



REPUBLIC OF CYPRUS

STATISTICAL SERVICE

Form: SILC 1

**SURVEY ON INCOME AND
LIVING CONDITIONS OF HOUSEHOLDS 2022**

CONFIDENTIAL

SILCKEY:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COUNTRY OF RESIDENCE (DB020):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INTERVIEW DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOUSEHOLD ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ROTATIONAL GROUP CODE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INTERVIEW WAVE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WAVE NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEGREE OF URBANISATION:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GEO. CODE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INTERVIEWER'S NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERIOD:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of person responsible in the household: _____

Address: _____ District: _____

Quarter/Community/Municipality: _____ Telephone numbers: _____

Post code: _____

Contact email: _____

**HOUSEHOLD
REGISTER**

General Information about the Survey:

1. The survey conducted is in accordance with the Regulation No. 2019/1700 of the European Council and the European Parliament (EU-SILC). The main objective of the survey is to study the standard of living of the population with respect to their income at the European and national level. The survey will be used as the main source for the compilation of statistical indicators about the distribution of income and the social exclusion with respect to the European Union level.
2. The Statistical Service is kindly requesting all households to cooperate when contacted by the interviewer and supply the necessary information as accurate as possible.
3. The Statistical Service is obliged in accordance with the Official Statistics Law no. 25(1)2021 to treat all the information collected as **CONFIDENTIAL**. The compiled information will be used solely for general statistical purposes. The individual data of the household will not be disclosed to any person, organisation or other Government Departments.

February, 2022

A . LOCATING THE HOUSEHOLD

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

1. The household was found at the same address as in the previous wave..... 01 → Complete Part C
(At least one person from the sample stays at the same address as in the previous wave)
2. The entire household moved out to another dwelling in Cyprus 02 → Complete the new address
(No one from the sample stays at the same address as in the previous wave and contact with the household is possible)

NEW ADDRESS

HOUSEHOLD ID:

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

ROTATIONAL GROUP CODE:

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NEW GEOGRAPHICAL CODE:

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Name of person responsible in the household :	
New Address :	
New Quarter/Community/ Municipality :	
New Post code :	
New Telephone number :	
New Contact Email :	

3. FOR THE INTERVIEWER: Specify what action will be taken:

- a. I will personally interview the household at the new address 1 → Complete Parts B & C
- b. Another interviewer working in a different area will interview the household at the new address 2 → Inform immediately the service

↙
End of the interview
for the specific
interviewer

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

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

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

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

6. Fusion

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

B . LOCATING THE DWELLING

1. The dwelling was located:

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

11

The answer does not consider the result of the contact with the household (if the household refuses to cooperate, if it is temporarily absent or if it is unable to respond due to illness etc.)

2. Contact with the household of this dwelling at the specified address is not possible because:

- | | | |
|--|----|--|
| a. The dwelling cannot be found according to the record of contact
(area, street, number etc.) | 21 | |
| b. Access to the dwelling at the specified address is impossible because of
flood, snow, inaccessible road etc. | 22 | |
| c. The building at the specified address is demolished, the place is used for
business purposes (shop/business), as secondary residence, it is empty
(due to repairs or death of renters etc.) | 23 | |

FOR THE INTERVIEWER: Ask. Q.3 only if the households are interviewed for the first time, that is the households with rotational group code 1

3. During the year 2021 the household had its usual residence in:

- Cyprus
- Abroad

1
2

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

Name:

Address:

Telephone number:

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C. HOUSEHOLD INTERVIEW RESULT

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

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

11
21
22
23
24

End of Survey

FOR OFFICIAL USE ONLY

D. ACCEPTANCE/ REJECTION OF THE HOUSEHOLD INTERVIEW

1. ACCEPTANCE (At least one personal interview is completed)
2. REJECTION (No personal interview is completed)

1
2

E. THE QUESTIONNAIRE HAS BEEN EDITED BY SUPERVISOR

1. Yes
2. No

1
2

F. HOUSEHOLD REGISTER CODING

KeepHH:

1. Yes
2. No
3. Wait for next year so to see whether two consecutive years or not
4. S.O.S Temporary answer during APPEND

1
2
3
4

KeepHHFin:

1. Yes
2. No
3. Wait for next year so to see whether two consecutive years or not
4. S.O.S Temporary answer during APPEND

1
2
3
4

SUPERVISOR'S NUMBER

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Name of supervisor:



REPUBLIC OF CYPRUS



STATISTICAL SERVICE

Form: SILC 2

**SURVEY ON INCOME AND
LIVING CONDITIONS OF HOUSEHOLDS 2022**

CONFIDENTIAL

SILCKEY:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
COUNTRY OF RESIDENCE (RB020):	<input type="text" value="C"/> <input type="text" value="Y"/>	DEGREE OF URBANISATION:	<input type="text"/>
INTERVIEW DATE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GEO. CODE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	INTERVIEWER'S NUMBER:	<input type="text"/> <input type="text"/>
ROTATIONAL GROUP CODE:	<input type="text"/>		
INTERVIEW WAVE:	<input type="text"/>		
WAVE NUMBER:	<input type="text"/> <input type="text"/>	PERIOD:	<input type="text"/> <input type="text"/>

**PERSONAL
REGISTER**

Please state the number of persons who usually live in the household. Please include: a. persons who are temporarily absent such as: working abroad, pupils, students or in the National Guard,

b. infants or small children, c. domestic employees

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(HHSIZE)

A. DEMOGRAPHIC AND BASIC PERSONAL DATA

(1)	(2)	(3)	(4)		(5)	(6)	(7)		(8)	(9)	(10)	(11)	(12)			(13)	(14)	(15)							
Line	Member's Serial Number (SerNr)	Name (NamePers)	Sex (Sex)		Date of birth (DateBirth)	A g e	Age 16 and over (Age16)		Under 12 years of age (Age12)	Current and former household members (MembStat)	Sample Person (Smpl)	Personal Identification Number (PersID)	KeepPers			You entered the household from: (WhereFrom)	To where did the person move: (WhereMoved)	Month and Year when the person moved out or died							
			Male	Female				Yes	No	Yes			No	Membership status <u>For current household members</u> 1. Was in this h/hold in previous waves or current h/hold member →Q. 17 2. Moved into this h/hold from another sample h/hold since previous wave →Q. 13 3. Moved into this h/hold from outside sample since previous wave →Q. 13 4. Newly born →Q. 17 <u>Or former household members</u> 5. Moved out →Q. 14 6. Died →Q. 15	Sample Person = 1 Co-resident = 2	(Personal id)	Yes	No	S · O · S D U T R E I M N P G O R A P P Y E N A D N S W E R	1. Another household in Cyprus 2. Another household abroad 3. An institution →Q. 17	1. To a private household within Cyprus 2. To a collective household or institution within the country 3. Abroad 4. Do not know/Lost	Month	Year		
																								→PART C	
1st			1	2			1	2	1	2			1	2	3										
2nd			1	2			1	2	1	2			1	2	3										
3rd			1	2			1	2	1	2			1	2	3										
4th			1	2			1	2	1	2			1	2	3										
5th			1	2			1	2	1	2			1	2	3										
6th			1	2			1	2	1	2			1	2	3										
7th			1	2			1	2	1	2			1	2	3										
8th			1	2			1	2	1	2			1	2	3										
9th			1	2			1	2	1	2			1	2	3										
10th			1	2			1	2	1	2			1	2	3										

A. DEMOGRAPHIC AND BASIC PERSONAL DATA (continued)

(1)	(3)	(16)	(17)	(18)		(19)		(20)		(21)	22	(23)
Line	Name	RB032	Residential Status (ResStat)	In which country were you born? (RB280)		What is your citizenship? (RB290)		Usual Residence (UsualRes)		Year of permanent settlement (YearCy)	Duration of stay in Cyprus (RB285)	Basic activity status (current) (BasActStat/ RB211)
		Current Member Serial Number	1. Currently living in the household 2. Domestic employee 3. Temporarily absent, within Cyprus 4. Temporarily absent, abroad	Country of birth and Code of country		Country of Main Citizenship and Code of country		Did you ever have your usual residence (for more than 12 months) abroad? (students are excluded)		If YES, which year did you come to Cyprus for permanent settlement?	Years of stay in Cyprus since the year of permanent settlement, in completed years	1. Employed 2. Unemployed 3. In retirement or early retirement 4. Unable to work due to long-standing health problems 5. Student/Pupil 6. Fulfilling domestic tasks and care responsibilities 7. Compulsory military or civilian service 8. Other
				Country	Code	Country	Code	Yes	No → Q. 23			
1st								1	2	<input type="text"/>		
2nd								1	2	<input type="text"/>		
3rd								1	2	<input type="text"/>		
4th								1	2	<input type="text"/>		
5th								1	2	<input type="text"/>		
6th								1	2	<input type="text"/>		
7th								1	2	<input type="text"/>		
8th								1	2	<input type="text"/>		
9th								1	2	<input type="text"/>		
10th								1	2	<input type="text"/>		

B. CARE OF CHILDREN UP TO 12 YEARS OF AGE

FOR THE INTERVIEWER: The questions below refer to children up to 12 years of age (i.e. those born in 2009 onwards) only.
The rest of the household members are excluded.

Question: During a usual week (in the period January - June) how many hours was the child taken care by the following services (in the absence of you or your wife/partner)?							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Line	Member's Serial Number	Pre-school education (kindergarten, nursery school, pre-primary) (ChildCare3)	Compulsory education (primary, gymnasium) (ChildCare4)	Childcare at centre-based services (ChildCare5)	By a professional child- minder (at child's home or at child-minder's home) (ChildCare6)	Childcare at centre- based services (nurseries, kindergarten etc.) (ChildCare7)	By relatives, friends or other household members (ChildCare8)
1st							
2nd							
3rd							
4th							
5th							
6th							
7th							
8th							
9th							
10th							

(5): Childcare at centre-based services is considered to be the care of children before or after school hours either within the school premises (e.g. not compulsory all day school) or outside the school premises. All-day schools do not exist in every school. Public and private schools are included.

(7): Childcare programme outside school is considered to be the care of children during day at specially formed premises e.g. some municipalities provide these services.
The children must not attend pre-school or compulsory education on this particular day.

(8): It concerns unpaid care of children by grandparents, members of the household other than the parents, other relatives, friends or neighbours.

C. INTRA-HOUSEHOLD RELATIONSHIPS BETWEEN THE HOUSEHOLD MEMBERS

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

If not listed or not applicable, then leave in blank

[illegible]

D. MEMBER TRACING SHEET

FOR THE INTERVIEWER: *For co-residents*

For persons who moved out to a collective household or an institution in Cyprus

For persons who moved abroad

For persons who died

: END OF INTERVIEW

FOR SAMPLE PERSONS WHO MOVED OUT TO A PRIVATE HOUSEHOLD WITHIN CYPRUS COMPLETE THE FOLLOWING :

New address for split households

PERSONAL ID:

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

ROTATIONAL GROUP CODE:

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Name	:			
District	:			
Quarter/Municipality/ Community	:			
Address	:			
Telephone number	:			
FOR THE INTERVIEWER :				
<p>a. I will interview the split household at the new address</p> <p>.....</p>				
		<div>1</div> <div>→</div> <div>Complete all the relevant questionnaires</div>		
<p>b. The split household will be interviewed at the new address by another interviewer</p>				
		<div>2</div> <div>→</div> <div>Inform the service</div>		
FOR OFFICIAL USE:				
<p>c. The split household will be interviewed the period:</p>				
		<table border="1"> <tr> <td></td><td></td> </tr> </table>		
<p>d. The split household will be interviewed from interviewer:</p>				
		<table border="1"> <tr> <td></td><td></td> </tr> </table>		



REPUBLIC OF CYPRUS



STATISTICAL SERVICE

Form: SILC 3

**SURVEY ON INCOME AND
LIVING CONDITIONS OF HOUSEHOLDS 2022**

CONFIDENTIAL

SILCKEY:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
COUNTRY OF RESIDENCE (HB020):	<input type="text" value="C"/> <input type="text" value="Y"/>	DEGREE OF URBANISATION: <input type="text"/>
INTERVIEW DATE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GEO. CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	INTERVIEWER'S NUMBER: <input type="text"/> <input type="text"/>
ROTATIONAL GROUP CODE:	<input type="text"/>	
INTERVIEW WAVE:	<input type="text"/>	
WAVE NUMBER:	<input type="text"/> <input type="text"/>	PERIOD: <input type="text"/> <input type="text"/>

**HOUSEHOLD
QUESTIONNAIRE**

February, 2022

1. FOR THE INTERVIEWER ONLY: Please complete:

- Time interview started (e.g. 18:30)

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 :

--	--
- Date of interview: Date

--	--

 Month

--	--

 Year

--	--	--	--

HOUSING DATA

2. Type of building in which your dwelling is located:

- Detached house.....

--

 1
- Semi-detached house.....

--

 2
- Terraced house

--

 3
- Apartment or flat in a building with less than 10 dwellings

--

 4
- Apartment or flat in a building with 10 dwellings or more.....

--

 5
- Some other kind of accommodation (e.g. back-yard house,
dwelling in a building used for other purposes etc.).....

--

 6

3. How many rooms does the dwelling have, not counting bathrooms, toilets, storage rooms and rooms with area less than 4m²? (Rooms used solely for business purposes are excluded)

- Number of rooms

--	--

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

- Square metres

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6. Is the dwelling:

- Owned without paying mortgage for the main dwelling?

--

 1
 - Owned paying mortgage for the main dwelling?

--

 2
 - Rented or sub rented at market rate?
(Includes cases where the rent is fully or practically recovered from housing
benefit)

--

 3
 - Rented at a lower price than the market price?

--

 4
 - Provided rent-free (by the parents, relatives etc.)?

--

 5
- }

Q.11a

→ Q.9

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

- Year

--	--	--	--

9. Please have a look at the following housing benefits. For each benefit could you please indicate whether you or another member of the household received any of these during the year 2021?

If **YES**: Please indicate the annual amount received in the year 2021

HOUSING ALLOWANCES

- | | YES | NO | |
|---|----------------------------|----------------------------|--|
| - Mortgage interest subsidy (Social Welfare Services, Minimum Guaranteed Income (MGI))..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| - Other allowances, please specify: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → Q. 15 |

11a. Which year was your rented dwelling constructed?

- | | |
|--|---|
| - Before 1946 | <input type="checkbox"/> 1 |
| - 1946-1960 | <input type="checkbox"/> 2 |
| - 1961-1970 | <input type="checkbox"/> 3 |
| - 1971-1980 | <input type="checkbox"/> 4 |
| - 1981-1990..... | <input type="checkbox"/> 5 |
| - 1991-2000 | <input type="checkbox"/> 6 |
| - 2001-2010 | <input type="checkbox"/> 7 |
| - 2011 and after, specify the year | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

12. How much are you paying in rent monthly?

- | | |
|--|--|
| - Monthly rent (before the deduction of any amount probably recovered from housing benefits e.g. rent allowances given to refugees)..... | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|--|--|

12a. Is your housing unit rented:

- | | |
|-----------------------------------|----------------------------|
| - Unfurnished | <input type="checkbox"/> 1 |
| - Furnished/Partly furnished..... | <input type="checkbox"/> 2 |

13. Please have a look at the following housing benefits. For each benefit, could you please indicate whether you or another member of the household received any of these during the year 2021?

ALLOWANCES

If **YES**: please indicate the annual amount received in the year 2021

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

14. Does the rent stated include payments for:

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

HOUSING COSTS

15. Please state whether you have paid any of the following during the year 2021:

If **YES**: Please indicate the annual amount you paid in the year 2021

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

NON MONETARY GOODS

17. For each item below indicate whether or not your household possesses it. It does not matter whether the item is owned or provided rent-free.

If you do not have an item:

(a) would you like to have it, but can not afford it or

(b) do not have it for other reasons, e.g. you do not want or need it

	YES	Would like to have it but cannot afford it	Do not want it, do not have it for other reasons
a. Personal Computer	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b. Private car	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

HOUSING CONDITIONS

HEAT. Is your dwelling equipped with heating facilities?

- Yes - Central heating or similar (oil, gas or thermal accumulators of the Electricity Authority of Cyprus) 1
- Yes - There is other fixed heating (fireplace, split units or similar) 2
- No - There is no fixed heating 3

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

- Yes 1
- No 2

FINANCIAL SITUATION

18. Do you or anyone in your household have to repay debts from any credit card, hire purchase or other loans? Loans from family/friends are included. (Mortgage repayments or other loans connected with the purchase of main dwelling are excluded. They are included if they are connected to another dwelling. Loans for purchase of a private car, housing equipment, student loans, overdraft etc. are included.)

- Yes 1
- No 2 → Q. 17n

HI120. How much was paid last month on the loan/s mentioned above (excluding mortgages on purchase of your main home) of all household members? (Please refer to the monthly instalments only.)

- Total monthly amount: €

19. To what extent is the repayment of such loans a financial burden for your household? Would you say it is:

- A heavy burden 1
- A slight burden 2
- Not a burden at all 3

17n. Did your household go on holidays away from home for at least one week, during the last 12 months, including stays in second dwelling or with friends/relatives?

- Yes 1
- No, because household could not afford it 2
- No, for some other reasons 3

20. Can your household afford to:

- | | YES | NO |
|---|---|---|
| a. Go for a week's annual holiday away from home, including stays in second dwelling or with friends/relatives (whole household)? | 1 | 2 |
| b. Have a meal with meat, chicken, fish (or vegetarian equivalent) every second day? | 1 | 2 |
| c. Face an unexpected but necessary expense of €35 from your own resources? | 1 | 2 |
| d. Keep its home adequately warm? | 1 | 2 |

21. Have you, at any time during the last 12 months, been unable to pay as scheduled due to financial difficulties any of the following:

	Yes, once	Yes, twice on more	No	Not applicable
a. Rent for accommodation or housing loans for the main dwelling?.....	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b. Utility bills, (heating, electricity, gas, water etc) for the main dwelling? (telephone bills are not included)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c. Credit card balances or loan payments for purchases of housing equipment, purchase of a private car or other hire purchases?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

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

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

HD080. Could you tell me if your household replaces furniture when worn-out or damaged?

- Yes
- No, because cannot afford it
- No, for some other reason

22. A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total income, is your household able to make ends meet, namely, to pay for its usual necessary expenses?

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

23. In your opinion, what is the very lowest net monthly income that your household would like to have in order to make ends meet, that is to pay its usual necessary expenses? Please answer in relation to the present circumstances of your household, and what you consider as usual necessary expenses (to make ends meet).

- Total monthly amount €

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

- Yes
- No → Q. 24

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

- Year

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

- Amount €

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

- Years

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

- Amount..... €

23f. What was the outstanding amount of the housing loan at the end of 2021?

- Amount €

23g. What is the actual total amount paid for 2021?

- Amount €

23h. What interest rate do you pay for your housing loan?

- Interest rate %

23i. Is your housing loan funded by the Central Agency for Equal Distribution of Burdens or by the Ministry of Interior?

- Yes
- No.....
- If YES, state the amount for 2021 €

24. FOR THE INTERVIEWER: Please check from the Members Register, whether there are any children under 16 years old in the household..

- Yes.....

- No

→ Q. 27

INCOME OF PERSONS UNDER 16 YEARS OF AGE

25. During 2021, did any of the children under 16 years of age have at least one independent source of income?

Please disregard any amounts received from other members of the household.

- Yes.....

- No.....

→ Q. 27

26. If YES, what was the total amount during the year 2021?

- Total Gross annual amount (before tax and social insurance contributions were deducted)

€

- Total Net annual amount (after tax and social insurance contributions were deducted)

€

SOCIAL BENEFITS AND ALLOWANCES

27. Please look at this list of family-related benefits and allowances. For each benefit/allowance could you please indicate whether you or someone else in the household received any of these during the year 2021?

BENEFIT-ALLOWANCE	YES	NO	If YES: Please indicate the total amount for 2021
a. Mother's allowance	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
b. Child allowance	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
c. Allowance for disabled children (MGI/ Dep. for Social Inclusion of persons with disabilities).....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
d. Maternity allowance	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
e. Paternity allowance	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
f. Grant for the care of children placed with foster families	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
g. Maternity grant (lump sum payment).....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
h. Benefit to families with triplets or more.....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
i. Allowance for the care of the elderly	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
j. Single Parent Benefit	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
k. Other family benefits, please specify:.....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

28n. During the year 2021, did anyone in your household receive the Missing Persons Allowance?

- Yes

- No

→ Q. 28bn

29n.What was the total amount received in 2021?

- Total amount (annual) €

29n1.Total amount paid for GHS in 2021:

- Total amount (annual) €

28bn. During the year 2021, did anyone in your household receive the Minimum Guaranteed Income (MGI) or the Public Benefit allowance?

- Yes
- No

1

2

See note below 'For the interviewer'

29bn. What was the total amount received in 2021?

- Total amount (annual) €

29bns. Please specify the reason:

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

--	--

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

Name: -----

FOR THE INTERVIEWER: If in questions Q27c, 27f, 27i or 27k there is at least one answer with a YES, go to Q29 SN, *otherwise go to Q. HS200.*

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

--	--

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

Name: -----

FOR THE INTERVIEWER: The next questions to be asked only for persons under 16 years old.

29ID. Please specify the identity card number of the recipient

(child who receives the amount):

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

29ARC. Please specify the Alien Registration Card (ARC) number of the recipient (child who receives the amount):

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

29c. Are there any other children under 16 years old in your household that receive any benefit?

- Yes
- No

1

2

→ Q. HS200

29cs. Please specify the name and the identity card number of the children:

Name Identity Card Number

HEALTH

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

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

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

- | | |
|---|---|
| - A heavy burden | 1 |
| - Somewhat a burden | 2 |
| - Not a burden at all..... | 3 |
| - No one in the household needed/had medical examination or treatment | 4 |

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

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

- | | |
|---|---|
| - A heavy burden | 1 |
| - Somewhat a burden | 2 |
| - Not a burden at all..... | 3 |
| - No one in the household needed/had dental examination or treatment..... | 4 |

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

(It refers to all members of the household)

- | | |
|--|---|
| - A heavy burden | 1 |
| - Somewhat a burden | 2 |
| - Not a burden at all..... | 3 |
| - No one in the household needed/had medicines | 4 |

FINANCIAL ASSISTANCE TO/AND FROM OTHERS

30. During the year 2021 did you or anyone else in your household give on a regular basis any financial assistance to members of other private households?

(It includes payments for a spouse or former spouse (alimony), children not living with you any more but they have their own household (not students), older parents, relatives, etc. It does not include money given as gifts for Christmas, birthdays etc.).

- Yes 1

- No 2 → Q. 32

31. If YES, specify:

TYPE OF ASSISTANCE	FOR OFFICIAL USE	THE AMOUNT WAS PAID EVERY	TOTAL GROSS AMOUNT PAID IN 2021 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2021 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
	1. Alimony (mandatory/voluntary) 2. Other kind of help			
.....	1	week 1	€	€
	2	month 2	_ _ _ _ _ _ _	_ _ _ _ _ _ _
		year 3		
.....	1	week 1	€	€
	2	month 2	_ _ _ _ _ _ _	_ _ _ _ _ _ _
		year 3		
.....	1	week 1	€	€
	2	month 2	_ _ _ _ _ _ _	_ _ _ _ _ _ _
		year 3		
.....	1	week 1	€	€
	2	month 2	_ _ _ _ _ _ _	_ _ _ _ _ _ _
		year 3		

32. During the year 2021, did you or anyone else in your household receive on a regular basis any financial assistance from members of other private households?

(It includes amounts received from a spouse or former spouse (alimony), children, parents, relatives etc. It does not include money given as gifts for Christmas, birthdays etc.)

- Yes 1

- No 2 → Q. 34

33. If YES, specify:

TYPE OF ASSISTANCE	FOR OFFICIAL USE	THE AMOUNT WAS RECEIVED EVERY	TOTAL GROSS AMOUNT RECEIVED IN 2021 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT RECEIVED IN 2021 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	
	1. Alimony (mandatory/ voluntary) 2. Other kind of help				
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _	_ _ _ _ _ _	
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _	_ _ _ _ _ _	
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _	_ _ _ _ _ _	
-----	1	week	1	€	€
	2	month	2		
	year	3	_ _ _ _ _ _	_ _ _ _ _ _	

INCOME IN KIND

34. During the year 2021 did you have any savings from own production of goods?

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

- Yes

1

- No

2

→ Q. 35a

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

- Total amount (annual)

€

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

35a. During the year 2021, did any member of your household receive any subsidy from the C.A.P.O or from the Agricultural Insurance Agency?

- Yes

1

- No

2

INCOME FROM RENT

36. During the year 2021, did you or any other member of your household receive any income from renting a building , house, apartment, room or any other property?

- Yes

1

- No

2

→ Q. 41

36v. What was your gross income from rents of immovable property during the year 2021?

- Total annual amount €

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

- Yes

1

- No

2

→ Q. 39

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

- Total annual amount €

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

- Total annual cost €

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

- Total annual amount €

TAX ON PROPERTY

41. During the year 2021, did you pay any tax in relation to yours or other household member's property? (The question refers to property either rented or non rented)

- Yes

1

- No

2

→ Q. HI010

42. If YES:

b. What property tax did you pay during the year 2021 for <u>your main house</u> ?	€
a. What property tax did you pay during the year 2021 for ALL your immovable property?	€

EVOLUTION OF HOUSEHOLD INCOME

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

- Increased
- Remained the same..... → Q. HI040a
- Decreased..... → Q. HI030

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

- Indexation or revaluation of salary (e.g Cost of living allowance, changes in the salary cuts)
- Increased working time(same job).....
- Increased wage or salary (same job).....
- Come back to job market after illness, parenthood, parental leave, child care or to take care of a person with illness or disability } Q. HI012
- Starting or changed job.....
- Change in household composition
- Increase in social benefits.....
- Other

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

- Reduced working time (same job)
- Reduced wage or salary (same job).....
- Parenthood/parental leave/child care/to take care of a person with illness or disability
- Changed job
- Lost job/unemployment/bankruptcy of (own) enterprise
- Became unable to work because of illness or disability.....
- Change in household composition (e.g children leaving home/divorce/other change).....
- Retirement
- Cut in social benefits.....
- Other

HI012. Did this change in income happen as an impact of the COVID-19 pandemic?

- Yes.....
- No

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

- Yes
- No →

Q.FORMMEMB
(if new hhld, otherwise
go to Q. HD225)

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

- Increase.....
- Decrease

FORMMEMB. During 2021, did you have any persons living in your household for at least 3 consecutive months, who had income, but are no longer members of this household?

- Yes
- No

BASIC NEEDS/MATERIAL DEPRIVATION OF THE CHILDREN

HD225. Did ALL the children of the household aged 5 to 15 who attended school, have the possibility to follow distance learning courses/school in an appropriate way (e.g. each had available when necessary a computer/mobile device, good internet connection etc.) during covid-19 restrictions in last 12 months?

- Yes
- No, no internet connection or internet connection was not sufficient.....
- No, no sufficient computer/mobile devices.....
- No, no online courses available or not enough courses proposed by the school.....
- No, other reason.....
- No children attending school.....

DETAILS OF INTERVIEW

44a. FOR THE INTERVIEWER: Please complete:

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

HB130. Interview mode used for the Household Questionnaire

- Paper assisted personal interview (PAPI)
- Computer assisted personal interview (CAPI)
- Computer assisted telephone interview (CATI)
- Computer assisted web-interview (CAWI).....
- Other

DurInt. Duration of household questionnaire interview in minutes

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



REPUBLIC OF CYPRUS



STATISTICAL SERVICE

Form: SILC 4

**SURVEY ON INCOME AND LIVING
CONDITIONS OF HOUSEHOLDS 2022**

CONFIDENTIAL

SILCKEY:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
COUNTRY OF RESIDENCE (PB020):	<input type="text" value="C"/> <input type="text" value="Y"/>	DEGREE OF URBANISATION: <input type="text"/>
INTERVIEW DATE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GEO. CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	INTERVIEWER'S NUMBER: <input type="text"/> <input type="text"/>
MEMBER'S SERIAL NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ROTATIONAL GROUP CODE:	<input type="text"/> <input type="text"/>	
INTERVIEW WAVE:	<input type="text"/> <input type="text"/>	
WAVE NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PERIOD: <input type="text"/> <input type="text"/>

**MEMBER QUESTIONNAIRE
AGED 16 AND OVER**

1. FOR THE INTERVIEWER. Please complete:

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

Date Month Year

- Date of interview: [] [] [] [] [] []

DEMOGRAPHIC DATA

4. What is your marital status?

- Never married

- Married

- Widowed

- Divorced.....

- Separated

- Cohabitant
- 1

2

3

4

5

6
- Q. PD230

5. What is your legal marital status?

- Never married

- Married

- Widowed

- Divorced.....
- 1

2

3

4

PB230. What was your father's country of birth?

- Country of birth

- Country Code [] []

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

- Country of birth

- Country Code [] []

EDUCATION

6. Are you currently in education?

- Yes

- No.....
- 1

2
- Q. EDUCA1

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

- Primary Education

- Lower Secondary (first 3 grades) Preparatory level or New Modern Apprenticeship programme

- Upper Secondary - Lyceum (4th-6th or 7th form), Technical or Vocational School)

- Post-secondary non tertiary education (duration of programmes up to 2 years)

- Short cycle tertiary programmes (duration of programmes 2-3 years e.g. Private College, Police Academy, HHIC, Tour Guide School etc).....

- Bachelor or equivalent

- Postgraduate (Master, MBA, MA MSc) or graduate degree of duration of 5 years or more.....

- Doctorate or equivalent
- 1

2

3

4

5

6

7

8
- Q. EDUCA1

If Age<35 go to Q. CURED2
If Age>35 go to Q. EDUCA1

If Age<35 go to Q. CURED2
If Age>35 go to Q. 7c1

Q. 7c1

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

- General orientation

- Vocational/Technical orientation

- Unknown orientation
- 1

2

3

7c1. School name -----

7c2. Subject title -----

7c3. Duration of programme [] []

7c4. Year of studies [] []

7c5. Country of studies -----

Country code [] []

EDUCA1. What is the highest level of education you SUCCESSFULLY completed so far?

- | | | |
|--|---------------------------------|---------|
| - Did not attend Primary School at all | <input type="text" value="1"/> | → Q. 10 |
| - Attended Primary School but did not complete it | <input type="text" value="2"/> | } Q. 9 |
| - Primary Education..... | <input type="text" value="3"/> | |
| - Lower secondary education (first 3 grades) (Apprenticeship programme
(Preparatory level or completion of New Modern Apprenticeship programme) | <input type="text" value="4"/> | |
| - Upper secondary (Lyceum/Technical School or vocational school) | <input type="text" value="5"/> | |
| - Post secondary (non tertiary) 1 year college | <input type="text" value="6"/> | |
| - Short-cycle Tertiary programmes, 2-3 years for specific occupations
(HIT, HHIC, PIVET ect.), or College 2-3 years | <input type="text" value="7"/> | |
| - University (Bachelor/Diploma 3-4 years) or College 4 years (BA, BSc ect.) | <input type="text" value="8"/> | |
| - Postgraduate (Master, MBA, MA, MSc) or graduate degrees/
diplomas of duration of 5 years or more | <input type="text" value="9"/> | |
| - Doctorate (PhD) | <input type="text" value="10"/> | |

EDUCA2. Your highest level of education was completed at:

- | | |
|--|--------------------------------|
| - An Educational Institution in Cyprus | <input type="text" value="1"/> |
| - An Educational Institution in another country | <input type="text" value="2"/> |
| - An Educational Institution in Cyprus, but programme/qualification of Educational
Institution of another country or in Cyprus through distance learning from an
Educational Institution in another country..... | <input type="text" value="3"/> |

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

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

- | | |
|--|--------------------------------|
| - General orientation | <input type="text" value="1"/> |
| - Vocational/Technical orientation | <input type="text" value="2"/> |
| - Unknown Orientation | <input type="text" value="3"/> |

FOR THE INTERVIEWER: Question EDUCA4 will be asked only if AGE<35 and in Q.EDUCA1=5 and EDUCA2=2 or 3 .

EDUCA4. Your Upper Secondary Education (Lyceum) leaving certificate, in which of the following categories belongs?

- | | | |
|--|--------------------------------|--------|
| - Certificate of partial level completion and without direct access
to tertiary education | <input type="text" value="1"/> | } Q. 9 |
| - Certificate of level completion, without direct access to tertiary education | <input type="text" value="2"/> | |
| - Certificate of level completion, with direct access to tertiary education | <input type="text" value="3"/> | |
| - Without distinction of direct access to tertiary education..... | <input type="text" value="4"/> | |

EDUCA5. School name

EDUCA6c. Country of Educational Institution Country code

EDUCA7. Subject title

EDUCA8. Duration of programme

9. In which year did you complete this level?

- Year

FOR THE INTERVIEWER: If the answer to Q.EDUCA1 = 2,3,4 or 5 then ask Q. 9a. Otherwise ask Q. 10.

9a. Total years in education (1st grade of primary school and later).....

HEALTH

10. How is your health in general?

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

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

- Yes 1
- No 2

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

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

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

- Yes 1
- No..... 2

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

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

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

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

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

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

PH071. Is the unmet need for dental examination or treatment because of the COVID-19 crisis?

- Yes 1
- No 2

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

- Yes (I really needed at least at one occasion medical examination or treatment)..... 1
- No (I did not need any medical examination or treatment) 2 → Q. PH080

15.a Did you have a medical examination or treatment each time you really needed?

- Yes (I had a medical examination or treatment each time I needed) 1 → Q. PH080
- No (there was at least one occasion when I did not have a medical examination or treatment) 2

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

Refer to the most recent occasion.

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

PH051. Is the unmet need for medical examination or treatment because of the COVID-19 crisis?

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

INTRODUCTION: *The following questions are about health care related goods and services you used and paid for during the last 12 months.*

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

- | | |
|--------------------------|---|
| - Not at all..... | 1 |
| - 1-2 times..... | 2 |
| - 3-5 times..... | 3 |
| - 6-9 times..... | 4 |
| - 10 times or more | 5 |

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

- | | |
|--------------------------|---|
| - Not at all..... | 1 |
| - 1-2 times..... | 2 |
| - 3-5 times..... | 3 |
| - 6-9 times..... | 4 |
| - 10 times or more | 5 |

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

- | | |
|--------------------------|---|
| - Not at all..... | 1 |
| - 1-2 times..... | 2 |
| - 3-5 times..... | 3 |
| - 6-9 times..... | 4 |
| - 10 times or more | 5 |

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

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

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

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

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

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

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

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

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

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

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

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

PHYSICAL ACTIVITY

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

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

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

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

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

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

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

- | | |
|------------------------------|---|
| - Twice or more a day..... | 1 |
| - Once a day..... | 2 |
| - 4 to 6 times a week..... | 3 |
| - 1 to 3 times a week..... | 4 |
| - Less than once a week..... | 5 |
| - Never..... | 6 |

INTRODUCTION: *The next two questions are about your consumption of fruit and vegetables in a typical week.*

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

- | | |
|------------------------------|--------------|
| - Twice or more a day..... | <div>1</div> |
| - Once a day..... | <div>2</div> |
| - 4 to 6 times a week..... | <div>3</div> |
| - 1 to 3 times a week..... | <div>4</div> |
| - Less than once a week..... | <div>5</div> |
| - Never..... | <div>6</div> |

PH152. During a typical week, how often do you eat vegetables or salads, excluding potatoes, soups and any vegetable juice? It includes the consumption of fresh or frozen vegetables.

- | | |
|------------------------------|--------------|
| - Twice or more a day..... | <div>1</div> |
| - Once a day..... | <div>2</div> |
| - 4 to 6 times a week..... | <div>3</div> |
| - 1 to 3 times a week..... | <div>4</div> |
| - Less than once a week..... | <div>5</div> |
| - Never..... | <div>6</div> |

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

- | | |
|-------------------------------------|--------------|
| - Yes, daily..... | <div>1</div> |
| - Yes, a few times a week..... | <div>2</div> |
| - Yes, a few times a month..... | <div>3</div> |
| - Yes, a few times in the year..... | <div>4</div> |
| - Not at all..... | <div>5</div> |

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

- | | |
|--------------------------------|--------------|
| - Daily..... | <div>1</div> |
| - A few times a week..... | <div>2</div> |
| - A few times a month..... | <div>3</div> |
| - A few times in the year..... | <div>4</div> |
| - Not at all..... | <div>5</div> |

BOBY MASS INDEX

PH110_B. How tall are you without shoes? cm

PH110_A. How much do you weigh without clothes and shoes? kg

WELLBEING

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

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

-

0

1

2

3

4

5

6

7

8

9

10

PW191. To what extent do you trust other people that you do not know?

Please answer on a scale from 0 to 10, where 0 means that in general "you do not trust them at all" and 10 that "you trust them completely".

-

0

1

2

3

4

5

6

7

8

9

10

PMH010. Has your mental health been affected by the COVID-19 pandemic during the last 12 months?

- | | | |
|--|---|---|
| - Yes, has been negatively affected..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Yes, has been positively affected..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No, has not been affected | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |

MATERIAL DEPRIVATION

PD020. Could you tell me if you can replace worn-out clothes by some new ones (not second hand)?

- | | | |
|--------------------------------------|---|---|
| - Yes | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - No, because cannot afford it | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No, for some other reason | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |

PD030. Could you tell me if you have two pairs of shoes in a good condition that are suitable for daily activities?

- | | | |
|--------------------------------------|---|---|
| - Yes | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - No, because cannot afford it | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No, for some other reason | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |

PD050. Could you tell me if you get together with friends/family (relatives) for a drink/meal at least once a month?

- | | | |
|--------------------------------------|---|---|
| - Yes | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - No, because cannot afford it | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No, for some other reason | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |

PD060. Could you tell me if you regularly participate in a leisure activity such as sport, cinema, concert etc. (that costs money)?

- | | | |
|--------------------------------------|---|---|
| - Yes | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - No, because cannot afford it | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No, for some other reason | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |

PD070. Could you tell me if you spend a small amount of money each week on yourself, for your own pleasure (buying/doing something for yourself)?

- | | | |
|--------------------------------------|---|---|
| - Yes | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - No, because cannot afford it | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No, for some other reason | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |

PD080. Could you tell me if you have an Internet connection for personal use when needed (via laptop, desktop computer, smartphone etc.)?

- | | | |
|--------------------------------------|---|---|
| - Yes | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - No, because cannot afford it | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No, for some other reason | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |

LABOUR

PL271A. During the last 5 years, that is since 2017 until now, have you ever been unemployed?

By 'unemployed', it is meant that you had no employment, you were actively seeking employment and were ready to start work within 2 weeks.

- Yes 1
- No 2 → Q. PL032

PL271B. For how many months were you unemployed?

(in case of many unemployment periods, please consider the most recent one)

- Number of months

PL032. What is your current main activity?

(The activity is self-determined by the respondent)

- Employed 1 → Q. PL051As
- Unemployed 2
- In retirement or in early retirement..... 3
- Permanently disabled or/and unable to work due to long-standing health problems 4
- Pupil, student, further training, unpaid work experience..... 5
- Fulfilling domestic tasks and care responsibilities..... 6
- In compulsory military community or service 7
- Other 8

PL016. Have you ever worked?

- Person has never been in employment..... 1
- Person has employment experience limited to occasional work 2
- Person has employment experience other than occasional work 3
- Q.38

PL051Bs. Please describe in detail the occupation you had in your last work.

.....

PL040B. In your last job,were you:

- Self-employed with employees 1
- Self-employed without employees 2
- An employee..... 3
- A family worker without payment 4

PL111Bs. Please describe in detail the main economic activity of the business or organisation or service of your last main job.

..... → Q.36

PL051As. Please describe in detail the occupation you have in your present work.

--	--

PL040A. In your main job, are you:

- | | | |
|---|---|---|
| - Self-employed with employees | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Self-employed without employees | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - An employee..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - A family worker without payment | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |

PL145. Is your job full-time or part-time?

- Interviewer: *The answer should be given spontaneously by the respondent. If not, then, read out: 'do you work as many hours per week as the working hours applicable for this job or do you work fewer hours'?*
- | | | |
|-------------------|---|---|
| - Full-time | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Par- time | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |

FOR THE INTERVIEWER: Questions PL141 and PL150 will be asked only if in Question PL040A the respondent stated that he/she is an 'employee'

PL141. What type of contract do you have in your main job?

- | | | |
|------------------------------------|--|----|
| - Fixed-term written contract..... | <table border="1"><tr><td>11</td></tr></table> | 11 |
| 11 | | |
| - Fixed-term verbal contract | <table border="1"><tr><td>12</td></tr></table> | 12 |
| 12 | | |
| - Permanent written contract | <table border="1"><tr><td>21</td></tr></table> | 21 |
| 21 | | |
| - Permanent verbal contract | <table border="1"><tr><td>22</td></tr></table> | 22 |
| 22 | | |

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

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

PL130A. How many persons in total, work at the local unit where you work?
(Including yourself)

- | | | | |
|--|---|---|-------------|
| - 1 - 10 | <table border="1"><tr><td>1</td></tr></table> | 1 | → Q. PL130v |
| 1 | | | |
| - 11 - 19..... | <table border="1"><tr><td>2</td></tr></table> | 2 | |
| 2 | | | |
| - 20 - 49..... | <table border="1"><tr><td>3</td></tr></table> | 3 | |
| 3 | | | |
| - 50 and over..... | <table border="1"><tr><td>4</td></tr></table> | 4 | |
| 4 | | | |
| - Do not know, but less than 11 persons..... | <table border="1"><tr><td>5</td></tr></table> | 5 | |
| 5 | | | |
| - Do not know, but more than 10 persons..... | <table border="1"><tr><td>6</td></tr></table> | 6 | |
| 6 | | | |

PL130v. Specify the exact number.

- Number:

--	--

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

-

--	--

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

- | | | |
|--|---|---|
| - Public sector..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Broad Public Sector (Semi-Government organisations or Municipalities)..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - Private Sector | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Mixed Sector | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |

29. How many hours per week do you normally work in your main job?

- (Include the overtime you normally spend, paid or not)
Number of hours:

--	--

32. Do you normally work at more than one job?

- Yes

1

- No

2

→ Q. 36

32a. If yes, please specify:

33. How many hours in total do you work each week in your secondary job?

- Number of hours:

36. At what age did you begin your first regular job?

- Age at first regular job:

37. Approximately how many years have you worked as an employee or self-employed?

- Years:

CHJOB. Have you changed employer or main job since January 2021 until today?

- Yes

1

- No

2

38. What was your main activity in each month in the year 2021 up to now?

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

	2021												2022							
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.
Employee working full-time	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01
Employee working part-time	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02
Self-employed working full-time (including family worker)	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03
Self-employed working part-time (including family worker)	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04
Unemployed	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05
Pupil, student, further training, unpaid work experience	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06
In retirement or in early retirement	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07
Permanently disabled or/and unfit to work	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08
In compulsory military or community service	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09
Fulfilling domestic tasks and care responsibilities	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Income recipient	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
Other inactive person	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12

PL220. During the year 2021, were you able to work from home during the COVID-19 pandemic?

- Yes, full time
- Yes, but only partially.....
- No, it was not possible because I have no or insufficient internet connection at home
- No, it was not possible because my job is not adapted to teleworking
- No, teleworking not allowed / proposed by my employer
- No, it was not possible for another reason

COVID19_A. Did you receive during 2021 any financial help from the support measures of the Ministry of Labour, Welfare and Social Insurance to face the effects of the COVID-19 pandemic?

- Yes
- No..... → Q. 39

[illegible]

INCOME OF EMPLOYEES

39. During the year 2021, did you receive any income or other form of pay as an employee or daily paid worker?

- Yes

1

- No

2

→ Q. 55

40. Do you know your total gross or/and net annual earnings, from all your jobs, for the year 2021?

(By gross earnings we mean the amount before the deduction of tax and social insurance/provident fund/medical fund, GHS, ect.)

- Yes, I know the annual earnings from all my jobs

1

→ Q. 41

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

2

→ Q. 42

41. If YES, please specify the total gross/net earnings, as well as the deductions you had during 2021, for each of your jobs as an employee.

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

42. During the year 2021, what was the amount of your regular earnings each time you got paid?

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

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

43. During the year 2021, did you have any extra income from work, that was not stated above?

- 13th Salary <i>If yes, specify:</i> Gross amount..... € <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Net amount € <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													<table border="0"><tr><td>YES</td><td>NO</td></tr><tr><td><table border="1"><tr><td>1</td></tr></table></td><td><table border="1"><tr><td>2</td></tr></table></td></tr></table> The net amount you just mentioned is: <table border="0"><tr><td>1.</td><td>Net of social insurance contributions/provident fund/medical fund/GHS and taxes</td></tr><tr><td>2.</td><td>Net of taxes only</td></tr><tr><td>3.</td><td>Net of social insurance contributions/provident fund/medical fund/GHS only</td></tr><tr><td>4.</td><td>Unknown</td></tr><tr><td>5.</td><td>Gross equals net amount</td></tr></table>	YES	NO	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2	1.	Net of social insurance contributions/provident fund/medical fund/GHS and taxes	2.	Net of taxes only	3.	Net of social insurance contributions/provident fund/medical fund/GHS only	4.	Unknown	5.	Gross equals net amount
YES	NO																												
<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2																										
1																													
2																													
1.	Net of social insurance contributions/provident fund/medical fund/GHS and taxes																												
2.	Net of taxes only																												
3.	Net of social insurance contributions/provident fund/medical fund/GHS only																												
4.	Unknown																												
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44. During the year 2021, did you receive any additional payments from your employer, due to illness, maternity and disability, which were not included in the amounts given before?

YES NO

☐ 1 ☐ 2

The net amount you just mentioned is:

1. Net of social insurance contributions/provident fund/medical fund/GHS and taxes
2. Net of taxes only
3. Net of social insurance contributions/provident fund/medical fund/GHS only
4. Unknown
5. Gross equals net amount

If yes, specify:

Gross amount..... €

Net amount €

44EC. During 2021, did your employer contribute in the following funds?

YES NO

- Social insurance fund ☐ 1 ☐ 2

- Redundancy fund..... ☐ 1 ☐ 2

- Human resource development fund ☐ 1 ☐ 2

- Social cohesion fund ☐ 1 ☐ 2

- Provident fund..... ☐ 1 ☐ 2

If YES, amount (annual)..... €

- Annual holiday fund ☐ 1 ☐ 2

- Medical fund ☐ 1 ☐ 2

If YES, amount (annual)..... €

- Private pension plan..... ☐ 1 ☐ 2

If YES, amount (annual)..... €

- General Healthcare System (GHS)..... ☐ 1 ☐ 2

44PP. In your job are/were you?

- Permanent civil servant scale A..... ☐ 1

- Permanent semi-government employee scale A (Local Authorities included)..... ☐ 2

- Permanent civil servant scale E..... ☐ 3

- Permanent semi-government employee scale E (Local Authorities included)..... ☐ 4

- Casual civil servant scale A..... ☐ 5

- Casual semi-government employee scale A (Local Authorities included)..... ☐ 6

- Casual civil servant scale E..... ☐ 7

- Casual semi-government employee scale E (Local Authorities included)..... ☐ 8

- Banking employee (Commercial Bank)..... ☐ 9

- Private employee..... ☐ 10

- Other (e.g. priest, member of the parliament, working abroad etc.) ☐ 11

45. During the year 2021, did your employer provide you with any kind of vehicle for private use?

- Yes ☐ 1
- No ☐ 2 → Q. 51a

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

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

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

- Number of c.c's

48. During the year 2021, for how many months did you use this vehicle provided by your employer?

- Number of months

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

If employer, specify the amount saved during 2021 *Do not know*

- Car insurance:

- Employer ☐ 1 € ☐ 1
- Respondent ☐ 2

- Road tax:

- Employer ☐ 1 € ☐ 1
- Respondent ☐ 2

- Fuel:

- Employer ☐ 1 € ☐ 1
- Respondent ☐ 2

- Regular and unexpected repairs:

- Employer ☐ 1 € ☐ 1
- Respondent ☐ 2

50. During the year 2021, approximately how many kilometres did you travel with the company's vehicle for private use only?

- Number of kilometres

51a. During the year 2021, did your employer provide you with free or reduced housing rent?

- Yes ☐ 1
- No ☐ 2 → Q. 51

If YES, rent(annual)..... €

51. During the year 2021, did your employer provide you with the following:

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

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

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

- Amount €
- Do not know ☐ 1

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

PERIOD

MONTHLY ☐ 1

WEEKLY ☐ 2

GROSS AMOUNT..... €

TAX..... €

SOCIAL INS./PROVIDENT

FUND/MEDICAL FUND/

GHS ETC €

NET AMOUNT €

INCOME FROM SELF-EMPLOYMENT

55. During the year 2021 did you receive any income from self-employment, such as from your own business, professional practice, freelance work, work under subcontract, service supply, trade etc. ?
(agriculture is excluded)

- Yes ☐ 1
- No ☐ 2 → Q. 68

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

- Yes ☐ 1
- No ☐ 2 → Q. 59

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

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

58. FOR THE INTERVIEWER:

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

-Member's serial number → Q. 68

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

- Own ☐ 1
- Partnership ☐ 2

60. Always based on your share of the business what was your gross income during the year 2021 after the deduction of the business expenses?
(Expenses are considered to be the amounts spent for raw materials, equipment, distribution of goods, employees' salaries and general running expenses, rent, electricity, telecommunications etc. The income amount should include the value of items received by the self-employer from the business or activity for personal use)

- Amount €

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

- Profit..... ☐ 1
- Loss ☐ 2

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

- Tax amount..... €
- Do not know ☐ 1

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

- Amount €
- Do not know ☐ 1

64. During the year 2021 did you draw any money from the business account (which is used only for business purposes) for personal needs or needs of the household?

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

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

- Yes ☐ 1
- No ☐ 2 → Q. 66

65. Approximately how much did you receive for these needs during the year 2021?

- Amount €

66. During the year 2021 did you pay additional income tax related to previous years?
(closing accounts, fine etc.)

- Yes ☐ 1
- No ☐ 2
- If YES, amount €

67. During the year 2021, did you pay additional amounts for insurance contributions e.g. fine etc.?

- Yes ☐ 1
- No ☐ 2
- If YES, amount €

INCOME FROM AGRICULTURE LIVESTOCK/FISHING

68. During the year 2021, did you have any income from agriculture/livestock/fishing?

- Yes ☐ 1
- No ☐ 2 → Q. 79

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

- Yes ☐ 1
- No ☐ 2 → Q. 72

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

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

71. FOR THE INTERVIEWER:

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

- Member's serial number → Q. 79

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

- Own 1

- Partnership 2

73. Always based on your share of the activity, what was your gross income during the year 2021 after deducting the business expenses?

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

- Amount €

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

- Profit 1

- Loss 2

75. How much income tax will you pay for this amount?

- Tax amount..... €

- Do not know 1

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

- Amount..... €

- Do not know 1

77. During the year 2021 did you pay additional income tax related to previous years ?

(closing accounts, fine etc.)

- Yes 1

- No 2

- If YES, amount..... €

78. During the year 2021, did you pay additional amounts for insurance contributions e.g. fine etc.?

- Yes 1

- No 2

- If YES, amount €

INCOME FROM INVESTMENTS

79. During the year 2021, did you receive any amount from interests, dividends or shares from any of your investments in a business?

- Yes 1

- No 2 → Q. 84

80. This income mentioned above results from investments held:

- In your own name 1 → Q. 83

- Jointly with other household members 2

- Both sole and joint 3

81. For each income received from jointly held investments, please provide the following information:

Serial number of Person with whom you have the investment	Name of this person	Amount (If the amount was reported in the MQ of the other member with whom the account or investment is jointly held write 0, otherwise enter the amount here)	Is the amount you mentioned 1. Gross (before tax deduction/GHS) 2. Net (after tax deduction/GHS)	Tax Amount/GHS
		€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	Amount.. € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know <input type="text"/> 1
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82. FOR THE INTERVIEWER:

If the answer in Q.80 is 2 or 3 then ask Q.84. If the answer in Q.80 is 1 then ask Q.83.

83. During the year 2021, how much income did you receive from investments held in your name?

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

84. During the year 2021, did you receive any income from a private pension scheme?

It includes private pensions of old age, widow/er, sickness, invalidity, that were regularly paid by the respondent or by the deceased spouse or relative.

- Yes 1
- No 2 → Q. 85A

85. If YES, specify the amount received, the number of months in 2021 during which an amount was received and information about the tax/GHS.

PRIVATE PENSION	Received	Please indicate the total amount for the year 2021	Number of months	Is the amount you mentioned: 1. Gross (before tax deduction/GHS) 2. Net (after tax deduction/GHS)	Tax Amount/GHS
Old age pension	<input type="text"/> 1 From Cyprus	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	Amount € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know <input type="text"/> 1
	<input type="text"/> 2 From Abroad				
Other pension, specify	<input type="text"/> 1 From Cyprus	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	Amount .. € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know <input type="text"/> 1
	<input type="text"/> 2 From Abroad				

85A. During the year 2021, have you contributed any fees towards any private pension plan, on your own initiative? (Do not include any fees contributed towards the governmental social insurance funds or towards any private plans initiated by the employer)

- Yes 1
- No 2 → Q. 85C

85B. During the year 2021, what was the total amount paid towards private pension plans?

- Total amount €

85C. During the year 2021, have you received a lump sum payment from a private pension plan?

- Yes..... ☐ 1
- No ☐ 2 → Q. 86
- If YES, amount €

UNEMPLOYMENT SCHEMES

86. During the year 2021, did you receive any of the following benefits/allowances?

BENEFIT/ALLOWANCE		The amount was monthly or annually received?	If the amount was received each month write the number of months	Total annual amount received in 2021
Unemployment Benefit	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	Monthly <input type="checkbox"/> 1 Annually <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Allowance for soldiers in compulsory army service	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	Monthly <input type="checkbox"/> 1 Annually <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other allowances, specify	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	Monthly <input type="checkbox"/> 1 Annually <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

87an. During the year 2021, have you received a lump sum payment as compensation for termination of employment? (Provident Fund not included)

- Yes ☐ 1
- No ☐ 2
- If YES, amount of compensation..... €

87an1. During the year 2021, have you received a lump sum payment as redundancy compensation? (Provident Fund not included)

- Yes ☐ 1
- No ☐ 2
- If YES, amount of redundancy compensation €

87cn. During the year 2021, have you received any amount from the Provident Fund due to termination of employment or EARLY retirement?

- Yes ☐ 1
- No ☐ 2
- If YES, amount €

PENSIONS

90. During the year 2021, did you receive any of the following public pensions?

PENSIONS		Received	If YES please indicate the total amount received during the year 2021 (include 13th salary if available)	Number of months in 2021 related to this amount	Is the amount you mentioned: 1: Gross (before tax deduction/GHS etc.) 2: Net (after tax deduction/GHS etc)	Tax/GHS etc.
Old age pension (Include also the pension from Public or Broad Public Sector)	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Social insurance pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Housewife pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Widow pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Widow pension from the Public or Broad Public Sector	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Disability pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Invalidity pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Orphan's allowance	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Orphan's allowance from the Public or Broad Public Sector	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Pension for victims of violent crimes	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Pension to chairmen village commission	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Early retirement pension for farming	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>
Other pensions, specify ----- -----	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	€ <input type="text"/>

- Yes

1

- No

2

 → Q. 90a

- If Yes, amount of benefit € | | | | | | | |

Benefit		If YES, please indicate the total amount	FOR SUPERVISOR: If YES, select from the list below the pension/benefit it refers to.
Benefit for Pensioners with Low Income	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
Easter Benefit	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
Christmas Benefit	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>

1. Social Insurance Pension	5. Invalidity pension
2. Housewife Pension	6. Orphan's allowance
3. Widow Pension	7. Pension for victims of violent crimes
4. Disability pension	8. Mother's allowance

- Yes, from the Public Sector (Treasury of the Republic of Cyprus).....	1
- Yes, from the Broad Public Sector (Semi-Government Organizations, Municipalities, etc).....	2
- No, the respondent received pension from other sources or did not receive any pension.....	3

- Yes

1

- No

2

 → Q. 91an

Public Benefit Allowance or MGI due to:		If YES, please indicate the total amount received during the year 2021 (include 13th salary if available)
Old age	YES <input type="text"/> 1 NO <input type="text"/> 2	€ <input type="text"/>
Widowing/Orphanage	YES <input type="text"/> 1 NO <input type="text"/> 2	€ <input type="text"/>
Disability/Invalidity	YES <input type="text"/> 1 NO <input type="text"/> 2	€ <input type="text"/>
Unemployment	YES <input type="text"/> 1 NO <input type="text"/> 2	€ <input type="text"/>

**91an. During the year 2021, have you received a lump sum payment due to retirement from work?
(Provident Fund is included)**

- Yes ☐ 1
- No ☐ 2 → Q. 91cn

91b. If YES, please specify:

Lump Sum Payment from:		If YES, please indicate the total amount received during the year 2021	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax
The Public and Broad Public Sector	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	1 2	€ <input type="text"/>
Provident Fund	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	1 2	€ <input type="text"/>
Bonus from work	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	1 2	€ <input type="text"/>

91cn. During the year 2021, have you received a lump sum payment from Provident Fund (widowing/ orphanage or disability)?

- Yes ☐ 1
- No ☐ 2 → Q. 94

91d. If YES, please specify :

Provident Fund due to:		If YES, please indicate the total amount received during the year 2021	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax
Widowing / Orphanage	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	1 2	€ <input type="text"/>
Disability	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>	1 2	€ <input type="text"/>

BENEFITS AND OTHER ALLOWANCES

94. During the year 2021, did you receive any of the following benefits or allowances?

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

BENEFIT-ALLOWANCE		If YES please indicate the total amount received during the year 2021 (include 13th salary if available)	Number of months in 2021 related to this amount
Sickness benefit	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Sickness benefit for hourly paid government workers	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Injury benefit	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Disability benefit (lump sum payment)	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Grants to the blind	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Financial assistance to cover the special needs of the disabled	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Other benefits/ allowances specify ----- -----	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

EDUCATION-RELATED ALLOWANCES

95. During the year 2021, did you receive any of the following education-related allowances?

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

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

Lmonthinc_p. Did you have any personal income during the last month from all sources of income?

- Yes
- No → Q. IDNO

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

- Amount..... €

IDNO. Please specify your identity card number

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

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

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

INCOME TAX

102. Did you receive any reimbursement of income tax during the year 2021?

- Yes
- No → Q. PW 241

103. How much reimbursement did you receive?

- Amount of reimbursement..... €

WELL - BEING

INTRODUCTION: *The following questions refer to the ad hoc module for the survey of 2022 regarding the wellbeing of persons aged 16 years and over.*

PW241. To what extent do you agree with the statement 'I feel left out'
(Please consider your social life, work and access to public services)

- | | |
|-----------------------------------|---------------------------------|
| - Strongly agree..... | <input type="text" value="1"/> |
| - Agree..... | <input type="text" value="2"/> |
| - Neither agree nor disagree..... | <input type="text" value="3"/> |
| - Disagree..... | <input type="text" value="4"/> |
| - Strongly disagree..... | <input type="text" value="5"/> |
| - Proxy interview..... | <input type="text" value="80"/> |
| - Do not know..... | <input type="text" value="99"/> |

For the following questions, please answer on a scale of 0 to 10, where 0 means "not at all satisfied" and 10 means "completely satisfied".

Overall, how satisfied are you with ...		From 0 (not at all satisfied) to 10 (completely satisfied)	Proxy interview	Do not know
PW030	The present financial situation of your household ?	0 1 2 3 4 5 6 7 8 9 10	80	99
PW160	Your personal relationships with family, friends, neighbours and other people you know?	0 1 2 3 4 5 6 7 8 9 10	80	99
PW120	The amount of time you have to do things you like doing?	0 1 2 3 4 5 6 7 8 9 10	80	99

During the past four weeks, for how long:

		All of the time	Most of the time	Some of the time	A little of the time	None of the time	Proxy interview	Do not know
PW230	Have you been feeling lonely?	1	2	3	4	5	80	99
PW090	Have you been happy?	1	2	3	4	5	80	99

PW180. Do you have any relatives, friends or neighbours that you can ask for help?

- | | |
|------------------------|---------------------------------|
| - Yes | <input type="text" value="1"/> |
| - No..... | <input type="text" value="2"/> |
| - Proxy interview..... | <input type="text" value="80"/> |

SOCIAL AND CULTURAL PARTICIPATION

PS010a. During the last twelve months, did you go to the cinema?

- | | |
|-------------|--------------------------------|
| - Yes | <input type="text" value="1"/> |
| - No | <input type="text" value="2"/> |

PS010b. If yes, how many times?

- | | |
|---------------------------|--------------------------------|
| - At most 3 times..... | <input type="text" value="1"/> |
| - More than 3 times | <input type="text" value="2"/> |

PS010c. If not, what was the main reason?

- | | | |
|--|---|---|
| - Cannot afford it..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Lack of interest..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No cinema nearby..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Lack of time..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - I watch films by other means (TV, internet)..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| - COVID-19 related reasons (e.g. lockdown or fear getting sick)..... | <table border="1"><tr><td>6</td></tr></table> | 6 |
| 6 | | |
| - Other reasons..... | <table border="1"><tr><td>7</td></tr></table> | 7 |
| 7 | | |

PS020a. During the last twelve months, did you attend any live performances such as theatre plays, concerts, dance performances etc. presented by professionals or amateurs?

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

PS020b. If yes, how many times?

- | | | |
|---------------------------|---|---|
| - At most 3 times..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - More than 3 times | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |

PS020c. If not, what was the main reason?

- | | | |
|--|---|---|
| - Cannot afford it..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Lack of interest..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No live performances nearby..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Lack of time..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - COVID-19 related reasons (e.g. lockdown or fear getting sick)..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| - Other reasons..... | <table border="1"><tr><td>6</td></tr></table> | 6 |
| 6 | | |

PS030a. During the last twelve months, did you visit cultural sites such as historical monuments, museums, art galleries, archaeological sites etc.?

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

PS030b. If yes, how many times?

- | | | |
|---------------------------|---|---|
| - At most 3 times..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - More than 3 times | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |

PS030c. If not, what was the main reason?

- | | | |
|--|---|---|
| - Cannot afford it..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Lack of interest..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No cultural sites nearby..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Lack of time..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - COVID-19 related reasons (e.g. lockdown or fear getting sick)..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| - Other reasons..... | <table border="1"><tr><td>6</td></tr></table> | 6 |
| 6 | | |
-

PS040a. During the last twelve months, did you attend a live sporting event with professionals or amateurs?

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

PS040b. If yes, how many times?

- | | | |
|---------------------------|---|---|
| - At most 3 times..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - More than 3 times | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |

PS040c. If not, what was the main reason?

- | | | |
|--|---|---|
| - Cannot afford it..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Lack of interest..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - No live sporting events nearby..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Lack of time..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - I watch sports events by other means (TV, internet)..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| - COVID-19 related reasons (e.g. lockdown or fear getting sick)..... | <table border="1"><tr><td>6</td></tr></table> | 6 |
| 6 | | |
| - Other reasons..... | <table border="1"><tr><td>7</td></tr></table> | 7 |
| 7 | | |

PS041. How often do you practice artistic activities as a hobby (i.e. play an instrument, sing, dance, act, photograph, paint, carve, handcraft, write etc.), during a usual year?

- | | | |
|--|---|---|
| - Daily..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Every week (not every day)..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - Several times a month (not every week)..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Once a month..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - At least once a year (less than once a month)..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| - Never..... | <table border="1"><tr><td>6</td></tr></table> | 6 |
| 6 | | |

PS042a. During the last 12 months, have you read any books (including e-books or audio books)?

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

PS042b. If yes, how many books?

- | | | |
|--------------------|---|---|
| - 1 - 4..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - 5 - 9..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - At least 10..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |

PS042c. If not, what was the main reason?

- | | | |
|-------------------------|---|---|
| - Cannot afford it..... | <table border="1"><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| - Lack of interest..... | <table border="1"><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| - Lack of time..... | <table border="1"><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| - Lack of access..... | <table border="1"><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| - Other reasons..... | <table border="1"><tr><td>5</td></tr></table> | 5 |
| 5 | | |
-

PS050. How often do you get together with your family (relatives), during a usual year?

- Daily.....

1

 - Every week (not every day).....

2

 - Several times a month (not every week).....

3

 - Once a month.....

4

 - At least once a year (less than once a month).....

5

 - Never.....

6

 - No relatives.....

7

-

PS060. How often do you get together with friends, during a usual year?

- Daily.....

1

 - Every week (not every day).....

2

 - Several times a month (not every week).....

3

 - Once a month.....

4

 - At least once a year (less than once a month).....

5

 - Never.....

6

-

PS070. How often do you contact your family (relatives) (by telephone, sms, Internet, letter etc.), during a usual year?

- Daily.....

1

 - Every week (not every day).....

2

 - Several times a month (not every week).....

3

 - Once a month.....

4

 - At least once a year (less than once a month).....

5

 - Never.....

6

 - No relatives.....

7

-

PS080. How often do you contact your friends (by telephone, sms, Internet, letter etc.), during a usual year?

- Daily.....

1

 - Every week (not every day).....

2

 - Several times a month (not every week).....

3

 - Once a month.....

4

 - At least once a year (less than once a month).....

5

 - Never.....

6

-

VOLUNTEERING

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

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

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

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

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

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

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

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

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

PS102b. If not, what was the main reason?

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

TO BE COMPLETED BY THE INTERVIEWER:

105. Member Interview Result:

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

PB260. Nature of participation

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

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

PB270. Interview mode

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

DURATION OF INTERVIEW

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