



HELLENIC REPUBLIC
HELLENIC STATISTICAL AUTHORITY



QUEST.3

CONFIDENTIAL

GENERAL DIVISION OF STATISTICS
DIVISION OF POPULATION, EMPLOYMENT & COST OF LIVING
HOUSEHOLDS "SPECIAL STATISTICS" SECTION

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Household ID

Name/ Surname

Interviewer

STATISTICS ON INCOME AND LIVING CONDITIONS 2024

MEMBERS
REGISTER

Data supply to ELSTAT is provided in article 2, par. 3 of Law 3832/2010. The data provided to ELSTAT are used exclusively for statistical purposes and their CONFIDENTIALITY is kept. ELSTAT uses the personal data collected with the survey questionnaire for reasons related exclusively to its conduct and the production of relevant statistics (Article 6, paragraph 1 (c) and (e) of Regulation (EU) 2016 / 679 and Law 4624/2019). The management of this data by ELSTAT may include its communication with their subject in the context of the correct completion of the questionnaire.

FOR THE INTERVIEWER: Please record:

- Starting time of the interview (e.g. 18:30) :
- S/N of the member providing information for the household.....

A.BASIC CHARACTERISTICS AND CURRENT MEMBERSHIP STATUS

(0)	(1)	(2)	(3)	(4)			(5)	(6)	(7)	(8)	(9)	(10)
S/N	Member's S/N	Name	Surname	Date of birth			Sex 1: Male 2: Female	Country of birth 1: Greece → 7 2: Other(fill) → 8	Have we ever lived outside of Greece for a period longer than one year? 1: Yes → 8 2: No → 9	Duration of stay (years) in Country	First citizenship	Second citizenship
				Date	Month	Year						
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												

COLUMN 8:

- a) If in column (7) = 1, then in column (8) is recorded the duration in completed years of stay in Greece from the date of the last resettlement.
- b) If in column (6) = 2, then the country of birth is filled in and in column (8) the corresponding duration from the date of establishment in Greece is recorded.

COLUMN 14:

1. Employee.
2. Unemployed.
3. Retired at normal age or not, or has discontinued the operations of his business.
4. Unable to work due to chronic / serious health problems.
5. Pupil, student, student.
6. Housekeeping and/or child/elderly care.
7. Soldier.
8. Another case of an economically inactive person.
9. Person with permanent disability.

B.BASIC CHARACTERISTICS AND CURRENT MEMBERSHIP STATUS

(11)	(12)	(13)	(14)	(15)	(16)	17	(18)	(19)	20	(21)
For all members 1: Current member/was a member during the previous wave(s) 2: Installed by another household in the sample 3: Settled by another household outside the sample 4: Newborn 5: Moved 6: He died	For members who have moved Move to: 1: Private household within the City* 2: Collective residence or institution of the City 3: Another country 4: Unknown address (untraceable)	Columns 13-21 are completed, only if in column 11, code 1, 2, 3 or 4.								
		Residencial status 1: Lives here 2: Temporarily lives elsewhere	Main activity	Member's father s/n. number - 2: If father is not member of the household	Member's mother s/n. number - 2: If mother is not member of the household	Member's partner s/n. number - 2: If partner is not member of the household	16 years and up 1: Yes 4: No	Interview's result	Younger than 12 years old 1: Yes 2: No	Number of children born (for women 12 years old and up)

Column 19. Interview's result

11. Personal Questionnaire completed

21. Personal questionnaire not completed due to illness or incapacity

22. The self-completed questionnaires weren't given back

23. Member refused to co-operate

31. Member is temporarily absent and the questionnaire cannot be filled in by proxy

32. Contact not made for other reasons

33. Interview not completed for unknown reasons

B. HOUSEHOLD GRID

The table is symmetrical. The diagonal of the table corresponds to the relationship of each member of the household with himself (dark outline), therefore it is not completed. The top half part of the table that is outlined also does not need to be completed. Fill in the corresponding lower half of the table showing the relationship of each household member with all the rest, according to the codes listed below.

Further analysis of the codes is presented in the instructions to the interviewers

S/n	Name	1	2	3	4	5	6	7	8	9	10
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Partner: 11 – Husband/wife/civil partner 12 – Partner/cohabite (high level)

Son/Daughter: 21 Natural/Adopted son/daughter (high level), 22 – Stepson/stepdaughter (high level).

30: Son-in-law/daughter-in-law (low; high level)

40: Grandchild (low; high level)

Parent: 51 – Natural/adoptive parent (high level), 52 – Stepparent (high level)

60: Parent in law (low; high level)

70: Grandparent (low; high level)

Brother/Sister 81 – Natural brother/sister (high level), 82 – Stepbrother/Sister (high level)

90: Other relative (low; high level)

95: Other non-relative (low; high level)

C. CHILDCARE FOR CHILDREN UOP TO 12 YEARS OLD

FOR THE INTERVIEWER: The following questions only concern children up to 12 years old on the day of the interview. The other members of the household are not recorded.

(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
S/N	Member's S/N	Number of hours per week in programs concerning pre-school education	Number of hours per week in programs concerning obligatory education	Number of hours per week in programs concerning childcare inside school	Number of hours per week concerning childcare outside school (baby parking)	Number of hours per week concerning childcare by child-minders	Number of hours per week concerning childcare by relatives or other persons	Does your household pay or contribute in the cost of provision security services in custody programs either before/after the program (pre)school education either in childcare centers?	Is there a need for the child in program custody (0 hours column 4 or 5) or participation for more hours from those already participating? 1. Yes 2. No→D Part	What is the main reason that the child does not participate in a childcare program or participates for fewer hours than needed? 1. Financial difficulty 2. The service is not available 3. The service is available, but it is far away 4. The service is available, but the operating hours do not serve 5. The service is available, But the quality of services provided is not satisfactory 6. Other reasons
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

COLUMN 2: As pre-school education programs are considered kindergarten and creche.

COLUMN 3: As obligatory education program is considered the demotiko and gymnasium

COLUMN 4: As child care program inside school is considered child care, in the morning, usually, from 7a.m. until lessons start and until 4p.m. The particular program does not exist in all schools. Included are private and public schools.

COLUMN 5: As childcare program outside school is considered childcare in especially adjusted places, at day-care center, during the day

COLUMN 6: As childcare program outside school is considered childcare in especially adjusted places, at day-care center, during the day.

COLUMN 7: Concerning childcare by grand-parents, other household members (parents are excluded), other relatives, friends or neighbors.

D. HEALTH OF CHILDREN UP TO 15 YEARS OF AGE

FOR THE INTERVIEWER: The following questions only concern children aged up to 15 who are members of the household. The other members of the household are not recorded

(0)	(1)	(2)	(3)	(4)
S/N	Member's S/N	How would you describe child health in general ? 1: Very good 2: Good 3: Fair (neither good nor bad) 4: Bad 5: Very bad	Is [child's name] limited because of a health problem in activities most children of the same age usually do? 1: Yes, very much 2: Yes, but not very much 3: No, not limited at all → Part E	Has [he/she] been limited for at least the past 6 months ? 1: Yes 2: No
01				
02				
03				
04				
05				
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08				
09				
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COLUMN 2: Refers to the child's general health status (physical and emotional functioning, mental health and biomedical signs and symptoms) on a consistent basis and not to the existence of temporary or past health problems.

E.MEMBERS TRACING SHEET

New address for split-off households

MEMBER'S ID:

Name/Surname:
Prefecture:
Municipality Commune:
Address:
Phone number:
Email:

FOR THE INTERVIEWER:

a. The split-off household will be interviewed in its new address by me..... ☐ → Complete all the questionnaires

b. The split-off household will be interviewed in its new address by another

interviewer (in other prefecture) ☐ → Send a fax to other Prefecture

END of the Survey for the current Interviewer