

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 3

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

STRICTLY CONFIDENTIAL

YEAR:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DEGREE OF URBANISATION:	<input type="checkbox"/>
HOUSEHOLD ID:	<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"/>
ROTATIONAL GROUP CODE:	<input type="checkbox"/>	INTERVIEWER'S NUMBER:	<input type="text"/> <input type="text"/>

**HOUSEHOLD
QUESTIONNAIRE**

March, 2006

1. FOR THE INTERVIEWER. Please complete:

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

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 halls (2X2)? (Rooms used solely for business purposes are excluded)

- Number of rooms

4. Is there in the dwelling:

- | | YES | NO |
|---------------------------------|------------------------|------------------------|
| - Indoor bath or shower? | <input type="text"/> 1 | <input type="text"/> 2 |
| - Indoor flushing toilet? | <input type="text"/> 1 | <input type="text"/> 2 |

5. Do you have any of the following problems with your accommodation?

- | | YES | NO |
|--|------------------------|------------------------|
| - Leaking roof, damp walls, floors, foundation or rot in window frames or floor | <input type="text"/> 1 | <input type="text"/> 2 |
| - Too dark rooms | <input type="text"/> 1 | <input type="text"/> 2 |
| - Noise from neighbours or noise from the street (<i>traffic, factories etc.</i>) | <input type="text"/> 1 | <input type="text"/> 2 |
| - Environmental problems in area caused by industry or traffic (<i>pollution etc.</i>) | <input type="text"/> 1 | <input type="text"/> 2 |
| - Vandalism or crime in the area | <input type="text"/> 1 | <input type="text"/> 2 |

6. Is the dwelling:

- Owned? → Q.7

- Rented or sub rented at market rate?
(**Include** cases where the rent is fully or practically recovered from housing benefit) → Q.11

- Rented at a lower price than the market price? → Q.10

- Provided rent-free (by employer, relatives etc.)? → Q.7

7. If you own the dwelling, when did you purchase or become an owner?

If it is provided rent-free, when did you move to this address?

- Year

8. Which year was your dwelling constructed?

- Before 1946
- 1946-1960
- 1961-1970
- 1971-1980
- 1981-1990
- 1991 and after, specify the 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 2005?

HOUSING ALLOWANCES

If **YES**: Please indicate the annual amount received in the year 2005

- | | YES | NO | |
|---|--------------------------------|--------------------------------|---|
| - Allowance for improving housing conditions (Ministry of Labour and Social Insurance) | <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=""/> |
| - Financial assistance for improving housing conditions (Department of Town Planning and Housing) | <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=""/> |
| - Subsidy for purchasing a flat/house | <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=""/> |
| - Housing benefit (Ministry of the Interior) | <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=""/> |
| - Other allowances, 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=""/> |
-

HOUSING COSTS

15. Please state whether you have paid any of the following during the year 2005:

If **YES**: Please indicate the annual amount you paid in the year 2005

	YES	NO	
- Water?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Electricity? (excluding thermal accumulators of the Electricity Authority of Cyprus).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Central Heating? (either oil or thermal accumulators of the Electricity Authority of Cyprus).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Gasoil, charcoal, fire-wood for heating?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Gas for heating?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Insurance fees for residence?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Sewerage Services?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Refuse collection?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Mortgage of interest payments?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other expenses (common expenses etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Regular repairs and maintenance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

16. To what extent are the above housing costs, including interest payments on mortgage (for owners), rent (for renters) and insurance, a financial burden to you?

- A heavy burden	<input type="checkbox"/> 1
- Somewhat of a burden	<input type="checkbox"/> 2
- Not a burden at all	<input type="checkbox"/> 3

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 can not afford it	Do not want it, do not have it for other reasons
- Telephone (either fixed line or mobile)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Colour TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Personal Computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Private car	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

HOUSING CONDITIONS

MH01. Do you have a problem with shortage of space in your dwelling?

- Yes
- No.....

MH02. Is the electrical installations in your dwelling adequate?

- Yes
- No
- No applicable (No electricity)

MH03. Is the plumbing/ water installations in your dwelling adequate?

- Yes
- No
- No applicable (No running water)

MH04. Do you have heating facilities in your dwelling?

- Yes - Central heating or similar (oil or thermal accumulators of the Electricity Authority of Cyprus)
- Yes - Other fixed heating (stove, fireplace, split units or similar)
- No - No fixed heating (portable heating)

MH05. Is your dwelling comfortably warm during winter time?

- Yes
- No.....

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

- Yes
- No

MH07. Is your dwelling comfortably cool during summer time?

- Yes
- No

MH08. How is your overall satisfaction with dwelling?

- Very dissatisfied
- Somewhat dissatisfied
- Satisfied
- Very satisfied

MH09. You can access grocery services:

- With great difficulty
- With some difficulty.....
- Easily.....
- Very easily
- Not used by household

MH10. You can access banking services:

- With great difficulty
- With some difficulty.....
- Easily.....
- Very easily
- Not used by household

MH11. You can access postal services:

- With great difficulty
- With some difficulty.....
- Easily.....
- Very easily
- Not used by household

MH12. You can access public transport:

- With great difficulty
- With some difficulty.....
- Easily.....
- Very easily
- Not used by household

MH13. You can access primary health care services:

- With great difficulty
- With some difficulty.....
- Easily.....
- Very easily
- Not used by household

MH14. You can access compulsory school:

- With great difficulty
- With some difficulty.....
- Easily.....
- Very easily
- Not used by household

MH15. Have you changed dwelling within the last two years?

- Yes
- No → Q18

MH16. What is the main reason you have changed dwelling?

- Family related reasons
- Employment related reasons
- Housing related reasons.....
- Eviction/Distrain
- Landlord didn't prolong the contract
- Financial reasons
- Other, specify: -----

FINANCIAL SITUATION

18. Do you or any other member of your household, have to repay debts from hire purchase or loans?

(It does not include loans or mortgages concerning the purchase of your own dwelling.
It includes loans for purchasing another household dwelling e.g. a holiday dwelling.
It includes loans for purchasing a private car, housing equipment, loans for holidays, maternity etc. as well as amounts paid using credit cards).

- Yes
- No → Q. 20

19. To what extent is the repayment of such debts and the interest a financial burden to your household?

- A heavy burden
- Somewhat of a burden
- Not a burden at all

20. Can you afford to:

- | | YES | NO |
|---|--------------------------------|--------------------------------|
| - Pay for a week's annual holiday?..... | <input type="text" value="1"/> | <input type="text" value="2"/> |
| - Have a meal with meat, chicken, fish (or vegetarian equivalent)
every second day? | <input type="text" value="1"/> | <input type="text" value="2"/> |
| - Face an unexpected but necessary expense of £370 from your own resources? | <input type="text" value="1"/> | <input type="text" value="2"/> |
| - Keep your home adequately warm? | <input type="text" value="1"/> | <input type="text" value="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 | NO | NOT
APPLICABLE |
|--|--------------------------------|--------------------------------|--------------------------------|
| - 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"/> |
| - Utility bills, such as for electricity, water etc.? | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| - Credit card balances or loan payments for purchases of housing
equipment, vacations etc. or other hire purchases? | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |

22. Considering the income contribution of all the household members, is your household able to make ends meet:

- With great difficulty..... 1
- With difficulty 2
- With some difficulty 3
- Fairly easily 4
- Easily 5
- Very easily 6

23. In your opinion, what is the very lowest net monthly income your household should have in order to make ends meet?

- Total monthly amount £

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

- YES 1
- NO 2 → Q. 27

INCOME OF PERSONS UNDER 16 YEARS OF AGE

25. During 2005, 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 1
- No 2 → Q. 27

26. If YES, what was the total amount during the year 2005?

- 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 2005?

BENEFIT-ALLOWANCE	YES	NO	If YES : Please indicate the total amount for 2005
Mother's allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input style="width: 50px;" type="text"/>
Child allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input style="width: 50px;" type="text"/>
Financial assistance to large families for purchasing a car (lump sum)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input style="width: 50px;" type="text"/>
Allowance for the care of disabled children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input style="width: 50px;" type="text"/>
Maternity allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input style="width: 50px;" type="text"/>
Grant for the care of children placed with foster families	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input style="width: 50px;" type="text"/>
Maternity grant (lump sum)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input style="width: 50px;" type="text"/>
Allowance for the care of the elderly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input style="width: 50px;" type="text"/>
Heating allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input style="width: 50px;" type="text"/>
Other benefits specify:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input style="width: 50px;" type="text"/>

28. During the year 2005, did anyone in your household receive a social benefit from the state for example the Public benefit, the Missing Persons Allowance?

- Yes 1
- No 2 → Q.30

29. If YES, what was the total amount received in 2005?

- Total amount (annual) £
- Please name the allowance:

FINANCIAL ASSISTANCE TO/AND FROM OTHERS

30. During the year 2005, 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	THE AMOUNT WAS PAID EVERY		TOTAL GROSS AMOUNT PAID IN 2005 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2005 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
-----	week	1	£	£
	month	2		
	year	3	_ _ _ _ _ _ _	_ _ _ _ _ _ _
-----	week	1	£	£
	month	2		
	year	3	_ _ _ _ _ _ _	_ _ _ _ _ _ _
-----	week	1	£	£
	month	2		
	year	3	_ _ _ _ _ _ _	_ _ _ _ _ _ _
-----	week	1	£	£
	month	2		
	year	3	_ _ _ _ _ _ _	_ _ _ _ _ _ _

32. During the year 2005, 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	THE AMOUNT WAS RECEIVED EVERY	TOTAL GROSS AMOUNT RECEIVED IN 2005 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT RECEIVED IN 2005 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.																			
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TAX ON REAL ESTATE

**41. During the year 2005, 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. 43

42. If YES:

What real estate tax did you pay during the year 2005 for the property you rented?	£ _ _ _ _ _ _ _ _
What real estate tax did you pay during the year 2005 for the property you did not rent?	£ _ _ _ _ _ _ _ _

DURATION AND DATE OF INTERVIEW

43. FOR THE INTERVIEWER: Please record the time the interview was completed:

- Time interview was completed (e.g. 18:55)

|_|_| : |_|_|

- Date of interview:

Date

|_|_|

Month

|_|_|

Year

|_|_|_|_|_|

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

|_|_|

- Member's serial number of the person responsible for the dwelling

|_|_|

If it is not possible to record one person responsible, in case there are two persons responsible, record also the member's serial number of the 2nd person

- Member's serial number of the 2nd person responsible.....

|_|_|

REPUBLIC



OF CYPRUS

STATISTICAL

SERVICE

Form: SILC 1

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

STRICTLY CONFIDENTIAL

YEAR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DEGREE OF URBANISATION:	<input type="checkbox"/>			
HOUSEHOLD ID:	<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"/>
ROTATIONAL GROUP CODE:	<input type="checkbox"/>	INTERVIEWER'S NUMBER:	<input type="text"/>	<input type="text"/>					

Name of person responsible in the household: _____

Address: _____

Post code: _____

Telephone number: _____

**HOUSEHOLD
REGISTER**

General Information about the Survey:

1. The survey conducted is in accordance with the Regulation No. 1177/2003 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 visited by the interviewer and supply the necessary information as accurate as possible.
3. The Statistical Service is obliged in accordance with the statistics Law no. 15(1)2000 to treat all the information collected as **STRICTLY 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.

March, 2006

A . LOCATING THE HOUSEHOLD

Information from 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:

--

Name of person responsible :	
Address :	
Municipality or Community :	
Post Code :	
Telephone number :	

3. FOR THE INTERVIEWER:

a. I will personally interview the household at the new address 1 → Complete Parts B & C

β. 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.) | 03 | } | End of Survey |
| b. The entire household moved out to a dwelling not in Cyprus..... | 04 | | |
| c. All household members died..... | 05 | | |
| 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.) | 06 | | |
| e. The household moved to a private dwelling in Cyprus and the address cannot be located
(impossible to locate the new address of the household) | 07 | | |

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

- | | | | |
|---|----|---|----------------------|
| a. It is spilt
(For households created after the last wave and are not initial households) | 08 | → | 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 5) | 09 | → | Complete Parts B & C |

6. Merging

- | | | | |
|---|----|---|---------------|
| The household resulted by merging other households in the sample..... | 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
- } End of Survey

C. HOUSEHOLD INTERVIEW RESULT

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

- 1. The Household Questionnaire has been completed 11
 - 2. The household refused to cooperate 21
 - 3. The household is temporarily away (vacations etc.) 22
 - 4. Unable to respond due to illness or incapacity or access to dwelling is impossible..... 23
 - 5. The Household Questionnaire was not completed for other reasons (no one speaks english, no sample member of age >= 16 years old is included, etc.) 24
- } End of Survey

FOR OFFICIAL USE ONLY

D. ACCEPTANCE/ REJECTION OF THE HOUSEHOLD INTERVIEW

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

REPUBLIC



OF CYPRUS

STATISTICAL

SERVICES

Form: SILC 4

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

STRICTLY CONFIDENTIAL

YEAR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DEGREE OF URBANISATION:	<input type="text"/>			
HOUSEHOLD ID:	<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"/>
MEMBER'S SERIAL NUMBER:	<input type="text"/>	<input type="text"/>	INTERVIEWER'S NUMBER:	<input type="text"/>					
ROTATIONAL GROUP CODE:	<input type="text"/>								

**MEMBER QUESTIONNAIRE
AGED 16 AND OVER**

1. FOR THE INTERVIEWER. Please complete:

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

DEMOGRAPHIC DATA

2. In which country were you born?

- Cyprus [1]
- Country of birth (excluding Cyprus) [] [] []

3. What is your citizenship? In case of two citizenships please specify both.

- Cypriot..... [1]
- Other: First citizenship [] [] []
- Second citizenship [] [] []

4. What is your marital status?

- Never married [1]
 - Married [2]
 - Widowed [3]
 - Divorced..... [4]
 - Separated [5]
 - Cohabitant [6]
- Q. 6

5. What is your legal marital status?

- Never married [1]
- Married [2]
- Widowed [3]
- Divorced [4]

EDUCATION

6. Are you currently in education?

- Yes [1] → Q.7
- No [2] → Q.8

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

- Primary [1]
- Gymnasium..... [2]
- Lyceum..... [3]
- Post-Secondary, Non-Tertiary (e.g. 1 year in secretarial studies, hairdressing school etc.) [4]
- Tertiary, non-university institutions (e.g. Higher Technological Institute Nursing school, colleges etc.) [5]
- University, Master [6]
- Doctorates degree (Ph.D.) [7]

8. What is the highest level of education you successfully completed?

- Never attended school [1] → Q.10
- Not completed primary [2]
- Primary [3]
- Gymnasium..... [4]
- Lyceum [5]
- Post-Secondary, Non-Tertiary (e.g. 1 year in secr. studies, hairdressing school etc.)..... [6]
- Tertiary, non-university institutions (e.g. Higher Technological Institute Nursing school, colleges etc.)..... [7]
- University, Master [8]
- Doctorates degree (Ph.D.) [9]

9. In which year did you complete this level?

Year [] [] [] [] []

HEALTH

10. How is your health in general?

- Very good..... [1]
- Good..... [2]
- Neither good, nor bad..... [3]
- Bad..... [4]
- Very bad [5]

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

- Yes [1]
- No [2]

12. For the whole of the last 6 months until presently, have your usual activities been limited due to a health problem? (by usual activities we mean those activities that people at your age usually do)

- Yes, strongly limited [1]
- Yes, limited..... [2]
- No, not limited [3]

13. Was there any time during the last 12 months when in your opinion needed to consult a dentist but did not?

- Yes, at least once..... → Q. 14
- No → Q. 15

14. What was the main reason for not consulting a dentist?

Refer to the most recent occasion.

- Financial reasons (too expensive)
- Long waiting list
- Could not take time because of work, care of children or others
- Too far to travel/no means of transport
- Fear of doctor, hospitals, examinations, treatment
- Waited to see if the problem got better on its own.....
- Did not know any good dentist.....
- Other reason, specify: _____

15. Was there any time during the last 12 months when in your opinion needed to consult a medical specialist but did not?

- Yes, at least once..... → Q. 16
- No → Q. 17

16. What was the main reason for not consulting a medical specialist?

Refer to the most recent occasion.

- Financial reasons (too expensive)
- Long waiting list
- Could not take time because of work, care of children or for others
- Too far to travel/no means of transport
- Fear of doctor, hospitals, examinations, treatment
- Waited to see if the problem got better on its own.....
- Did not know any good medical specialist...
- Other reason, specify: _____

SOCIAL PARTICIPATION

M1. During the last 12 months, how many times did you go to the cinema?

- No times.....
- 1-3 times.....
- 4-6 times.....
- 7-12 times
- More than 12 times

M2. During the last 12 months, how many times did you go to live performances (a theatre, concert, dance performance e.t.c)?

- No times.....
- 1-3 times.....
- 4-6 times.....
- 7-12 times
- More than 12 times

M3. During the last 12 months, how many times did you visit cultural sites (a museum, a historical monument, an art gallery, or an archaeological site)?

- No visits.....
- 1-3 visits.....
- 4-6 visits.....
- 7-12 visits
- More than 12 visits

M4. During the last 12 months, how many times did you attend live sport events?

- No times.....
- 1-3 times.....
- 4-6 times.....
- 7-12 times
- More than 12 times

M5. How frequently do you usually get together with relatives during a usual year?

- Daily
- Every week (not every day)
- Several times a month (not every week)
- Once a month
- At least once a year (less than once a month)
- Never.....
- No relatives

M6. How frequently do you usually get together with friends, during a usual year?

- Daily
- Every week (not every day)
- Several times a month (not every week)
- Once a month
- At least once a year (less than once a month)
- Never.....
- No friends

M7. How frequently do you usually get in contact with relatives, during a usual year (i.e. telephone, letter, fax, e-mail, sms e.t.c.)

- Daily
- Every week (not every day)
- Several times a month (not every week)
- Once a month
- At least once a year (less than once a month)
- Never
- No relatives

M8. How frequently do you usually get in contact with friends during a usual year (i.e. telephone, letter, fax, e-mail, sms e.t.c)

- Daily
- Every week (not every day)
- Several times a month (not every week)
- Once a month
- At least once a year (less than once a month)
- Never
- No friends

M9. If the need arises, are you able to ask for help from any relative, friend or neighbour?

- Yes
- No
- No relatives, friends or neighbours

M10. During the last 12 months, did you undertake any voluntary activity to help someone?

- Yes
- No

M11. During the last 12 months, did you participate in activities related to political groups, political associations, political parties or trade unions?

- Yes
- No

M12. During the last 12 months, did you participate in activities related to professional associations?

- Yes
- No

M13. During the last 12 months, did you participate in activities related to churches, religious communions or associations?

- Yes
- No

M14. During the last 12 months, did you participate in recreational/leisure activities arranged by a club, association or similar?

- Yes
- No

M15. During the last 12 months, did you participate in the unpaid work of a charitable organisation?

- Yes
- No

M16. During the last 12 months, did you participate in the activities of enviromental organisations, civil right groups, neighbourhood associations, peace groups etc.

- Yes
- No

LABOUR

17. During the previous week have you worked at least one hour?

(Unpaid family workers must answer YES)

- Yes
- No

18. What is your current main activity?

(The activity is self-determined by the respondent)

- Working full time..... } **Q. 22**
- Working part time..... }
- Unemployed
- Pupil, student, apprentice
- In National Guard
- In retirement or early retirement.....
- Chronical ill/Disable.....
- Housewife
- Income recipient
- Other inactive person

19. During the last 4 weeks did you look for a job?

- Yes
- No → **Q. 21**

20. In case work becomes available, would you be ready to start within the next 2 weeks?

- Yes
- No

21. Have you ever worked? (Pupils/students who have worked during vacations must answer NO)

- Yes
- No → **Q. 38**

22. Please describe in detail the occupation you had/have in your last/present work.

.....

23. In your job, are/were you:

- Self-employed with employees → Q. 26
- Self-employed without employees → Q. 26
- An employee.....
- A family worker without payment → Q. 26

24. What is/was the type of your work contract?

- Permanent or of unlimited duration
- Temporary or of limited duration

25. Do/did you supervise or manage any personnel in your job?

- Yes
- No

26. FOR THE INTERVIEWER: If the answer in Q.18 is 1 or 2 then go to Q. 27. Otherwise ask Q. 36.

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

- 1 - 10, specify the exact number
- 11 - 19
- 20 - 49.....
- 50 and over.....
- Do not know, but less than 11 persons.....
- Do not know, but more than 10 persons.....

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

.....

29. How many hours a week do you normally work in your main job? (Include the overtime you normally spend, paid or not)

Number of hours:

30. Have you changed your main job since the last interview (for the interviewer: or during the last 12 months if first time in the survey)?

- Yes
- No → Q. 32

31. What was the reason for this job change?

- To take up or seek a better job
- End of temporary work/contract.....
- Obligated to stop by employer (termination, business closure, redundancy, early retirement)
- Sale or closure of own/family business
- Child care or care for other dependents
- Husband's/wife's/partner's job required you to move to another area, marriage.....
- Other reason, specify:

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

- Yes
- No → Q. 34

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

Number of hours:

34. FOR THE INTERVIEWER: Check if the total number of hours provided in Q. 29 and Q. 33 is less than 30 then ask Q. 35. If it is greater or equal to 30 then ask Q. 36.

35. What is the main reason for working less than 30 hours?

- Undergoing education or training.....
- Personal illness or disability.....
- Want to work more hours, but cannot find a full-time job or cannot work more hours in this job
- Do not want to work more hours
- Number of hours in all jobs are considered as a full-time job
- Housework, care of children or other persons
- Other reasons, specify:

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:

38. What was your main activity in each month in the year 2005 up to now?

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

	Jan. 2005	Feb. 2005	March 2005	April 2005	May 2005	June 2005	July 2005	Aug. 2005	Sept. 2005	Oct. 2005	Nov. 2005	Dec. 2005	Jan. 2006	Feb. 2006	March 2006	April 2006	May 2006
Full-time employee	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01
Part-time employee	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02
Full-time self-employed	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03
Part-time self-employed	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
Retired	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06
Pupil/student	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07
Soldier	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08
Income recipient	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09
Other inactive person	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10

FOR OFFICIAL USE:

Last change of main activity

- Employed - Unemployed 01
- Employed - Retired 02
- Employed - Other inactive person 03
- Unemployed - Employed 04
- Unemployed - Retired 05
- Unemployed - Other inactive person 06
- Retired - Employed 07
- Retired - Unemployed 08
- Retired - Other inactive person 09
- Other inactive person - Employed 10
- Other inactive person - Unemployed 11
- Other inactive person - Retired 12

INCOME OF EMPLOYEES

39. During the year 2005, did you receive any income or other form of pay as an employee or daily paid worker?

- Yes → Q. 40
 - No → Q. 55

40. Do you know your total gross or/and net earnings, from all your jobs, for the year 2005?

(By gross earnings we mean the amount before the deduction of tax and social insurance/provident fund)

- Yes → Q. 41
 - No → Q. 42

41. If YES, please specify the total gross/net earnings, as well as the deductions you had during 2005, for each of your jobs as an employee.

1 st JOB	2 nd JOB	3 rd JOB
GROSS Amount <input type="text"/>	GROSS Amount <input type="text"/>	GROSS Amount <input type="text"/>
TAX Amount <input type="text"/>	TAX Amount <input type="text"/>	TAX Amount <input type="text"/>
SOCIAL INSURANCE/ PROVIDENT FUND Amount <input type="text"/>	SOCIAL INSURANCE/ PROVIDENT FUND Amount <input type="text"/>	SOCIAL INSURANCE/ PROVIDENT FUND Amount <input type="text"/>
NET Amount <input type="text"/>	NET Amount <input type="text"/>	NET Amount <input type="text"/>
The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount	The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount	The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount

42. During the year 2005, 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.

(If it is possible, give any change you had in your salary during 2005 as a second job).

1 st JOB	2 nd JOB	3 rd JOB
PERIOD Weekly <input type="text" value="1"/> Monthly <input type="text" value="2"/>	PERIOD Weekly <input type="text" value="1"/> Monthly <input type="text" value="2"/>	PERIOD Weekly <input type="text" value="1"/> Monthly <input type="text" value="2"/>
NO. OF WEEKS/MONTHS Weeks <input type="text"/> Months <input type="text"/>	NO. OF WEEKS/MONTHS Weeks <input type="text"/> Months <input type="text"/>	NO. OF WEEKS/MONTHS Weeks <input type="text"/> Months <input type="text"/>
GROSS AMOUNT £ <input type="text"/>	GROSS AMOUNT £ <input type="text"/>	GROSS AMOUNT £ <input type="text"/>
TAX £ <input type="text"/>	TAX £ <input type="text"/>	TAX £ <input type="text"/>
SOCIAL INSURANCE/PROVIDENT FUND £ <input type="text"/>	SOCIAL INSURANCE/PROVIDENT FUND £ <input type="text"/>	SOCIAL INSURANCE/PROVIDENT FUND £ <input type="text"/>
NET AMOUNT £ <input type="text"/>	NET AMOUNT £ <input type="text"/>	NET AMOUNT £ <input type="text"/>
The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount	The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount	The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount

43. During the year 2005, did you have any extra income from work, that was not stated above?

13th Salary

YES
NO

1
2

If yes, specify:

Gross amount £

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

Net amount £

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

The net amount you just mentioned is:

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

14th Salary

YES
NO

1
2

If yes, specify:

Gross amount £

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

Net amount £

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

The net amount you just mentioned is:

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

- Overtime

YES
NO

1
2

If yes, specify:

Gross amount £

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

Net amount £

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

The net amount you just mentioned is:

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

- Tips

YES
NO

1
2

If yes, specify:

Gross amount £

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

Net amount £

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

The net amount you just mentioned is:

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

- Commission

YES
NO

1
2

If yes, specify:

Gross amount £

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

Net amount £

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

The net amount you just mentioned is:

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

- Profit sharing, stock options and bonus

YES
NO

1
2

If yes, specify:

Gross amount £

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

Net amount £

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

The net amount you just mentioned is:

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

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

	<i>If employer, specify the amount saved during 2005</i>	<i>Do not know</i>
- Car insurance:		
Employer	£ <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"/>
Respondent		<input type="text"/>
- Road tax:		
Employer	£ <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"/>
Respondent		<input type="text"/>
- Fuel:		
Employer	£ <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"/>
Respondent		<input type="text"/>
- Regular and unexpected repairs:		
Employer	£ <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"/>
Respondent		<input type="text"/>

50. During the year 2005, approximately how many kilometres did you travel with the company's vehicle for private use only?

Number of kilometres

51. During the year 2005, did your employer provide you with the following:

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

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. 55.

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

- Amount £ → Q. 55

- Do not know

54. If you do not know the total amount please indicate the range that corresponds to it.

- 100 or less

- 101 - 200

- 201 - 400

- 401 - 600

- 601 - 800

- 801 - 1000

- 1001 or more.....

INCOME FROM SELF-EMPLOYMENT

55. During the year 2005 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

- No → Q. 68

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

- Yes

- No → Q. 59

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

- Myself..... → Q. 59

- Other household member.....

58. FOR THE INTERVIEWER:

Enter the member's and 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

- Partnership

60. Always based on your share of the business what was your gross income during the year 2005 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?

- Amount £

- Do not know 1

64. During the year 2005 did you draw any money from the business account (which is used only for business purposes) for personal needs or needs of the household?

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

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

- Yes 1

- No 2 → Q. 66

65. Approximately how much did you receive for these needs during the year 2005?

- Amount £

66. During the year 2005 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 2005, 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 2005, 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.

Members' 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 2005 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

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

- Amount..... £
- Do not know

77. During the year 2005 did you pay additional income tax related to previous years ?
(closing accounts, fine etc.)

- Yes
- No
- If YES, amount..... £

78. During the year 2005, did you pay additional amounts for insurance contributions e.g. fine etc.?

- Yes
- No
- If YES, amount £

INCOME FROM INVESTEMENTS

79. During the year 2005, did you receive any amount from interests, dividends or shares from any of your investments in a business?

- Yes
- No → Q. 84

80. This income mentioned above results from investments held:

- In your own name → Q. 83
- Jointly with other household members → Q. 81
- Both sole and joint → Q. 81

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

Person ID	Name	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 write the amount here	Is the amount you mentioned 1:Gross (Before tax deduction) 2:Net (After tax deduction)	Tax Amount
		£ <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"/> <input type="text"/> <input type="text"/> Do not know <input type="text" value="1"/>
		£ <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"/> <input type="text"/> <input type="text"/> Do not know <input type="text" value="1"/>
		£ <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"/> <input type="text"/> <input type="text"/> Do not know <input type="text" value="1"/>

82. FOR THE INTERVIEWER:
If the answer in Q.80 is 2 then ask Q.84. If the answer in Q.80 is 3 then ask Q.83.

83. During the year 2005, how much income did you receive from investments held in your name?

Amount	Is the amount you mentioned:		Tax Amount
	1:Gross (Before tax deduction)	2:Net (After tax deduction)	
£ <input type="text"/>	1	2	Amount . £ <input type="text"/> Do not know <input type="text"/>
£ <input type="text"/>	1	2	Amount . £ <input type="text"/> Do not know <input type="text"/>
£ <input type="text"/>	1	2	Amount . £ <input type="text"/> Do not know <input type="text"/>

PRIVATE PENSIONS

84. During the year 2005, 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
- No → Q. 85A

85. If YES, specify the amount received, the number of months in 2005 during which an amount was received and information about the tax.

PRIVATE PENSION	Received	Please indicate the total amount for the year 2005	Number of months	Is the amount you mentioned:		Tax/Social Insurance Amount
				1:Gross (Before tax deduction)	2:Net (After tax deduction)	
Old age pension	<input type="text"/> From Cyprus	£ <input type="text"/>	<input type="text"/>	1	2	Amount£ <input type="text"/> Do not know <input type="text"/>
	<input type="text"/> From Abroad					
Other pension specify	<input type="text"/> From Cyprus	£ <input type="text"/>	<input type="text"/>	1	2	Amount . £ <input type="text"/> Do not know <input type="text"/>
	<input type="text"/> From Abroad					

85A. During 2005, 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
- No → Q. 85C

85B. During 2005, what was the total amount paid towards private pension plans?

- Total amount

85C. During the year 2005, have you received a lump sum from a private pension plan?

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

UNEMPLOYMENT/VOCATIONAL TRAINING SCHEMES

86. During the year 2005, 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 2005
Unemployment Benefit	YES <input type="checkbox"/> 1	monthly <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	annually <input type="checkbox"/> 2		
Allowance for soldiers in compulsory army service	YES <input type="checkbox"/> 1	monthly <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	annually <input type="checkbox"/> 2		
Self-employment scheme for tertiary education graduates	YES <input type="checkbox"/> 1	monthly <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	annually <input type="checkbox"/> 2		
Other allowances specify	YES <input type="checkbox"/> 1	monthly <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	annually <input type="checkbox"/> 2		

87. During the year 2005, have you received a lump sum due to early retirement from work or termination of employment or redundancy?

- Yes 1
- No 2 → Q. 88
- If YES, amount £

89. During the year 2005, have you received a lump sum due to retirement from work?

- Yes 1
- No 2 → Q. 90
- If Yes, amount £

BENEFITS AND OTHER ALLOWANCES

90. During the year 2005, 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 2005 (include 13th salary if available)	Number of months in 2005 related to this amount
Sickness benefit	YES <input type="checkbox"/> 1	£ <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"/>
	NO <input type="checkbox"/> 2		
Injury benefit	YES <input type="checkbox"/> 1	£ <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"/>
	NO <input type="checkbox"/> 2		
Disability benefit (lump sum)	YES <input type="checkbox"/> 1	£ <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"/>
	NO <input type="checkbox"/> 2		
Grants to the blind	YES <input type="checkbox"/> 1	£ <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"/>
	NO <input type="checkbox"/> 2		
Financial assistance to cover the special needs of the disabled	YES <input type="checkbox"/> 1	£ <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"/>
	NO <input type="checkbox"/> 2		
Other benefits/ allowances specify ----- -----	YES <input type="checkbox"/> 1	£ <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"/>
	NO <input type="checkbox"/> 2		

INCOME TAX

92. Have you submitted an income tax form regarding your income for the year 2004?

- Yes..... 1
- No..... 2 → Q. 98

93. What is the total amount of tax you paid for the year 2004?

- Tax amount £ → Q. 95
- Do not know the exact tax amount 1 → Q. 94
- Did not pay tax 2 → Q. 98

94. Which of the following ranges corresponds to the amount of tax paid?

- less than £300..... 1
- £300 to less than £500 2
- £500 to less than £1000 3
- £1000 to less than £2000 4
- £2000 to less than £4000..... 5
- £4000 to less than £6000..... 6
- £6000 or more..... 7

95. The tax amount mentioned above at Q. 93 (or Q. 94) included tax payments corresponding to previous years?

- Yes 1 → Q. 96
- No 2 → Q. 98

96. What was the amount of the additional tax you paid?

- Amount of additional tax £ → Q. 98
- Do not know the exact amount..... 1 → Q. 97

97. Which of the following ranges corresponds to the additional amount you paid?

- less than £300..... 1
- £300 to less than £500 2
- £500 to less than £1000 3
- £1000 to less than £2000 4
- £2000 to less than £4000..... 5
- £4000 to less than £6000..... 6
- £6000 or more..... 7

98. Did you receive any reimbursement of income tax during the year 2005?

- Yes 1 → Q. 99
- No 2 → Q. 101

99. How much reimbursement did you receive?

- Amount of reimbursement..... £ → Q. 101
- Do not know 1 → Q. 100

100. Which of the following ranges corresponds to the reimbursement you received?

- less than £300..... 1
- £300 to less than £500 2
- £500 to less than £1000 3
- £1000 to less than £2000 4
- £2000 to less than £4000..... 5
- £4000 to less than £6000..... 6
- £6000 or more..... 7

TO BE COMPLETED BY THE INTERVIEWER

101. Member Interview Result:

- Fully completed Member Questionnaire
 - Unable to respond due to illness, incapacity
 - Refused to cooperate
 - Absent and a proxy interview was not possible
 - Unable to contact for other reasons
 - No interview was performed for unknown reasons
- } → Q. 104

102. Type of interview:

- Face to face interview (PAPI) → Q. 104
- Face to face interview (CAPI) → Q. 104
- Proxy interview → Q. 103

103. Member's serial number who completed the member questionnaire

DURATION AND DATE OF INTERVIEW

104. FOR THE INTERVIEWER: Please record the time and date the interview was completed.

- Time interview was completed (e.g. 19:25) :

- Date of interview: Date Month Year

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 2

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

STRICTLY CONFIDENTIAL

YEAR:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DEGREE OF URBANISATION:	<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"/>	GEO. CODE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ROTATIONAL GROUP CODE:	<input type="text"/>	INTERVIEWER'S NUMBER:	<input type="text"/> <input type="text"/>

**PERSONAL
REGISTER**

March, 2006

A. DEMOGRAPHIC AND BASIC PERSONAL DATA

(1)	(2)	(3)	(4)	(5)		(6)	(7)	(8)	(9)	(10)		(11)	(12)		(13)	
Line	Name	Member's Serial Number	Personal Identification Number	Date of birth		Sex		Current and former household members	To where did the person move	Month and Year when the person moved out or died		Number of months in the h/hold during 2005	Main activity status during 2005		Month and Year when the person moved in	
			(Personal id)	Month	Year	Male	Female			Membership status	Month		Year	1= At work	2= Unemployed	3= In retirement or early retirement
						Sample Person = 1 Co-resident = 2		Membership status For current household members 1= Was in this h/hold in previous waves or current h/hold member → Q.(14) 2= Moved into this h/hold from another sample h/hold since previous wave → Q.(14) 3= Moved into this h/hold from outside sample since previous wave → Q.(13) 4= Newly born → Q.(14) For former household members 5= Moved out → Q.(9) 6= Died → Q.(10) 7= Lived in the h/hold at least three months during 2005 but was not recorded in the register of this h/hold → Q.(11)	1= To a private household within Cyprus 2= To a collective household or institution within the country 3= Abroad 4= Do not know/Lost							
1st						1	2									
2nd						1	2									
3rd						1	2									
4th						1	2									
5th						1	2									
6th						1	2									
7th						1	2									
8th						1	2									
9th						1	2									
10th						1	2									

**GO TO
PART C**

A. DEMOGRAPHIC AND BASIC PERSONAL DATA (continued)

Line	(2)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	
	Name	Residential Status	Basic activity status	Father's ID	Mother's ID	Spouse's/ Partner's ID	Aged 16 and over		Under 12 years of age	
		1= Currently living in the household 2= Domestic employee 3= Temporarily absent, within Cyprus 4= Temporarily absent, abroad	1= Working 2= Unemployed 3= In retirement or early retirement 4= Other inactive person (pupil/student, soldier, housewife etc.)	Write: -2 If the father is not a current household member	Write: -2 If the mother is not a current household member	Write: -2 If the spouse/partner is not a current household member	Yes	No	Yes	No
1η							1	2	1	2
2η							1	2	1	2
3η							1	2	1	2
4η							1	2	1	2
5η							1	2	1	2
6η							1	2	1	2
7η							1	2	1	2
8η							1	2	1	2
9η							1	2	1	2
10η							1	2	1	2

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 1993 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 your wife/partner)?							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Line	Member's Serial Number	Pre-school education (kindergarten, nursery school, pre-primary)	Compulsory education (primary, gymnasium)	Childcare at centre-based services	By a professional child-minder (at child's home or at child-minder's home)	Childcare at centre-based services (nurseries, kindergarten etc.)	By relatives, friends or other household members
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. all day) 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. MEMBER TRACING SHEET

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

For persons who stayed in the household only for 3 months

: 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:

<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"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

ROTATIONAL GROUP CODE:

Name	:	
District	:	
Municipality/Community	:	
Address	:	
Telephone number	:	

FOR THE INTERVIEWER :

a. I will interview the split household at the new address

.....



Complete all the relevant questionnaires

b. The split household will be interviewed at the new address by another

interviewer



Inform the service