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STATISTICAL SERVICE  
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## SURVEY ON ICT USAGE IN HOUSEHOLDS AND BY INDIVIDUALS 2025

### **GENERAL INFORMATION:**

The purpose of this survey is to collect data about the use of selected information and communication technologies (ICT) by households, the use of the Internet by persons from 16 to 89 years of age, the use of e-government, the use of electronic identification (eID), e-commerce, e-skills and privacy and protection of personal data.

The survey is carried out simultaneously in EU Member States according to the provisions of the Regulation (EU) 2019/1700.

The survey is carried out in accordance with the Official Statistics Law of 2021 (Law No. 25(I) / 2021). The provision of information is compulsory and everyone included in the sample should cooperate with the enumerator.

All questions should be answered with the highest possible accuracy. If the requested information is not known then the best estimate should be provided.

The Statistical Service is bound by the Official Statistics Law to treat all information obtained as **CONFIDENTIAL**. Your responses will be used solely for statistical purposes.

April, 2025

S. Karagiorgis  
Director  
Statistical Service

## Module A: Access to Information and Communication Technologies

*Note:* This module is directed to the household and asks about the internet access at home by all members of the household regardless of the device (e.g. desktop computer, laptop, tablet, mobile or smartphone, smart devices, etc.).

|  |                              |  |  |
|--|------------------------------|--|--|
| <b>A1.</b> <b>Do you or anyone in your household have access to the internet <u>at home</u>?</b><br>(via any device) | Yes <input type="checkbox"/> | No <input type="checkbox"/><br>-> go to B1 | Don't know <input type="checkbox"/><br>-> go to B1 |
|--|------------------------------|--|--|

|   |                          |
|---|--------------------------|
| <b>A2.</b> <b>What is the maximum contracted download speed of the fastest fixed internet connection of your household?</b><br>(tick one) |                          |
| a) Less than 10 Mbit/s  | <input type="checkbox"/> |
| b) At least 10 Mbit/s but less than 30 Mbit/s   | <input type="checkbox"/> |
| c) At least 30 Mbit/s but less than 100 Mbit/s  | <input type="checkbox"/> |
| d) At least 100 Mbit/s  | <input type="checkbox"/> |

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>If "Yes" to A2a) or A2b) or A2c), go to → A3, otherwise go to → B1</b>   |                          |                          |
| <b>A3.</b> <b>Why does your household not upgrade this connection to higher data transfer speeds? (more than 100 Mbit/s);</b><br>(tick one) | <b>Yes</b>               | <b>No</b>                |
| a) Unnecessary  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) High cost  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Lack of skills   | <input type="checkbox"/> | <input type="checkbox"/> |
| d) No proper broadband connection in the area   | <input type="checkbox"/> | <input type="checkbox"/> |

## Module B: Use of the internet

**Note:** This module asks about your internet use (e.g. e-mail, [messaging (e.g. WhatsApp, Messenger)], online/mobile banking, gaming, streaming) at any location (home, work or other places) via any device (desktop computer, laptop, tablet, mobile or smart phone, smart devices etc.).

### B1. When did you last use the internet?

*(Filter question)*

|                                    |                                       |
|------------------------------------|---------------------------------------|
| a) Within the last 3 months        | <input type="checkbox"/> -> go to B2  |
| b) Between 3 months and a year ago | <input type="checkbox"/> -> go to B10 |
| c) More than 1 year ago            | <input type="checkbox"/> -> go to B10 |
| d) Never used it                   | <input type="checkbox"/> -> go to B10 |

### B2. How often on average did you use the internet in the last 3 months?

*(tick one)*

|   |                          |
|---|--------------------------|
| a) Several times during the day             | <input type="checkbox"/> |
| b) Every day or almost every day            | <input type="checkbox"/> |
| c) At least once a week (but not every day) | <input type="checkbox"/> |
| d) Less than once a week                    | <input type="checkbox"/> |

[-> go to B3]

### B3. On which of the following devices did you use the internet in the last 3 months?

*(tick all that apply)*

|  |                          |
|--|--------------------------|
| a) Desktop computer  | <input type="checkbox"/> |
| b) Laptop  | <input type="checkbox"/> |
| c) Tablet  | <input type="checkbox"/> |
| d) Mobile phone or smart phone   | <input type="checkbox"/> |
| e) Other devices (e.g. smart TV, smart speakers, game console, e-book reader, smart watch) | <input type="checkbox"/> |

[-> go to B4]

**B4. For which of the following activities did you use the internet (including via apps) in the last 3 months for private purpose?**

(*tick all that apply*)

**Communication**

|  |                          |
|--|--------------------------|
| <b>a)</b> Sending / receiving e-mails  | <input type="checkbox"/> |
| <b>b)</b> Making calls (including video calls) over the internet, for example, via Skype, Messenger, WhatsApp, FaceTime, Viber, Snapchat, Zoom, MS Teams, WebEx              | <input type="checkbox"/> |
| <b>c)</b> Participating in social media (creating user profile, posting messages or other contributions to Facebook, X (formerly Twitter), Instagram, Snapchat, TikTok etc.) | <input type="checkbox"/> |
| <b>d)</b> Using instant messaging, i.e. exchanging messages, for example, via Skype, Messenger, WhatsApp, Viber, Snapchat  | <input type="checkbox"/> |

**Access to information**

|   |                          |
|---|--------------------------|
| <b>e)</b> Reading online news sites/ newspapers/ news magazines   | <input type="checkbox"/> |
| <b>f)</b> Seeking health-related information (e.g. injuries, diseases, nutrition, improving health, etc.) | <input type="checkbox"/> |

*If yes to f) - Tick all that apply*

*Note: If the information is related to both physical and mental health, please tick both answer options.*

|                     |  |                          |
|---------------------|--|--------------------------|
|                     | <b>f1)</b> Information on physical health (e.g. about flu symptoms, high blood pressure, pain medication, surgical procedures, nutrition, health-promoting measures)                               | <input type="checkbox"/> |
|                     | <b>f2)</b> Information on mental health (e.g. about burnout, depression, anxiety, eating disorders, reducing stress)   | <input type="checkbox"/> |
| <b>g)</b>           | Finding information about goods or services  | <input type="checkbox"/> |
| <i>If yes to g)</i> |  |                          |
|                     | <b>g1)</b> Finding information about the safety of products (information on associated risks or health hazards, composition, instructions for safe usage, contact details to report safety issues) | <input type="checkbox"/> |

**Civic and political participation**

|   |                          |
|---|--------------------------|
| <b>h)</b> Expressing opinions on civic or political issues on websites or in social media (e.g. Facebook, X (formerly Twitter), Instagram, YouTube) | <input type="checkbox"/> |
| <b>i)</b> Taking part in online consultations or voting to define civic or political issues (e.g. urban planning, signing a petition)               | <input type="checkbox"/> |

**Professional life**

|  |                          |
|--|--------------------------|
| <b>j)</b> Looking for a job or sending a job application | <input type="checkbox"/> |
|--|--------------------------|

**Other on-line services**

|   |                          |
|---|--------------------------|
| <b>k)</b> Selling of goods or services via a website or app (e.g. eBay, Facebook Marketplace, shpock) | <input type="checkbox"/> |
| <b>l)</b> Internet Banking (including mobile banking)   | <input type="checkbox"/> |

[-> go to B5]

## AI

*Generative Artificial Intelligence (AI) can create new content, such as text, images, programming code, videos, or other data, based on available information and patterns it has learned from existing examples.*

*To generate this content, it requires input or a prompt by the user, such as asking it a question or providing instructions or a topic to focus on.*

**B5.** **Have you used any generative AI tools (e.g. ChatGPT, Copilot, Gemini, LLaMA, Midjourney, DALL-E) to create content like text, images, programming code, or videos in the last 3 months?**

*(tick one)*

|               |                                      |
|---------------|--------------------------------------|
| <b>a)</b> Yes | <input type="checkbox"/> -> go to B6 |
| <b>b)</b> No  | <input type="checkbox"/> -> go to B7 |

**B6.** *(Only for respondents who answered 'yes' to B5)*

**What was the purpose of using generative AI tools in the last 3 months?**

*(tick all that apply)*

|  |                          |
|--|--------------------------|
| <b>a)</b> For private purposes                             | <input type="checkbox"/> |
| <b>b)</b> For professional (work) purposes                 | <input type="checkbox"/> |
| <b>c)</b> For formal education (e.g. school or university) | <input type="checkbox"/> |

**[-> go to B8]**

**B7.** *(Only for respondents who answered 'no' to B5)*

**What is the main reason for not using generative AI tools in the last 3 months?**

*(tick one)*

|   |                          |
|---|--------------------------|
| <b>a)</b> There was no need                           | <input type="checkbox"/> |
| <b>b)</b> I didn't know they existed                  | <input type="checkbox"/> |
| <b>c)</b> I didn't know how to use them               | <input type="checkbox"/> |
| <b>d)</b> Concerns about privacy, security, or safety | <input type="checkbox"/> |
| <b>e)</b> Other                                       | <input type="checkbox"/> |

**[-> go to B8]**

## ***E-Learning***

|                              |   |                          |
|------------------------------|---|--------------------------|
| <b>B8.</b>                   | <b>Have you conducted any of the following learning activities over the internet for educational, professional or private purposes in the last 3 months?</b>              |                          |
| <i>(tick all that apply)</i> |   |                          |
| <b>a)</b>                    | Doing an online course  | <input type="checkbox"/> |
| <b>b)</b>                    | Using online learning material other than a complete online course (e.g. video tutorials (including YouTube), webinars, electronic textbooks, learning apps or platforms) | <input type="checkbox"/> |
| <b>c)</b>                    | Communicating with educators or learners using audio or video online tools (e.g. Zoom, MS Teams, Google Classroom, etc.)  | <input type="checkbox"/> |
| [> go to B9]                 |   |                          |

## ***Problems when using the internet***

|   |   |                          |
|---|---|--------------------------|
| <b>B9.</b>  | <b>If you had any difficulties when using the internet in the last 3 months, how did you try to solve them?</b> |                          |
| (e.g. did not know how to proceed with the service I needed, connection problems, computer virus) |   |                          |
| <i>(tick all that apply or a)</i>   |   |                          |
| <b>a)</b>   | I didn't have any problems  | <input type="checkbox"/> |
| <b>b)</b>   | I asked someone to help me with the problem   | <input type="checkbox"/> |
| <b>c)</b>   | I fixed or tried to fix the problem myself  | <input type="checkbox"/> |
| <b>d)</b>   | I did not make any attempt to fix the problem   | <input type="checkbox"/> |
| <b>e)</b>   | Other   | <input type="checkbox"/> |
| [>go to C1]   |   |                          |

## **Question for non-users**

**B10.** *(Only for respondents who answered 'no' to question B1a)*

**What were the reasons for not using the internet in the last 3 months?**

*(tick all that apply)*

|  |                          |
|--|--------------------------|
| <b>a)</b> No need (because the internet is not useful, not interesting, etc.)  | <input type="checkbox"/> |
| <b>b)</b> Use of the internet is too difficult   | <input type="checkbox"/> |
| <b>c)</b> Physical or mental challenges to using the internet (including physical disability, visual impairment, dementia, special needs, or other disability) | <input type="checkbox"/> |
| <b>d)</b> Concerns about security or privacy, fear of being scammed or harassed online   | <input type="checkbox"/> |
| <b>e)</b> Costs of the internet connection or equipment too high   | <input type="checkbox"/> |
| <b>f)</b> I am opposed to the internet in general; I don't trust the information on the internet   | <input type="checkbox"/> |
| <b>g)</b> Other  | <input type="checkbox"/> |

[-> go to C1 if 'yes' to B1b) / -> go to H1 if 'yes' to B1c) or d)]

## Module C: Use of e-government

For respondents who used the internet in the last 12 months – "Yes" to options a) or b) in question B1

This module asks about the usage of websites or apps of public authorities (e.g. government and / or judiciary bodies at national, regional and local level) and the use of public services over the internet. Contacts through manually typed e-mails should be excluded.

Websites or apps of public authorities or public services include websites concerning citizen obligations (e.g. tax declaration, notification of moving), rights (e.g. social benefits), official documents (e.g. ID card, birth certificate), public educational services (e.g. public libraries, information on the enrolment in schools or universities), public health services (e.g. services of public hospitals).

### C1 Have you performed any of the following activities via a website or app of public authorities or public services for private purpose in the last 12 months?

(*tick all that apply or d*)

|  |                          |
|--|--------------------------|
| a) Accessed information stored about you by public authorities or public services (e.g. information regarding pension, health [including government health application]) | <input type="checkbox"/> |
| b) Accessed information from public databases or registers (e.g. information about availability of books in public libraries, cadastral registers, enterprise registers) | <input type="checkbox"/> |
| c) Obtained information (e.g. about services, benefits, entitlements, laws, opening hours)   | <input type="checkbox"/> |
| d) Have not performed any of the mentioned activities  | <input type="checkbox"/> |

[-> go to C2]

### C2 Have you downloaded/printed any official forms from a website or app of public authorities or public services for private purposes in the last 12 months?

(*tick one*)

|        |                          |
|--------|--------------------------|
| a) Yes | <input type="checkbox"/> |
| b) No  | <input type="checkbox"/> |

[-> go to C3]

### C3 Have you made any appointment or reservation via a website or app with public authorities or public services (e.g. reservation of a book in a public library, appointment with a government servant or a state healthcare provider) for private purposes in the last 12 months?

(*tick one*)

|        |                          |
|--------|--------------------------|
| a) Yes | <input type="checkbox"/> |
| b) No  | <input type="checkbox"/> |

[-> go to C4]

### C4 Have you received any official communication/document by public authorities via your account on a website or app of public authorities or services (e.g. notification of fines or invoices, letters, service of court summons, court documents) for private purposes in the last 12 months?

(*Exclude the usage of e-mail or SMS based information messages or notifications that a document is available*)

|        |                          |
|--------|--------------------------|
| a) Yes | <input type="checkbox"/> |
| b) No  | <input type="checkbox"/> |

[-> go to C5]

|  |                          |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
|--|--------------------------|---|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|---|--------------------------|--|--------------------------|------------------------|--------------------------|
| <p><b>C5.</b> <b>Have you completed, edited, reviewed or approved your tax declaration via a website or app for private purposes in the last 12 months?</b></p> <p>(<i>tick one</i>)</p> <table border="1"> <tr> <td><b>a)</b> Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>b)</b> No</td> <td><input type="checkbox"/></td> </tr> </table> <p>[-&gt; go to C6]</p>  |                          | <b>a)</b> Yes   | <input type="checkbox"/> | <b>b)</b> No   | <input type="checkbox"/> |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <b>a)</b> Yes  | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <b>b)</b> No   | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <p><b>C6. Have you performed any of the following activities via a website or app of public authorities or public services for private purposes in the last 12 months?</b></p> <p>(<i>tick all that apply</i>)</p> <table border="1"> <tr> <td><b>a)</b> Requested official documents or certificates (e.g. graduation, birth, marriage, divorce, death, residence certificates, police or criminal records)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>b)</b> Requested benefits or entitlements (e.g. pension, unemployment, child allowance, enrolment in schools, universities)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>c)</b> Made other requests, claims or complaints (e.g. report theft to the police, launch a legal complaint, request legal aid, initiate a civil claim procedure in front of a court)</td> <td><input type="checkbox"/></td> </tr> </table> <p>[If 'no' reply to all options in C6 -&gt; go to C7; otherwise-&gt; go to D1]</p>   |                          | <b>a)</b> Requested official documents or certificates (e.g. graduation, birth, marriage, divorce, death, residence certificates, police or criminal records) | <input type="checkbox"/> | <b>b)</b> Requested benefits or entitlements (e.g. pension, unemployment, child allowance, enrolment in schools, universities) | <input type="checkbox"/> | <b>c)</b> Made other requests, claims or complaints (e.g. report theft to the police, launch a legal complaint, request legal aid, initiate a civil claim procedure in front of a court) | <input type="checkbox"/> |  |                          |   |                          |  |                          |                        |                          |
| <b>a)</b> Requested official documents or certificates (e.g. graduation, birth, marriage, divorce, death, residence certificates, police or criminal records)  | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <b>b)</b> Requested benefits or entitlements (e.g. pension, unemployment, child allowance, enrolment in schools, universities)   | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <b>c)</b> Made other requests, claims or complaints (e.g. report theft to the police, launch a legal complaint, request legal aid, initiate a civil claim procedure in front of a court)   | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <p><b>C7.</b> (<i>Only for respondents who answered 'no' to all options in C6</i>)</p> <p><b>What were the reasons for not requesting any official documents or not making any claims via a website or app of public authorities or public services in the last 12 months?</b></p> <p>(<i>tick all that apply or a</i>)</p> <table border="1"> <tr> <td><b>a)</b> I did not have to request any documents or to make any claims</td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>b)</b> Lack of skills or knowledge (e.g. did not know how to use the website/app or it was too complicated to use)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>c)</b> Concerns about the security of personal data or unwillingness to pay online (credit card fraud)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>d)</b> Lack of electronic signature, activated electronic identification (eID) or any other tool to use the eID (required for using the services)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>e)</b> Another person did it on my behalf (e.g. consultant, adviser, relative)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>f)</b> There was no such online service available</td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>g)</b> Other reason</td> <td><input type="checkbox"/></td> </tr> </table> <p>[-&gt; go to D1]</p> |                          | <b>a)</b> I did not have to request any documents or to make any claims   | <input type="checkbox"/> | <b>b)</b> Lack of skills or knowledge (e.g. did not know how to use the website/app or it was too complicated to use)          | <input type="checkbox"/> | <b>c)</b> Concerns about the security of personal data or unwillingness to pay online (credit card fraud)  | <input type="checkbox"/> | <b>d)</b> Lack of electronic signature, activated electronic identification (eID) or any other tool to use the eID (required for using the services) | <input type="checkbox"/> | <b>e)</b> Another person did it on my behalf (e.g. consultant, adviser, relative) | <input type="checkbox"/> | <b>f)</b> There was no such online service available | <input type="checkbox"/> | <b>g)</b> Other reason | <input type="checkbox"/> |
| <b>a)</b> I did not have to request any documents or to make any claims  | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <b>b)</b> Lack of skills or knowledge (e.g. did not know how to use the website/app or it was too complicated to use)  | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <b>c)</b> Concerns about the security of personal data or unwillingness to pay online (credit card fraud)  | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <b>d)</b> Lack of electronic signature, activated electronic identification (eID) or any other tool to use the eID (required for using the services)   | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <b>e)</b> Another person did it on my behalf (e.g. consultant, adviser, relative)  | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <b>f)</b> There was no such online service available   | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |
| <b>g)</b> Other reason   | <input type="checkbox"/> |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |                        |                          |

## Module D: Use of electronic identification (eID)

**[Note:** The wording of D1 and D2 is to be adapted to the kind of advanced eID system(s) established in your Member State. Advanced eIDs are defined as eIDs, which are officially recognized by public authorities or public services, and which are of high or substantial level of assurance under the eIDAS Regulation.]

For respondents who used the internet in the last 12 months – "Yes" to options a) or b) in question B1

Electronic identification (eID) enables the identification of a person and secure login to online services in your country of residence/ [other European countries].

**D1. Have you used your electronic identification (eID)(s) to access online services for private purpose in the last 12 months?**

*(Filter question)*

|        |                                      |
|--------|--------------------------------------|
| a) Yes | <input type="checkbox"/> -> go to D2 |
| b) No  | <input type="checkbox"/> -> go to D3 |

**D2. For what type(s) of services have you used your electronic identification (eID)(s) in the last 12 months?**

*(tick all that apply)*

|  |                          |
|--|--------------------------|
| a) Services provided by public authorities or public services of your country of residence (e.g. submitting your tax declaration, applying for social benefits, requesting official certificates, accessing your health records) | <input type="checkbox"/> |
| b) Services provided by public authorities or public services of other European countries (e.g. submitting your tax declaration, requesting official documents or certificates) (if applicable)                                  | <input type="checkbox"/> |
| c) Services provided by business sector (e.g. accessing banking services, login to transport services, identification via eID e.g. on a digital marketplace) (if applicable)   | <input type="checkbox"/> |

**[-> go to E1]**

**D3. What are the reasons for not using the mentioned electronic identification (eID)(s) in the last 12 months?**

*(tick all that apply or a), b))*

|  |                          |
|--|--------------------------|
| <b>a)</b> I was not aware of the existence of electronic identification (eID)  | <input type="checkbox"/> |
| <b>b)</b> I don't have an electronic identification (eID)  | <input type="checkbox"/> |
| <b>c)</b> I have an electronic identification (eID), but I didn't need to access any online services requiring electronic identification (eID)   | <input type="checkbox"/> |
| <b>d)</b> I have an electronic identification (eID), but I don't feel safe using it (concerns about ICT security, personal data protection)  | <input type="checkbox"/> |
| <b>e)</b> I could not use my electronic identification (eID) due to usability / technical issues (e.g. too difficult or not user-friendly, lack of appropriate card reader, software incompatibility, it was not accepted for the services I needed to access) | <input type="checkbox"/> |
| <b>f)</b> I could not use my electronic identification (eID) to access the service via a smartphone or tablet  | <input type="checkbox"/> |
| <b>g)</b> I have an electronic identification (eID), but I'm not using it for other reasons  | <input type="checkbox"/> |

[-> go to E1]

## Module E: Use of e-commerce

For respondents who used the internet in the last 12 months – "Yes" to options a) or b) in question B1.

Note: The following questions concern buying for private use over the Internet, either via a website or with an app. Include also buying from private persons in marketplaces (e.g. Airbnb, Facebook Marketplace).

### E1. When did you last buy or order goods or services for private use over the internet?

(tick one)

|  |                                       |
|--|---------------------------------------|
| a) Within the last 3 months                  | <input type="checkbox"/> -> go to E2  |
| b) Between 3 months and a year ago           | <input type="checkbox"/> -> go to E11 |
| c) More than 1 year ago                      | <input type="checkbox"/> -> go to E11 |
| d) Never bought or ordered over the Internet | <input type="checkbox"/> -> go to E11 |

### E2. Did you buy any physical goods (some of the examples may be: clothes, books, deliveries from restaurants, cosmetics, furniture, or electronics) via a website or app for private use in the last 3 months? Include online purchases from enterprises or private persons, including used goods.

(tick one)

|        |                          |
|--------|--------------------------|
| a) Yes | <input type="checkbox"/> |
| b) No  | <input type="checkbox"/> |

[-> go to E3]

|              |  |                          |
|--------------|--|--------------------------|
| <b>E3.</b>   | <i>(Only for respondents who answered 'yes' to 'Within the last 3 months' in question E1)</i><br><b>Did you buy any of the following services via a website or app for private use in the last 3 months?</b><br><i>(tick all that apply)</i> |                          |
|              | <b>a)</b> Subscriptions to the internet or mobile phone connections  | <input type="checkbox"/> |
|              | <b>b)</b> Subscriptions to electricity, water or heating supply, waste disposal or similar services  | <input type="checkbox"/> |
| [> go to E4] |  |                          |
| <b>E4.</b>   | <i>(Only for respondents who answered 'yes' to 'Within the last 3 months' in question E1)</i><br><b>Did you buy any of the following via a website or app for private use in the last 3 months?</b><br><i>(tick all that apply)</i>          |                          |
|              | a) Transport services from enterprises e.g. bus, train, flight ticket, taxi ride (e.g. Bolt, RideNow)  | <input type="checkbox"/> |
|              | b) Accommodation from businesses e.g. hotels or travel agencies  | <input type="checkbox"/> |
|              | c) Tickets to events (concerts, cinema, sports events, fairs, etc)   | <input type="checkbox"/> |
|              | d) E-books or audio books as downloads (including updates)   | <input type="checkbox"/> |
|              | e) Software as downloads (including upgrades)  | <input type="checkbox"/> |
|              | f) Games as downloads (including upgrades) or virtual in-game items  | <input type="checkbox"/> |
| [> go to E5] |  |                          |
| <b>E5.</b>   | <b>Have you had a subscription (including existing and new subscriptions) to any of the following services in the last 3 months, which <u>you</u> paid for?</b><br><i>(tick all that apply)</i>  |                          |
|              | <b>a)</b> Music streaming service (e.g. Spotify)   | <input type="checkbox"/> |
|              | <b>b)</b> Films, series or sports streaming service (e.g. Netflix, HBO Max, Amazon prime, Disney+, Maxdome, Apple TV, Sky, Showtime)   | <input type="checkbox"/> |
|              | <b>c)</b> Online news sites, online newspapers (e-papers) or online magazines  | <input type="checkbox"/> |
|              | <b>d)</b> Gaming streaming services (e.g. GeForce Now, Google Stadia, PlayStation Now)   | <input type="checkbox"/> |
|              | <b>e)</b> Apps related to health or fitness  | <input type="checkbox"/> |
|              | <b>f)</b> Other apps (e.g. related to learning languages, travelling, weather)   | <input type="checkbox"/> |
| [> go to E6] |  |                          |

|  |  |  |   |                          |   |                          |  |                          |  |                          |
|--|--|--|---|--------------------------|---|--------------------------|--|--------------------------|--|--------------------------|
| E6.  | <p><b>Did you buy any of the following from private persons via a website or app in the last 3 months?</b><br/> <i>(tick all that apply)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>a)</b> Physical goods (e.g. on eBay, Facebook Marketplace, Bazaraki)</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><b>b)</b> Transport service (e.g. on [national examples])</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><b>c)</b> Accommodation (e.g. on Airbnb)</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><b>d)</b> Household services like cleaning, babysitting, repair work, gardening, etc. (e.g. on Facebook Marketplace)</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> </table> |  | <b>a)</b> Physical goods (e.g. on eBay, Facebook Marketplace, Bazaraki) | <input type="checkbox"/> | <b>b)</b> Transport service (e.g. on [national examples]) | <input type="checkbox"/> | <b>c)</b> Accommodation (e.g. on Airbnb) | <input type="checkbox"/> | <b>d)</b> Household services like cleaning, babysitting, repair work, gardening, etc. (e.g. on Facebook Marketplace) | <input type="checkbox"/> |
| <b>a)</b> Physical goods (e.g. on eBay, Facebook Marketplace, Bazaraki)  | <input type="checkbox"/>   |  |   |                          |   |                          |  |                          |  |                          |
| <b>b)</b> Transport service (e.g. on [national examples])  | <input type="checkbox"/>   |  |   |                          |   |                          |  |                          |  |                          |
| <b>c)</b> Accommodation (e.g. on Airbnb)   | <input type="checkbox"/>   |  |   |                          |   |                          |  |                          |  |                          |
| <b>d)</b> Household services like cleaning, babysitting, repair work, gardening, etc. (e.g. on Facebook Marketplace) | <input type="checkbox"/>   |  |   |                          |   |                          |  |                          |  |                          |
| [-> go to E7]  |  |  |   |                          |   |                          |  |                          |  |                          |
| E7.  | <p><b>Did you buy any other services (excluding financial and insurance services) than those mentioned previously via a website or app for private use in the last 3 months?</b><br/> <i>(tick one)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>a)</b> Yes</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><b>b)</b> No</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> </table>   |  | <b>a)</b> Yes   | <input type="checkbox"/> | <b>b)</b> No  | <input type="checkbox"/> |  |                          |  |                          |
| <b>a)</b> Yes  | <input type="checkbox"/>   |  |   |                          |   |                          |  |                          |  |                          |
| <b>b)</b> No   | <input type="checkbox"/>   |  |   |                          |   |                          |  |                          |  |                          |
| [-> go to E8]  |  |  |   |                          |   |                          |  |                          |  |                          |
| E8.  | <p><i>(Only for respondents who answered 'yes' to 'Within the last 3 months' in E1)</i><br/> <b>How many times have you bought goods or services over the internet for private use in the last 3 months?</b></p> <p style="margin-top: 10px;">_____ times (please provide an estimate)</p> <p>Or <i>(tick one)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">1-2 times</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">3-5 times</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">6-10 times</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">&gt; 10 times</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> </table>  |  | 1-2 times   | <input type="checkbox"/> | 3-5 times   | <input type="checkbox"/> | 6-10 times                               | <input type="checkbox"/> | > 10 times   | <input type="checkbox"/> |
| 1-2 times  | <input type="checkbox"/>   |  |   |                          |   |                          |  |                          |  |                          |
| 3-5 times  | <input type="checkbox"/>   |  |   |                          |   |                          |  |                          |  |                          |
| 6-10 times   | <input type="checkbox"/>   |  |   |                          |   |                          |  |                          |  |                          |
| > 10 times   | <input type="checkbox"/>   |  |   |                          |   |                          |  |                          |  |                          |
| [-> go to E9]  |  |  |   |                          |   |                          |  |                          |  |                          |

**E9.**

*(Only for respondents who answered 'yes' to "Within the last 3 months" in question E1)*

**Did you encounter any of the following problems when buying via a website or with an app in the last 3 months?**

*(tick all that apply or j)*

|   |                          |
|---|--------------------------|
| <b>a)</b> Website was difficult to use, or it worked unsatisfactorily (too complicated, confusing, poorly functioning technically etc.) | <input type="checkbox"/> |
| <b>b)</b> Difficulties in finding information concerning guarantees or other legal rights   | <input type="checkbox"/> |
| <b>c)</b> Speed of delivery slower than indicated   | <input type="checkbox"/> |
| <b>d)</b> Final costs higher than indicated (e.g. unexpected transaction fees or unjustified guarantee fees)                            | <input type="checkbox"/> |
| <b>e)</b> Wrong or damaged goods/services delivered   | <input type="checkbox"/> |
| <b>f)</b> Problems with fraud encountered (e.g. no goods/services received at all, misuse of credit card details, etc.)                 | <input type="checkbox"/> |
| <b>g)</b> Complaints and redress were difficult or no satisfactory response after complaint   | <input type="checkbox"/> |
| <b>h)</b> Foreign retailer did not sell to my country   | <input type="checkbox"/> |
| <b>i)</b> Other   | <input type="checkbox"/> |
| <b>j)</b> I have not encountered any problem  | <input type="checkbox"/> |

[-> go to E10]

**E10.**

*(Only for respondents who answered 'yes' to "Within the last 3 months" in question E1)*

**In the last 3 months, were there any safety or health problems caused by products you had previously bought online for private use (e.g. build, material or software of the product led to an accident, injury, or health issue)?**

Examples: a product breaking during use due to its faulty construction or design, a product causing skin irritations due to a wrong material used, or a device overheating due to a software issue.

Exclude issues where the involved product was not used as intended (e.g. using a kitchen knife as a screwdriver or using an electronic device near water when it's not waterproof).

*(tick one)*

|               |                          |
|---------------|--------------------------|
| <b>a)</b> Yes | <input type="checkbox"/> |
| <b>b)</b> No  | <input type="checkbox"/> |

[-> go to E11]

**E11.**

*(Only for respondents who answered 'yes' to "Within the last 3 months" in question B1)*

**Did you carry out any of the following via a website or app for private purposes in the last 3 months?**

*(tick all that apply)*

|   |                          |
|---|--------------------------|
| <b>a)</b> Buy insurance policies, including travel insurance, also as a package together with e.g. a plane ticket | <input type="checkbox"/> |
| <b>b)</b> Take a loan, mortgage or arrange credit from banks or other financial providers                         | <input type="checkbox"/> |
| <b>c)</b> Buy or sell shares, bonds, units in funds or other financial assets                                     | <input type="checkbox"/> |

[-> go to F1]

## Module F: E-skills

For respondents who used the internet in the last 3 months – "Yes" to option a) in question B1

Note: The questions concern activities done for educational, professional, or private purposes, via any device (e.g. desktop computer, laptop, tablet, mobile or smart phone, smart devices etc.).

### F1. Which of the following activities have you carried out in the last 3 months?

(*tick all that apply*)

|   |                          |
|---|--------------------------|
| <b>a)</b> Copying or moving files (e.g. documents, data, images, video) between folders, devices (e.g. via e-mail, Messenger, WhatsApp, USB, cable) or on the cloud | <input type="checkbox"/> |
| <b>b)</b> Downloading or installing software or apps  | <input type="checkbox"/> |
| <b>c)</b> Changing settings of software, app or device (e.g. adjusting language, colours, contrast, text size, toolbars/menu)                                       | <input type="checkbox"/> |

[-> go to F2]

### F2. Which of the following software related activities have you carried out in the last 3 months?

(*tick all that apply*)

|   |                          |
|---|--------------------------|
| <b>a)</b> Using word processing software  | <input type="checkbox"/> |
| <b>b)</b> Creating files (e.g. document, image, video) incorporating several elements, e.g. text, picture, table, chart, animation, sound             | <input type="checkbox"/> |
| <b>c)</b> Using spreadsheet software  | <input type="checkbox"/> |
| <i>if 'yes' to c)</i>   |                          |
| <b>c1)</b> Using advanced features of spreadsheet software (functions, formulas, macros, Visual Basic) to organise, analyse, structure or modify data | <input type="checkbox"/> |
| <b>d)</b> Editing photos, video or audio files  | <input type="checkbox"/> |
| <b>e)</b> Writing code in a programming language  | <input type="checkbox"/> |

[-> go to F3]

**F3.** **Have you seen information or content (e.g. videos, images) that you considered untrue or doubtful on internet news sites or social media (e.g. Facebook, Instagram, YouTube, X – formerly Twitter) in the last 3 months?**

(*tick one*)

|               |                          |
|---------------|--------------------------|
| <b>a)</b> Yes | <input type="checkbox"/> |
| <b>b)</b> No  | <input type="checkbox"/> |

[if 'Yes' -> go to F4; if 'No' -> go to F7]

**F4.** (*Only for respondents who answered 'yes' to question F3*)

**Have you checked the truthfulness of the information or content you found on internet news sites or social media in the last 3 months?**

(*tick one*)

|               |                          |
|---------------|--------------------------|
| <b>a)</b> Yes | <input type="checkbox"/> |
| <b>b)</b> No  | <input type="checkbox"/> |

[if 'Yes' -> go to F5; if 'No' -> go to F6]

**F5.** (*Only for respondents who answered 'yes' to question F4*)

**How did you check truthfulness of the information or content found on the internet?**

(*tick all that apply*)

|  |                          |
|--|--------------------------|
| <b>a)</b> Checking the sources or finding other information on the internet (e.g. other news sites, Wikipedia) | <input type="checkbox"/> |
| <b>b)</b> Following or taking part in discussion on the internet regarding the information                     | <input type="checkbox"/> |
| <b>c)</b> Discussing the information offline with other persons or using sources not on the internet           | <input type="checkbox"/> |

[-> go to F7]

**F6.** (*Only for respondents who answered 'no' to question F4*)

**Why did you not check truthfulness of the information or content found on the internet?**

(*tick all that apply*)

|  |                          |
|--|--------------------------|
| <b>a)</b> You already knew that information, content or source was not reliable  | <input type="checkbox"/> |
| <b>b)</b> Lack of skills or knowledge (e.g. did not know how to check information on the internet or it was too complicated to do) | <input type="checkbox"/> |
| <b>c)</b> Other reasons  | <input type="checkbox"/> |

[-> go to F7]

|            |   |                                      |
|------------|---|--------------------------------------|
| <b>F7.</b> | <b>Have you encountered content online (including messages, comments, photos, memes, videos, etc.) that you consider to be hostile or degrading towards groups of people or individuals in the last 3 months, e.g. in-blogs, vlogs, on social media or news sites (incl. in comment sections)?</b><br><i>(tick one)</i> |                                      |
|            | <b>a)</b> Yes   | <input type="checkbox"/> -> go to F8 |
|            | <b>b)</b> No  | <input type="checkbox"/> -> go to G1 |
|            |   |                                      |
| <b>F8.</b> | <i>(Only for respondents who answered 'yes' to question F7)</i><br><b>Were these groups of people or individuals attacked/targeted because of:</b><br><i>(tick all that apply)</i>  |                                      |
|            | <b>a)</b> Political or social views   | <input type="checkbox"/>             |
|            | <b>b)</b> Sexual orientation and/or gender identities (LGBTIQ+)   | <input type="checkbox"/>             |
|            | <b>c)</b> Sex   | <input type="checkbox"/>             |
|            | <b>d)</b> Racial or ethnic origin   | <input type="checkbox"/>             |
|            | <b>e)</b> Religion or belief  | <input type="checkbox"/>             |
|            | <b>f)</b> Disability  | <input type="checkbox"/>             |
|            | <b>g)</b> Age   | <input type="checkbox"/>             |
|            | <b>h)</b> Other personal characteristics  | <input type="checkbox"/>             |
|            | [-> go to G1]   |                                      |

## Module G: Privacy and protection of personal data

For respondents who used the internet in the last 3 months – "Yes" to option a) in question B1

**Note:** The following questions concern the provision and protection of personal data for activities carried out over the internet for any private or work-related purpose, using websites or apps.

|              |  |                          |
|--------------|--|--------------------------|
| <b>G1.</b>   | <b>Have you carried out any of the following to manage access to your personal data (e.g. name, date of birth, identity card number, contact details, credit card number, photos, geographical location) on the internet in the last 3 months?</b> |                          |
|              | <i>(tick all that apply)</i>   |                          |
|              | <b>a)</b> Read privacy policy statements before providing personal data  | <input type="checkbox"/> |
|              | <b>b)</b> Restricted or refused access to your geographical location   | <input type="checkbox"/> |
|              | <b>c)</b> Limited access to profile or content on social networking sites or shared online storage   | <input type="checkbox"/> |
|              | <b>d)</b> Refused allowing the use of personal data for advertising purposes   | <input type="checkbox"/> |
|              | <b>e)</b> Checked that the website where you provided personal data was secure (e.g. https sites, safety logo or certificate)  | <input type="checkbox"/> |
|              | <b>f)</b> Asked websites or search engines administrator or provider to access the data they hold about you to update or delete it   | <input type="checkbox"/> |
| [> go to G2] |  |                          |
| <b>G2.</b>   | <b>Have you changed the settings in your internet browser to prevent or limit cookies on any of your devices?</b>  |                          |
|              | <i>(tick one)</i>  |                          |
|              | <b>a)</b> Yes  | <input type="checkbox"/> |
|              | <b>b)</b> No   | <input type="checkbox"/> |
| [> go to G3] |  |                          |
| <b>G3.</b>   | <b>Are you concerned with your online activities being recorded to provide you with tailored advertising?</b>  |                          |
|              | <i>(tick one)</i>  |                          |
|              | <b>a)</b> Yes, very concerned  | <input type="checkbox"/> |
|              | <b>b)</b> Yes, somehow concerned   | <input type="checkbox"/> |
|              | <b>c)</b> No, I'm not concerned  | <input type="checkbox"/> |
| [> go to G4] |  |                          |
| <b>G4.</b>   | <b>Do you use software that limits the ability to track your activities on the internet on any of your devices?</b>  |                          |
|              | <i>(tick one)</i>  |                          |
|              | <b>a)</b> Yes  | <input type="checkbox"/> |
|              | <b>b)</b> No   | <input type="checkbox"/> |
| [> go to G5] |  |                          |

## ***Problems encountered with deleting an account***

**G5.**

**Have you ever opened an account or registered with a free app or service?**

For example a subscription/account for social media, apps for buying transport tickets, music streaming, games

|        |                          |
|--------|--------------------------|
| a) Yes | <input type="checkbox"/> |
| b) No  | <input type="checkbox"/> |

[yes -> go to G6, no -> go to H1]

**G6.**

*(Only for respondents who ticked “yes” to G5)*

**Have you deleted or tried to delete (or close) your account of a free app or service in the last 3 months?**

*(tick one)*

|        |                          |
|--------|--------------------------|
| a) Yes | <input type="checkbox"/> |
| b) No  | <input type="checkbox"/> |

[yes -> go to G7, no -> go to H1]

**G7.**

*(Only for respondents who ticked “yes” to G5 and G6)*

**Have you encountered problems when trying to delete your account of a free app or service in the last 3 months?**

For example difficulty to find a way to delete the account, spending a disproportionate amount of time to do it, technical issues, unacceptable conditions for withdrawal, inability to succeed

*(tick one)*

|        |                          |
|--------|--------------------------|
| a) Yes | <input type="checkbox"/> |
| b) No  | <input type="checkbox"/> |

[-> go to H1]

## Module H: Socio-demographic background information

### *Demography*

#### H1. AGE

|                |                  |
|----------------|------------------|
| DATE OF BIRTH  | (DD / MM / YYYY) |
| INTERVIEW DATE | (DD / MM / YYYY) |

#### H2. SEX

Male  Female

### *Citizenship and migrant background*

#### H3. COUNTRY OF BIRTH

.....

#### H4. CITIZENSHIP

.....

***Education attainment and background***

**H5. Educational attainment level** (highest level of education successfully completed 31/03/2024)

- No formal education [ ISCED 0 ]
- Primary education [ ISCED 1 ]
- Lower secondary education [ ISCED 2 ]
- Upper secondary education [ ISCED 3 ]
- Post-secondary non-tertiary education [ ISCED 4 ]
- Short-cycle tertiary education [ ISCED 5 ]
- Bachelor's or equivalent level [ ISCED 6 ]
- Master's or equivalent level [ ISCED 7 ]
- Doctoral or equivalent level [ ISCED 8 ]

| <b>Main activity status</b>  |                          |
|--|--------------------------|
| <b>H6. Main activity</b>   |                          |
| Employed   | <input type="checkbox"/> |
| Unemployed   | <input type="checkbox"/> |
| Retired  | <input type="checkbox"/> |
| Unable to work due to a long-standing health problems                  | <input type="checkbox"/> |
| Student, pupil (not in the labour force)                               | <input type="checkbox"/> |
| Fulfilling domestic tasks (housewife)                                  | <input type="checkbox"/> |
| Compulsory military or civilian service (if applicable)                | <input type="checkbox"/> |
| Other  | <input type="checkbox"/> |
| <b>Elementary job characteristics and career continuity and breaks</b> |                          |
| <b>H7. Occupation</b>  |                          |
| Self-employed person with employees                                    | <input type="checkbox"/> |
| Self-employed person without employees                                 | <input type="checkbox"/> |
| Employee   | <input type="checkbox"/> |
| Family worker (unpaid)   | <input type="checkbox"/> |
| <b>H8.</b>   |                          |
| Full-time job  | <input type="checkbox"/> |
| Part-time job  | <input type="checkbox"/> |
| <b>H9.</b>   |                          |
| Permanent job  | <input type="checkbox"/> |
| Fixed-term contract  | <input type="checkbox"/> |

(Only for respondents who answered "yes" to "employed" in question H6)

**H10. Economic activity of the local unit for the main job**

(tick only one)

|          |  |                          |
|----------|--|--------------------------|
| <b>A</b> | Agriculture, Forestry and Fishing  | <input type="checkbox"/> |
| <b>B</b> | Mining and Quarrying   | <input type="checkbox"/> |
| <b>C</b> | Manufacturing  | <input type="checkbox"/> |
| <b>D</b> | Electricity, Gas, Steam and Air Conditioning Supply  | <input type="checkbox"/> |
| <b>E</b> | Water supply; sewerage, waste management and remediation activities  | <input type="checkbox"/> |
| <b>F</b> | Construction   | <input type="checkbox"/> |
| <b>G</b> | Wholesale and retail trade; repair of motor vehicles and motorcycles   | <input type="checkbox"/> |
| <b>H</b> | Transportation and Storage   | <input type="checkbox"/> |
| <b>I</b> | Accommodation and Food Service Activities  | <input type="checkbox"/> |
| <b>J</b> | Information and Communication  | <input type="checkbox"/> |
| <b>K</b> | Financial and Insurance Activities   | <input type="checkbox"/> |
| <b>L</b> | Real Estate Activities   | <input type="checkbox"/> |
| <b>M</b> | Professional, Scientific and Technical Activities  | <input type="checkbox"/> |
| <b>N</b> | Administrative and Support Service Activities  | <input type="checkbox"/> |
| <b>O</b> | Public Administration And Defence; Compulsory Social Security  | <input type="checkbox"/> |
| <b>P</b> | Education  | <input type="checkbox"/> |
| <b>Q</b> | Human Health and Social Work Activities  | <input type="checkbox"/> |
| <b>R</b> | Arts, Entertainment and Recreation   | <input type="checkbox"/> |
| <b>S</b> | Other Service Activities   | <input type="checkbox"/> |
| <b>T</b> | Activities of Households as Employers; Undifferentiated goods- and Services-producing Activities of Households for own use | <input type="checkbox"/> |
| <b>U</b> | Activities of Extraterritorial Organisations and Bodies  | <input type="checkbox"/> |

(Only for respondents who answered "yes" to "employed" in question H6)

**H11. Occupation in the main job**

< description >

<Transmission of all 2-digit ISCO-08 occupations mandatory. In addition, transmission of: ICT professional/ Non-ICT professional; Manual worker/Non-manual worker>

SCL ISCO-08 2, digits code

| <b>LOCALISATION</b>          |  |                          |
|------------------------------|--|--------------------------|
| <b>H12.</b>                  | <b>Region of Residence</b>   | < description >          |
|                              |  | <b>NUTS 1</b>            |
| <b>H13.</b>                  | <b>Region of Residence</b>   | < description >          |
|                              |  | <b>NUTS 2</b>            |
| <b>H14.</b>                  | <b>Region of Residence</b>   | < description >          |
|                              |  | <b>NUTS 3</b>            |
| <b>H15.</b>                  | <b>Geographical location</b><br>( <i>tick only one</i> )                     |                          |
|                              | Less developed region  | <input type="checkbox"/> |
|                              | Transition region  | <input type="checkbox"/> |
|                              | More developed region  | <input type="checkbox"/> |
| <b>H16.</b>                  | <b>Degree of urbanisation</b><br>( <i>tick only one</i> )                    |                          |
|                              | Cities (Densely populated area)  | <input type="checkbox"/> |
|                              | Towns and suburbs (Intermediate density area)                                | <input type="checkbox"/> |
|                              | Rural areas (Thinly populated area)  | <input type="checkbox"/> |
| <b>HOUSEHOLD COMPOSITION</b> |  |                          |
| <b>H17.</b>                  | <b>Total number of members in the household</b><br>( <b>household size</b> ) | < ___ >                  |
|                              | of which:  |                          |
|                              | Number of persons aged from 16 to 24   | < ___ >                  |
|                              | of which:  |                          |
|                              | Number of students   | < ___ >                  |
|                              | Number of persons aged 25 to 64  | < ___ >                  |
|                              | Number of persons aged 65 to 74  | < ___ >                  |
|                              | Number of persons aged more than or equal to 75                              | < ___ >                  |
| <b>H18.</b>                  | <b>of which, number of children under 16:</b>                                | < ___ >                  |
|                              | of which:  |                          |
|                              | Number of children aged from 14 to 15  | < ___ >                  |
|                              | Number of children aged from 5 to 13   | < ___ >                  |
|                              | Number of children aged less than or equal to 4                              | < ___ >                  |

|  |  |
|--|--|
| <b><i>Total monthly household income</i></b> |  |
| <b>H19.</b>                                  | <b>Household income:</b><br>(total average net<br>current monthly<br>income) |
| <b><i>Interview duration</i></b>             |  |
| <b>H20. Interview duration</b>               | <____> min   |