

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, 2009

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

3a. What is the living area (in m²) used by the household?

- Less than 101..... 1
- 101-150 2
- 151-200 3
- 201-250 4
- 251-300..... 5
- 301 and over 6

4. Is there in the dwelling:

	Yes, for sole use at the household	Yes, shared	NO
- Indoor bath or shower?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
- Indoor flushing toilet?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3

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

	YES	NO
i Leaking roof, damp walls, floors, foundation or rot in window frames or floor	<input type="text"/> 1	<input type="text"/> 2
ii Too dark dwelling, meaning there is not enough day-light coming through the windows	<input type="text"/> 1	<input type="text"/> 2
iii Shortage of space	<input type="text"/> 1	<input type="text"/> 2

5b. Do you have any of the following problems related to the place where you live?

	YES	NO
i Too much noise in your dwelling from neighbours or from outside (traffic, business, factory etc).....	<input type="text"/> 1	<input type="text"/> 2
ii Pollution, grime or other environmental problems in the local are such as: smoke, dust, unpleasant smells or polluted water?.....	<input type="text"/> 1	<input type="text"/> 2
iii Crime, violence and vandalism in the local area?	<input type="text"/> 1	<input type="text"/> 2

6. Is the dwelling:

- Owned? 1 → Q.7
- Rented or sub rented at market rate?
(**Include** cases where the rent is fully or practically recovered from housing benefit) 2 → Q.11
- Rented at a lower price than the market price? 3 → Q.10
- Provided rent-free (by the parents, relatives etc.)? 4 → 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 rented dwelling constructed?

- Before 1946 1
- 1946-1960 2
- 1961-1970 3
- 1971-1980 4
- 1981-1990 5
- 1991-2000 6
- 2001 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 2008?

If **YES**: Please indicate
the annual amount received in the
year 2008

HOUSING ALLOWANCES

- | | | | |
|---|--|---|---|
| - Allowance for improving housing conditions
(Ministry of Labour and Social Insurance) | YES
<input type="checkbox"/> 1 | NO
<input type="checkbox"/> 2 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| - Financial assistance for improving housing conditions (Department of Town Planning and Housing) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| - Subsidy for purchasing a flat/house | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| - Housing benefit (Ministry of the Interior) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| - Other allowances, specify:
..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

10. What rental value would you pay for a similar housing unit?

- Monthly imputed rent for private or provided rent-free dwellings € →Q. 15
- Monthly imputed rent for dwellings rented at a lower rent than the normal price for this area € →Q. 11

11. In which year did you rent your dwelling?

- Year

11a. Which year was your rented dwelling constructed?

- Before 1946
- 1946-1960
- 1961-1970
- 1971-1980
- 1981-1990
- 1991-2000
- 2001 and after, specify the year

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, elderly, repatriates)..... €

12a. Is your housing unit rented:

- Unfurnished
- Furnished.....

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 2008?

ALLOWANCES	YES	NO	If YES: please indicate the annual amount received in the year 2008
- Rent allowance (Social welfare services)	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Rent allowance (Ministry of Justice and Public Order)	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other allowances, specify:	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text"/> <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
- Water?	<input type="text" value="1"/>	<input type="text" value="2"/>
- Electricity?	<input type="text" value="1"/>	<input type="text" value="2"/>
- Heating?	<input type="text" value="1"/>	<input type="text" value="2"/>
- Sewerage services?	<input type="text" value="1"/>	<input type="text" value="2"/>
- Refuse collection?	<input type="text" value="1"/>	<input type="text" value="2"/>
- Other expenses (common expenses etc.)?	<input type="text" value="1"/>	<input type="text" value="2"/>
- Regular repairs and maintenance?	<input type="text" value="1"/>	<input type="text" value="2"/>

HOUSING COSTS

15. Please state whether you have paid any of the following during the year 2008:

If **YES**: Please indicate the annual amount you paid in the year 2008

	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 mortgage repayment (installment and interest) or rent a financial burden to you? Please note: Only actual paid housing costs have to be taken into account. Would you say they are:

- A heavy burden	<input type="checkbox"/> 1
- A slight 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

**MATERIAL DEPRIVATION
HOUSING ITEMS**

HD010. Does this dwelling have hot running water?

- Yes
- No

HD020. Do you feel your household (as a whole) may have to leave your dwelling in the next 6 months?

- Yes
- No → HD040

HD025. If, yes what is the main reason?

- Household will be forced to leave, since notice has been/will be given by the landlord on termination of the contract
- Household will be forced to leave, since notice has been/will be given by the landlord in the absence of a formal contract
- Household will be forced to leave, because of eviction or distraint
- Household will be forced to leave, for financial difficulties
- Household will leave for a family-related reason
- Household will leave for an employment-related reason
- Household will leave for some other reason

ENVIRONMENT ITEMS

**HD040. In your neighbourhood, how frequently do you encounter the following problems:
Litter lying around?**

- Very frequently
- Frequently
- Sometimes
- Rarely or never

**HD050. In your neighbourhood, how frequently do you encounter the following problems
Damaged public amenities (bus stops, lamp posts, pavements, etc)?**

- Very frequently
- Frequently
- Sometimes
- Rarely or never

**HD060. How do you describe the access of your household to the following services?
(in terms of physical and technical access, distance and opening hours) Local public transport?**

- With great difficulty
- With some difficulty
- Easily
- Very easily
- Service is not used

**HD070. How do you describe the access of your household to the following services?
(in terms of physical and technical access, distance and opening hours) Postal or banking services?**

- With great difficulty
- With some difficulty.....
- Easily.....
- Very easily
- Service is not used

FINANCIAL STRESS

**HD080. Could you tell me if your household:
Replace worn-out furniture?**

- Yes
- No, because the household can not afford it
- No, for some other reason

**HD090. Could you tell me if your household:
Has (access to) an internet connection?**

- Yes
 - No, because the household can not afford it
 - No, for some other reason
-

HOUSING CONDINTIONS

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 - In every room there is other fixed heating (stove, fireplace, split units or similar)
- Yes - In few rooms there is other fixed heating (stove, fireplace, split units or similar)
- No - No fixed heating (portable heating)

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

- Yes
- No

FINANCIAL SITUATION

18. Do you or anyone in your household have to repay debts from any credit card, hire purchase or other loans? (that is, excluding mortgage repayments or other loans connected with the purchase of main dwelling)

- Yes
- No → Q. 20

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

- A heavy burden
- A slight burden
- Not a burden at all

20. Can your household afford to:

	YES	NO
- Go for a week's annual holiday away from home? (whole household).....	<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 un unexpected but necessary expense of€800 from your own resources?	<input type="text" value="1"/>	<input type="text" value="2"/>
- Keep its 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, 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 ncluded)	<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, vacations etc. or other hire purchases?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

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..... 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 that your household would have 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 1
- No 2 → 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 2008?

- Amount €

23g. What is the actual total amount paid for 2008?

- Amount €

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

- Interest rate

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

- YES 1
- NO 2

BASIC NEEDS

HD100. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Have some new (not second hand) clothes?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children aged above 1 4

HD110. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Have two pairs of properly fitting shoes (including a pair of all-weather shoes)?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children aged above 1 4

HD120. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Have fresh fruits and vegetables once a day?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children aged above 1 4

HD130. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Have three meals a day?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children aged above 1 4

HD140. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Have a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children aged above 1 4

HD150. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Have books (not schooling) at home, suitable for their age?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children aged above 1 4

HD160. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Have outdoor leisure equipment (bicycle, roller, skates, etc)?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children aged above 1 4

HD170. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Have indoor games (educational baby toys, building blocks, board games, computer games, etc)?

- Yes 1
 - No, because the household can not afford it 2
 - No, for some other reason 3
 - No children aged above 1 4
-

HD180. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Participate in a regular leisure activity (swimming, playing an instrument, youth organisations, etc):

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children aged above 1 4

HD190. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Have celebrations on special occasions (birthdays, name days, religious events)?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children aged above 1 4

HD200. Can you tell me whether all the children (under 16 years old) above 1 year in your household have or do the following: Invite friends round for playing and eating from time to time?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children aged above 1 4

HD240. Can you tell me whether all the children under 16 years old in your household go on holiday away from home at least 1 week per year?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3

HD210. Can you tell me whether all the children under 16 years old attending school in your household, participate in school trips and school events that cost money?

- Yes 1
- No, because the household can not afford it 2
- No, for some other reason 3
- No children attending school 4

HD220. Can you tell me whether all the children under 16 years old attending school in your household, have a suitable place to study or do homework?

- Yes 1
- No, 2
- No children attending school 3

HD230. Can you tell me whether all the children under 16 years old in your household, have an outdoor space in the neighbourhood where they can play safely?

- Yes 1
- No, 2

HD250. Was there any time during the past 12 months when at least one of the children under 16 years old in your household really needed to consult a general practitioner or specialist excluding dentists and ophthalmologists but did not?

- Yes, there was at least one occasion 1
- No, there was no occasion 2 → HD260

HD255. If, yes, what is the main reason?

- Could not afford to (too expensive) 1
- Waiting list..... 2
- Could not take the time because of work, care of other children or of other persons..... 3
- Too far to travel/no means of transport..... 4
- Other reason..... 5

HD260. Was there any time during the past 12 months when at least one of the children under 16 years old in your household really needed to consult a dentist but did not?

- Yes, there was at least one occasion 1
- No, there was no occasion 2 → Q. 25

HD265. If, yes, what is the main reason?

- Could not afford to (too expensive) 1
- Waiting list..... 2
- Could not take the time because of work, care of other children or of other persons..... 3
- Too far to travel/no means of transport..... 4
- Other reason..... 5

INCOME OF PERSONS UNDER 16 YEARS OF AGE

25. During 2008, 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

26. If YES, what was the total amount during the year 2008?

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

FINANCIAL ASSISTANCE TO/AND FROM OTHERS

30. During the year 2008, 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 2008 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2008 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 2008, 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 2008 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT RECEIVED IN 2008 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.																			
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INCOME IN KIND

34. During the year 2008, 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. 36

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

Total amount (annual) €

INCOME FROM RENT

36. During the year 2008, 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

37. If YES, what was the gross income from rents of immovable property during the year 2008?

- Total annual amount € → Q. 39
- Do not know the exact amount 1 → Q. 38

38. If you do not know the exact amount, please indicate the approximate range that corresponds to the gross income from rents of immovable property.

- Less than €2.000 1
- €2.000 to less than €6.000 2
- €6.000 to less than €10.000 3
- €10.000 to less than €20.000 4
- €20.000 to less than €40.000 5
- €40.000 or more 6

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

- Total annual cost €

40. Other expenses (commissions, real estate taxes are excluded etc.)?

- Total annual amount €

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, 2009

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:

<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 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

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.) | 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. Access to the household is impossible
(due to flood, snow, inaccessible road etc) | 07 | | |
| 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 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 7) | 09 | → | 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
- } 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="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"/>
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**

March, 2009

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 health problem?

- 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, severely limited [1]
- Yes, limited but not severely..... [2]
- No, not limited at all [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..... 1 → Q. 14
- No, there was no occasion 2 → Q. 15

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

Refer to the most recent occasion.

- Financial reasons (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 transport 4
- Fear of doctor, hospitals, examinations, treatment 5
- Waited to see if the problem got better on its own..... 6
- Did not know any good dentist..... 7
- Other reason, specify: _____ 8

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..... 1 → Q. 16
- No, there was no occasion 2 → Q. 17

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

Refer to the most recent occasion.

- Financial reasons (too expensive) 1
- During the year 2007, did your employer provide..... 2
- Could not take time because of work, care of children or for others 3
- Too far to travel/no means of transport 4
- Fear of doctor, hospitals, examinations, treatment 5
- Waited to see if the problem got better on its own..... 6
- Did not know any good medical specialist... 7
- Other reason, specify: _____ 8

MATERIAL DEPRIVATION INDIVIDUAL ITEMS

PD010. Could you tell me if you have or do the following? Have you mobile phone?

- Yes,..... 1
- No, because can not afford it 2
- No, for some other reason 3

PD020. Could you tell me if you have or do the following? Replace worn-out clothes by some new (not second hand) ones?

- Yes,..... 1
- No, because can not afford it 2
- No, for some other reason 3

PD030. Could you tell me if you have or do the following? Have two pairs of properly fitting shoes (including a pair of all-weather shoes)?

- Yes,..... 1
- No, because can not afford it 2
- No, for some other reason 3

PD050. Could you tell me if you have or do the following? Get-together with friends/family (relatives) for a drink/ meal at least once a month?

- Yes,..... 1
- No, because can not afford it 2
- No, for some other reason 3

PD060. Could you tell me if you have or do the following? Regularly participate in a leisure activity such as sport, cinema, concert, etc.?

- Yes,..... 1
- No, because can not afford it 2
- No, for some other reason 3

PD070. Could you tell me if you have or do the following? Spend a small amount of money each week on yourself (without having to consult anyone)?

- Yes,..... 1
- No, because can not afford it 2
- No, for some other reason 3

PD040. About how many times have you been to a general practitioner or a specialist, excluding dentist and optalmologist, during the last 12 months? Please include hospital out-patient visits and home visits by the doctor. Please do not include visits due to illness of other persons, such as children or elderly relatives.

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

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 1 → Q. 26
- Self-employed without employees 2 → Q. 26
- An employee..... 3
- A family worker without payment 4 → Q. 26

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

- Permanent or of unlimited duration 1
- Temporary or of limited duration 2

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

- Yes 1
- No 2

26. FOR THE INTERVIEWER: If the answer in Q.18 is 1,2,3 or 4 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 11
- 20 - 49..... 12
- 50 and over..... 13
- Do not know, but less than 11 persons..... 14
- Do not know, but more than 10 persons..... 15

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 1
- No 2 → Q. 32

31. What was the reason for this job change?

- To take up or seek a better job 1
- End of temporary work/contract..... 2
- Obligated to stop by employer (termination, business closure, redundancy, early retirement) 3
- Sale or closure of own/family business 4
- Child care or care for other dependents 5
- Husband's/wife's/partner's job required you to move to another area, marriage..... 6
- Other reason, specify: 7

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

- Yes 1
- No 2 → 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..... 1
- Personal illness or disability..... 2
- Want to work more hours, but cannot find a full-time job or cannot work more hours in this job 3
- Do not want to work more hours 4
- Number of hours in all jobs are considered as a full-time job 5
- Housework, care of children or other persons 6
- Other reasons, specify: 7

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 2008 up to now?

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

	Jan. 2008	Feb. 2008	March 2008	April 2008	May 2008	June 2008	July 2008	Aug. 2008	Sept. 2008	Oct. 2008	Nov. 2008	Dec. 2008	Jan. 2009	Feb. 2009	March 2009	April 2009	May 2009	June 2009	July 2009	Aug. 2009	
Employee working full-time	01	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	02
Self-employment 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	03
Self-employment 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	04
Unemployed	05	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	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	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	08
In compulsory military community or service	09	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	10
Income recipient	11	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	12

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 2008, 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 2008?

(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 2008, 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 2008, 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 2008 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

- Productivity allowance

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

- Transport allowance

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

- Other payments state:

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

44. During the year 2008, 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

If yes, specify:

Gross amount €

Net amount €

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

44EC. During 2008, did your employer contribute in the following funds;

	YES		NO
Social insurance fund	<input type="checkbox"/> 1		<input type="checkbox"/> 2
Redundancy fund.....	<input type="checkbox"/> 1		<input type="checkbox"/> 2
Human resource development fund	<input type="checkbox"/> 1		<input type="checkbox"/> 2
Social cohesion fund	<input type="checkbox"/> 1		<input type="checkbox"/> 2
Provident fund	<input type="checkbox"/> 1		<input type="checkbox"/> 2
If YES, amount (annual) € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Annual holiday fund	<input type="checkbox"/> 1		<input type="checkbox"/> 2
Medical fund	<input type="checkbox"/> 1		<input type="checkbox"/> 2
If YES, amount (annual) € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Private pension plan	<input type="checkbox"/> 1		<input type="checkbox"/> 2
If YES, amount (annual) € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

44PP. You worked at:

- Private Sector 1

- Public Sector 2

44Sc. At your work you were civil servant:

- Permanent employee (scale A) 1

- Permanent employee (scale E)..... 2

- Casual 3

INCOME FROM SELF-EMPLOYMENT

55. During the year 2008 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 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 1

- Partnership 2

60. Always based on your share of the business what was your gross income during the year 2008 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 2008 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)

- Yes 1

- No 2 → Q. 66

65. Approximately how much did you receive for these needs during the year 2008?

- Amount €

66. During the year 2008 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 2008, 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 2008, 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's serial number: → Q. 79

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

- Own
- Partnership

73. Always based on your share of the activity, what was your gross income during the year 2008 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
- Loss

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 2008 did you pay additional income tax related to previous years ?
 (closing accounts, fine etc.)

- Yes
- No
- If YES, amount.....€

78. During the year 2008, did you pay additional amounts for insurance contributions e.g. fine etc.?

- Yes
- No
- If YES, amount €

INCOME FROM INVESTEMENTS

79. During the year 2008, 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	Is the amount you mentioned	Tax 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	1:Gross (Before tax deduction) 2:Net (After tax deduction)	
		€ <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 2008, 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 2008, 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 2008 during which an amount was received and information about the tax.

PRIVATE PENSION	Received	Please indicate the total amount for the year 2007	Number of months	Is the amount you mentioned: 1:Gross (Before tax deduction)	Tax/Social Insurance Amount
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 2008, 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 2008, what was the total amount paid towards private pension plans?

- Total amount €

85C. During the year 2008, 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 2008, 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 2008
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 2008, have you received a lump sum from termination of employment or redundancy?

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

PENSIONS

88. During the year 2008, did you receive any of the following public pensions?

PENSIONS		Received	If YES please indicate the total amount received during the year 2008 (include 13th salary if available)	Number of months in 2008 related to this amount	Is the amount you mentioned: 1:Gross (Before tax deduction) 2:Net (After tax deduction)	Tax/Social Insurance Amount
Old age pension (Include also the pension for Civil Servants)	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 2	€ <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 Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <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 2	€ <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 2	€ <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 2	€ <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 2	€ <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 2	€ <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 Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <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 2	€ <input type="text"/>

89. During the year 2008, have you received a lump sum due to retirement from work?
(early retirement due to own will is included)

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

BENEFITS AND OTHER ALLOWANCES

90. During the year 2008, 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 2008 (include 13th salary if available)	Number of months in 2008 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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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 2007?

- Yes..... 1
- No..... 2 → Q. 98

93. What is the total amount of tax you paid for the year 2007?

- 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 €500..... 1
- €500 to less than €850 2
- €850 to less than €1.700 3
- €1.700 to less than €3.400 4
- €3.400 to less than €6.800..... 5
- €6.800 to less than €10.250..... 6
- €10.250 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 €500..... 1
- €500 to less than €850 2
- €850 to less than €1.700 3
- €1.700 to less than €3.400 4
- €3.400 to less than €6.800..... 5
- €6.800 to less than €10.250..... 6
- €10.250 or more..... 7

98. Did you receive any reimbursement of income tax during the year 2008?

- 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 €500..... 1
- €500 to less than €850 2
- €850 to less than €1.700 3
- €1.700 to less than €3.400 4
- €3.400 to less than €6.800..... 5
- €6.800 to less than €10.250..... 6
- €10.250 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"/> <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"/>
ROTATIONAL GROUP CODE:	<input type="text"/>	INTERVIEWER'S NUMBER:	<input type="text"/> <input type="text"/>

**PERSONAL
REGISTER**

March, 2009

A. DEMOGRAPHIC AND BASIC PERSONAL DATA (continued)

(1)	(2)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	
Line	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 1996 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. optional 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. 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