

1

→

Name of member

2

→

Part B'

PART B'

I. BASIC CHARACTERISTICS AND AMENITIES OF THE HOUSING UNIT

1. Type of building in which your dwelling is located:		
- Detached house.....	<div>1</div>	
- Semi-detached house	<div>2</div>	
- Terraced house.....	<div>3</div>	
- Appartment or flat in a building with less than 10 dwellings.....	<div>4</div>	
- Appartment or flat in a building with 10 or more dwellings	<div>5</div>	
- Other type (e.g. back-yard house), specify.....	<div>6</div>	

2. The dwelling is:		
- Owned with no outstanding financial burden (no mortgage is paid for the main dwelling).....	<div>1</div>	} Q. 3
- Owned with outstanding financial burden (mortgage is paid for the main dwelling)	<div>2</div>	
- Rented or sub rented at market rate (Includes cases where the rent is fully or practically recovered from housing benefit)	<div>3</div>	} Q. 4
- Rented at a lower price than the market price.....	<div>4</div>	
- Provided rent-free (from parents, other relatives, employer etc.).....	<div>5</div>	→ Q. 3

3. If you own the dwelling, when did you purchase or If it is provided rent-free, when did you move to this address? become an owner? If it is provided rent-free, when did you move to this address?		
- Year.....	<div></div> <div></div> <div></div> <div></div>	→ Q. 6

4. If the dwelling is rented, which year did you sign the rental contract for your dwelling?		
- Year	<div></div> <div></div> <div></div> <div></div>	→ Q. 5

5. If the dwelling is rented, you rent it:		
- Unfurnished.....	<div>1</div>	
- Fully furnished / Partially furnished	<div>2</div>	

6. Dwelling area:		
(a) How many rooms are there in your dwelling, excluding bathrooms, toilets, storage rooms and spaces with area less than 2×2 sq. meters? (rooms used exclusively for business purposes should not be counted)		
	<div></div>	<div></div>
(b) What is the dwelling's area used by the household (m2)?		
	<div></div>	<div></div> <div></div>

7. When was this dwelling constructed (completed)?		
- Before 1946	<div>1</div>	
- 1946-1960	<div>2</div>	
- 1961-1970	<div>3</div>	
- 1971-1980	<div>4</div>	
- 1981-1990	<div>5</div>	
- 1991-2000	<div>6</div>	
- 2001-2009	<div>7</div>	
- 2010-2015	<div>8</div>	
- 2016 and after, state year	<div>9</div>	

8. Is there in the dwelling:			Yes	No
(a) Central heating?.....	<div>1</div> <div>1</div>	→ (b)	<div>2</div>	→(g)

(b) If YES, what kind of central heating does the dwelling have?		
- Central Heating with oil	1	
- Central Heating with LPG	2	
- Electric central heating.....	3	
- Storage heaters of the EAC	4	
- Solar Heating System	5	
- Energy fireplace / non portable stove	6	
- Other type (e.g. biomass, VRV/VRF system, heat pump etc.).....	7	
	YES	NO
(c) Air-conditioning system?.....	1	2

9. Is solar energy used in this housing unit? (More than one answer may be selected)		
- For water heating only	1	
- For heating of dwelling and water.....	2	
- For electricity production (photovoltaics).....	3	
- Other (specify).....	4	
- Not used at all	5	

10. Is there a garage in your dwelling?		
- Yes	1	
- No	2	

11. Do you use another dwelling (owned or not) as a secondary residence or for any other needs of your household (For not owned dwellings, the dwelling must be available for use by the household for a period of at least 3 months per year)?		
- Yes	1	
- No	2	→ Q. 12
(a) If YES, where is it located?		
- In Cyprus	1	
- Abroad	2	→ (d)
- In Cyprus and abroad	3	→ (b)+(d)

ENUMERATOR		
IF.Q. 11(a) = 3, ASK Q. 11(b), 11(c) & 11(d)		

(b) The residence which is located in Cyprus is:		
- Owned	1	
- Rented.....	2	
- Provided rent-free.....	3	
(c) Where is the dwelling located?		
- Paralimni/Protaras	1	
- Ayia Napa.....	2	
- Lemesos	3	
- Larnaca	4	
- Pafos	5	
- Polis	6	
- Nicosia	7	
- Elsewhere, define	8	

(d) The residence which is located abroad is:

Owned

1

Rented.....

2

Provided rent-free.....

3

(e) The reason for renting a secondary dwelling in Cyprus is:

As a country home

1

Educational purposes

2

Professional purposes

3

Other reason, define

4

II. DURABLE GOODS POSSESSED BY THE HOUSEHOLD

12. Does your dwelling own any of the following goods?

	YES	NO	If YES How many	*	*1	*2	*3	*4
α. Private car/s	1	2						
β. Smartphone	1	2						
γ. Mobile phone (not smartphone)	1	2						
δ. Smart tv	1	2						
ε. TV/s - Not Smart TV.....	1	2						
στ. Desktop.....	1	2						
ζ. Laptop.....	1	2						
η. Tablet.....	1	2						
θ. Alarm System.....	1	2						
ι. Electronic games console	1	2						
κ. Caravan	1	2						
λ. Boat.....	1	2						
μ. Composter.....	1	2						

* Way of acquisition of the most recently bought car:

1. Purchase without loan

2. Purchase with loan or installments

3. Present

4. Provided free from employer, organization etc.

*1 No. of petrol cars

*2 No. of diesel cars

*3 No. of hybrid cars

*4 No. of cars with other kind of fuel e.g. electric

13. Is your dwelling connected to the Internet?

Yes

1

→ Part C

No

2

→ Part C

PART C'

EXPENDITURE ON THE MAIN AND SECONDARY RESIDENCE IN CYPRUS

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
I. <u>MAIN RESIDENCE EXPENDITURE</u>				
<u>RENTED DWELLING</u>				
1. What is your monthly rent?..... (An answer should be given even if another household / employer is paying the rent)	Month			04110 00 1
2. During the last 12 months, for how many months did you pay rent for your dwelling? Μήνες:.....				
3. Does the rent recorded include any payments for:				
Electricity.....	Month			04510 03 1
Electricity for EAC heaters.....	Month			04510 04 1
Water	Month			04411 02 1
Sewerage services	Month			04431 02 1
Refuse collection	Year			04420 02 4
Heating	Month			04530 03 1
Common expenses	Month			04441 02 1
Other, please specify	Month			.....
<u>IMPUTED RENT FOR OWNER OCCUPIED HOUSING</u>				
4. How much would you pay as monthly rent for your dwelling, if you were renting an identical dwelling?	Month	4		04210 00 1
<u>IMPUTED RENT FOR FREE HOUSING</u>				
5. How much would you pay as monthly rent for your dwelling, if you were renting an identical dwelling, which is:				
Granted free from anyone besides the employer	Month	5		04220 02 1
Granted free by the employer.....	Month	6		04220 01 1
<u>MUNICIPAL OR COMMUNAL TAXES</u>				
6. During the last 12 months, how much was paid for:				
Municipal tax on immovable property.....	Year			21100 05 4
Community fee on immovable property.....	Year			21100 06 4
Inheritance Tax.....	Year			21100 08 4
Sewerage Board Fees.....	Year			21100 09 4
Refuse collection	Year			04420 01 4
Other taxes, please specify	Year			21- - - - -
.....	Year			21- - - - -
<u>ELECTRICITY</u>				
7. (a) Does the dwelling have photovoltaic installed?				
Yes				1
No				2
(b) On the last EAC bill: What was the cost of the electricity consumption (except EAC electric heaters)? (In months)				
(c) During the last 12 months, have you paid any amount for the connection or reconnection of your dwelling to the electricity network?				
Yes				1
No				2
If Yes , what was the amount paid?	Year			04510 05 4

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
(d) Electricity for the electrical heating system (E.A.C. electric heaters): What was the amount paid during the <u>last 12 months</u> ?	Year			04510 02 4
<u>FUELS (EXCLUDING ELECTRICITY)</u>				
8. What was the total amount paid for the following fuels? Heating oil for central heating Lamp oil Fire-wood Pellets and briquettes Gas for cooking LPG (gas) for heating Charcoal Other fuels (e.g. peat, brown coal, solid fuels), specify	Year			04530 01 4
	Year			04530 02 4
	Year			04542 01 4
	Year			04542 02 4
	Year			04522 02 4
	Year			04522 01 4
	Month			04543 00 1
	Month			04 - - - 1
<u>WATER SUPPLY</u>				
9. (a) What was the amount paid on the last bill and how many months did it cover? Water supply (exclude sewerage service charges).....(In months) Sewerage service charges .....(In months) Total amount paid for the water supply (if it is not possible to distinguish) .....(In months)	<div> <div></div> <div></div> </div>			04411 01-
	<div> <div></div> <div></div> </div>			04431 01-
	<div> <div></div> <div></div> </div>			04411 99 -
(b) During the last 12 months, have you paid any amount for the connection or reconnection of the water supply in your dwelling? Yes <div>1</div> No <div>2</div> → Q. 10 If <i>Yes</i> , what was the amount paid?	Year			04411 03 4
<u>TELEPHONE, TELEVISION AND INTERNET SERVICES</u>				
10. (a) <u>Bundled telecommunication services</u> During the last 12 months, have you paid any amount for bundled telecommunication services (the bundle includes telephone, television and internet services)? Yes <div>1</div> No..... <div>2</div> → Q. 10(b) If <i>Yes</i> , what did the bundle include? (i) Fixed telephone Yes <div>1</div> No..... <div>2</div> (ii) Internet Yes <div>1</div> No..... <div>2</div> (iii) Mobile phone Yes <div>1</div> No..... <div>2</div> (iv) Access to pay TV channels Yes <div>1</div> No..... <div>2</div> If <u>Yes</u> , what was the amount paid for the last telecommunication bundle bill and what period did it cover? .....(In months)	<div> <div></div> <div></div> </div>			08340 00 -

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
(b) <u>Fixed Telephone</u> Does the household own a fixed telephone line? Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q. 10(c)				
<u>If YES:</u> (i) What was the total amount paid for the last fixed telephone line bill? (if the household has a bundled telecommunication package, please specify here only the extra charges and not the standard amount paid for the whole package)	Month			08310 01 1
(ii) <u>During the last 12 months</u>, have you paid any amount for installation, reconnection or transfer of telephone line? Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q. 10(c) If Yes, what was the amount paid? _____	Year			08310 02 4
(c) <u>Mobile Telephony</u> (i) What was the amount of the last bill that was paid for each one of the mobile phones that your household owns? (if any of the above mentioned mobile phones is included in a bundled telecommunication service, please specify here only the extra charges and not the standard amount paid for the package) 1st mobile phone 2 nd mobile phone 3 rd mobile phone 4 th mobile phone 5 th mobile phone	Month			08320 01 1
	Month			08320 01 1
	Month			08320 01 1
	Month			08320 01 1
	Month			08320 01 1
(ii) <u>During the last 12 months</u>, have you paid any amount for the connection or reconnection of a mobile phone, replacement of a card or number transfer from another service provider? Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q. 10(d) If Yes, what was the amount paid? _____	Year			08320 03 4
(d) <u>Internet subscription</u> (i) What was the amount paid on the last bill for internet connection services and what period did it cover? .....(In months) (if the household has a bundled telecommunication package, please specify here only the extra charges and not the standard amount paid for the whole package)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			08330 02 -
(ii) <u>During the last 12 months</u>, have you paid any amount for internet connection or reconnection services? Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q. 10(e) If Yes, please specify the amount _____	Year			08330 01 4
(e) <u>Subscription to streaming services</u> (i) Do you have access to streaming services or pay TV channels e.g. CYTAVISION, NOVA Cyprus, Netflix, Prime TV, Apple TV etc.? Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q. 10				
(ii) What was the amount of the last bill paid for access to streaming services or pay TV channels like CYTAVISION, NOVA Cyprus, Netflix etc. and what period did it cover? .....(In months)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			08392 01 -

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
<u>COMMON EXPENSES (EXCEPT CENTRAL HEATING)</u>				
11. (a) Do you pay common expenses (which are not included in the rent)?				
Yes <input type="text" value="1"/>				
No..... <input type="text" value="2"/> → Q. 12				
If YES :				
(b) How much did you pay the last time and what period did it cover? .....(In months)	<input type="text"/>			04441 01 -
(c) Please specify what is included in common expenses (e.g. cleaning and lighting of common areas etc.) _ _ _ _ _				
<u>INSURANCE FOR RESIDENCE, FURNITURE, ELECTRICAL EQUIPMENT ETC.</u>				
12. Do you pay insurance for your dwelling (insurance includes furniture, electrical equipment etc.)?				
Yes <input type="text" value="1"/>				
No..... <input type="text" value="2"/> → Q. 13				
If YES:				
How much did you pay the last time (last bill) for this insurance and what period did it cover? .....(In months)				12130 01 -
<u>EXPENDITURE ON REMOVALS</u>				
13. <u>During the last 12 months</u> , have you moved to another dwelling and have you paid any amount for the transportation of your furniture and household appliances?				
Yes <input type="text" value="1"/>				
No..... <input type="text" value="2"/> → Q. 14				
If YES :				
How much did the removal cost in total?.....	Year			07491 01 4
<u>REPAIRS AND MAINTENANCE OF THE DWELLING</u>				
14. <u>During the last 12 months</u> , have you done any repairs / replacements and in general any maintenance of your main residence, such as painting, repair of electrical or pipe installations, repair of solar systems etc.?				
Yes <input type="text" value="1"/>				
No..... <input type="text" value="2"/> → Q. 15				
If YES :				
(a) Was the work conducted by a member of the household, was it assigned to a contractor or was it done by both of them?				
By a household member..... <input type="text" value="1"/> → Q.14(b)				
By a contractor..... <input type="text" value="2"/> → Q. 14(c)				
By both..... <input type="text" value="1"/> → Q.14(b+c)				
(b) If it was conducted by <u>A MEMBER OF THE HOUSEHOLD</u> , what was the total cost for:				
Paints.....	Year			04311 01 4
Paint brushes	Year			04311 02 4
Wall paper.....	Year			04311 03 4
Materials for any other work done on maintenance and repairs	Year			04311 50 4
(c) If the work was assigned to a <u>CONTRACTOR</u> , what sort of services were used?				
(i) Services of plumbers				
Yes <input type="text" value="1"/>				
No..... <input type="text" value="2"/> → Q.14c(ii)				

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
<i>If YES :</i> Which of the following main repairs did you perform? Replacement / repair of pipes for water supply Other repairs of plumbers (e.g. water tank)	Year			04320 01 4
	Year			04320 11 4
<i>If it is not possible to distinguish the repairs done by plumbers, what was the total cost of the services?</i>	Year			04320 12 4
(ii) Services of electricians Yes <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 → Q.14c(iii)				
<i>If YES :</i> What was the total cost of the services done by electricians?.....	Year			04320 13 4
(iii) Maintenance services for the heating system Yes <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 → Q.14c(iv)				
<i>If YES :</i> Which of the following major repairs did you perform? Boiler replacement for central heating Other maintenance services for the heating system	Year			04320 03 4
	Year			04320 04 4
(iv) Services of carpenters Yes <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 → Q.14c(v)				
<i>If YES :</i> What was the total cost of the services performed by carpenters?.....	Year			04320 16 4
(v) Services of painters Yes <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 → Q.14c(vi)				
<i>If YES :</i> What was the total cost of the services performed by painters?.....	Year			04320 14 4
(vi) Services of builders Yes <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 → Q.14c(vii)				
<i>If YES :</i> Which of the following repairs did you perform? Roof insulation Connection of sewer Replacement of floor Replacement / repair of the roof Construction of plasterboards..... Other repairs	Year			04320 08 4
	Year			04320 02 4
	Year			04320 06 4
	Year			04320 07 4
	Year			04320 09 4
	Year			04320 17 4
<i>If it is not possible to distinguish the repairs done by builders, what was the total cost of the services?.....</i>	Year			04320 18 4
(vii) Services of blacksmiths Yes <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 → Q.14c(viii)				
<i>If YES :</i> Which of the following major repairs did you perform? Replacement of windows / doors and placement of double glasses Other repairs performed by a blacksmith (e.g. extension of parking space)..... <i>If it is not possible to distinguish the services performed by blacksmiths, what was the total cost of the services?</i>	Year			04320 05 4
	Year			04320 19 4
	Year			04320 20 4

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
(viii) Services of decorators Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q.14c(ix) <i>If YES :</i> What was the total cost of the services performed by decorators?	Year			04320 15 4
(ix) Services of other technicians Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q.15 <i>If YES :</i> What was the total cost of the services performed by other technicians?.....	Year			04320 21 4
<u>OTHER EXPENSES OF THE DWELLING</u> 15. During the last 12 months, have you made any other expenses for your dwelling, such as sewerage cleaning services etc.? Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → See note <i>If YES, what was the amount paid for:</i> Sewerage cleaning services Other expenses for the dwelling, please specify	Year			04432 00 4
	Year			.....
	Year			.....
ENUMERATOR: IF PART B', QUESTION 10 = 1, THEN GO TO QUESTION 16 IF PART B', QUESTION 10 = 2, THEN GO TO PART D'				
II. EXPENDITURE FOR THE SECONDARY DWELLING IN CYPRUS				
16. For those using a secondary dwelling (owned or not) as a country home or for other needs of the household <u>RENTED DWELLING</u> (a) What is your monthly rent?	Month			04121 00 1
(b) For how many months did you rent this dwelling during the last 12 months? <input type="text"/>				
<u>OWNED DWELLING OR DWELLING OCCUPIED FREE OF CHARGE</u> (c) How much would you have paid as monthly rent for your dwelling, if you were renting an identical one?	Month	4		04220 03 1
<u>RENTED / OWNED / OCCUPIED FREE OF CHARGE DWELLING</u> (d) What was the total cost of the most recent bills for the following: Electricity..... (In months) Electricity for the electrical heating system (EAC electric heaters) Connection or reconnection of electricity..... Water (In months) Sewerage service charge .....(In months) Water and sewerage service charge (complete only if the distinction between the two is not possible) (In months) Connection or reconnection of water supply Sewerage Board Fees..... Municipal tax on immovable property..... Community fee on immovable property Refuse collection..... Common expenses (except central heating) (In months) Fix telephone..... Connection or reconnection of fix telephone line Internet connection charges.....				04510 01 2
	Year			04510 02 4
	Year			04510 05 4
				04411 01 -
				04431 01 -
				04411 99 -
	Year			04411 03 4
	Year			21100 09 4
	Year			21100 05 4
	Year			21100 06 4
	Year			04420 01 4
				04441 01 -
	Month			08310 01 1
	Year			08310 02 4
	Year			08330 01 4

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
Internet service charge..... (In months)				08330 02 -
Telecommunication bundle services (In months)				08340 00 -
Insurance fee for the dwelling, furniture, electric appliances etc. ....(In months)				12130 02 -
Other, please specify -----	Month			-----
(e) During the last 12 months, have you acquired any kind of fuel for your secondary residence?				
Yes <div>1</div>				
No..... <div>2</div> → Q.16(f)				
<i>If YES , what was the amount paid for:</i>				
Heating oil for central heating -----	Year			04530 01 4
Lamp oil -----	Year			04530 02 4
Fire-wood -----	Year			04542 01 4
Pellets and briquettes -----	Year			04542 02 4
Gas for cooking -----	Year			04522 02 4
LPG (gas) for central heating -----	Year			04522 01 4
Charcoal -----	Month			04543 00 1
Other fuel, please specify -----	Month			04 - - - - 1
(f) During the last 12 months, have you done any repairs, replacements and in general, any maintenance for your secondary dwelling?				
Yes <div>1</div>				
No..... <div>2</div> → Q.16(g)				
<i>If YES :</i>				
(i) Was the work conducted by a member of the household, was it assigned to a contractor or was it done by both of them?				
By a household member <div>1</div> → Q.16(f)(ii)				
By a contractor..... <div>2</div> → Q.16(f)(iii)				
By both..... <div>3</div> → Q.16(f)(ii+iii)				
(ii) If it was conducted by <u>A MEMBER OF THE HOUSEHOLD</u>, what was the total cost for:				
Paints- -----	Year			04311 01 4
Paint brushes-----	Year			04311 02 4
Wall paper -----	Year			04311 03 4
Materials for any other work done on maintenance and repairs -----	Year			04311 50 4
(iii) If the work was assigned to a <u>CONTRACTOR</u>, what sort of services were used?				
(1) Services of plumbers				
Yes <div>1</div>				
No..... <div>2</div> → Q.16(f)(iii)2)				
<i>If YES :</i>				
Which of the following major repairs did you perform?				
Replacement / repair of pipes for water supply -----	Year			04320 01 4
Other repairs of plumbers (e.g. water tank) -----	Year			04320 11 4
<i>If it is not possible to distinguish the repairs done by plumbers, what was the total cost of the services? -----</i>	Year			04320 12 4

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
(2) Services of electricians Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q.16(f)(iii)3 <i>If YES :</i> What was the total cost of the services done by electricians? - - - - -	Year			04320 13 4
(3) Maintenance services for the heating system Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q.16(f)(iii)4 <i>If YES :</i> Which of the following major repairs did you perform? Boiler replacement for central heating - - - - - Other maintenance services for the heating system - - - - -	Year			04320 03 4
	Year			04323 04 4
(4) Services of carpenters Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q.16(f)(iii)5 <i>If YES :</i> What was the total cost of the services of carpenters? - - - - -	Year			04320 16 4
(5) Services of painters Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q.16(f)(iii)6 <i>If YES :</i> What was the total cost of the services of painters? - - - - -	Year			04320 14 4
(6) Services of builders Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q.16(f)(iii)7 <i>If YES :</i> Which of the following repairs did you perform? Roof insulation - - - - - Connection of sewer - - - - - Replacement of floor - - - - - Replacement / repair of the roof - - - - - Construction of plasterboards - - - - - Other repairs of builders- - - - -	Year			04320 08 4
	Year			04320 02 4
	Year			04320 06 4
	Year			04320 07 4
	Year			04320 09 4
	Year			04320 17 4
<i>If it is not possible to distinguish the repairs done by builders, what was the total cost of the services? - - - - -</i>	Year			04320 18 4
(7) Services of blacksmiths Yes <input type="text" value="1"/> No..... <input type="text" value="2"/> → Q.16(f)(iii)8 <i>If YES :</i> Which of the following major repairs did you perform? Replacement of windows / doors and placement of double glasses - - - - - Other repairs performed by a blacksmith (e.g. extension of parking space) - - - - -	Year			04320 05 4
	Year			04320 19 4
<i>If it is not possible to distinguish the repairs done by blacksmiths, what was the total cost of the services? - - - - -</i>	Year			04320 20 4

Expenditure Description	Period	Way of Acquisition	Expenditure in €	Code
(8) Services of decorators Yes <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 → Q.16(f)(iii)9) <i>If YES :</i> What was the total cost of the services of decorators? - - - - -	Year			04320 15 4
(9) Services of other technicians Yes <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 → Q.16(g) <i>If YES :</i> What was the total cost of the services of other technicians? - - - - -	Year			04320 21 4
(g) OTHER EXPENSES FOR THE SECONDARY DWELLING <u>During the last 12 months, have you done any expenses for your secondary dwelling, such as sewerage cleaning services etc.?</u> Yes <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 → Part D' <i>If YES, what was the amount paid for:</i> Sewerage cleaning services - - - - - Other dwelling expenses, please specify	Year			04432 00 4
	Year			.....
	Year			.....

PART D'
MEANS OF TRANSPORT EXPENDITURE

Expenditure Description	Period	Way of acquisition	Type of car	Expendi- ture in €	Code
I. CARS					
1. Does your household own or used to own during the last 12 months, any car/s for private use?					
Yes					
No					
2. Have you purchased any of these (or any other which you don't own today) during the last 12 months?					
Yes					
No					
If YES :					
Specify the number of cars which you purchased during the last 12 months.					
3. Did you buy it new or second hand and how much did it cost?					
(If the acquisition of the car was done with an exchange or sale of an older car, subtract the value of the older car)					
1st car	New	Year	1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07111 00 4
Used car from company / yard (car from Cyprus or abroad)	Year		1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07112 01 4
Used car from another household (car from Cyprus or abroad)	Year		1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07112 02 4
2nd car	New	Year	1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07111 00 4
Used car from company / yard (car from Cyprus or abroad)	Year		1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07112 01 4
Used car from another household (car from Cyprus or abroad)	Year		1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07112 02 4
3rd car	New	Year	1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07111 00 4
Used car from company / yard (car from Cyprus or abroad)	Year		1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07112 01 4
Used car from another household (car from Cyprus or abroad)	Year		1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07112 02 4

Expenditure Description	Period	Way of acquisition	Type of car	Expendi- ture in €	Code
<div>4. <u>During the last 12 months</u>, what was the total amount of the subsequent bills for all the cars that you own or used to own or for any other cars you may have paid?</div> <div>(a) <i>Annual Road Taxes:</i><div>1st car<div>Year<div>1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type</div><div>21100 01 4</div></div></div><div>2nd car<div>Year<div>1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type</div><div>21100 01 4</div></div></div><div>3rd car<div>Year<div>1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type</div><div>21100 01 4</div></div></div><div>4th car<div>Year<div>1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type</div><div>21100 01 4</div></div></div></div>					
<div>(b) <i>Insurance:</i><div>1st car<div>Year<div>1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type</div><div>12141 01 4</div></div></div><div>2nd car<div>Year<div>1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type</div><div>12141 01 4</div></div></div><div>3rd car<div>Year<div>1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type</div><div>12141 01 4</div></div></div><div>4th car<div>Year<div>1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type</div><div>12141 01 4</div></div></div></div>					
<div>(c) <i>Technical control (includes MOT) (total amount) - - - - -</i></div>	Year				07230 06 4
<div><u>REPAIRS, MAINTENANCE, REPLACEMENTS AND SPARE PARTS</u></div> <div>5. <u>During the last 12 months</u>, have you done any repairs, maintenance or have you purchased any spare parts / accessories for your car/s (it includes materials for repairs and maintenance, such as tyres, batteries, filters, special cleaning products, oil exchange, service, brake change, change/maintenance of automatic transmission etc.)?</div> <div>Yes <div>1</div></div> <div>No <div>2</div> → Q.7</div> <div>If YES :</div> <div>(a) Were these repairs performed by a member of your household, in a garage / petrol station or both?</div> <div>By a member of the household <div>1</div> → Q.5(b)</div> <div>In a garage / petrol station,..... <div>2</div> → Q.5(c)</div> <div>By both..... <div>2</div> → Q.5(b+c)</div>					

Expenditure Description	Period	Way of acquisition	Type of car	Expendi- ture in €	Code
(b) If these repairs were performed by a MEMBER OF THE HOUSEHOLD: What was the total cost of the following materials, spare parts etc. that were used? Tyres- ----- Spare parts and car accessories (e.g. batteries, filters etc.) - Various lubricants (e.g. car oil, break and transmission fluids, coolants etc.) ----- Special cleaning products (e.g. sealing compounds and polishes) -----	Year				07211 00 4
	Year				07212 01 4
	Year				07224 00 4
	Year				07213 03 4
(c) If these repairs/maintenance were performed in a GARAGE / PETROL STATION: What was the total cost for: Tyres- ----- Spare parts and car accessories (e.g. batteries, filters etc.) - Various lubricants (e.g. car oil, break and transmission fluids, coolants etc.) Special cleaning products (e.g. sealing compounds and polishes) ----- Repairs/maintenance EXCEPT for car washing and the purchases listed above? -----	Year				07211 00 4
	Year				07212 01 4
	Year				07224 00 4
	Year				07213 03 4
	Year				07230 01 4
ENUMERATOR: IF QUESTION 1 = 1, ASK Q. 7 IF QUESTION 1 = 2, ASK Q. 6					
6. It has been noted that during the last 12 months your household did not own a car for personal use. However, during the last 12 months did you buy a car as a gift to another household? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Q.7 Number of cars which you bought / gave as a gift to another household <input type="checkbox"/>					
If YES : Did you buy it new or used and what was its value? 1st car Used car from company / yard (car from Cyprus or abroad) Used car from another household (car from Cyprus or abroad)	Year	8	1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07111 00 4
	Year	8	1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07112 01 4
	Year	8	1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07112 02 4
2nd car Used car from company / yard (car from Cyprus or abroad) Used car from another household (car from Cyprus or abroad)	Year	8	1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07111 00 4
	Year	8	1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07112 01 4
	Year	8	1. Petrol 2. Diesel 3. Hybrid 4. Electric 5. Other type		07112 02 4

Expenditure Description	Period	Way of acquisition	Type of car	Expendi- ture in €	Code
II. OTHER MEANS OF TRANSPORT					
7. Does your household own or used to own during the last 12 months any other means of transport for private use, such as bicycle, e-bike, motorised bicycle, motorised / electric scooter, motorbike or motorcycle?					
Yes					
No					
8. If YES :					
Have you purchased any of these (or any other which you don't own today) during the last 12 months?					
Yes					
No					
If YES , how much did you pay?					
Bicycle - - - - -	Year				07130 01 4
E- bike - - - - -	Year				07130 02 4
Motorised bicycle - - - - -	Year				07120 05 4
Motorised / Electric scooter - - - - -	Year				07120 06 4
New motor bike (less than 50 cc) - - - - -	Year				07120 02 4
Second-hand motor bike (less than 50 cc)- - - - -	Year				07120 04 4
New motorcycle (50 cc and over)- - - - -	Year				07120 01 4
Second-hand motorcycle (50 cc and over)- - - - -	Year				07120 03 4
9. During the last 12 months, what was the total cost for the following bills?					
(a) Annual road taxes:					
Motorbike (less than 50 cc)	Year				21100 02 4
Motorcycle (50 cc and over)	Year				21100 03 4
(b) Insurance:					
E-bike / motorised bicycle	Year				12141 05 4
Motorised / electric scooter	Year				12141 06 4
Motorbike (less than 50 cc)	Year				12541 03 4
Motorcycle (50 cc and over)	Year				12541 02 4
REPAIRS, MAINTENANCE, REPLACEMENTS AND SPARE PARTS					
10. During the last 12 months, have you done any repairs, maintenance or have you purchased any spare parts for the above mentioned means of transport?					
Yes					
No					
If YES :					
(a) Were these repairs performed by a member of the household or in a garage/petrol station or by both?					
By a member of the household					
In a garage / petrol station,.....					
By both.....					
(b) If these repairs were performed by a MEMBER OF THE HOUSEHOLD:					
What was the total cost of the following materials, spare parts etc. which were used for the repairs / maintenance?					
Tyres - - - - -	Year				07211 00 4
Spare parts and accessories (e.g. filters, batteries etc.) - - - -					
Motorbike, Motorcycle, Motorised bicycle, Motorised / Electric scooter	Year				07212 02 4
Bicycle/E-bike	Year				07212 03 4
Various lubricants (e.g. oil, break and transmission fluids)					
Motorbike, Motorcycle, Motorised bicycle, Motorised / Electric scooter, Bicycle, E-bike	Year				07224 00 4
Special cleaning products					
Motorbike, Motorcycle, Motorised bicycle, Motorised / Electric scooter, Bicycle, E-bike	Year				07212 04 4

Expenditure Description	Period	Way of acquisition	Type of car	Expendi- ture in €	Code
(c) If these repairs were performed in a GARAGE/PETROL STATION:					
What was the total cost of the the following materials, spare parts, repairs and maintenance?					
Tyres -----	Year				07211 00 4
Spare parts and accessories (e.g. filters, batteries etc.) ----					
Motorbike, Motorcycle, Motorised bicycle, Motorised / Electric scooter	Year				07212 02 4
Bicycle/E-bike	Year				07212 03 4
Various lubricants (e.g. oil, break and transmission fluids)	Year				07224 00 4
Motorbike, Motorcycle, Motorised bicycle, Motorised / Electric scooter, Bicycle, E-bike					
Special cleaning products	Year				07212 04 4
Motorbike, Motorcycle, Motorised bicycle, Motorised / Electric scooter, Bicycle, E-bike					
What was the total cost of these repairs excluding the costs mentioned above?					
Motorbike, Motorcycle, Motorised bicycle, Motorised / Electric scooter	Year				07230 02 4
Bicycle/E-bike	Year				07230 03 4
ENUMERATOR: IF QUESTION 7 = 1, ASK Q. 12 IF QUESTION 7 = 2, ASK Q. 11					
11. It has been noted that during the last 12 months your household did not own other means or transport for personal use, such as bicycle, e-bike, motorised bicycle, motorised / electric scooter, motorbike, motorcycle. However, during the last 12 months did you purchase any other means of transportation and give it away as a gift?					
Yes <input type="checkbox"/> 1					
No <input type="checkbox"/> 2 → Q.12					
If YES, how much did it cost?					
Bicycle -----	Year				07130 01 4
E- bike -----	Year				07130 02 4
Motorised bicycle -----	Year				07120 05 4
Motorised / Electric scooter -----	Year				07120 06 4
New motor bike (less than 50 cc)- -----	Year				07120 02 4
Second-hand motor bike (less than 50 cc)- -----	Year				07120 04 4
New motorcycle (50 cc and over)- -----	Year				07120 01 4
Second-hand motorcycle (50 cc and over)- -----	Year				07120 03 4
12. During the last 12 months, have you paid any amount for car renting or for renting any other mean of transport (does NOT include rentals during holidays)?					
Yes <input type="checkbox"/> 1					
No <input type="checkbox"/> 2 → Q.13					
If YES, what was the total cost? -----	Year				07241 02 4
13. Do you pay a monthly fee for parking at work or elsewhere NOT connected with your dwelling?					
If YES, how much do you pay per month? -----	Month				07241 01 1
14. During the last 12 months, have you purchased or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households accessories for personal transport equipment, such as baby and child seats for cars, GPS, bike racks etc.?					
Yes <input type="checkbox"/> 1					
No <input type="checkbox"/> 2 → Q.15					
Baby and child seats -----	Year				07213 02 4
Other accessories for personal transport equipment -----	Year				07213 50 4
15. Record any additional expenditure concerning means of transport that occurred during the last 12 months and were not mentioned above.					
→ Part E'					

PART E'
HOLIDAY EXPENDITURE

TRIPS ABROAD WITH AN OVERNIGHT STAY

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

YES NO → **Q.2**

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

--	--

No. of trip abroad	Month and year of departure	Main Country of Destination		How many members of your household participated in this trip?	Number of overnight stays	In what type of accommodation did you stay?							Was it a package holiday?	
						Hotel or similar establishment	Rented villa / dwelling, tourist apartment, room in a house	Camping area, caravan	Other rented accommodation, e.g. youth hostels, yachts	Owned residence	With friends or relatives	Other non rented accommodation, specify	Yes	No
			Code											
1			| |			1	2	3	4	5	6	7	1	2
2			| |			1	2	3	4	5	6	7	1	2
3			| |			1	2	3	4	5	6	7	1	2
4			| |			1	2	3	4	5	6	7	1	2
5			| |			1	2	3	4	5	6	7	1	2
6			| |			1	2	3	4	5	6	7	1	2

E(I): EXPENDITURE FOR TRIPS ABROAD

Expenditure Description	First Trip		Second Trip		Third Trip		Code
	1		2		3		
	Way of acquisition	Exp. in €	Way of acquisition	Exp. in €	Way of acquisition	Exp. in €	
FOR ORGANISED TRIPS ABROAD:							
1.B What was the total cost of the package?-----							09800 02 4
COMPLETE Q. 1.C FOR <u>NON-ORGANISED TRIPS</u>							
AND FOR THE <u>ADDITIONAL EXPENDITURE</u>							
OF ORGANISED TRIPS							
1.C For organised trips, specify the <u>additional expenses</u> paid for the following:							
For non-organised trips, specify the <u>total</u> expenses paid for the following:							
Transport expenditure:							
Plane tickets -----							07332 01 4
Sea fares -----							07340 02 4
Rental of car/motorcycle/bicycle etc. -----							07244 03 4
Car rental with driver and taxi -----							07322 04 4
Buses, trains etc. -----							07350 03 4
Fuel -----							07225 02 4
Accommodation expenditure:							
Hotel or similar establishment -----							11201 03 4
Rented villa/dwelling,apartment, room in a house							11201 04 4
Camping area, caravan -----							11202 02 4
Other rented accommodation e.g. youth hostels, yacht -----							11201 50 4
Owned residence -----							30000 05 4
With friends or relatives -----							30000 06 4
Other non-rented accommodation, specify
.....						
Food and drinks expenditure:							
Restaurants and cafés with full service -----							11111 06 4
Restaurants and cafés with self-service or with limited service -----							11112 06 4
Entertainment places, clubs -----							09461 05 4
Expenditure on food and drinks consumed at bars, theatres, cinemas, sports stadium, swimming pools etc. -----							11112 51 4

Other expenditure:							
Travel and luggage insurance -----							12142 00 4
Other goods and services:							
Attendance to sporting events / matches-----							09463 04 4
Tickets for amusement parks, water parks, luna parks etc. -----							09461 07 4
-----							09610 05 4
Tickets for shows (e.g. concerts, opera, circus)- -							09620 03 4
Visits to museums, archaeological areas, zoological gardens etc. -----							
Expenditure ⁽¹⁾ on clothing items, footwear, souvenirs, jewellery, beauty products, watches, bags, household equipment etc. -----							30000 02 4

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

LONG HOLIDAYS IN CYPRUS

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

YES NO → Q.3

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

--	--

No. of trip in Cyprus	Month and year of departure	How many members of your household participated in this trip?	Number of overnight stays	In what type of accommodation did you stay?							Was it a package holiday?	
				Hotel or similar establishment	Rented villa / dwelling, tourist apartment, room in a house	Camping area, caravan	Other rented accommodation e.g. youth hostels, yachts	Owned residence	With friends and relatives	Other non rented accommodation, specify	Yes	No
1				1	2	3	4	5	6	7	1	2
2				1	2	3	4	5	6	7	1	2
3				1	2	3	4	5	6	7	1	2
4				1	2	3	4	5	6	7	1	2
5				1	2	3	4	5	6	7	1	2
6				1	2	3	4	5	6	7	1	2

E(II): EXPENDITURE FOR LONG HOLIDAYS IN CYPRUS

Expenditure Description	First trip		Second trip		Third trip		Code
	1		2		3		
	Way of acquisition	Exp. in €	Way of acquisition	Exp. in €	Way of acquisition	Exp. in €	
FOR PACKAGE HOLIDAYS IN CYPRUS:							
2.B What was the total cost of the package?-----							09800 01 4
COMPLETE Q. 2.C FOR <u>NON-ORGANISED HOLIDAYS</u> AND FOR THE <u>ADDITIONAL EXPENDITURE</u> OF ORGANISED HOLIDAYS							
2.C For organised holidays, specify the <u>additional expenses</u> paid for the following:							
For non-organised holidays, specify the <u>total</u> expenses paid for the following:							
Transport expenditure:							
Rental of car/motorcycle/bicycle etc. -----							07244 02 4
Car rental with driver and taxi -----							07322 03 4
Buses etc. -----							07350 02 4
Fuel -----							07225 01 4
Accommodation expenditure:							
Hotel or similar establishment -----							11201 01 4
Rented villa/dwelling,apartment, room in a house -----							11201 02 4
Camping area, caravan -----							11202 01 4
Other rented accommodation e.g. youth hostel, yachts -----							11202 50 4
Owned residence -----							30000 03 4
With friends and relatives -----							30000 04 4
Other non-rented accommodation, specify
.....						
Food and drinks expenditure:							
Restaurants and cafés with full service -----							11111 05 4
Restaurants and cafés with self-service or with limited service -----							11112 05 4
Entertainment places, clubs -----							09461 04 4
Expenditure on food and drinks consumed at bars, theatres, cinemas, sports stadium, swimming pools etc. -----							11112 50 4
Other goods and services:							
Attendance to sporting events / matches-----							09463 03 4
Tickets for amusement parks, water parks, luna parks etc. -----							09461 06 4
Tickets for shows (e.g. concerts, opera, circus) -----							09610 04 4
Visits to museums, archaeological areas, zoological gardens etc. -----							09620 02 4
Expenditure ⁽¹⁾ on clothing items, footwear, souvenirs, jewellery, beauty products, watches, bags etc. -----							30000 01 4

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

SHORT HOLIDAYS IN CYPRUS

3. During the last 3 months, have you or any other member of your household made a trip in **CYPRUS** with a duration of **ONE - THREE** overnight stays for personal purposes (e.g. summer holidays, Christmas/Easter vacation, for a weekend / short break, visit to friends or relatives etc.)?

YES NO → Part F'

3.A If **YES** , how many trips with a duration of **ONE - THREE** overnight stays have you or any other member of your household made in total **in Cyprus**, during the last 3 months?

No. of trip in Cyprus	Month and year of departure	How many members of your household participated in this trip?	Number of overnight stays	In what type of accommodation did you stay?							Was it a package holiday?	
				Hotel or similar establishment	Rented villa / dwelling, tourist apartment, room in a house	Camping area, caravan	Other rented accommodation, e.g. youth hostels, yachts	Owned residence	With friends and relatives	Other non rented accommodation, specify	Yes	No
1				1	2	3	4	5	6	7	1	2
2				1	2	3	4	5	6	7	1	2
3				1	2	3	4	5	6	7	1	2
4				1	2	3	4	5	6	7	1	2
5				1	2	3	4	5	6	7	1	2
6				1	2	3	4	5	6	7	1	2

E(III): EXPENDITURE FOR SHORT HOLIDAYS IN CYPRUS

Expenditure Description	First trip		Second trip		Third trip		Code
	1		2		3		
	Way of acquisition	Exp. in €	Way of acquisition	Exp. in €	Way of acquisition	Exp. in €	
FOR <u>PACKAGE</u> HOLIDAYS IN CYPRUS:							
3.B What was the total cost of the package?-----							09800 01 3
COMPLETE Q. 3.C FOR <u>NON-ORGANISED HOLIDAYS</u> AND FOR THE <u>ADDITIONAL EXPENDITURE</u> OF ORGANISED HOLIDAYS							
3.C For organised holidays, specify the <u>additional expenses</u> paid for the following:							
For non-organised holidays, specify the <u>total</u> expenses paid for the following:							
Transport expenditure:							
Rental of car/motorcycle/bicycle etc. -----							07244 02 3
Car rental with driver and taxi -----							07322 03 3
Buses etc. -----							07350 02 3
Fuel -----							07225 01 3
Accommodation expenditure:							
Hotel or similar establishment-----							11201 01 3
Rented villa/dwelling,apartment, room in a house -----							11201 02 3
Camping area, caravan -----							11202 01 3
Other rented accommodation, e.g. youth hostels, yachts -----							11202 50 3
Food and drinks expenditure:							
Restaurants and cafés with full service -----							11111 05 3
Restaurants and cafés with self-service or with limited service -----							11112 05 3
Entertainment places, clubs -----							09461 04 3
Expenditure on food and drinks consumed at bars, theatres, cinemas, sports stadia, swimming pools etc. -----							11112 50 3
Other goods and services:							
Attendance to sporting events / matches-----							09463 03 3
Tickets for amusement parks, water parks, luna parks etc. -----							09461 06 3
Tickets for shows (e.g. concerts, opera, circus) -----							09610 04 3
Visits to museums, archaeological areas, zoological gardens etc. -----							09620 02 3
Expenditure ⁽¹⁾ on clothing items, footwear, souvenirs, jewellery, beauty products, watches, bags etc. -----							30000 01 3

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

PART F'

EXPENDITURE ON HOUSEHOLD APPLIANCES

Description	Purchase during the last 12 months 1. Yes 2. No	Way of acquisition	Exp. in €	Sale of respective item 1. Yes 2. No	Code
1 <u>During the last 12 months</u> , have you purchased in cash (or with finance) or have you got without payment from your enterprise or from your employer for the needs of your household or as a present to other households any of the following items? (transportation and installation expenses are included in the value)					
I. Major household appliances					
Refrigerator (fridge-freezer) - - - - -					05311 01 4
Freezer - - - - -					05311 02 4
Refrigerator (without freezer) - - - - -					05311 04 4
Washing machine - - - - -					05312 01 4
Dryer - - - - -					05312 02 4
Dish washer - - - - -					05311 03 4
Iron pressing machines - - - - -					05312 03 4
Microwave oven - - - - -					05311 07 4
Electrical cooker, oven - - - - -					05311 05 4
Gas cooker, oven - - - - -					05311 06 4
Spit roasters - - - - -					05311 08 4
Extractor hoods - - - - -					05311 09 4
Air conditioners - - - - -					05313 01 4
Heaters - - - - -					05313 02 4
Solar heater - - - - -					05313 03 4
Vacuum cleaners - - - - -					05314 01 4
Safes - - - - -					05319 01 4
Other, specify
.....				
.....				
II. Small electrical household appliances					
Mixer - - - - -				XXX	05321 01 4
Juice extractor - - - - -				XXX	05322 03 4
Small electric oven - - - - -				XXX	05321 04 4
Grills - - - - -				XXX	05321 02 4
Toasters - - - - -				XXX	05321 03 4
Electric kettle - - - - -				XXX	05322 02 4
Electric iron - - - - -				XXX	05329 01 4
Fans - - - - -				XXX	05329 02 4
Electric knives - - - - -				XXX	05329 03 4
Coffee makers - - - - -				XXX	05322 01 4
Electric briki for coffee - - - - -				XXX	05322 04 4
Frape maker - - - - -				XXX	05322 05 4
Other, specify.....				XXX	.....
.....				XXX	.....

Description	Purchase during the last 12 months 1. Yes 2. No	Way of acquisition	Exp. in €	Code
4. During the last 12 months, have you purchased in cash (or with finance) or have you got without payment from your enterprise or from your employer for the needs of your household or as a present to other households any of the following items?				
III. Furniture and decoration accessories				
Kitchen / dining tables - - - - -				05111 01 4
Kitchen / dining chairs - - - - -				05111 02 4
Sofas / armchairs - - - - -				05111 03 4
Desks - - - - -				05111 05 4
Office chairs - - - - -				05111 10 4
Beds / bedside tables- - - - -				05111 04 4
Matresses - - - - -				05111 08 4
Garden furniture - - - - -				05112 00 4
Bookcases - - - - -				05111 06 4
Lighting equipment - - - - -				05113 00 4
Art paintings (original or reproduction) - - - - -				05114 02 4
Cradles and high-chairs for babies - - - - -				05111 09 4
Other, specify
.....			
.....			
IV. Carpets and other floor coverings				
Carpets, rugs, fitted carpets, linoleum, fitted carpets etc. - -				05114 01 4
Other floor coverings - - - - -				05114 51 4
V. Household textiles				
Curtains (includes fabric blinds)- - - - -				05211 01 4
Bedlinen and pillow cases- - - - -				05212 01 4
Pillows of all kind- - - - -				05212 02 4
Blankets and bed coverings (quilts)- - - - -				05212 03 4
Baby blankets and bed coverings (quilts)- - - - -				05212 04 4
Towels- - - - -				05213 01 4
Kitchen napkins- - - - -				05213 03 4
Other, specify (e.g. door mats, bathroom mats etc.)			
.....			
.....			
5. Repairs and cleaning of furniture, carpets, lighting equipment and other household appliances, during the last 12 months.				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> → Q.6				
Please specify the number of repairs/cleaning of furniture, carpets, lighting equipment and other household appliances <input type="checkbox"/>				
If YES, specify item and cost
.....			

Description	Purchase during the last 3 months 1. Yes 2. No	Way of acquisition	Exp. in €	Code
6. <u>During the last 3 months</u> , have you purchased in cash (or with finance) or have you got without payment from your enterprise or from your employer for the needs of your household or as a present to other households any of the following items?				
VIII. <u>Glassware, tableware and household utensils</u>				
Plates - - - - -				05401 01 3
Glasses - - - - -				05401 02 3
Vases - - - - -				05401 03 3
Cups - - - - -				05401 04 3
Cutlery - - - - -				05402 01 3
Saucepans, frying pans, pyrex, pans - - - - -				05403 01 3
Plastic containers - - - - -				05403 02 3
Waste bins- - - - -				05403 03 3
Thermos flask - - - - -				05403 04 3
Iron board - - - - -				05403 05 3
Feeding bottle - - - - -				05403 07 3
Storage boxes - - - - -				05403 10 3
Other e.g. kitchen scale, specify
.....			
.....			
7. <u>Repairs, maintenance and rental of glassware, cutlery and kitchen utensils, during the last 3 months-</u> - - - - -				05404 00 3

Description	Purchase during the last 3 months 1. Yes 2. No	Way of acquisition	Exp in €	Code
8. <u>During the last 3 months</u> , have you purchased in cash (or with finance) or have you got without payment from your enterprise or from your employer for the needs of your household or as a present to other households any of the following items?				
XI. Major items of household use, tools and garden equipment				
Electric drills - - - - -				05510 01 3
Electric saws - - - - -				05510 02 3
Electric screwdriver- - - - -				05510 04 3
Powered lawn mowers - - - - -				05510 03 3
Home alarm system - - - - -				04312 01 3
Water tank - - - - -				05510 05 3
Other, specify
.....			
.....			
XII. Small items of household use, tools and garden equipment				
Hammers - - - - -				05521 01 3
Screwdrivers - - - - -				05521 02 3
Garden tools (spades, hoses, water cans, shovels etc.) - -				05521 04 3
Plugs - - - - -				05522 01 3
Ladders - - - - -				05521 03 3
HDMI cable - - - - -				05522 04 3
Other, specify.....			
.....			
.....			
9 Repairs, maintenance and rentals of tools and equipment for house and garden, during the last 3 months				
Yes <input type="checkbox"/>				
No <input type="checkbox"/> →Part Z'				
Specify the number of repairs, maintenance and rental for tools and equipment for house and garden <input type="checkbox"/>				
Please, specify type of tool and cost				
.....			
.....			
.....			

PART Z'
EXPENDITURE ON CLOTHING AND FOOTWEAR

Expenditure description	Member number						Code
	<div></div>		<div></div>		<div></div>		
	Way of acquisition	Exp. in €	Way of acquisition	Exp. in €	Way of acquisition	Exp. in €	
1. During the last 3 months, have you purchased in cash (or with finance) or have you got without payment from your enterprise or from your employer for the needs of your household or as a present to other households any of the following items?							
I. (a) Men's clothing							
Suits - - - - -							03121 01 3
Blazers- - - - -							03121 02 3
Raincoats & coats - - - - -							03121 03 3
Jackets - - - - -							03121 04 3
Truck jacket - - - - -							03121 29 3
Long - sleeved shirts - - - - -							03121 05 3
Short - sleeved shirts - - - - -							03121 06 3
Collar shirts - - - - -							03121 07 3
T-shirts - - - - -							03121 08 3
Pullovers/sweaters - - - - -							03121 09 3
Jeans- - - - -							03121 10 3
Trousers except jeans- - - - -							03121 11 3
Shorts and vermoudas (incl. jeans)- - - - -							03121 12 3
Underwear - - - - -							03121 13 3
Pyjamas - - - - -							03121 14 3
Socks - - - - -							03121 15 3
Sportswear - - - - -							03121 16 3
Swimsuit - - - - -							03121 17 3
Ties - - - - -							03131 01 3
Clothing materials/fabrics - - - - -							03110 01 3
Repair and altering of garments- - - - -							03142 01 3
Hire of garments - - - - -							03142 02 3
Other clothing items (e.g. scarfs, gloves, belts, hats etc.), specify
.....						
(b) Footwear for men							
Classic shoes - - - - -							03211 01 3
Everyday shoes (incl. sneackers) - - - - -							03211 02 3
Sandals- - - - -							03211 03 3
Boots - - - - -							03211 04 3
Slippers - - - - -							03211 05 3
Sports shoes - - - - -							03211 06 3
Repair of men's footwear - - - - -							03220 01 3
Hire of footwear - - - - -							03220 04 3
Other men's footwear, specify
.....						
.....						

Expenditure description	Member number						Code
	<div><div></div><div></div><div></div></div>	Exp .in €	<div><div></div><div></div><div></div></div>	Exp. in €	<div><div></div><div></div><div></div></div>	Exp. in €	
	Way of acquisition		Way of acquisition		Way of acquisition		
II. (a) Women's clothing							
Suits - - - - -							03122 01 3
Raincoats / coats / puffer jackets - - - - -							03122 02 3
Blazers - - - - -							03122 03 3
Truck jacket - - - - -							03122 21 3
Summer dresses - - - - -							03122 04 3
Winter dresses - - - - -							03122 05 3
Skirts - - - - -							03122 06 3
Summer blouses/shirts/t-shirts - - - - -							03122 07 3
Winter blouses/shirts/t-shirts (long -sleeved) - - - - -							03122 08 3
Pullovers and sweaters - - - - -							03122 09 3
Jeans- - - - -							03122 10 3
Trousers except jeans- - - - -							03122 11 3
Shorts and vermudas (incl. jeans) - - - - -							03122 12 3
Jackets - - - - -							03122 13 3
Underwear - - - - -							03122 14 3
Nightdresses - - - - -							03122 15 3
Pyjamas - - - - -							03122 16 3
Sportswear (inc. leggings) - - - - -							03122 17 3
Swimsuit - - - - -							03122 18 3
Tights/socks - - - - -							03122 19 3
Clothing materials/fabrics - - - - -							03110 02 3
Repair of garments - - - - -							03142 01 3
Hire of garments- - - - -							03142 02 3
Other clothing items (e.g. scarfs, gloves, belts, hats etc.), specify
.....						
.....						
.....						
.....						
.....						
.....						
(b) Footwear for women							
Classic shoes - - - - -							03212 01 3
Everyday shoes (inc. sneakers) - - - - -							03212 02 3
Sandals / platforms - - - - -							03212 03 3
Boots - - - - -							03212 04 3
Slippers - - - - -							03212 05 3
Sports shoes - - - - -							03212 06 3
Repair of women's footwear - - - - -							03220 02 3
Hire of footwear - - - - -							03220 04 3
Other footwear for women, specify
.....						

Expenditure description	Member number						Code
	<div></div>		<div></div>		<div></div>		
	Way of acquisition	Exp .in €	Way of acquisition	Exp. in €	Way of acquisition	Exp. in €	
III. (a) Garments for boys from 3 to 13							
Jackets/coats -----							03121 19 3
Pullovers/sweaters-----							03121 20 3
Long trousers and jeans -----							03121 21 3
Shorts and vermoudas (inc. jeans) -----							03121 22 3
Shirts and t-shirts -----							03121 23 3
Underwear -----							03121 24 3
Pyjamas -----							03121 25 3
Socks -----							03121 26 3
Sportswear -----							03121 27 3
Game-specific sportswear, e.g. football, basketball -----							09221 08 3
Swimsuit -----							03121 28 3
Repair and altering of garments -----							03142 01 3
Hire of garments -----							03142 02 3
Other clothing items for boys (e.g. scarfs, gloves, belts, hats etc.), specify.....						
.....						
(b) Garments for girls from 3 to 13							
Jackets/coats -----							03122 21 3
Pullovers/sweaters-----							03122 22 3
Long trousers and jeans -----							03122 23 3
Shorts and vermoudas (inc. jeans) -----							03122 24 3
Dresses -----							03122 25 3
Shirts and t-shirts -----							03122 26 3
Underwear -----							03122 27 3
Nightdresses/pyjamas -----							03122 28 3
Tights/socks -----							03122 29 3
Sportswear (inc. leggings) -----							03122 30 3
Game-specific sportswear, e.g. football, basketball -----							09221 08 3
Swimsuit -----							03122 31 3
Repair of garments -----							03142 01 3
Hire of garments -----							03142 02 3
Other clothing items for girls (e.g. scarfs, gloves, belts, hats etc.), specify.....						
.....						
(c) Garments for infants from 0 to 2							
Jackets/coats -----							03123 01 3
Trousers and shorts of all kind -----							03123 02 3
Dresses -----							03123 03 3
Shirts and t-shirts -----							03123 04 3
Bodysuits -----							03123 05 3
Sleepsuits -----							03123 06 3
Tights/socks -----							03123 08 3
Bibs -----							03131 08 3
Repair and altering of garments -----							03142 01 3
Hire of garments -----							03142 02 3
Other clothing items for infants (e.g. scarfs, gloves, belts, hats etc.), specify.....						
.....						

Expenditure description	Member number						Code
	<div></div>		<div></div>		<div></div>		
	Way of acquisition	Exp .in €	Way of acquisition	Exp. in €	Way of acquisition	Exp. in €	
(d) Footwear for infants and children							
Shoes - - - - -							03213 01 3
Sandals- - - - -							03213 02 3
Boots - - - - -							03213 03 3
Slippers - - - - -							03213 04 3
Sports shoes - - - - -							03213 05 3
Ballet shoes- - - - -							03213 06 3
Repair of children's and infant's footwear - - - - -							03220 03 3
Hire of footwear - - - - -							03220 04 3
Other children's footwear, specify
.....						
.....						
.....						

PART H'
EXPENDITURE ON EDUCATION AND CHILD CARE

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
I. EXPENDITURE ON EDUCATION				
1 (i) During the last 12 months, has any member of your household been attending pre-primary, primary school, lower-secondary school, upper-secondary school, college, university, tutoring centre, private institute for foreign languages etc., for which either you paid or another household has paid or your employer has provided (free of charge or at a reduced price)?				
Yes				<div>1</div>
No				<div>2</div>
(ii) During the last 12 months, have you paid any amount for another household for attendance in pre-primary, primary school, lower-secondary school, upper-secondary school, college, university, tutoring centre, private institute, institute for foreign languages etc.?				
Yes				<div>1</div>
No				<div>2</div>
<div>ENUMERATOR: IF Q. 1(i) = 1 or Q. 1(ii) = 1, then questions 1(a) - 1(r) need to be asked. If Q. 1(i) = 2 & Q. 1(ii) = 2, then Q. 2 needs to be asked.</div>				
(a) Pre-primary education (Kindergarten/Child nursery) - Public:				
During the last 12 months, has any member of your household been attending a public kindergarten/ child nursery? (the cost provided for another household is included)				
Yes				<div>1</div>
No				<div>2</div> → 1(b)
If YES , please state the name of the public kindergarten / day nursery				
.....				
What was the amount paid for the following expenses?				
Tuition fees (meals are not included)	Year			10101 01 4 1
Contribution to parents' association	Year			10101 02 4 1
School bus / taxi	Year			07323 00 4 1
School bag / pencil case	Year			13291 04 4 1
School uniform	Year			03124 00 4 1
Meals provided by the school (NOT canteens)	Year			11113 01 4 1
Private lessons for pre-primary school children in private institutes (does not include music, dance lessons, gymnastics etc.)	Year			10501 02 4 1
Private lessons for pre-primary school children in public institutes (does not include music, dance lessons, gymnastics etc.)	Year			10501 01 4 1
(b) Pre-primary education (Kindergarten/Child nursery) - Private / Communal:				
During the last 12 months, has any member of your household been attending a private / communal kindergarten / child nursery? (the cost provided for another household is included)				
Yes				<div>1</div>
No				<div>2</div> → 1(c)
If YES , please state the name of the private/communal kindergarten / child nursery				
.....				
What was the amount paid for the following expenses?				
Tuition fees (meals are not included)	Year			10101 03 4 2
Contribution to parents' association	Year			10101 04 4 2
School bus / taxi	Year			07323 00 4 2
School bag / pencil case	Year			13291 04 4 2
School uniform	Year			03124 00 4 2
Meals provided by the school (NOT canteens)	Year			11113 01 4 2
Private lessons for pre-primary school children in private institutes (does not include music, dance lessons, gymnastics etc.)	Year			10501 02 4 2
Private lessons for pre-primary school children in public institutes (does not include music, dance lessons, gymnastics etc.)	Year			10501 01 4 2

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
<div><div>(c) Primary school - Public:</div><div>During the last 12 months, has any member of your household been attending a public primary school? (the cost provided for another household is included)</div><div>Yes <div>1</div></div><div>No <div>2</div> → 1(d)</div><div>If YES, what was the amount paid for the following expenses?</div><div>Contribution to parents' association -----</div><div>School bus / taxi -----</div><div>Paper products (note pads, writing pads, drawing paper, educational material etc)</div><div>Other stationery and drawing materials (pens, pencils etc.) -----</div><div>Educational text books (incl. educational e-books) -----</div><div>School bag / pencil case -----</div><div>School uniform -----</div><div>Special uniform for educational purposes (i.e. chemistry or cooking apron) -----</div><div>Meals provided by the school (NOT canteens) -----</div><div>Private lessons for primary school children in private institutes / tutoring centres (does not include music, dance lessons, gymnastics etc.)-----</div><div>Private lessons for primary school children in public institutes (does not include music, dance lessons, gymnastics etc.)-----</div></div> <div><div>Year</div><div></div><div></div><div>10102 01 4 3</div></div> <div><div>Year</div><div></div><div></div><div>07323 00 4 3</div></div> <div><div>Year</div><div></div><div></div><div>09740 01 4 3</div></div> <div><div>Year</div><div></div><div></div><div>09740 02 4 3</div></div> <div><div>Year</div><div></div><div></div><div>09711 00 4 3</div></div> <div><div>Year</div><div></div><div></div><div>13291 04 4 3</div></div> <div><div>Year</div><div></div><div></div><div>03124 00 4 3</div></div> <div><div>Year</div><div></div><div></div><div>03131 07 4 3</div></div> <div><div>Year</div><div></div><div></div><div>11113 01 4 3</div></div> <div><div>Year</div><div></div><div></div><div>10501 04 4 3</div></div> <div><div>Year</div><div></div><div></div><div>10501 03 4 3</div></div>				
<div><div>(d) Primary school - Private:</div><div>During the last 12 months, has any member of your household been attending a private primary school? (the cost provided for another household is included)</div><div>Yes <div>1</div></div><div>No <div>2</div> → 1(d)</div><div>If YES, what was the amount paid for the following expenses?</div><div>Enrollment, tuition fees -----</div><div>Contribution to parents' association -----</div><div>School bus / taxi -----</div><div>Paper products (note pads, writing pads, drawing paper, educational material etc)</div><div>Other stationery and drawing materials (pens, pencils etc.) -----</div><div>Educational text books (incl. educational e-books) -----</div><div>School bag / pencil case -----</div><div>School uniform -----</div><div>Special uniform for educational purposes (i.e. chemistry or cooking apron) -----</div><div>Meals provided by the school (NOT canteens) -----</div><div>Private lessons for primary school children in private institutes / tutoring centres (does not include music, dance lessons, gymnastics etc.)-----</div><div>Private lessons for primary school children in public institutes (does not include music, dance lessons, gymnastics etc.)-----</div></div> <div><div>Year</div><div></div><div></div><div>10102 02 4 4</div></div> <div><div>Year</div><div></div><div></div><div>10102 03 4 4</div></div> <div><div>Year</div><div></div><div></div><div>07323 00 4 4</div></div> <div><div>Year</div><div></div><div></div><div>09740 01 4 4</div></div> <div><div>Year</div><div></div><div></div><div>09740 02 4 4</div></div> <div><div>Year</div><div></div><div></div><div>09711 00 4 4</div></div> <div><div>Year</div><div></div><div></div><div>13291 04 4 4</div></div> <div><div>Year</div><div></div><div></div><div>03124 00 4 4</div></div> <div><div>Year</div><div></div><div></div><div>03131 07 4 4</div></div> <div><div>Year</div><div></div><div></div><div>11113 01 4 4</div></div> <div><div>Year</div><div></div><div></div><div>10501 04 4 4</div></div> <div><div>Year</div><div></div><div></div><div>10501 03 4 4</div></div>				
<div><div>(e) Lower secondary education (Gymnasium) - Public:</div><div>During the last 12 months, has any member of your household been attending a public gymnasium (lower secondary education)? (the cost provided for another household is included)</div><div>Yes <div>1</div></div><div>No <div>2</div> → 1(f)</div><div>If YES, what was the amount paid for the following expenses?</div><div>Enrollment, contribution to parents' association -----</div><div>School bus / taxi -----</div><div>Paper products (note pads, writing pads, drawing paper, educational material etc)</div><div>Other stationery and drawing materials (pens, pencils etc.) -----</div><div>Educational text books (incl. educational e-books) -----</div><div>School bag / pencil case -----</div><div>School uniform -----</div><div>Special uniform for educational purposes (i.e. chemistry or cooking apron) -----</div><div>Meals provided by the school (NOT canteens) -----</div><div>Private lessons for lower secondary school children in private institutes / tutoring centres (does not include music, dance lessons, gymnastics etc.)-----</div><div>Private lessons for lower secondary school children in public institutes (does not include music, dance lessons, gymnastics etc.)-----</div></div> <div><div>Year</div><div></div><div></div><div>10200 01 4 5</div></div> <div><div>Year</div><div></div><div></div><div>07323 00 4 5</div></div> <div><div>Year</div><div></div><div></div><div>09740 01 4 5</div></div> <div><div>Year</div><div></div><div></div><div>09740 02 4 5</div></div> <div><div>Year</div><div></div><div></div><div>09711 00 4 5</div></div> <div><div>Year</div><div></div><div></div><div>13291 04 4 5</div></div> <div><div>Year</div><div></div><div></div><div>03124 00 4 5</div></div> <div><div>Year</div><div></div><div></div><div>03131 07 4 5</div></div> <div><div>Year</div><div></div><div></div><div>11113 01 4 5</div></div> <div><div>Year</div><div></div><div></div><div>10501 06 4 5</div></div> <div><div>Year</div><div></div><div></div><div>10501 05 4 5</div></div>				

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
<div><div>(f) Lower secondary education (Gymnasium) - Private:</div><div>During the last 12 months, has any member of your household been attending a private gymnasium (lower secondary education)? (the cost provided for another household is included)</div><div>Yes <div>1</div></div><div>No <div>2</div> → 1(g)</div><div>If YES, what was the amount paid for the following expenses?</div><div>Enrollment, tuition fees -----</div><div>Contribution to parents' association -----</div><div>School bus / taxi -----</div><div>Paper products (note pads, writing pads, drawing paper, educational material etc)</div><div>Other stationery and drawing materials (pens, pencils etc.) -----</div><div>Educational text books (incl. educational e-books) -----</div><div>School bag / pencil case -----</div><div>School uniform -----</div><div>Special uniform for educational purposes (i.e. chemistry or cooking apron) -----</div><div>Meals provided by the school (NOT canteens) -----</div><div>Accommodation services at boarding schools in Cyprus-----</div><div>Private lessons for lower secondary school children in private institutes / tutoring centres (does not include music, dance lessons, gymnastics etc.)-----</div><div>Private lessons for lower secondary school children in public institutes (does not include music, dance lessons, gymnastics etc.)-----</div></div> <div><div>Year</div><div></div><div></div><div>10200 02 4 6</div></div> <div><div>Year</div><div></div><div></div><div>10200 03 4 6</div></div> <div><div>Year</div><div></div><div></div><div>07323 00 4 6</div></div> <div><div>Year</div><div></div><div></div><div>09740 01 4 6</div></div> <div><div>Year</div><div></div><div></div><div>09740 02 4 6</div></div> <div><div>Year</div><div></div><div></div><div>09711 00 4 6</div></div> <div><div>Year</div><div></div><div></div><div>13291 04 4 6</div></div> <div><div>Year</div><div></div><div></div><div>03124 00 4 6</div></div> <div><div>Year</div><div></div><div></div><div>03131 07 4 6</div></div> <div><div>Year</div><div></div><div></div><div>11113 01 4 6</div></div> <div><div>Year</div><div></div><div></div><div>11203 01 4 6</div></div> <div><div>Year</div><div></div><div></div><div>10501 06 4 6</div></div> <div><div>Year</div><div></div><div></div><div>10501 05 4 6</div></div>				

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 8
Accommodation services at boarding schools in Cyprus-----	Year			11203 01 4 8
Private lessons for upper secondary school children in private institutes / tutoring centres (does not include music, dance lessons, gymnastics etc.)-----	Year			10501 06 4 8
Private lessons for upper secondary school children in public institutes (does not include music, dance lessons, gymnastics etc.)-----	Year			10501 05 4 8
(i) Vocational education - Public:				
During the last 12 months, has any member of your household been attending public vocational education?				
(the cost provided for another household is included)				
Yes -----				1
No -----				2 → 1(j)
<i>If YES, what was the amount paid for the following expenses?</i>				
Enrollment, contribution to parents' association -----	Year			10200 07 4 9
School bus / taxi -----	Year			07323 00 4 9
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09740 01 4 9
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09740 02 4 9
Educational text books (incl. educational e-books) -----	Year			09711 00 4 9
School bag / pencil case -----	Year			13291 04 4 9
School uniform -----	Year			03124 00 4 9
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 07 4 9
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 9
Accommodation services at boarding schools in Cyprus-----	Year			11203 01 4 9
Private lessons for vocational school children in private institutes / tutoring centres (does not include music, dance lessons, gymnastics etc.)-----	Year			10501 06 4 9
Private lessons for vocational school children in public institutes (does not include music, dance lessons, gymnastics etc.) -----	Year			10501 05 4 9
(j) Vocational education - Private:				
During the last 12 months, has any member of your household been attending private vocational education?				
(the cost provided for another household is included)				
Yes -----				1
No -----				2 → 1(k)
<i>If YES, what was the amount paid for the following expenses?</i>				
Enrollment, tuition fees -----	Year			10200 08 4 10
Contribution to parents' association -----	Year			10200 09 4 10
School bus / taxi -----	Year			07323 00 4 10
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09740 01 4 10
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09740 02 4 10
Educational text books (incl. educational e-books) -----	Year			09711 00 4 10
School bag / pencil case -----	Year			13291 04 4 10
School uniform -----	Year			03124 00 4 10
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 07 4 10
Meals provided by the school (NOT canteens) -----	Year			11113 01 4 10
Accommodation services at boarding schools in Cyprus-----	Year			11203 01 4 10
Private lessons for vocational school children in private institutes / tutoring centres (does not include music, dance lessons, gymnastics etc.)-----	Year			10501 06 4 10
Private lessons for vocational school children in public institutes (does not include music, dance lessons, gymnastics etc.) -----	Year			10501 05 4 10
(k) Post-secondary education in Cyprus - Private:				
During the last 12 months, has any member of your household been attending private post-secondary education in Cyprus (duration < 2 years) ? (the cost provided for another household is included)				
Yes -----				1
No -----				2 → 1(m)
<i>If YES, please state the name of the private institution:</i>				

<i>What was the amount paid for the following expenses?</i>				

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
Enrollment, tuition fees -----	Year			10300 02 4 12
Educational text books (incl. educational e-books) -----	Year			09711 00 4 12
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09740 01 4 12
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09740 02 4 12
Special uniform for educational purposes (i.e. cooking apron) -----	Year			03131 07 4 12
Private lessons (does not include music, dance lessons, gymnastics etc.) -----	Year			10501 07 4 12
Accommodation services at student halls in Cyprus -----	Year			11203 01 4 12
Accommodation in an apartment / house -----	Year			04110 00 4 12
Meals provided by educational institutions (NOT canteens) -----	Year			11113 01 4 12
Combined passenger transport (e.g. intercity taxis, buses) -----	Year			07350 01 4 12
<div>(l) Post-secondary education abroad: During the last 12 months, has any member of your household been attending post-secondary education abroad (duration < 2 years)? (the cost provided for another household is included) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(n) If YES, please state the name of the institution abroad: What was the amount paid for the following expenses? Enrollment, tuition fees ----- Year 10300 03 4 13 Plane tickets ----- Year 07332 02 4 13 Educational text books (incl. educational e-books) ----- Year 09711 00 4 13 Paper products (note pads, writing pads, drawing paper, educational material etc) Year 09740 01 4 13 Other stationery and drawing materials (pens, pencils etc.) ----- Year 09740 02 4 13 Special uniform for educational purposes (i.e. cooking apron) ----- Year 03131 07 4 13 Private lessons (does not include music, dance lessons, gymnastics etc.) ----- Year 10501 07 4 13 Accommodation services at student halls ----- Year 11203 02 4 13 Accommodation in an apartment / house ----- Year 04110 00 4 13 Meals provided by educational institutions (NOT canteens) ----- Year 11113 02 4 13 Combined passenger transport (e.g. intercity taxis, buses) ----- Year 07350 01 4 13</div>				
<div>(m) Short Cycle tertiary education (2-3 years) in Cyprus - Public: During the last 12 months, has any member of your household been attending short cycle programmes (2-3 years) in a public institution in Cyprus? (the cost provided for another household is included) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(o) If YES, please state the name of the public institution What was the amount paid for the following expenses? Enrollment, tuition fees ----- Year 10400 01 4 14 Educational text books (incl. educational e-books) ----- Year 09711 00 4 14 Paper products (note pads, writing pads, drawing paper, educational material etc) Year 09740 01 4 14 Other stationery and drawing materials (pens, pencils etc.) ----- Year 09740 02 4 14 Special uniform for educational purposes (i.e. chemistry or cooking apron) ----- Year 03131 07 4 14 Private lessons (does not include music, dance lessons, gymnastics etc.) ----- Year 10501 08 4 14 Accommodation services at student halls in Cyprus ----- Year 11203 01 4 14 Accommodation in an apartment / house ----- Year 04110 00 4 14 Meals provided by educational institutions (NOT canteens) ----- Year 11113 01 4 14 Combined passenger transport (e.g. intercity taxis, buses) ----- Year 07350 01 4 14</div>				
<div>(n) Short Cycle tertiary education (2-3 years) in Cyprus - Private: During the last 12 months, has any member of your household been attending short cycle programmes (2-3 years) in a private institution in Cyprus? (the cost provided for another household is included) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → 1(p) If YES, please state the name of the private institution</div>				

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
What was the amount paid for the following expenses?				
Enrollment, tuition fees -----	Year			10400 02 4 15
Educational text books (incl. educational e-books) -----	Year			09711 00 4 15
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09740 01 4 15
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09740 02 4 15
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 07 4 15
Private lessons (does not include music, dance lessons, gymnastics etc.)-----	Year			10501 08 4 15
Accommodation services at student halls in Cyprus-----	Year			11203 01 4 15
Accommodation in an apartment / house -----	Year			04110 00 4 15
Meals provided by educational institutions (NOT canteens) -----	Year			11113 01 4 15
Combined passenger transport (e.g. intercity taxis, buses) -----	Year			07350 01 4 15
(o) Short Cycle programmes (2-3 years) abroad:				
During the last 12 months, has any member of your household been attending short cycle programmes (2-3 years) abroad?				
(the cost provided for another household is included)				
Yes ----- <input type="checkbox"/>				
No ----- <input type="checkbox"/> → 1(q)				
If YES , please state the name of the educational institution abroad				

What was the amount paid for the following expenses?				
Enrollment, tuition fees -----	Year			10400 03 4 16
Plane tickets -----	Year			07332 02 4 16
Educational text books (incl. educational e-books) -----	Year			09711 00 4 16
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09740 01 4 16
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09740 02 4 16
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 07 4 16
Private lessons (does not include music, dance lessons, gymnastics etc.)-----	Year			10501 08 4 16
Accommodation services at student halls abroad-----	Year			11203 02 4 16
Accommodation in an apartment / house -----	Year			04110 00 4 16
Meals provided by educational institutions (NOT canteens) -----	Year			11113 02 4 16
Combined passenger transport (e.g. intercity taxis, buses) -----	Year			07350 01 4 16
(p) Bachelors, Masters and Doctorate programmes in Cyprus - Public:				
During the last 12 months, has any member of your household been attending a bachelor, masters' or doctorate programme in a public educational institution in Cyprus?				
(the cost provided for another household is included)				
Yes ----- <input type="checkbox"/>				
No ----- <input type="checkbox"/> → 1(r)				
If YES , please state the name of the public educational institution in Cyprus				

What was the amount paid for the following expenses?				
Enrollment, tuition fees -----	Year			10400 04 4 17
Educational text books (incl. educational e-books) -----	Year			09711 00 4 17
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09740 01 4 17
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09740 02 4 17
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 07 4 17
Private lessons (does not include music, dance lessons, gymnastics etc.)-----	Year			10501 08 4 17
Accommodation services at student halls in Cyprus-----	Year			11203 01 4 17
Accommodation in an apartment / house -----	Year			04110 00 4 17
Meals provided by educational institutions (NOT canteens) -----	Year			11113 01 4 17
Combined passenger transport (e.g. intercity taxis, buses) -----	Year			07350 01 4 17
(q) Bachelors, Masters and Doctorate programmes in Cyprus - Private:				
During the last 12 months, has any member of your household been attending a bachelor, masters' or doctorate programme in a private educational institution in Cyprus?				
(the cost provided for another household is included)				
Yes ----- <input type="checkbox"/>				
No ----- <input type="checkbox"/> → 1(s)				
If YES , please state the name of the private educational institution in Cyprus				

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
<i>What was the amount paid for the following expenses?</i>				
Enrollment, tuition fees -----	Year			10400 05 4 18
Educational text books (incl. educational e-books) -----	Year			09711 00 4 18
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09740 01 4 18
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09740 02 4 18
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 07 4 18
Private lessons (does not include music, dance lessons, gymnastics etc.) -----	Year			10501 08 4 18
Accommodation services at student halls in Cyprus -----	Year			11203 01 4 18
Accommodation in an apartment / house -----	Year			04110 00 4 18
Meals provided by educational institutions (NOT canteens) -----	Year			11113 01 4 18
Combined passenger transport (e.g. intercity taxis, buses) -----	Year			07350 01 4 18
(r) Bachelors, Masters and Doctorate programmes abroad: During the last 12 months, has any member of your household been attending a bachelor, masters' or doctorate programme in an institution abroad? (the cost provided for another household is included)				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q. 2				
<i>If YES, please state the name of the educational institution abroad</i> -----				
<i>What was the amount paid for the following expenses?</i>				
Enrollment, tuition fees -----	Year			10400 06 4 19
Plane tickets -----	Year			07332 02 4 19
Educational text books (incl. educational e-books) -----	Year			09711 00 4 19
Paper products (note pads, writing pads, drawing paper, educational material etc)	Year			09740 01 4 19
Other stationery and drawing materials (pens, pencils etc.) -----	Year			09740 02 4 19
Special uniform for educational purposes (i.e. chemistry or cooking apron) -----	Year			03131 07 4 19
Private lessons (does not include music, dance lessons, gymnastics etc.) -----	Year			10501 08 4 19
Accommodation services at student halls abroad -----	Year			11203 02 4 19
Accommodation in an apartment / house -----	Year			04110 00 4 19
Meals provided by educational institutions (NOT canteens) -----	Year			11113 02 4 19
Combined passenger transport (e.g. intercity taxis, buses) -----	Year			07350 01 4 19
2. During the last 12 months, has your household or another household paid or has your employer provided (free of charge or at reduced price), for educational programmes generally for adults, which do not require any special prior instruction - enrollment, tuition fees, materials etc.?				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q. 3				
<i>If YES, what was the amount paid? -----</i>	Year			10509 00 4
3. During the last 12 months, has your household or another household paid or has your employer provided (free of charge or in reduced price), an amount for lessons in football / basketball, music, dancing, swimming, tennis, skiing etc.?				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q. 4				
<i>If YES, what was the amount paid? -----</i>	Year			09462 04 4
II. CHILD CARE EXPENDITURE				
4. During the last 12 months, has your household or another household paid any amount or has your employer provided (free of charge or at reduced price), for day-care centres, supervision at school, summer schools, baby-sitters etc. for the care of children?				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q. 5				
<i>If YES, what was the amount paid for:</i>				
Supervision at school -----	Year			13301 00 4
Day-care centres -----	Year			13301 00 4
Summer school -----	Year			13301 03 4
Baby-sitters and child-care at home -----	Year			05621 01 4
5. Please state any other expenditure that were done during the last 12 months concerning education, which were not mentioned above.				
→ Part I'				

P A R T I'
EXPENDITURE ON MEDICAL CARE

Expenditure description	Period	Exp. in €	Code
I. EXPENDITURE ON HOSPITALISATION IN CYPRUS			
<p>I1 During the last 12 months, have you paid an amount as an <u>inpatient</u> for the care and stay of any member of your household or a member of another household, in a hospital or clinic for <u>at least one night</u>? (The amount paid by the insurance or from another household or provided by your employer is included here) <u>Inpatient: is a patient who is formally admitted to a hospital /clinic for treatment and/or care and stays for a minimum of one night or more than 24 hours</u></p> <p>Yes <input style="width: 30px; text-align: center;" type="text" value="1"/></p> <p>No <input style="width: 30px; text-align: center;" type="text" value="2"/> → I2</p> <p>What did the above mentioned care concern? (multiple selection)</p> <p>Surgery (operative treatment) contracted with GHS <input style="width: 30px; text-align: center;" type="text" value="1"/> → I1(a)</p> <p>Surgery (operative treatment) not contracted with GHS <input style="width: 30px; text-align: center;" type="text" value="2"/> → I1(b)</p> <p>Childbirth contracted with GHS <input style="width: 30px; text-align: center;" type="text" value="3"/> → I1(c)</p> <p>Childbirth not contracted with GHS <input style="width: 30px; text-align: center;" type="text" value="4"/> → I1(d)</p> <p>Other hospitalization contracted with GHS <input style="width: 30px; text-align: center;" type="text" value="5"/> → I1(e)</p> <p>Other hospitalization not contracted with GHS <input style="width: 30px; text-align: center;" type="text" value="6"/> → I1(f)</p> <p>(a) <u>Surgery (operative treatment) with at least one night stay contracted with GHS</u></p> <p>(i) For the <u>surgery</u>, was this person hospitalised as an inpatient in a <u>hospital / polyclinic (with 2 or more specialities)</u>?</p> <p>Yes <input style="width: 30px; text-align: center;" type="text" value="1"/></p> <p>No <input style="width: 30px; text-align: center;" type="text" value="2"/> → I1(a)(ii)</p> <p>1) Was this particular surgical procedure performed for <u>cure</u>?</p> <p>Yes <input style="width: 30px; text-align: center;" type="text" value="1"/></p> <p>No <input style="width: 30px; text-align: center;" type="text" value="2"/> → I1(a)(i)(2)</p> <p>Who paid the amount for the care and stay of this person as an inpatient in a hospital / polyclinic (with 2 or more specialities)?</p> <p>Insurance..... <input style="width: 30px; text-align: center;" type="text" value="1"/></p> <p>Household and Insurance..... <input style="width: 30px; text-align: center;" type="text" value="2"/></p> <p>Please state the amount paid by the household - - - - -</p> <p>Please state the amount paid by the insurance - - - - -</p>			
	Year		06310 01 4 4 6 8
	Year		06310 01 4 4 6 9
<p>2) Was this particular surgical procedure performed for <u>rehabilitation</u>?</p> <p>Yes <input style="width: 30px; text-align: center;" type="text" value="1"/></p> <p>No <input style="width: 30px; text-align: center;" type="text" value="2"/> → I1(a)(ii)</p> <p>Who paid the amount for the care and stay of this person as an inpatient in a hospital / polyclinic (with 2 or more specialities)?</p> <p>Insurance..... <input style="width: 30px; text-align: center;" type="text" value="1"/></p> <p>Household and Insurance..... <input style="width: 30px; text-align: center;" type="text" value="2"/></p> <p>Please state the amount paid by the household - - - - -</p> <p>Please state the amount paid by the insurance - - - - -</p>			
	Year		06310 01 4 4 7 8
	Year		06310 01 4 4 7 9
<p>(ii) For the <u>surgery</u>, was this person hospitalised as an inpatient in a <u>clinic of one speciality</u>?</p> <p>Yes <input style="width: 30px; text-align: center;" type="text" value="1"/></p> <p>No <input style="width: 30px; text-align: center;" type="text" value="2"/> → I1(b) or I1(c) or I1(d) or I1(e) or I1(f) or I2</p> <p>1) Was this particular surgical procedure performed for <u>cure</u>?</p> <p>Yes <input style="width: 30px; text-align: center;" type="text" value="1"/></p> <p>No <input style="width: 30px; text-align: center;" type="text" value="2"/> → I1(a)(ii)(2)</p>			

Expenditure description	Period	Exp. in €	Code
Who paid the amount for the care and stay of this person as an inpatient in a clinic of one speciality?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Year		06310 01 4 6 6 8
Please state the amount paid by the insurance - - - - -	Year		06310 01 4 6 6 9
2) Was this particular surgical procedure performed for rehabilitation ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I1(b) or I1(c) or I1(d) or I1(e) or I1(f) or I2			
Who paid the amount for the care and stay of this person as an inpatient in a clinic of one speciality?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Year		06310 01 4 6 7 8
Please state the amount paid by the insurance - - - - -	Year		06310 01 4 6 7 9
(b) <u>Surgery (operative treatment) with at least one night stay not contracted with GHS</u>			
(i) For the surgery , was this person hospitalised as an inpatient in a hospital / polyclinic (with 2 or more specialities)?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I1(b)(ii)			
1) Was this particular surgical procedure performed for cure ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I1(b)(ii)			
Who paid the amount for the care and stay of this person as an inpatient in a hospital / polyclinic (with 2 or more specialities)?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06310 01 4 5 6 8
Please state the amount paid by the insurance - - - - -	Year		06310 01 4 5 6 9
2) Was this particular surgical procedure performed for rehabilitation ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I1(b)(ii)			
Who paid the amount for the care and stay of this person as an inpatient in a hospital / polyclinic (with 2 or more specialities)?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06310 01 4 5 7 8
Please state the amount paid by the insurance - - - - -	Year		06310 01 4 5 7 9
(ii) For the surgery , was this person hospitalised as an inpatient in a clinic of one speciality?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I1(b) or I1(c) or I1(d) or I1(e) or I1(f) or I2			
1) Was this particular surgical procedure performed for cure ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I1(b)(ii)(2)			

Expenditure description	Period	Exp. in €	Code
Who paid the amount for the care and stay of this person as an inpatient in a clinic of one speciality?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06310 01 4 7 6 8
Please state the amount paid by the insurance - - - - -	Year		06310 01 4 7 6 9
2) Was this particular surgical procedure performed for rehabilitation?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → II(b) or II(c) or II(d) or II(e) or II(f) or I2			
Who paid the amount for the care and stay of this person as an inpatient in a clinic of one speciality?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06310 01 4 7 7 8
Please state the amount paid by the insurance - - - - -	Year		06310 01 4 7 7 9
(c) Childbirth contracted with GHS			
(i) For the childbirth, was this person hospitalised as an inpatient in a hospital / polyclinic (with 2 or more specialities)?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → II(c)(ii)			
Who paid the amount for the care and stay of this person as an inpatient in a hospital / polyclinic (with 2 or more specialities)?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Year		06310 02 4 4 9 8
Please state the amount paid by the insurance - - - - -	Year		06310 02 4 4 9 9
(ii) For the childbirth, was this person hospitalised as an inpatient in a clinic of one speciality?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I1(d) or II(e) or II(f) or I2			
Who paid the amount for the care and stay of this person as an inpatient in a clinic of one speciality?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Year		06310 02 4 6 9 8
Please state the amount paid by the insurance - - - - -	Year		06310 02 4 6 9 9
(d) Childbirth not contracted with GHS			
(i) For the childbirth, was this person hospitalised as an inpatient in a hospital / polyclinic (with 2 or more specialities)?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → II(d)(ii)			
Who paid the amount for the care and stay of this person as an inpatient in a hospital / polyclinic (with 2 or more specialities)?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			

Expenditure description	Period	Exp. in €	Code
Please state the amount paid by the household -----	Year		06310 02 4 5 9 8
Please state the amount paid by the insurance -----	Year		06310 02 4 5 9 9
(ii) For the childbirth , was this person hospitalised as an inpatient in a clinic of one speciality?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → II(e) or II(f) or I2			
Who paid the amount for the care and stay of this person as an inpatient in a clinic of one speciality?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household -----	Year		06310 02 4 7 9 8
Please state the amount paid by the insurance -----	Year		06310 02 4 7 9 9
(e) Other treatment with at least one night stay contracted with GHS			
(i) For the other treatment , was this person hospitalised as an inpatient in a hospital / polyclinic (with 2 or more specialities)?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → II(e)(ii)			
1) Was this particular treatment performed for cure ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → II(e)(i)(2)			
Who paid the amount for the care and stay of this person as an inpatient in a hospital / polyclinic (with 2 or more specialities)?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household -----	Year		06310 03 4 4 6 8
Please state the amount paid by the insurance -----	Year		06310 03 4 4 6 9
2) Was this particular treatment performed for rehabilitation ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → II(e)(ii)			
Who paid the amount for the care and stay of this person as an inpatient in a hospital / polyclinic (with 2 or more specialities)?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household -----	Year		06310 03 4 4 7 8
Please state the amount paid by the insurance -----	Year		06310 03 4 4 7 9
(ii) For the other treatment , was this person hospitalised as an inpatient in a clinic of one speciality?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → II(e)(i)(f) or I2			
1) Was this particular treatment performed for cure ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → II(e)(ii)(2)			
Who paid the amount for the care and stay of this person as an inpatient in a clinic of one speciality?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household -----	Year		06310 03 4 6 6 8
Please state the amount paid by the insurance -----	Year		06310 03 4 6 6 9

Expenditure description	Period	Exp. in €	Code
2) Was this particular treatment performed for rehabilitation? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I1(f) or I2 Who paid the amount for the care and stay of this person as an inpatient in a clinic of one speciality? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Year		06310 03 4 6 7 8
	Year		06310 03 4 6 7 9
(f) Other treatment with at least one night stay not contracted with GHS (i) For the other treatment, was this person hospitalised as an inpatient in a hospital / polyclinic (with 2 or more specialities)? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I1(f)(ii) 1) Was this particular treatment performed for cure? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I1(f)(i)(2) Who paid the amount for the care and stay of this person as an inpatient in a hospital / polyclinic (with 2 or more specialities)? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Year		06310 03 4 5 6 8
	Year		06310 03 4 5 6 9
2) Was this particular treatment performed for rehabilitation? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I1(f)(ii) Who paid the amount for the care and stay of this person as an inpatient in a hospital / polyclinic (with 2 or more specialities)? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Year		06310 03 4 5 7 8
	Year		06310 03 4 5 7 9
(ii) For the other treatment, was this person hospitalised as an inpatient in a clinic of one speciality? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I2 1) Was this particular treatment performed for cure? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I1(f)(ii)(2) Who paid the amount for the care and stay of this person as an inpatient in a clinic of one speciality? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Year		06310 03 4 7 6 8
	Year		06310 03 4 7 6 9

Expenditure description	Period	Exp. in €	Code
2) Was this particular treatment performed for rehabilitation? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I2 Who paid the amount for the care and stay of this person as an inpatient in a clinic of one speciality? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Year		06310 03 4 7 7 8
	Year		06310 03 4 7 7 9
I2 During the last 12 months, have you paid an amount as a <u>daycare patient</u> for a surgery or any other treatment for any member of your household or a member of another household, for which this person <u>was not required to stay</u> in a hospital or clinic for even one night (e.g. eye surgery performed with lazer, gynecological operation etc.)? (The amount paid by the insurance or from another household or provided by your employer is included here) <u>Daycare patient</u>: is admitted to a hospital / clinic for treatment or other types of health care, but is not required to remain overnight - NOT a visit as an outpatient Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I3 If YES , was this person a daycare patient in a: (multiple selection) Hospital / polyclinic (with 2 or more specialities) contracted with GHS <input type="text" value="1"/> → I2(a) Hospital / polyclinic (with 2 or more specialities) not contracted with GHS <input type="text" value="2"/> → I2(b) Clinic of one speciality contracted with GHS <input type="text" value="3"/> → I2(c) Clinic of one speciality not contracted with GHS <input type="text" value="4"/> → I2(d)			
(a) <u>Hospital / polyclinic (with 2 or more specialities) contracted with GHS</u> (i) Was this particular treatment performed for cure? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I2(a)(ii) Who paid the amount for the care of this person as a daycare patient in a hospital / polyclinic (with 2 or more specialities)? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Year		06231 25 4 4 6 8
	Year		06231 25 4 4 6 9
(ii) Was this particular treatment performed for rehabilitation? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I2(b) or I2(c) or I2(d) or I(3) Who paid the amount for the care of this person as a daycare patient in a hospital / polyclinic (with 2 or more specialities)? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Year		06231 25 4 4 7 8
	Year		06231 25 4 4 7 9

Expenditure description	Period	Exp. in €	Code
(b) Hospital / polyclinic (with 2 or more specialities) not contracted with GHS			
(i) Was this particular treatment performed for cure?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I2(b)(ii)			
Who paid the amount for the care of this person as a daycare patient in a hospital / polyclinic (with 2 or more specialities)?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06231 25 4 5 6 8
Please state the amount paid by the insurance - - - - -	Year		06231 25 4 5 6 9
(ii) Was this particular treatment performed for rehabilitation?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I2(c) or I2(d) or I3			
Who paid the amount for the care of this person as a daycare patient in a hospital / polyclinic (with 2 or more specialities)?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06231 25 4 5 7 8
Please state the amount paid by the insurance - - - - -	Year		06231 25 4 5 7 9
(c) Clinic of one speciality contracted with GHS			
(i) Was this particular treatment performed for cure?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I2(c)(ii)			
Who paid the amount for the care of this person as a daycare patient in a clinic of one speciality?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Year		06231 25 4 6 6 8
Please state the amount paid by the insurance - - - - -	Year		06231 25 4 6 6 9
(ii) Was this particular treatment performed for rehabilitation?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I2(d) or I3			
Who paid the amount for the care of this person as a daycare patient in a clinic of one speciality?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Year		06231 25 4 6 7 8
Please state the amount paid by the insurance - - - - -	Year		06231 25 4 6 7 9
(d) Clinic of one speciality not contracted with GHS			
(i) Was this particular treatment performed for cure?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I2(d)(ii)			
Who paid the amount for the care of this person as a daycare patient in a clinic of one speciality?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06231 25 4 7 6 8
Please state the amount paid by the insurance - - - - -	Year		06231 25 4 7 6 9

Expenditure description	Period	Exp. in €	Code
(ii) Was this particular treatment performed for rehabilitation? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I3 Who paid the amount for the care of this person as a daycare patient in a clinic of one speciality? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -			
	Year		06231 25 4 7 7 8
	Year		06231 25 4 7 7 9
I3. During the last 12 months, have you paid an amount for the hospitalisation of any member of your household or a member of another household, in the <u>Casualty Department</u> in a hospital, but was not required to stay even for one night (does not include the ambulance transfer)? (The amount paid by the insurance or from another household or provided by your employer is included here) Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I4 This person visited the Casualty Department in a: (Multiple selection) Hospital contracted with GHS <input type="text" value="1"/> → I3(a) Hospital not contracted with GHS..... <input type="text" value="2"/> → I3(b) (a) Who paid the amount for the visit in the Casualty department in the hospital contracted with GHS? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -			
	Year		06231 26 4 4 6 8
	Year		06231 26 4 4 6 9
(b) Who paid the amount for the visit in the Casualty department in the hospital not contracted with GHS? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -			
	Year		06231 26 4 5 6 8
	Year		06231 26 4 5 6 9
I4. During the last 12 months, have you paid an amount for the <u>transfer with an ambulance</u> to or from a hospital / clinic of any member of your household or a member of another household? (The amount paid from another household or provided by your employer is included here) Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I5 Who paid the amount for the transfer with an ambulance ? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -			
	Year		06420 00 4 9 6 8
	Year		06420 00 4 9 6 9

Expenditure description	Period	Exp. in €	Code
II. MEDICAL TREATMENT ABROAD			
15. During the last 12 months, has any member of your household or a member of another household been hospitalised as an <u>inpatient or a daycare patient in a clinic/hospital abroad</u> for treatment for which you paid? (The amount paid by the insurance or from another household or provided by your employer is included here)			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I6			
<i>If YES :</i>			
(a) Who paid the amount for the plane tickets?			
Household..... <input type="checkbox"/> 1			
Insurance..... <input type="checkbox"/> 2			
Household and Insurance..... <input type="checkbox"/> 3			
Please state the amount paid by the household - - - - -	Year		07332 02 4 8 8
Please state the amount paid by the insurance - - - - -	Year		07332 02 4 8 9
(b) Who paid the amount for accomodation / food expenses?			
Household..... <input type="checkbox"/> 1			
Insurance..... <input type="checkbox"/> 2			
Household and Insurance..... <input type="checkbox"/> 3			
Please state the amount paid by the household - - - - -	Year		06310 05 4 8 8
Please state the amount paid by the insurance - - - - -	Year		06310 05 4 8 9
(c) (i) Did you stay for at least one night in a hospital / clinic abroad for cure?			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I5(c)(ii)			
Who paid the amount for the hospitalisation in a hospital/clinic for at least 1 night?			
Household..... <input type="checkbox"/> 1			
Insurance..... <input type="checkbox"/> 2			
Household and Insurance..... <input type="checkbox"/> 3			
Please state the amount paid by the household - - - - -	Year		06310 04 4 8 6 8
Please state the amount paid by the insurance - - - - -	Year		06310 04 4 8 6 9
(ii) Did you stay for at least one night in a hospital / clinic abroad for rehabilitation?			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I5(d)(i)			
Who paid the amount for the hospitalisation in a hospital/clinic for at least 1 night?			
Household..... <input type="checkbox"/> 1			
Insurance..... <input type="checkbox"/> 2			
Household and Insurance..... <input type="checkbox"/> 3			
Please state the amount paid by the household - - - - -	Year		06310 04 4 8 7 8
Please state the amount paid by the insurance - - - - -	Year		06310 04 4 8 7 9
(d)(i) Were you hospitalised without an overnight stay in a hospital / clinic abroad for cure?			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I5(d)(i)			

Expenditure description	Period	Exp. in €	Code
Who paid the amount for the care of this person as a daycare patient in a private hospital / clinic abroad?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06231 27 4 8 6 8
Please state the amount paid by the insurance - - - - -	Year		06231 27 4 8 6 9
(ii) Were you hospitalised without an overnight stay in a hospital / clinic abroad for rehabilitation?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6			
Who paid the amount for the care of this person as a daycare patient in a private hospital / clinic abroad?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06231 27 4 8 7 8
Please state the amount paid by the insurance - - - - -	Year		06231 27 4 8 7 9
III. EXPENDITURE ON DOCTORS			
I6. During the last month, have you paid an amount for any member of your household or a member of another household for <u>visits to doctors of any speciality or home visits by a doctor of any specialisation</u> (except dentists, orthodontics, periodontologists, endodontics and dental hygienists)? (The amount paid by the insurance or from another household or provided by your employer is included here) * * Please note that you will NOT include visits to doctors for the purposes of vaccination as well as the charge of vaccines. You will also not include visits to doctors for preventive care exams such as cardiac stress test, Pap test, mammography, and other general routine check-ups etc.			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I7			
If YES, did you pay for a visit to: (multiple selection)			
General practitioner <input type="text" value="1"/> → I6(a)			
Paediatrician <input type="text" value="2"/> → I6(b)			
Gynaecologist <input type="text" value="3"/> → I6(c)			
Other speciality <input type="text" value="4"/> → I6(d)			
(a) Visit to general practitioner			
The visits for vaccination should not be included here. They should be included in Q8.			
1) Was the visit to the general practitioner at an SHSO hospital?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(a)(2)			
Who paid the amount for the visit?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06231 01 1 2 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 01 1 2 9 9
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(a)(3)			

Expenditure description	Period	Exp. in €	Code
2) Was the visit to the general practitioner at an SHSO health centre? Who paid the amount for the visit? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Month		06231 01 1 3 9 8
	Month		06231 01 1 3 9 9
3) Was the visit to the general practitioner at a physician's office contracted with GHS? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I6(a)(4) Who paid the amount for the visit? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Month		06231 01 1 6 9 8
	Month		06231 01 1 6 9 9
4) Was the visit to the general practitioner at a physician's office not contracted with GHS? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I6(a)(5) Who paid the amount for the visit? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Month		06231 01 1 7 9 8
	Month		06231 01 1 7 9 9
5) Was the visit to the general practitioner abroad? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I6(a)(6) Who paid the amount for the visit? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Month		06231 01 1 8 9 8
	Month		06231 01 1 8 9 9
6) The general practitioner visited you at home? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I6(b) or I6(c) or I6(d) or I7 Who paid the amount for the visit? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Month		06231 01 1 1 9 8
	Month		06231 01 1 1 9 9
(b) Visit to paediatrician The visits for vaccination should not be included here. They should be included in Q8. 1) Was the visit to the paediatrician at an SHSO hospital? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I6(b)(2)			

Expenditure description	Period	Exp. in €	Code
Who paid the amount for the visit?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06231 03 1 2 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 03 1 2 9 9
2) Was the visit to the paediatrician at an SHSO health center?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(b)(3)			
Who paid the amount for the visit?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06231 03 1 3 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 03 1 3 9 9
3) Was the visit to the paediatrician at a physician's office contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(b)(4)			
Who paid the amount for the visit?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06231 03 1 6 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 03 1 6 9 9
4) Was the visit to the paediatrician at a physician's office not contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(b)(5)			
Who paid the amount for the visit?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month		06231 03 1 7 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 03 1 7 9 9
5) Was the visit to the paediatrician abroad?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(b)(6)			
Who paid the amount for the visit?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month	→	06231 03 1 8 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 03 1 8 9 9
6) The paediatrician visited you at home?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(c) or I6(d) or I7			
Who paid the amount for the visit?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month		06231 03 1 1 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 03 1 1 9 9

Expenditure description	Period	Exp. in €	Code
(c) Visit to a gynaecologist			
The visits for vaccination should not be included here. They should be included in Q8.			
1) Was the visit to the gynaecologist at an SHSO hospital?			
Yes	<input type="text" value="1"/>		
No	<input type="text" value="2"/> → I6(c)(2)		
Who paid the amount for the visit?			
Insurance.....	<input type="text" value="1"/>		
Household and Insurance.....	<input type="text" value="2"/>		
Please state the amount paid by the household - - - - -	Month		06231 04 1 2 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 04 1 2 9 9
2) Was the visit to the gynaecologist at an SHSO health center?			
Yes	<input type="text" value="1"/>		
No	<input type="text" value="2"/> → I6(c)(3)		
Who paid the amount for the visit?			
Insurance.....	<input type="text" value="1"/>		
Household and Insurance.....	<input type="text" value="2"/>		
Please state the amount paid by the household - - - - -	Month		06231 04 1 3 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 04 1 3 9 9
3) Was the visit to the gynaecologist at a physician's office contracted with GHS?			
Yes	<input type="text" value="1"/>		
No	<input type="text" value="2"/> → I6(c)(4)		
Who paid the amount for the visit?			
Insurance.....	<input type="text" value="1"/>		
Household and Insurance.....	<input type="text" value="2"/>		
Please state the amount paid by the household - - - - -	Month		06231 04 1 6 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 04 1 6 9 9
4) Was the visit to the gynaecologist at a physician's office not contracted with GHS?			
Yes	<input type="text" value="1"/>		
No	<input type="text" value="2"/> → I6(c)(5)		
Who paid the amount for the visit?			
Household.....	<input type="text" value="1"/>		
Insurance.....	<input type="text" value="2"/>		
Household and Insurance.....	<input type="text" value="3"/>		
Please state the amount paid by the household - - - - -	Month		06231 04 1 7 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 04 1 7 9 9
5) Was the visit to the gynaecologist abroad?			
Yes	<input type="text" value="1"/>		
No	<input type="text" value="2"/> → I6(c)(6)		
Who paid the amount for the visit?			
Household.....	<input type="text" value="1"/>		
Insurance.....	<input type="text" value="2"/>		
Household and Insurance.....	<input type="text" value="3"/>		
Please state the amount paid by the household - - - - -	Month		06231 04 1 8 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 04 1 8 9 9
6) The gynaecologist visited you at home?			
Yes	<input type="text" value="1"/>		
No	<input type="text" value="2"/> → I6(d) or I7		

Expenditure description	Period	Exp. in €	Code
Who paid the amount for the visit?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month		06231 04 1 1 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 04 1 1 9 9
(d) Visit to a doctor of other speciality (maxillofacial surgeon is included here) Specify the speciality			
1) Was the visit to the doctor at an SHSO hospital?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(d)(2)			
Who paid the amount for the visit?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06231 20 1 2 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 20 1 2 9 9
2) Was the visit to the doctor at an SHSO health center?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(d)(3)			
Who paid the amount for the visit?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06231 20 1 3 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 20 1 3 9 9
3) Was the visit to the doctor at a physician's office contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(d)(4)			
Who paid the amount for the visit?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06231 20 1 6 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 20 1 6 9 9
4) Was the visit to the doctor at a physician's office not contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(d)(5)			
Who paid the amount for the visit?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month		06231 20 1 7 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 20 1 7 9 9
5) Was the visit to the doctor abroad?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I6(d)(6)			

Expenditure description	Period	Exp. in €	Code
Who paid the amount for the visit?			
Household..... <input type="checkbox"/> 1			
Insurance..... <input type="checkbox"/> 2			
Household and Insurance..... <input type="checkbox"/> 3			
Please state the amount paid by the household - - - - -	Month		06231 20 1 8 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 20 1 8 9 9
6) The doctor of other speciality visited you at home?			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I7			
Who paid the amount for the visit?			
Household..... <input type="checkbox"/> 1			
Insurance..... <input type="checkbox"/> 2			
Household and Insurance..... <input type="checkbox"/> 3			
Please state the amount paid by the household - - - - -	Month		06231 20 1 1 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 20 1 1 9 9
17. During the last 12 months, have you paid an amount for any member of your household or a member of another household for preventive services such as cardiac stress test / fatigue test, Pap test, mammography, prenatal and postnatal services and other general routine check ups? (The amount paid by the insurance or from another household or provided by your employer is included here)			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I8			
If YES, which of the following preventive examinations have you done? (Multiple selection)			
Preventive examinations contracted with GHS..... <input type="checkbox"/> 1 → I7(a)			
Preventive examinations not contracted with GHS..... <input type="checkbox"/> 2 → I7(b)			
If Yes, please specify the type of examination,			
(a) Preventive examinations contracted with GHS			
Who paid the amount for the examination?			
Insurance..... <input type="checkbox"/> 1			
Household and Insurance..... <input type="checkbox"/> 2			
Please state the amount paid by the household - - - - -	Month		06219 4 6 9 8
Please state the amount paid by the insurance - - - - -	Month		06219 4 6 9 9
(b) Preventive examinations not contracted with GHS			
Who paid the amount for the examination?			
Household..... <input type="checkbox"/> 1			
Insurance..... <input type="checkbox"/> 2			
Household and Insurance..... <input type="checkbox"/> 3			
Please state the amount paid by the household - - - - -	Month		06219 4 7 9 8
Please state the amount paid by the insurance - - - - -	Month		06219 4 7 9 9
18 During the last 12 months, have you paid for the vaccination of any member of your household or a member of another household? It includes the cost of the visit to the practitioner. (The amount paid by the insurance or from another household or provided by your employer is included here) The cost of the vaccination bought from a pharmacy is not included here.			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → 19			

Expenditure description	Period	Exp. in €	Code
Who paid the amount for the vaccination and the visit to the practioner?			
Household..... <input type="text"/>			
Insurance..... <input type="text"/>			
Household and Insurance..... <input type="text"/>			
Please state the amount paid by the household - - - - -	Year		06211 00 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06211 00 4 9 9 9
I9. During the last 12 months, have you paid an amount for any member of your household or a member of another household for a visit to a <u>dentist, orthodontist, periodontologist, endodontologist, public health specialist?</u> (The amount paid by the insurance or from another household or provided by your employer is included here) (the amount for the purchase of a denture is not included)			
Yes <input type="text"/>			
No <input type="text"/> → I10			
Please specify the speciality- - - - -			
If YES, what did you do from the following: (multiple selection)			
Dental fillings <input type="text"/> → I9(a)			
Tooth extraction <input type="text"/> → I9(b)			
Dental cleaning <input type="text"/> → I9(c)			
Denervation <input type="text"/> → I9(d)			
Treatment of gingivitis <input type="text"/> → I9(e)			
Tooth braces <input type="text"/> → I9(f)			
Fitting dentures <input type="text"/> → I9(g)			
Other dental services <input type="text"/> → I9(h)			
If other dental services were provided, please specify the service			
(a) Dental fillings			
1) Was the dental filling performed at an SHSO hospital?			
Yes <input type="text"/>			
No <input type="text"/> → I9(a)(2)			
Who paid the amount for the visit?			
Insurance..... <input type="text"/>			
Household and Insurance..... <input type="text"/>			
Please state the amount paid by the household - - - - -	Year		06229 01 4 2 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 01 4 2 9 9
2) Was the dental filling performed at an SHSO health centre?			
Yes <input type="text"/>			
No <input type="text"/> → I9(a)(3)			
Who paid the amount for the visit?			
Insurance..... <input type="text"/>			
Household and Insurance..... <input type="text"/>			
Please state the amount paid by the household - - - - -	Year		06229 01 4 3 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 01 4 3 9 9
3) Was the dental filling performed in a private dental office?			
Yes <input type="text"/>			
No <input type="text"/> → I9(a)(4)			
Who paid the amount for the visit?			
Household..... <input type="text"/>			
Insurance..... <input type="text"/>			
Household and Insurance..... <input type="text"/>			

Expenditure description	Period	Exp. in €	Code
Please state the amount paid by the household - - - - -	Year		06229 01 4 7 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 01 4 7 9 9
4) Was the dental filling performed in a private office / clinic / hospital abroad?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(b)...(h) or I10			
Who paid the amount for the visit?			
Household..... <input type="checkbox"/>			
Insurance..... <input type="checkbox"/>			
Household and Insurance..... <input type="checkbox"/>			
Please state the amount paid by the household - - - - -	Year		06229 01 4 8 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 01 4 8 9 9
(b) Tooth extraction			
1) Was the tooth extraction performed in an SHSO hospital?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(b)(2)			
Who paid the amount for the visit?			
Insurance..... <input type="checkbox"/>			
Household and Insurance..... <input type="checkbox"/>			
Please state the amount paid by the household - - - - -	Year		06229 02 4 2 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 02 4 2 9 9
2) Was the tooth extraction performed in an SHSO health centre?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(b)(3)			
Who paid the amount for the visit?			
Insurance..... <input type="checkbox"/>			
Household and Insurance..... <input type="checkbox"/>			
Please state the amount paid by the household - - - - -	Year		06229 02 4 3 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 02 4 3 9 9
3) Was the tooth extraction performed in a private dental office?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(b)(4)			
Who paid the amount for the visit?			
Household..... <input type="checkbox"/>			
Insurance..... <input type="checkbox"/>			
Household and Insurance..... <input type="checkbox"/>			
Please state the amount paid by the household - - - - -	Year		06229 02 4 7 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 02 4 7 9 9
4) Was the tooth extraction performed in a private office / clinic / hospital abroad?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(c)...(h) or I10			
Who paid the amount for the visit?			
Household..... <input type="checkbox"/>			
Insurance..... <input type="checkbox"/>			
Household and Insurance..... <input type="checkbox"/>			
Please state the amount paid by the household - - - - -	Year		06229 02 4 8 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 02 4 8 9 9

Expenditure description	Period	Exp. in €	Code
(c) Dental cleaning			
1) Was the dental cleaning performed in an SHSO hospital?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(c)(2)			
Who paid the amount for the visit?			
Insurance..... <input type="checkbox"/>			
Household and Insurance..... <input type="checkbox"/>			
Please state the amount paid by the household - - - - -	Year		06221 01 4 2 9 8
Please state the amount paid by the insurance - - - - -	Year		06221 01 4 2 9 9
2) Was the dental cleaning performed in an SHSO health centre?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(c)(3)			
Who paid the amount for the visit?			
Insurance..... <input type="checkbox"/>			
Household and Insurance..... <input type="checkbox"/>			
Please state the amount paid by the household - - - - -	Year		06221 01 4 3 9 8
Please state the amount paid by the insurance - - - - -	Year		06221 01 4 3 9 9
3) Was the dental cleaning performed in a dental office contracted with GHS?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(c)(4)			
Who paid the amount for the visit?			
Insurance..... <input type="checkbox"/>			
Household and Insurance..... <input type="checkbox"/>			
Please state the amount paid by the household - - - - -	Year		06221 01 4 6 9 8
Please state the amount paid by the insurance - - - - -	Year		06221 01 4 6 9 9
4) Was the dental cleaning performed in a dental office not contracted with GHS?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(c)(5)			
Who paid the amount for the visit?			
Household..... <input type="checkbox"/>			
Insurance..... <input type="checkbox"/>			
Household and Insurance..... <input type="checkbox"/>			
Please state the amount paid by the household - - - - -	Year		06221 01 4 7 9 8
Please state the amount paid by the insurance - - - - -	Year		06221 01 4 7 9 9
5) Was the dental cleaning performed in a private office / clinic / hospital abroad?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(d)...(h) or I10			
Who paid the amount for the visit?			
Household..... <input type="checkbox"/>			
Insurance..... <input type="checkbox"/>			
Household and Insurance..... <input type="checkbox"/>			
Please state the amount paid by the household - - - - -	Year		06221 01 4 8 9 8
Please state the amount paid by the insurance - - - - -	Year		06221 01 4 8 9 9
(d) Denervation			
1) Was the denervation performed in an SHSO hospital?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> → I9(d)(2)			

Expenditure description	Period	Exp. in €	Code
Who paid the amount for the visit?			
Insurance..... <input type="checkbox"/> 1			
Household and Insurance..... <input type="checkbox"/> 2			
Please state the amount paid by the household - - - - -	Year		06229 06 4 2 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 06 4 2 9 9
2) Was the denervation performed in an SHSO health centre ?			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I9(d)(3)			
Who paid the amount for the visit?			
Insurance..... <input type="checkbox"/> 1			
Household and Insurance..... <input type="checkbox"/> 2			
Please state the amount paid by the household - - - - -	Year		06229 06 4 3 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 06 4 3 9 9
3) Was the denervation performed in a private dental office ?			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I9(d)(4)			
Who paid the amount for the visit?			
Household..... <input type="checkbox"/> 1			
Insurance..... <input type="checkbox"/> 2			
Household and Insurance..... <input type="checkbox"/> 3			
Please state the amount paid by the household - - - - -	Year		06229 06 4 7 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 06 4 7 9 9
4) Was the denervation performed in a private office / clinic / hospital abroad ?			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I9(e)...(h) or I10			
Who paid the amount for the visit?			
Household..... <input type="checkbox"/> 1			
Insurance..... <input type="checkbox"/> 2			
Household and Insurance..... <input type="checkbox"/> 3			
Please state the amount paid by the household - - - - -	Year		06229 06 4 8 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 06 4 8 9 9
(e) Treatment of gingivitis			
1) Was the treatment of gingivitis done in an SHSO hospital ?			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I9(e)(2)			
Who paid the amount for the visit?			
Insurance..... <input type="checkbox"/> 1			
Household and Insurance..... <input type="checkbox"/> 2			
Please state the amount paid by the household - - - - -	Year		06229 07 4 2 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 07 4 2 9 9
2) Was the treatment of gingivitis done in an SHSO health centre ?			
Yes <input type="checkbox"/> 1			
No <input type="checkbox"/> 2 → I9(e)(3)			
Who paid the amount for the visit?			
Insurance..... <input type="checkbox"/> 1			
Household and Insurance..... <input type="checkbox"/> 2			
Please state the amount paid by the household - - - - -	Year		06229 07 4 3 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 07 4 3 9 9

Expenditure description	Period	Exp. in €	Code
3) Was the <u>treatment of gingivitis</u> done in a <u>private dental office</u>? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I9(e)(4) Who paid the amount for the visit? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -			
	Year		06229 07 4 7 9 8
	Year		06229 07 4 7 9 9
4) Was the <u>treatment of gingivitis</u> done in a <u>private office / clinic / hospital abroad</u>? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I9(f)...(h) or I10 Who paid the amount for the visit? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -			
	Year		06229 07 4 8 9 8
	Year		06229 07 4 8 9 9
(f) Braces 1) Was the <u>fitting of the braces</u> done in an SHSO <u>hospital</u>? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I9(f)(2) Who paid the amount for the visit? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -			
	Year		06229 04 4 2 9 8
	Year		06229 04 4 2 9 9
2) Was the <u>fitting of the braces</u> done in an SHSO <u>health centre</u>? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I9(f)(3) Who paid the amount for the visit? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -			
	Year		06229 04 4 3 9 8
	Year		06229 04 4 3 9 9
3) Was the <u>fitting of the braces</u> done in a <u>private dental office</u>? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I9(f)(4) Who paid the amount for the visit? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -			
	Year		06229 04 4 7 9 8
	Year		06229 04 4 7 9 9
4) Was the <u>fitting of the braces</u> done in a <u>private office / clinic / hospital abroad</u>? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I9(g) or I9(h) or I10			

Expenditure description	Period	Exp. in €	Code
Who paid the amount for the visit?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06229 04 4 8 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 04 4 8 9 9
(g) Denture fitting (do not include the cost of the denture)			
1) Was the denture fitting done in an SHSO hospital?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I9(g)(2)			
Who paid the amount for the visit?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Year		06229 03 4 2 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 03 4 2 9 9
2) Was the denture fitting done in an SHSO health centre ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I9(g)(3)			
Who paid the amount for the visit?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Year		06229 03 4 3 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 03 4 3 9 9
3) Was the denture fitting done in a private dental office ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I9(g)(4)			
Who paid the amount for the visit?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06229 03 4 7 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 03 4 7 9 9
4) Was the denture fitting done in a private office / clinic / hospital abroad ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I9(h) or I10			
Who paid the amount for the visit?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06229 03 4 8 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 03 4 8 9 9
(h) Other dental services			
1) Was the dental service done in an SHSO hospital ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I9(h)(2)			
Who paid the amount for the visit?			
Insurance..... <input type="text" value="1"/>			

Expenditure description	Period	Exp. in €	Code
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Year		06229 50 4 2 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 50 4 2 9 9
2) Was the dental service done in an SHSO health centre ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I9(h)(3)			
Ποιος πλήρωσε το ποσό της επίσκεψης;			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Year		06229 50 4 3 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 50 4 3 9 9
3) Was the dental service done in a private dental office ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I9(h)(4)			
Who paid the amount for the visit?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06229 50 4 7 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 50 4 7 9 9
4) Was the dental service done in a private office / clinic / hospital abroad ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I10			
Who paid the amount for the visit?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06229 50 4 8 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 50 4 8 9 9
I10. During the last 3 months, have you paid an amount for any member of your household or a member of another household for <u>medical laboratory services</u> (e.g. blood tests, urine tests etc.)? (The amount paid by the insurance or from another household or provided by your employer is included here) <i>Please note that if the amount is included in the hospitalization expenditure then it should not be stated here</i>			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I11			
<i>If YES, which of the following tests / analysis did you complete? (multiple selection)</i>			
Medical laboratory services contracted with GHS..... <input type="text" value="1"/> → I10(a)			
Medical laboratory services not contracted with GHS..... <input type="text" value="2"/> → I10(b)			
(a) <u>Medical laboratory services contracted with GHS</u>			
1) Were the medical laboratory services performed at a hospital?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I10(a)(2)			
Who paid the amount?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	3month		06410 01 3 4 9 8
Please state the amount paid by the insurance - - - - -	3month		06410 01 3 4 9 9

Expenditure description	Period	Exp. in €	Code
2) Were the medical laboratory services performed at a medical or clinical laboratory? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I10(b) Who paid the amount? Insurance..... <input type="checkbox"/> 1 Household and Insurance..... <input type="checkbox"/> 2 Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	3month		06410 01 3 6 9 8
	3month		06410 01 3 6 9 9
(b) Medical laboratory services not contracted with GHS Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I10(b)(2) 1) Were the medical laboratory services performed at a hospital? Who paid the amount? Household..... <input type="checkbox"/> 1 Insurance..... <input type="checkbox"/> 2 Household and Insurance..... <input type="checkbox"/> 3 Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	3month		06410 01 3 5 9 8
	3month		06410 01 3 5 9 9
2) Were the medical laboratory services performed at a medical or clinical laboratory? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I10(b)(3) Who paid the amount? Household..... <input type="checkbox"/> 1 Insurance..... <input type="checkbox"/> 2 Household and Insurance..... <input type="checkbox"/> 3 Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	3month		06410 01 3 7 9 8
	3month		06410 01 3 7 9 9
3) Were the medical laboratory services done abroad? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I11 Who paid the amount? Household..... <input type="checkbox"/> 1 Insurance..... <input type="checkbox"/> 2 Household and Insurance..... <input type="checkbox"/> 3 Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	3month		06410 01 3 8 9 8
	3month		06410 01 3 8 9 9
I11. During the last 12 months, have you paid an amount for a member of your household or a member of another household for any diagnostic imaging services such as MRI / Computed tomography (CT scan), ultrasound, mammography etc.? (The amount paid by the insurance or from another household or provided by your employer is included here) <i>Please note that if the amount is included in the hospitalization expenditure then it should not be stated here</i> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → I11 If YES , which of the following diagnostic imaging services did you perform? (multiple selection) Diagnostic imaging services contracted with GHS..... <input type="checkbox"/> 1 → I11(a) Diagnostic imaging services not contracted with GHS..... <input type="checkbox"/> 2 → I11(b)			

Expenditure description	Period	Exp. in €	Code
(a) <u>Diagnostic imaging services contracted with GHS</u>			
1) Were the diagnostic imaging services done at a hospital?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I11(a)(2)			
Who paid the amount?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	3month		06410 02 4 4 9 8
Please state the amount paid by the insurance - - - - -	3month		06410 02 4 4 9 9
2) Were the diagnostic imaging services done in a diagnostic imaging centre ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I11(b)			
Who paid the amount?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	3month		06410 02 4 6 9 8
Please state the amount paid by the insurance - - - - -	3month		06410 02 4 6 9 9
(b) <u>Diagnostic imaging services not contracted with GHS</u>			
1) Were the diagnostic imaging services done at a hospital?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I11(b)(2)			
Who paid the amount?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	3month		06410 02 4 5 9 8
Please state the amount paid by the insurance - - - - -	3month		06410 02 4 5 9 9
2) Were the diagnostic imaging services done in a diagnostic imaging centre?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I11(b)(3)			
Who paid the amount?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	3month		06410 02 4 7 9 8
Please state the amount paid by the insurance - - - - -	3month		06410 02 4 7 9 9
3) Were the diagnostic imaging services done abroad ?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I12			
Who paid the amount?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	3month		06410 02 4 8 9 8
Please state the amount paid by the insurance - - - - -	3month		06410 02 4 8 9 9

Expenditure description	Period	Exp. in €	Code
I12. During the last month, did any member of your household or a member of another household need further treatment (e.g. psychologist, physiotherapy, speech therapy, dietician, services provided by a nurse / midwife) for which you have paid? (The amount paid by the insurance or from another household or provided by your employer is included here) Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I13 If YES, what kind of treatment was needed? (Multiple selection) Physiotherapy..... <input type="text" value="1"/> → I12(a) Services provided by a nurse / midwife..... <input type="text" value="2"/> → I12(b) Other therapy (e.g. psychologist, speech therapy, occupational therapy, psychotherapist, acupuncture, dietician etc.)..... <input type="text" value="3"/> → I12(c) If other kind of therapy was needed, please specify (a) Physiotherapy 1) Was the physiotherapy performed in a hospital contracted with GHS? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I12(a)(2) Who paid the amount? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - - 2) Was the physiotherapy performed in a physical therapy centre contracted with GHS? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I12(a)(3) Who paid the amount? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - - 3) Was the physiotherapy performed in a physical therapy centre not contracted with GHS? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I12(a)(4) Who paid the amount? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - - 4) Was the physiotherapy performed abroad? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I12(a)(5) Who paid the amount? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/>			
	Month		06231 21 1 4 9 8
	Month		06231 21 1 4 9 9
	Month		06231 21 1 6 9 8
	Month		06231 21 1 6 9 9
	Month		06231 21 1 7 9 8
	Month		06231 21 1 7 9 9

Expenditure description	Period	Exp. in €	Code
Please state the amount paid by the household - - - - -	Month		06231 21 1 8 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 21 1 8 9 9
5) Was the <u>physiotherapy</u> performed at home contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I12(a)(6)			
Who paid the amount?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06231 21 1 0 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 21 1 0 9 9
6) Was the <u>physiotherapy</u> performed at home not contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I12(b) or I12(c) or I13			
Who paid the amount?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month		06231 21 1 1 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 21 1 1 9 9
(b) <u>Services provided by a nurse / midwife</u>			
1) Was the service provided by the nurse / midwife and performed at home contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I12(b)(2)			
Who paid the amount?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06231 29 1 0 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 29 1 0 9 9
2) Was the service provided by the nurse / midwife and performed at home not contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I12(c) or I13			
Who paid the amount?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month		06231 29 1 1 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 29 1 1 9 9
(c) <u>Other treatment (e.g. speech therapy, occupational therapy, psychologist, psychotherapy, acupuncture, dietician etc.)</u>			
1) Was the treatment stated above done in a place contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I12(c)(2)			
Who paid the amount?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06231 .. 1 6 9 8
Please state the amount paid by the insurance - - - - -	Month		06231 .. 1 6 9 9

Expenditure description	Period	Exp. in €	Code
2) Was the treatment stated above done in a place not contracted with GHS? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I12(c)(3) Who paid the amount? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Month		06231 .. 1 7 9 8
	Month		06231 .. 1 7 9 9
3) Was the treatment stated above performed abroad? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I12(c)(4) Who paid the amount? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Month		06231 .. 1 8 9 8
	Month		06231 .. 1 8 9 9
4) Was the treatment stated above performed at home and contracted with GHS? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I12(c)(5) Who paid the amount? Insurance..... <input type="text" value="1"/> Household and Insurance..... <input type="text" value="2"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Month		06231 .. 1 0 9 8
	Month		06231 .. 1 0 9 9
5) Was the treatment stated above performed at home and not contracted with GHS? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I13 Who paid the amount? Household..... <input type="text" value="1"/> Insurance..... <input type="text" value="2"/> Household and Insurance..... <input type="text" value="3"/> Please state the amount paid by the household - - - - - Please state the amount paid by the insurance - - - - -	Month		06231 .. 1 1 9 8
	Month		06231 .. 1 1 9 9
I13 During the last month, have you paid an amount for the purchase of <u>medicines</u> (includes aspirins, antibiotics, pain killers etc.) or herbal medicines or homeopathic products or vaccinations purchased from the pharmacy? (The amount paid by the insurance or from another household or provided by your employer is included here) Yes <input type="text" value="1"/> No <input type="text" value="2"/> → I14 If YES , please select all products that were bought: (multiple selection) With doctor's prescription..... <input type="text" value="1"/> → I13(a) Without doctor's prescription (include vitamins in this section)..... <input type="text" value="2"/> → I13(b) Herbal medicines and homeopathic products..... <input type="text" value="3"/> → I13(c) Vaccine bought from the pharmacy..... <input type="text" value="3"/> → I13(d)			

Expenditure description	Period	Exp. in €	Code
(a) Prescribed medicine			
(i) Were the medicines with doctor's prescription bought from a pharmacy contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I13(a)(ii)			
Who paid the amount?			
Insurance..... <input type="text" value="1"/>			
Household and Insurance..... <input type="text" value="2"/>			
Please state the amount paid by the household - - - - -	Month		06111 01 1 6 9 8
Please state the amount paid by the insurance - - - - -	Month		06111 01 1 6 9 9
(ii) Were the medicines with doctor's prescription bought from a pharmacy not contracted with GHS?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I13(b) or 13(c) or I13(d)			
Who paid the amount?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month		06111 01 1 7 9 8
Please state the amount paid by the insurance - - - - -	Month		06111 01 1 7 9 9
(b) Non-prescribed medicine			
<i>Include the purchase of vitamins here</i>			
Who paid the amount?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month		06111 02 1 7 9 8
Please state the amount paid by the insurance - - - - -	Month		06111 02 1 7 9 9
(c) Herbal medicines and homeopathic products			
During the last month, have you paid an amount for the purchase of herbal medicines and homeopathic products?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I13 (d)			
Who paid the amount?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month		06112 00 1 7 9 8
Please state the amount paid by the insurance - - - - -	Month		06112 00 1 7 9 9
(d) Vaccines			
During the last month, have you paid an amount for the purchase of vaccines from a pharmacy?			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I13 (d)			
Who paid the amount?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Month		06111 03 1 7 9 8
Please state the amount paid by the insurance - - - - -	Month		06111 03 1 7 9 9

Expenditure description	Period	Exp. in €	Code
IV. THERAPEUTIC APPLIANCES AND EQUIPMENT			
I14. During the last 12 months, have you purchased in cash or with installments or have you got without payment from your store or employer or as a gift to other households, any <u>therapeutic appliances or equipment</u> (it includes corrective eye glasses, eye lenses, hearing aids, denture, piesometer, wheelchair, clinical thermometer)? (The amount paid by the insurance or from another household or provided by your employer is included here)			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I15			
If YES , please specify which of the following appliances you bought: (multiple selection)			
Corrective eye glasses	<input type="text" value="1"/> →	I14(a)	
Eye lenses	<input type="text" value="2"/> →	I14(b)	
Hearing aids	<input type="text" value="3"/> →	I14(c)	
Denture	<input type="text" value="4"/> →	I14(d)	
Piesimeter	<input type="text" value="5"/> →	I14(e)	
Wheelchair	<input type="text" value="6"/> →	I14(f)	
Orthopedic footwear	<input type="text" value="7"/> →	I14(g)	
Clinical thermometer	<input type="text" value="8"/> →	I14(h)	
Nebulizer	<input type="text" value="9"/> →	I14(i)	
Pulse oxymeter	<input type="text" value="10"/> →	I14(j)	
Glucose meter	<input type="text" value="11"/> →	I14(k)	
Other therapeutic appliance or equipment	<input type="text" value="12"/> →	I14(l)	
If you have bought any other therapeutic appliance or equipment, please specify			
.....			
.....			
(a) <u>Corrective eye glasses (e.g. shortsightedness, farsightedness etc. - Sunglasses are not included here)</u>			
Who paid the amount for the corrective eye glasses?			
Household.....	<input type="text" value="1"/>		
Insurance.....	<input type="text" value="2"/>		
Household and Insurance.....	<input type="text" value="3"/>		
Please state the amount paid by the household - - - - -	Year		06131 02 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06131 02 4 9 9 9
(b) <u>Eye lenses</u>			
Who paid the amount for the eye lenses?			
Household.....	<input type="text" value="1"/>		
Insurance.....	<input type="text" value="2"/>		
Household and Insurance.....	<input type="text" value="3"/>		
Please state the amount paid by the household - - - - -	Year		06131 01 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06131 01 4 9 9 9
(c) <u>Hearing aids</u>			
Who paid the amount for the hearing aids?			
Household.....	<input type="text" value="1"/>		
Insurance.....	<input type="text" value="2"/>		
Household and Insurance.....	<input type="text" value="3"/>		
Please state the amount paid by the household - - - - -	Year		06132 00 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06132 00 4 9 9 9
(d) <u>Denture</u>			
Who paid the amount for the denture?			
Household.....	<input type="text" value="1"/>		
Insurance.....	<input type="text" value="2"/>		
Household and Insurance.....	<input type="text" value="3"/>		

Expenditure description	Period	Exp. in €	Code
Please state the amount paid by the household - - - - -	Year		06229 05 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06229 05 4 9 9 9
(e) Piesometer			
Who paid the amount for the piesometer?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06121 02 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06121 02 4 9 9 9
(f) Wheelchair			
Who paid the amount for the wheelchair?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06133 01 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06133 01 4 9 9 9
(g) Orthopedic footwear			
Who paid the amount for the orthopedic footwear?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06133 02 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06133 02 4 9 9 9
(h) Clinical thermometer			
Who paid the amount for the clinical thermometer?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06121 01 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06121 01 4 9 9 9
(i) Nebulizer			
Who paid the amount for the nebulizer?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06123 06 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06123 06 4 9 9 9
(j) Pulse oxymeter			
Who paid the amount for the Pulse oxymeter?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06121 05 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06121 05 4 9 9 9
(k) Glucose meter			
Who paid the amount for the Glucose meter?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06121 04 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06121 04 4 9 9 9

Expenditure description	Period	Exp. in €	Code
(I) Other therapeutic appliance / equipment			
Who paid the amount for the other therapeutic equipment / appliance?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06123 50 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06123 50 4 9 9 9
I15. During the last 12 months, has any member of your household or a member of another household rented, repaired or maintained any therapeutic appliance/equipment, for which you have paid an amount? (The amount paid by the insurance or from another household or provided by your employer is included here)			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> → I16			
Who paid the amount for the rental, repair or maintenance of the therapeutic appliance / equipment?			
Household..... <input type="text" value="1"/>			
Insurance..... <input type="text" value="2"/>			
Household and Insurance..... <input type="text" value="3"/>			
Please state the amount paid by the household - - - - -	Year		06140 00 4 9 9 8
Please state the amount paid by the insurance - - - - -	Year		06140 00 4 9 9 9
V. EXPENDITURE ON LIFE AND HEALTH INSURANCE			
I16. During the last 12 months, have you paid an amount for life insurance, medical insurance etc. for a member of your household or a member of another household? (The amount paid from another household or provided by your employer is included here)			
Yes <input type="text" value="1"/>			
No <input type="text" value="2"/> I17			
<i>If YES, what was the amount paid for:</i>			
Life and accident insurance			
(total amount for all the members of the household) - - - - -	Year		12110 00 4
Health insurance (sickness and health)			
General Healthcare System (GESY) - - - - -	Year		12120 01 4
Personal - - - - -	Year		12120 02 4
Employer's- - - - -	Year		12120 03 4
Other insurance related to health, specify	Year		.....
.....	Year		.....
.....	Year		.....
I17. Please specify any other expenditure made by the household or for the household, which concern health expenditure and were not mentioned above.			
→ Part J'			

PART J'

EXPENDITURE ON WEDDINGS / CHRISTENINGS / FUNERALS, ADMINISTRATIVE AND JUDICIAL EXPENDITURE
AND EXPENDITURE ON OTHER SERVICES

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
I. EXPENDITURE ON WEDDINGS, CHRISTENINGS, FUNERALS ETC.				
1. WEDDING CEREMONY				
During the last 12 months, have you paid any amount for a wedding ceremony (it includes church fees)? (It includes the amount paid by another household or your employer)				
Yes				1
No				2 → Q.2
<i>If YES, what was the amount paid for:</i>				
(i) Wedding invitations - - - - -	Year			09730 02 4 2
(ii) Loukoumia / wedding treats - - - - -	Year			01113 17 4 2
(iv) Flowers for wedding ceremony/reception - - - - -	Year			09312 04 4 2
(v) Wedding reception (it includes the hire of the hall) - - - - -	Year			11111 03 4 2
(vi) Wedding photography - - - - -	Year			09630 02 4 2
(vii) Issuance of marriage certificate - - - - -	Year			13909 04 4 2
(viii) Church fees for the wedding ceremony - - - - -	Year			13902 00 4 2
(ix) Purchase of wedding dress - - - - -	Year			03122 20 4 2
(x) Hire of wedding dress - - - - -	Year			03142 03 4 2
(xi) Groom's suit - - - - -	Year			03121 18 4 2
(xii) Wedding rings- - - - -	Year			13211 02 4 2
(xiii) Wedding planner- - - - -	Year			13909 10 4 2
(xiv) Wedding cake - - - - -	Year			01189 03 4 2
(xv) Music (dj) - - - - -	Year			09610 03 4 2
(xvi) Wedding wreaths - - - - -	Year			13211 01 4 2
(xvii) Bonbonniere - - - - -	Year			05114 04 4 2
(xviii) Bridal hairstyling - - - - -	Year			13131 03 4 2
(xix) Bridal make- up and personal grooming treatments - - - - -	Year			13132 04 4 2
(xx) Other, state (e.g. wedding candles, civil marriage rights etc.)	Year			.....
.....	Year			.....
.....	Year			.....
2. CHRISTENING CEREMONY				
During the last 12 months, have you paid any amount for a christening ceremony? (It includes the amount paid by another household or your employer)				
Yes				1
No				2 → Q.3
<i>If YES, what was the amount paid for:</i>				
(i) Baby's Christening outfit - - - - -	Year			03123 07 4 3
(ii) Invitations - - - - -	Year			09730 02 4 3
(iii) Crucifix and chain - - - - -	Year			13211 01 4 3
(iv) Christening favors - - - - -	Year			05114 04 4 3
(v) Reception - - - - -	Year			11111 03 4 3
(vi) Christening treats - - - - -	Year			01113 22 4 3
(vii) Church fees for christening ceremony - - - - -	Year			13902 00 4 3
(viii) Issuance of christening certificate - - - - -	Year			13909 04 4 3
(ix) Cake - - - - -	Year			01189 03 4 3
(x) Christening photography - - - - -	Year			09630 03 4 3
(xi) Other, state (e.g. candy table, children's entertainment, christening box, candles, decorations, christening testimonials).....	Year			.....
.....	Year			.....
.....	Year			.....
.....	Year			.....
3. FUNERAL OR MEMORIAL SERVICE				
(a) During the last 12 months, have you paid any amount for a funeral service? (It includes the amount paid by another household or your employer)				
Yes				1
No				2 → Q.3

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
<i>If YES, what was the amount paid for:</i>				
(i) Issuance of death certificate -----	Year			13909 04 4 4
(ii) Church fees for funeral service-----	Year			13902 00 4 4
(iii) Charges for undertaking and other funeral services (EXCLUDE charges for funerary articles) -----	Year			13909 03 4 4
(iv) Funerary articles (coffins and gravestones) - -----	Year			13291 10 4 4
(v) Other, state -----	Year			.....
	Year			.....
(b) During the last 12 months , have you paid any amount for a memorial service?				
Yes ----- <input type="checkbox"/>				
No ----- <input type="checkbox"/> → Q.4				
<i>If YES, what were the church fees? - - - - -</i>	Year			13902 00 4 4
4. BIRTHDAY, NAMEDAY CELEBRATIONS ETC. (OUTSIDE THE HOUSEHOLD)				
(i) During the last 12 months , have you paid any amount for birthday parties, nameday celebrations etc., which took place OUTSIDE the household (e.g. at a restaurant, playground, amusement park etc.)? (It includes the amount paid by another household or your employer)				
Yes ----- <input type="checkbox"/>				
No ----- <input type="checkbox"/> → Q.4(ii)				
<i>If YES, please indicate the name of the place where each party was carried out and the amount that was paid -----</i>	Year			.....
	Year			.....
	Year			.....
	Year			.....
(ii) During the last 12 months , have you paid any amount for the services of musicians, clowns and entertainment performers at parties? (It includes the amount paid by another household or your employer)				
Yes ----- <input type="checkbox"/>				
No ----- <input type="checkbox"/> → Q.5				
<i>If YES, please indicate the type of service provided and the amount that was paid -----</i>	Year			09610 03 4
	Year			09610 03 4
	Year			09610 03 4
II. EXPENDITURE ON ISSUANCE OF DRIVER AND HUNTING LICENSES, PASSPORT ETC.				
5. During the last 12 months , has any member of your household paid an amount for the issuance of a driving or hunting licence, passport/identity card issuance, birth certificate, driving lessons etc.? (It includes the amount paid by another household or your employer)				
Yes ----- <input type="checkbox"/>				
No ----- <input type="checkbox"/> → Q.6				
<i>If YES, what was the amount paid for:</i>				
(i) Issuance of driving licence for car / motor cycle etc. -----	Year			07243 01 4
(ii) Driving lessons - -----	Year			07243 02 4
(iii) Issuance of hunting licence, fishing licence or gun licence -----	Year			09462 01 4
(iv) Other expenditure (e.g. passport and identity card issuance, birth certificate, driving license exam etc.) state, -----	Year			.....
	Year			.....
	Year			.....
III. JUDICIAL FEES AND FEES FOR SOLICITORS				
6. During the last 12 months , have you paid any amount to court, lawyer, notary for cases of personal matters of members of your household? (It includes the amount paid by another household or your employer)				
Yes ----- <input type="checkbox"/>				
No ----- <input type="checkbox"/> → Q.7				
<i>If YES, what was the amount paid for:</i>				
(i) Legal services (lawyers, notaries etc.)-----	Year			13909 11 4
(ii) Court expenses, fines -----	Year			13909 06 4

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
IV. FINANCIAL AND ESTATE AGENTS' SERVICES				
7. During the last 12 months, have you paid any amount for estate agents' services or for financial services (e.g. services for renting / selling a property, brokers, investment counsellors, services of banks etc.)? (It includes the amount paid by another household or your employer)				
Yes				
No				
<div>1</div> <div>2 → Q.8</div>				
<i>If YES, what was the amount paid for:</i>				
(i) Services of estate agents (for renting / selling a property) -----	Year			13909 01 4
(ii) Fees for the services of brokers, investment counsellors, tax consultants and the like -----	Year			12299 01 4
(iii) Financial services of banks, cooperative banks and other financial institutions -----	Year			12220 00 4
V. POSTAL SERVICES				
8.				
(i) During the last month, have you paid any amount for postal services, to public and private postal offices, for the transfer and delivery of letters, within Cyprus or abroad? (It includes the amount paid by another household or your employer)				
Yes				
No				
<div>1</div> <div>2 → Q.8 (ii)</div>				
<i>If YES, what was the amount paid for:</i>				
(i) Public post office -----	Month			07411 01 1
(ii) Private postal offices -----	Month			07411 02 1
(ii) During the last month, have you paid any amount for postal services, to public and private postal offices, for the transfer and delivery of parcels, within Cyprus or abroad? (It includes the amount paid by another household or your employer)				
Yes				
No				
<div>1</div> <div>2 → Q.9</div>				
<i>If YES, what was the amount paid for:</i>				
(i) Public post office -----	Month			07412 01 1
(ii) Private postal offices -----	Month			07412 02 1
VI. EXPENDITURE ON CONTRIBUTIONS AND SUBSCRIPTIONS				
9. During the last 12 months, has any member of your household paid any regular contributions or subscriptions to clubs, associations etc.? (It includes the amount paid by another household or your employer)				
Yes				
No				
<div>1</div> <div>2 → Q.10</div>				
<i>If YES, what was the amount paid for:</i>				
(i) Cultural, scientific and sports societies -----	Year			13909 07 4
(ii) Professional societies ----- (e.g. ETEK, SELK, Cyprus Bar Association)	Year			13909 08 4
VII. EXPENDITURE ON HOUSEKEEPING				
10 During the last 3 months, have you paid any amount for housekeeping, such as for domestic servants, gardeners, cleaning services, dry-cleaning and ironing or garments etc.? (It includes the amount paid by another household or your employer)				
Yes				
No				
<div>1</div> <div>2 → Q.11</div>				
<i>If YES, what was the amount paid for:</i>				
(i) Domestic servant -----	3months			05621 02 3
(ii) Gardener -----	3months			05621 03 3
(iii) Window cleaning services -----	3months			05629 03 3
(iv) Dry-cleaning and storage of carpets -----	3months			05629 01 3
(v) Dry-cleaning and ironing of garments -----	3months			03141 00 3

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
VIII. EXPENDITURE ON SOCIAL PROTECTION AND FINANCIAL ASSISTANCE				
11 (A) During the last 12 months, have you paid any amount to a retirement home for the medical care of the elderly? (It includes the amount paid by another household or your employer or was a government grant)				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q.11 (B)				
If YES , state the number of retirement homes that were paid by / for your household <input type="text"/>				
Please state the name of each retirement home				
(i) If YES , have you paid any amount as an inpatient? (was formally admitted and stayed for at least one night)				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q.11A(ii)				
If YES , what was the amount paid? - - - - -				
	Year			06320 01 4
(ii) If YES , have you paid any amount as a daycare patient? (was admitted, but was not required to remain overnight)				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q.11A(iii)				
If YES , what was the amount paid? - - - - -				
	Year			06232 01 4
(iii) If YES , have you paid any amount as an outpatient? (was not formally admitted and was not required to stay overnight)				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q.11B				
If YES , what was the amount paid? - - - - -				
	Year			06232 02 4
(B) During the last 12 months, have you paid any amount to a retirement home or rehabilitation centre or pain centre for the care of disabled persons or persons with long term health problems (e.g. Arodaphnousa, Evagorion, Melathron Agoniston) (It includes the amount paid by another household or your employer or was a government grant)				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q.11 (C)				
If YES , state the number of retirement homes / rehabilitation centres that were paid by / for your household <input type="text"/>				
Please state the name of each retirement home / rehabilitation centre				
(i) If YES , have you paid any amount as an inpatient? (was formally admitted and stayed for at least one night)				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q.11B(ii)				
If YES , what was the amount paid? - - - - -				
	Year			06320 02 4
(ii) If YES , have you paid any amount as a day care patient? (was admitted, but was not required to remain overnight)				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q.11B(iii)				
If YES , what was the amount paid? - - - - -				
	Year			06232 03 4
(iii) If YES , have you paid any amount as an outpatient? (was not formally admitted and was not required to stay overnight)				
Yes <input type="text" value="1"/>				
No <input type="text" value="2"/> → Q.11 (C)				
If YES , what was the amount paid? - - - - -				
	Year			06232 04 4

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
<p>(C) During the last 12 months, have you paid any amount to a rehabilitation centre providing mental health support and substance abuse? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="text" value="1"/></p> <p>No <input type="text" value="2"/> → Q.11 (D)</p> <p>If YES, state the number of rehabilitation centres that were paid by / for your household <input type="text"/></p> <p>Please state the name of each rehabilitation centre</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(i) If YES, have you paid any amount as an inpatient? (was formally admitted and stayed for at least one night)</p> <p>Yes <input type="text" value="1"/></p> <p>No <input type="text" value="2"/> → Q.11C(ii)</p> <p>If YES, what was the amount paid? - - - - -</p>	Year			06320 03 4
<p>(ii) If YES, have you paid any amount as a day care patient? (was admitted, but was not required to remain overnight)</p> <p>Yes <input type="text" value="1"/></p> <p>No <input type="text" value="2"/> → Q.11C(iii)</p> <p>If YES, what was the amount paid? - - - - -</p>	Year			06232 05 4
<p>(iii) If YES, have you paid any amount as an outpatient? (was not formally admitted and was not required to stay overnight)</p> <p>Yes <input type="text" value="1"/></p> <p>No <input type="text" value="2"/> → Q.11(D)</p> <p>If YES, what was the amount paid? - - - - -</p>	Year			06232 06 4
<p>(D) During the last 12 months, have you paid any amount to schools / institutions for the disabled? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="text" value="1"/></p> <p>No <input type="text" value="2"/> → Q.11(E)</p> <p>If YES, state the number of schools / institutions that were paid by / for your household <input type="text"/></p> <p>Please state the name of each school / institution</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>If YES, what was the amount paid? - - - - -</p>	Year			13309 01 4
<p>(E) During the last 12 months, have you paid any amount for home care for the elderly (e.g. for cooking and cleaning services etc.)?(It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="text" value="1"/></p> <p>No <input type="text" value="2"/> → Q.11(F)</p> <p>If YES, what was the amount paid? - - - - -</p>	Year			13303 01 4
<p>(F) During the last 12 months, have you paid any amount for home care for the disabled and / or persons with long term health problems (e.g. for cooking and cleaning services etc.)? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="text" value="1"/></p> <p>No <input type="text" value="2"/> → Q.11(G)</p> <p>If YES, what was the amount paid? - - - - -</p>	Year			13303 02 4

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
<p>(G) During the last 12 months, have you paid any amount to a non-medical retirement home for elderly persons and to residences for disabled persons? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2 → Q.11(H)</p> <p>If YES, what was the amount paid? - - - - -</p>	Year			13302 00 4
<p>(H) During the last 12 months, have you paid any amount for OTHER social protection services (e.g. counselling services, guidance services, arbitration, fostering and adoption services for families?) (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2 → Q.11(I)</p> <p>If YES, please indicate the type of social protection service and the amount paid</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	Year			13309.....
	Year			13309.....
	Year			13309.....
	Year			13309.....
<p>(I) During the last 12 months, have you paid any amount for counselling programs for pregnancy, labour, breastfeeding etc.? (It includes the amount paid by another household or your employer or was a government grant)</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2 → Q.11(J)</p> <p>If YES, what was the amount paid? - - - - -</p>	Year			06219 05 4
<p>(J) During the last 12 months, have you given financial assistance to persons outside your household or have you paid specific bills for their account EXCEPT the expenditure mentioned above (11(A)-(I)) (Regular payments e.g. alimony, financial help to parents etc.)?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2 → Q.11(J)</p> <p>If YES, specify the service and the amount paid.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	Year	8		.....
	Year	8		.....
	Year	8		.....
	Year	8		.....
12. Please specify any other expenditure made by the household or for the household, which concern expenditure of this kind and were not mentioned above. → Part K'				

PART K'

EXPENDITURE ON RECREATION, PERSONAL SERVICES AND PETS

Description	Purchase during the last 12 months 1. Yes 2. No	Way of acquisition	Exp. in €	Sale of respective item 1. Yes 2. No	Code
I. EXPENDITURE ON RECREATION ITEMS					
(A) AUDIO-VISUAL, PHOTOGRAPHIC EQUIPMENT AND INFORMATION PROCESSING EQUIPMENT					
1. During the last 12 months, have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items?					
Smart TV (LED / OLED / QLED) -----					08140 01 4
Television (not Smart) -----				XXX	08140 03 4
Media player (android box, google chromecast)				XXX	08140 02 4
DVD / Blu-ray player-----				XXX	08140 04 4
Soundbars -----				XXX	08140 05 4
Television aerials (not satellite aerials) -----				XXX	08140 06 4
Satellite dish (includes installation) -----				XXX	08140 07 4
Decoder (e.g. Cytavision, Primetel, Cablenet, Xbmc, Apple TV, IPTV etc.) -----				XXX	08140 08 4
Speakers (includes portable) -----				XXX	08140 11 4
Personal mp3-player / ipod-----				XXX	08140 09 4
Earphones (bluetooth, ear pods)-----				XXX	08140 12 4
Car soundsystem -----				XXX	08140 10 4
Video camera / action camera-----				XXX	09111 01 4
Camera -----				XXX	09111 02 4
Lenses, flash attachments, filters, exposure meters etc. -----				XXX	09112 01 4
Film and slide projectors -----				XXX	08132 04 4
Optical instruments (binoculars, microscopes, telescopes, compasses etc.) -----				XXX	09113 00 4
Personal desktop computer -----					08131 01 4
Laptop -----					08131 02 4
Tablet -----					08131 03 4
Software programs -----				XXX	08200 02 4
Applications for mobile phones / tablets / PCs -----				XXX	08200 01 4
External hard drive -----				XXX	08150 01 4
Memory stick -----				XXX	08192 05 4
Memory cards (e.g. for mobile phones / tablets) -----				XXX	08192 04 4
PC monitor -----				XXX	08132 01 4
Printer / Scanner / Fax machine -----				XXX	08132 02 4
Wireless telephone -----				XXX	08110 02 4
Telephone with wire -----				XXX	08110 01 4
Smart phone -----					08120 02 4
Mobile phone - not smart -----				XXX	08120 01 4
Mobile case -----				XXX	08192 02 4
Screen protector -----				XXX	08192 03 4
Chargers -----				XXX	08192 01 4
Other mobile phone equipment -----				XXX	08120 50 4
Music and movie downloads -----				XXX	09520 01 4
Streaming of music with a fee (e.g. spotify, apple music etc.)-				XXX	08392 03 4
Baby monitors -----				XXX	08191 01 4
Other items, specify (e.g. video, microphones, pocket calculators, typewriters, films etc.) -----					
.....				XXX	.....4
.....				XXX	.....4
Repair of the above items, specify				XXX	.....
.....				XXX	.....

Description	Purchase during the last 12 months 1. Yes 2. No	Way of acquisition	Exp. in €	Sale of respective item 1. Yes 2. No	Code
(B) OTHER MAJOR DURABLES FOR RECREATION AND CULTURE					
2. <u>During the last 12 months</u> , have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items?					
Caravan -----					09121 01 4
Boat / outboard motor -----					09123 01 4
Electric scouter -----					09129 02 4
Sea-diving equipment, canoe, sup board, kayak, wind-surfing board -----				XXX	09422 00 4
Quitar -----				XXX	09510 01 4
Piano, electric piano, keyboard -----				XXX	09510 02 4
Musical instruments other than the quitar and the piano (flute is included) -----				XXX	09510 50 4
Rental and leasing of musical instruments -----				XXX	09690 01 4
Pool tables, ping-pong tables, pin-ball machines etc. -				XXX	09129 01 4
Other, state (e.g. trailer equipment, boat equipment, horses, ponies and accessories etc.)					
.....				XXX	.....4
.....				XXX	.....4
.....				XXX	.....4
Maintenance and repairs of the above items (includes marina services for boats) -----				XXX	09241 00 4
(C) GAMES - ELECTRONIC AND NON-ELECTRONIC - EQUIPMENT FOR SPORT AND CAMPING					
3. <u>During the last 12 months</u> , have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items?					
Electronic game consoles (portable or plugged into the TV, e.g. Play Station, Nintendo, Xbox) -----				XXX	09211 02 4
Electronic games for PC & consoles (DVD, Blu-ray) -				XXX	09211 03 4
Board games (e.g. cards, chess, taboo etc.) -----				XXX	09211 01 4
Toys of all kinds (e.g. dolls, dollhouses, kitchens, small cars / airplanes, puzzles, play-dough, soft-toys, lego, playmobil etc.) -----				XXX	09212 01 4
Bicycles and electric cars -----				XXX	09212 02 4
Gymnastic and sport equipment (e.g. balls, rackets, skis, yoga mat etc.) -----				XXX	09221 01 4
Basketball hoop, goalpost -----					09221 07 4
Body-building apparatus (treadmill, exercise bike) -----					09221 06 4
Firearms (for hunting and sport)- -----				XXX	09221 02 4
Fishing equipment(e.g. fishing rod, fishing hook etc.) --				XXX	09221 04 4
Camping equipment (e.g. tents, sleeping bags, camping stoves and barbecues, airbags etc.)- -----				XXX	09222 00 4
Other items, specify (e.g. game-specific footwear and protective equipment for sports)					
.....				XXX	.....
.....				XXX	.....
.....				XXX	.....
.....				XXX	.....

Expenditure Description	Period	Way of acquisition	Exp. in €	Code
II. <u>EXPENDITURE ON RECREATIONAL AND CULTURAL SERVICES</u>				
4. <u>During the last month</u>, have you paid any amount or has anyone paid an amount for you for the following items? (does not include expenditure during vacation)				
(A) <u>Expenditure on recreational services</u>				
Tickets for sport matches of all kind (e.g. football, basketball, tennis etc.) -----	Month			09463 01 1
Tickets for swimming / bowling contests and other sport contests -----	Month			09463 02 1
Tickets for attending dance and music shows, concerts, circus -----	Month			09610 06 1
Other tickets for sports matches (includes horse racing events) -----	Month			09463 50 1
Tickets for the use of swimming pools, bowling and courts of all kind (e.g. mini - football, tennis) -----	Month			09462 03 1
Luna-Park / arcade-----	Month			09461 01 1
Tickets for amusement parks -----	Month			09461 02 1
Cinema tickets -----	Month			09610 01 1
Theatre tickets -----	Month			09610 02 1
Tickets for museums, zoological and botanical gardens etc. (includes aquariums, historic monuments etc.) -----	Month			09620 01 1
Games of chance (e.g. Lotto, Joker, Propo, internet bets) ---	Month			09470 00 1
Services of photographers (e.g. film development, film processing, portrait photography etc.) -----	Month			09630 01 1
(B) <u>Newspapers, books and stationery</u>				
Children's books -----	Month			09719 01 1
Fiction books (includes e books)-----	Month			09719 02 1
Educational text books, encyclopaedias, atlases, dictionaries etc.(it includes e-book downloads) -----	Month			09711 00 1
Other non-fiction books -----	Month			09719 50 1
Newspapers -----	Month			09721 01 1
Subscription for newspapers -----	Month			09721 02 1
Periodicals/magazines -----	Month			09722 01 1
Subscription for magazines -----	Month			09722 02 1
Note pads, writing pads, envelopes, account books, diaries, drawing paper, education material such as exercise books -----	Month			09740 03 1
Ink for printers -----	Month			09740 05 1
Pens, pencils, felt-tip pens, correcting fluids, rubbers, geometry instruments, pencil sharpeners, drawing and painting material etc. -----	Month			09740 04 1

Expenditure Description	Period	Way of acquisition	Exp. in €	Code																																																																											
(C) Restaurants, cafés and the like																																																																															
Restaurants with limited or self-service -----	Month			11111 01 1																																																																											
Restaurants with full service -----	Month			11112 01 1																																																																											
Entertainment places / clubs -----	Month			09461 03 1																																																																											
Take away food from restaurants with full service -----	Month			11111 08 1																																																																											
Take away food from restaurants with limited or self-service -----	Month			11112 04 1																																																																											
Delivery food from restaurants with full service -----	Month			11111 09 1																																																																											
Delivery food from restaurants with limited or self-service -----	Month			11112 07 1																																																																											
Cafés with full service -----	Month			11111 02 1																																																																											
Cafés with limited or self-service -----	Month			11112 02 1																																																																											
Food and drinks at bars, theatres, cinemas,sports stadia, swimming pools etc. with full service -----	Month			11111 04 1																																																																											
Food and drinks at bars, theatres, cinemas,sports stadia, swimming pools etc. with limited or self-service -----	Month			11112 03 1																																																																											
III. EXPENDITURE ON PERSONAL ARTICLES AND SERVICES																																																																															
5. During the last month, have you paid any amount or has anyone paid an amount for you for the following services?																																																																															
Hairdressing for men and boys -----	Month			13131 01 1																																																																											
Hairdressing for women and girls -----	Month			13131 02 1																																																																											
Facial treatment -----	Month			13132 01 1																																																																											
Manicure / pedicure -----	Month			13132 02 1																																																																											
Turkish bath and saunas -----	Month			13132 03 1																																																																											
Other services of beauty salons (e.g. waxing, tattoo, massage etc.) -----	Month			13132 50 1																																																																											
Gyms / fitness studios and sports clubs -----	Month			09462 02 1																																																																											
Other, state	Month																																																																													
..... ²	Month																																																																													
.....	Month																																																																													
<table border="1"> <thead> <tr> <th>Expenditure Description</th> <th>Purchase during the last 12 months 1: Yes 2: No</th> <th>Way of acquisition</th> <th>Exp. in €</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td colspan="5">6. During the last 12 months, have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items?</td> </tr> <tr> <td>Jewellery-----</td> <td></td> <td></td> <td></td> <td>13211 01 4</td> </tr> <tr> <td>Smart watch -----</td> <td></td> <td></td> <td></td> <td>08191 03 4</td> </tr> <tr> <td>Fitness tracker -----</td> <td></td> <td></td> <td></td> <td>08191 02 4</td> </tr> <tr> <td>Watches -----</td> <td></td> <td></td> <td></td> <td>13311 03 4</td> </tr> <tr> <td>Clocks, alarms -----</td> <td></td> <td></td> <td></td> <td>05114 05 4</td> </tr> <tr> <td>Travel goods and other carriers -----</td> <td></td> <td></td> <td></td> <td>13291 01 4</td> </tr> <tr> <td>Attache cases -----</td> <td></td> <td></td> <td></td> <td>13291 02 4</td> </tr> <tr> <td>Ladies hand-bags -----</td> <td></td> <td></td> <td></td> <td>13291 03 4</td> </tr> <tr> <td>Articles for babies (baby carriages, carrycots, back-carriers etc.) -----</td> <td></td> <td></td> <td></td> <td>13291 05 4</td> </tr> <tr> <td>Electric razor -----</td> <td></td> <td></td> <td></td> <td>13111 02 4</td> </tr> <tr> <td>Hair Dryer -----</td> <td></td> <td></td> <td></td> <td>13111 01 4</td> </tr> <tr> <td>Hair Iron -----</td> <td></td> <td></td> <td></td> <td>13111 03 4</td> </tr> <tr> <td>Other specify (e.g. electric toothbrushes, wallets, back-packs etc.).....</td> <td></td> <td></td> <td></td> <td>.....</td> </tr> </tbody> </table>					Expenditure Description	Purchase during the last 12 months 1: Yes 2: No	Way of acquisition	Exp. in €	Code	6. During the last 12 months, have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items?					Jewellery-----				13211 01 4	Smart watch -----				08191 03 4	Fitness tracker -----				08191 02 4	Watches -----				13311 03 4	Clocks, alarms -----				05114 05 4	Travel goods and other carriers -----				13291 01 4	Attache cases -----				13291 02 4	Ladies hand-bags -----				13291 03 4	Articles for babies (baby carriages, carrycots, back-carriers etc.) -----				13291 05 4	Electric razor -----				13111 02 4	Hair Dryer -----				13111 01 4	Hair Iron -----				13111 03 4	Other specify (e.g. electric toothbrushes, wallets, back-packs etc.).....			
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Expenditure Description	Purchase during the last 3 months 1: Yes 2: No	Way of acquisition	Exp. in €	Code
7. <u>During the last 3 months</u>, have you purchased in cash (or with finance) or have you acquired without payment from your enterprise or from your employer for the needs of your household or for a present to other households any of the following items? Articles for smokers (e.g. electronic cigarette device, pipes, vape, lighters, cigarette cases, ashtrays etc.) ----- Ladies' perfumes----- Mens' colognes ----- Facial creams ----- Lipstick ----- Make-up products ----- Other personal items, specify (e.g. sunglasses, umbrellas, key-rings etc.) ----- ----- ----- -----				13291 06 3 13120 09 3 13120 11 3 13120 10 3 13120 06 3 13120 07 3
Expenditure description	Period	Way of acquisition	Exp. in €	Code
IV. PETS				
8. Does your household have a pet (e.g. dog, cat, parrot etc.)?				
Yes	1			
No	2			
<i>If YES:</i>				
(i) <u>During the last 12 months</u>, have you used the services of a veterinary or other services for pets (e.g. boarding kennel, micro-chip implanting, vaccines etc.)?				
Yes	1			
No	2			
<i>If YES, please state the service and the amount paid</i>				
.....	Year			09450 .. 4
.....	Year			09450 .. 4
.....	Year			09450 .. 4
.....	Year			09450 .. 4
.....	Year			09450 .. 4
(ii) Have you acquired your pet during the last 12 months?				
Yes	1			
No	2			
<i>If YES, how much did you pay in total? -----</i>				
Year				09321 00 4

PART L'
INSTALLMENTS, LOANS AND INVESTMENTS

Type of expenditure	Exp in €	Code
I. <u>INSTALLMENTS FOR LOANS</u>		
1. Do you have any housing loans?		
Yes <input style="width: 40px; text-align: center;" type="text"/>		
No <input style="width: 40px; text-align: center;" type="text"/> → Q.2		
<i>If YES :</i>		
a) How many housing loans do you have?		
Number of loans: <input style="width: 40px;" type="text"/>		
b) What is the <u>MONTHLY</u> installment for the loan?		
1st loan - - - - -		17100 01 1
2nd loan - - - - -		17100 02 1
3rd loan - - - - -		17100 03 1
c) <u>During the last 12 months</u>, have you installments for the repayme		
Yes <input style="width: 40px; text-align: center;" type="text"/>		
No <input style="width: 40px; text-align: center;" type="text"/> → Q.2		
d) What was the total amount repaid <u>during the last 12 months</u>?		
1st loan - - - - -		17100 09 4
2nd loan - - - - -		17100 09 4
3rd loan - - - - -		17100 09 4
2. <u>During the last 12 months</u>, have you installments for the repayme		
Yes <input style="width: 40px; text-align: center;" type="text"/>		
No <input style="width: 40px; text-align: center;" type="text"/> → Q.3		
<i>If YES, what was the purpose and how much did you pay for:</i>		
Means of transport - - - - -		17100 04 4
Housing equipment - - - - -		17100 05 4
Education in Cyprus - - - - -		17100 06 4
Education abroad - - - - -		17100 12 4
Immovable property - - - - -		17100 07 4
Housing maintenance - - - - -		17100 11 4
Credit card - - - - -		17100 08 4
Other loans for personal purposes, please state (e.g. for vacation).....	
.....	
.....	
.....	
.....	

Type of expenditure	Exp. in €	Code
II. INVESTMENTS 3. During the last 12 months, h: investments? Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Q.4 <i>If YES, what was the purpose and how much did you pay for:</i> Purchase of a housing unit Construction of a housing unit Purchase of other immovable property Purchase of an enterprise Modifications, improvements, Housing units Other buildings Installation of solar panels Shares, bonds and securities is Government Semi-government sector Private sector Loans given to third party Other investments, please state		17200 01 4 17200 02 4 17200 03 4 17200 04 4 17200 05 4 17200 06 4 17200 07 4 17200 07 4 17200 08 4 17200 09 4 17200 10 4
III. SAVINGS 4. During the last 12 months, did you make any deposits in banks, in insurance investment : financial institutions? Yes Yes <input type="text" value="1"/> No <input type="text" value="2"/> → Part M' <i>If YES, what was the total amount of the deposits you made</i> <i>during the last 12 months?</i>		17300 00 4

PART M'

INCOME FROM EMPLOYMENT, PENSIONS AND SOCIAL BENEFITS

(To be answered by ALL household members of 16 years and over)

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

	Member Ser. No <div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div></div>
2.13 How much did you pay for other deductions, such as provident fund, contributions to unions, contribution to GHS (GESY), health fund, salary reduction, contributions to widow's pension fund etc. (does not include installments of loans deducted from your salary)? ----- -----€	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
2.14 During the last 12 months , have you had any extra income from your work, apart from the income stated above, coming from the following: (make sure that the amounts recorded in this question have not been included in the income given in questions 2.3 and 2.10)			
• 13th salary If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
• 14th salary If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
• Overtime If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
• Tips If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
• Commissions If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
• Stock options and bonus If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
• Productivity allowance If YES, please state: Gross amount- - - - € Net amount- - - - - €	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes No <div><div>1</div><div>2</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>

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

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

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4.2 What was your gross income during the last 12 months 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. In the income, you should include the value of the items that you received from the business or activity for personal consumption) - - - - - €	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
4.3 How much income tax did you pay or will you pay for the above amount? - - - - - €	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
4.4 How much did you pay for social insurance? - €	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
4.5 How much did you pay for other deductions, such as provident fund, contributions to unions, contributions to GHS (GESY) etc.? - - - - - €	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<u>INCOME FROM PENSIONS</u>			
5.1.1 <u>During the last 12 months</u> , have you received a social insurance pension? <i>If YES:</i>	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.2.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.2.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 5.2.1
5.1.2 For how many months in total did you receive this pension during the last 12 months (including the 13th pension)? - - - - -	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
5.1.3 What was your gross income from the above pension for the last month? - - - - - €	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.1.4 How much income tax did you pay or will you pay for the above amount? - - - - - €	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.1.5 How much did you pay for other deductions, such as contributions to GHS (GESY), salary reduction, contributions to unions etc.? - - - - - €	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.2.1 <u>During the last 12 months</u> , have you received an <u>old-age pension</u> (includes pension from employer for ex-civil servants)? <i>If YES:</i>	<div><div>1</div></div> <div><div>2</div></div> → 5.3.1	<div><div>1</div></div> <div><div>2</div></div> → 5.3.1	<div><div>1</div></div> <div><div>2</div></div> → 5.3.1
5.2.2 For how many months in total did you receive this pension during the last 12 months (including the 13th pension)? - - - - -	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
5.2.3 What was your gross income from the above pension for the last month? - - - - - €	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.2.4 How much income tax did you pay or will you pay for the above amount? - - - - - €	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.2.5 How much did you pay for other deductions, such as contributions to GHS (GESY), salary reduction, contributions to unions etc.? - - - - - €	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>

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

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

	Member Ser. No <div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div></div>
<u>INCOME FROM PRIVATE PENSION SCHEME</u>			
6.1 <u>During the last 12 months</u> , have you received any income from a private pension scheme? (It includes private old-age pensions, sickness pensions, widowed pensions, disability / invalidity pensions that were paid on a regular basis by the interviewee or by the deceased spouse or by another relative) <i>If YES :</i>	Yes <div><div>1</div></div> No <div><div>2</div></div> → 7.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 7.1	Yes <div><div>1</div></div> No <div><div>2</div></div> → 7.1
6.2 Have you received a lump sum from this private pension plan?	Yes <div><div>1</div></div> No <div><div>2</div></div> → 6.3	Yes <div><div>1</div></div> No <div><div>2</div></div> → 6.3	Yes <div><div>1</div></div> No <div><div>2</div></div> → 6.3
6.2 (a) What was the amount received? ----- €	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
6.3 For how many months in total did you receive this pension during the last 12 months?-----	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
6.4 What was your net income from the above pension for the last month? ----- €	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
<u>SOCIAL BENEFITS AND ALLOWANCES</u>			
7.1 <u>During the last 12 months</u> , did anyone in your household receive Public Benefit or Minimum Guaranteed Income (MGI)? If YES, please state: Net amount- - - -€ Please state the reason	Yes <div><div>1</div></div> No <div><div>2</div></div> → 7.2	Yes <div><div>1</div></div> No <div><div>2</div></div> → 7.2	Yes <div><div>1</div></div> No <div><div>2</div></div> → 7.2
	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
7.2 <u>During the last 12 months</u> , have you received any of the following social allowances or benefits?			
(a) Unemployment benefit If YES, please state: Net amount- - - -€	Yes <div><div>1</div></div> No <div><div>2</div></div> → (b)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (b)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (b)
	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(b) Injury benefit If YES, please state: Net amount- - - -€	Yes <div><div>1</div></div> No <div><div>2</div></div> → (c)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (c)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (c)
	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(c) Allowance for the care of disabled persons If YES, please state: Net amount- - - -€	Yes <div><div>1</div></div> No <div><div>2</div></div> → (d)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (d)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (d)
	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(d) Missing person's allowance If YES, please state: Net amount- - - -€	Yes <div><div>1</div></div> No <div><div>2</div></div> → (e)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (e)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (e)
	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>

	Member Ser. No <div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div></div>
(e) Sickness benefit	Yes <div><div>1</div></div> No <div><div>2</div></div> → (f)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (f)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (f)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(f) Maternity allowance	Yes <div><div>1</div></div> No <div><div>2</div></div> → (g)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (g)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (g)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(g) Paternity allowance	Yes <div><div>1</div></div> No <div><div>2</div></div> → (h)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (h)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (h)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(h) Child allowance	Yes <div><div>1</div></div> No <div><div>2</div></div> → (i)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (i)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (i)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(i) Mother's allowance	Yes <div><div>1</div></div> No <div><div>2</div></div> → (j)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (j)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (j)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(j) Allowance for the care of the elderly	Yes <div><div>1</div></div> No <div><div>2</div></div> → (k)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (k)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (k)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(k) Grants to the blind	Yes <div><div>1</div></div> No <div><div>2</div></div> → (l)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (l)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (l)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(l) Grant for the care of children placed with foster families	Yes <div><div>1</div></div> No <div><div>2</div></div> → (m)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (m)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (m)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(m) Disability grant (lump sum)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (n)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (n)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (n)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(n) Maternity grant (lump sum)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (o)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (o)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (o)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(o) Funeral grant (lump sum)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (p)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (p)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (p)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(p) Single parent allowance	Yes <div><div>1</div></div> No <div><div>2</div></div> → (q)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (q)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (q)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(q) Benefit to families with triplets or more	Yes <div><div>1</div></div> No <div><div>2</div></div> → (r)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (r)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (r)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(r) Self-employment scheme for tertiary education graduates	Yes <div><div>1</div></div> No <div><div>2</div></div> → (s)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (s)	Yes <div><div>1</div></div> No <div><div>2</div></div> → (s)
If YES, please state: Net amount- - - - -€	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>

	Member Ser. No <div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div></div>
(s) Financial assistance to cover the special needs of the disabled If YES, please state: Net amount- - - -€ <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → (t) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → (t) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → (t) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
(t) Allowance for soldiers in compulsory army service If YES, please state: Net amount- - - -€ <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → (u) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → (u) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → (u) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
(u) Housing benefit (e.g. rent allowance, Mortgage Interest subsidy) If YES, please state: Net amount- - - -€ <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → (v) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → (v) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → (v) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
(v) Other benefits/allowances/grants, e.g. Honorary benefit, Easter benefit, Christmas benefit etc. If YES, please state: Net amount- - - -€ <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → 8.1 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → 8.1 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div></div> No <div><div>2</div></div> → 8.1 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
8.1 Please state your identity card number	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>

PART N'
OTHER INCOME

(To be answered by ALL household members of 16 years and over)

	Member Ser. No <div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div></div>	Member Ser. No <div><div></div><div></div></div>
I. INCOME FROM RENTS			
1. During the last 12 months, have you received any income from renting a building, house, apartment, room or any other immovable property (includes land property)? <i>If YES :</i> (a) How much was the gross income from renting this property? ----- € (b) What was the cost for maintenance and repairs? - ----- € (c) What was the cost for property/land taxes / contribution to GHS (GESY) ? - € (d) What was the cost for other expenses (commision etc.)? - - ----- € (e) During the last 12 months, have you paid any amount for property/land taxes on immovable property that you do not rent (e.g. land, houses, shops)? <i>If Yes, what was the amount paid? - - - - - €</i>	Yes <div><div>1</div><div>2</div></div> → 1(e) <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Yes <div><div>1</div><div>2</div></div> → Q.2 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div><div>2</div></div> → 1(e) <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Yes <div><div>1</div><div>2</div></div> → Q.2 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div><div>2</div></div> → 1(e) <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Yes <div><div>1</div><div>2</div></div> → Q.2 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
II. INCOME FROM INTERESTS AND DIVIDENDS			
2. During the last 12 months, have you received any amount from the following sources of income? (a) Interests (e.g. from savings in a bank, bonds) <i>If YES, what was the amount received? - - - - €</i> (b) Dividends (e.g. dividends from shares, mutual funds, profits from shares) <i>If YES, what was the amount received? - - - - €</i> (c) Capital investmets on small scale unincorporated businesses (e.g. a silent partner of a small hairdresser saloon) <i>If YES, please state: Net amount- - - - - €</i>	Yes <div><div>1</div><div>2</div></div> → 2(b) <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Yes <div><div>1</div><div>2</div></div> → 2(c) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div><div>2</div></div> → 2(b) <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Yes <div><div>1</div><div>2</div></div> → 2(c) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div><div>2</div></div> → 2(b) <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Yes <div><div>1</div><div>2</div></div> → 2(c) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
III. OTHER INCOME			
3. During the last 12 months, have you received any income from the following? (a) Benefit from Redundancy fund <i>If YES, what was the amount received? - - - - €</i> (b) Lump sum payment from employer due to termination of employment / redundancy / EARLY retirement <i>If YES, what was the amount received? - - - - €</i>	Yes <div><div>1</div><div>2</div></div> → 3(b) <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Yes <div><div>1</div><div>2</div></div> → 3(c) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div><div>2</div></div> → 3(b) <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Yes <div><div>1</div><div>2</div></div> → 3(c) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Yes <div><div>1</div><div>2</div></div> → 3(b) <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Yes <div><div>1</div><div>2</div></div> → 3(c) <div><div></div><div></div><div></div><div></div><div></div><div></div></div>

	Member Ser. No <div> <div></div> <div></div> <div></div> </div>	Member Ser. No <div> <div></div> <div></div> <div></div> </div>	Member Ser. No <div> <div></div> <div></div> <div></div> </div>
(c) Lump sum payment from the Provident Fund due to termination of employment / redundancy / EARLY retirement <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(d) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(d) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(d) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(d) Lump sum payment due to retirement from employer's fund (it includes the Public and Broad Public Sector) <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(e) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(e) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(e) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(e) Lump sum payment from the Provident Fund due to retirement <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(f) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(f) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(f) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(f) Bonus from work due to retirement <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(g) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(g) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(g) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(g) Lump sum payment from the Provident Fund due to disability / widowhood / orphanage <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(h) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(h) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(h) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(h) Students' allowance and / or Student's Benefit <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(i) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(i) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(i) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(i) Public scholarship <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(j1) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(j1) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(j1) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(j1) Non-public scholarship for Tertiary education <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(j2) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(j2) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(j2) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(j2) Non-public scholarship for all education levels except Tertiary level education <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(k) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(k) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(k) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(k) Authors' royalties <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(l) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(l) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(l) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(l) Sale of immovable property <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(m) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(m) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(m) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(m) Sale of enterprise <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(n) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(n) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(n) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(n) Sale of durable goods (refrigerator, washing machine etc.) <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(o) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(o) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(o) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

	Member Ser. No <div> <div></div> <div></div> </div>	Member Ser. No <div> <div></div> <div></div> </div>	Member Ser. No <div> <div></div> <div></div> </div>
(o) Sale of second-hand car/s <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(p) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(p) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(p) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(p) Sale of <u>other</u> means of transport (e.g. motorbike etc.) <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(q) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(q) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(q) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(q) Life insurance, share bonds, saving bonds etc. <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3® <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3® <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3® <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(r) Insurances, excluding life insurance <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(s) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(s) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(s) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(s) Inheritance <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(t) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(t) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(t) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(t) Winnings from lottery, bets etc. <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(u) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(u) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(u) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(u) Income tax return <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → 3(v) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(v) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → 3(v) <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
(v) Other receipts <i>If YES, what was the amount received? - - - - €</i>	Yes <div>1</div> No <div>2</div> → Q.4 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → Q.4 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → Q.4 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
IV. LOANS / WITHDRAWALS FROM SAVINGS			
4. <u>During the last 12 months</u>, have you received a loan (including the use of credit card and overdraft) or have you withdrawn any amount from your savings for any of the following reasons? Please specify the amount wherever applicable. <i>If YES :</i> Loan for purchase or construction of a house -- € Loan for repairs or maintenance of house - - - - -€ Loan for purchase of transport means- - - - -€ Loan for purchase of housing equipment- - - - -€ Loan for studies in Cyprus - - - - -€	Yes <div>1</div> No <div>2</div> → Part O <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → Part O <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Yes <div>1</div> No <div>2</div> → Part O <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

	Member Ser. No <div></div>	Member Ser. No <div></div>	Member Ser. No <div></div>
Loan for studies abroad ----- €	<div></div>	<div></div>	<div></div>
Loan for vacations/holidays ----- €	<div></div>	<div></div>	<div></div>
Loan for health reasons----- €	<div></div>	<div></div>	<div></div>
Loan for personal reasons ----- €	<div></div>	<div></div>	<div></div>
Loan for other reasons----- €	<div></div>	<div></div>	<div></div>
Income from loan repayments ----- €	<div></div>	<div></div>	<div></div>
Current credit card balance ----- €	<div></div>	<div></div>	<div></div>
Current overdraft ----- €	<div></div>	<div></div>	<div></div>
Withdrawals from savings ----- €	<div></div>	<div></div>	<div></div>

PART O'

GRANTING / RECEIVING HELP FROM THIRD PARTIES

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

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

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

Yes 1

No 2 \rightarrow Q. 2

If YES, please specify type of help

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

TYPE OF FINANCIAL HELP	TOTAL NET AMOUNT GIVEN DURING THE LAST 12 MONTHS
	€ _ _ _ _ _ _ _
	€ _ _ _ _ _ _ _
	€ _ _ _ _ _ _ _

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

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

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

Yes 1

No 2 → END OF INTERVIEW

If **YES**, please specify type of help

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

TYPE OF FINANCIAL HELP	TOTAL NET AMOUNT RECEIVED DURING THE LAST 12 MONTHS
.....	€ _ _ _ _ _ _ _
.....	€ _ _ _ _ _ _ _
.....	€ _ _ _ _ _ _ _

3. **Please record any other expenditure that the household had during the last 12 months, which were not recorded in the previous parts of the questionnaire.**

[illegible]

Interview result

The questionnaire has been completed.....	1
The household refused to cooperate.....	2
The members of the household are temporarily away (e.g. on holidays).....	3
Unable to respond due to illness or incapacity.....	4
The building at the specified address is demolished.....	5
The dwelling is empty.....	6
The household is temporarily occupied by people who have their main residence elsewhere.....	7
The dwelling is used for business purposes (shop / business).....	8
The dwelling was not found.....	9
Other reason (e.g. lack of communication due to language).....	10

GENERAL COMMENTS

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.

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Enumerator name:

Date:

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FOR OFFICIAL USE

Checked by:

Date:

.....

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Coder's name:

Date:

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Final check by:

Date:

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