



HELLENIC DEMOCRACY  
HELLENIC STATISTICAL  
AUTHORITY

GENERAL DIRECTORATE OF STATISTICAL  
SURVEYS  
POPULATION AND LABOUR MARKET STATISTICS  
DIVISION  
LABOUR FORCE SECTION

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## ADULT EDUCATION SURVEY Household Questionnaire

**NOMOS**

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AREA CODE .....|\_|\_|\_|\_|\_|\_|\_|\_|\_|

HOUSEHOLD CODE.....|\_|\_|

SURVEY MONTH.. .....|\_|\_|

**Surname of responsible person**

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**Address**

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**Tel:**

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**Survey mode:**

**Personal interview**.....|\_|1

**Telephone interview**.....|\_|2

Serial Number	Name	Relationship to reference person in the household	Sex Male=1, Female=2)	Spouse or cohabiting partner of the member	Member's father	Member's mother	Year of Birth	Month of birth	Nationality	If he/she is born in another country, state the country of birth	If he/she is born in another country, state the years of residence in Greece	Family Status	Employment Status	Who answered the questions?
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Column 3:</b> Reference person = 1, Spouse or cohabiting partner = 2, Child of reference person or his/her spouse or cohabiting partner = 3, Parents of reference person or his/her spouse or cohabiting partner = 4, Other relatives = 5, Other = 6														
<b>Column 10 and 11:</b> Write the nationality – country of birth, respectively														
<b>Column 13:</b> Single = 1, Married = 2, Widowed = 3, Divorced = 4, Legally separated = 5														
<b>Column 14:</b> Employed = 1, Unemployed = 2, Pupil of student = 3, Retired = 4, Person with permanent health problems = 5, Fulfilling Domestic Tasks= 6, Other cases = 7														
<b>Column 15:</b> The respondent him/herself = 1, Other household member = 2.														