

REPUBLIC



OF CYPRUS

STATISTICAL

SERVICE

Form: SILC 1

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

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 **CONFIDENTIAL**. The compiled information will be used solely for general statistical purposes. The individual data of the household will not be disclosed to any person, organisation or other Government Departments.

February, 2017

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

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 split
(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 4) | 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

FOR THE INTERVIEWER: Q.3 if only for the households interviewed for the first time, that is the households with rotational group code 2

3. During the year 2016 the household had its usual residence in:

- Cyprus 1
- Abroad 2

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 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 SERVICE

Form: SILC 2

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

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**

February, 2017

A. DEMOGRAPHIC AND BASIC PERSONAL DATA

(1) Line	(2) Name	(3) Member's Serial Number	(4) Personal Identification Number (Personal id)		(5) Date of birth		(6) Sex		(7) Sample Person = 1 Co-resident = 2	(8) Current and former household members		(9) To where did the person move	(10) Month and Year when the person moved out or died		(11) Number of months in the h/hold during 2015	(12) Main activity status during 2016		(13) Month and Year when the person moved in	
			Month	Year	Male	Female	Membership status			Month	Year		1= At work	2= Unemployed		3= In retirement or early retirement	4= Other inactive person (pupil/student, soldier, housewife etc.)	Month	Year
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											

→ PART C

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 2016 but was not recorded in the register of this h/hold → Q.(11)

A. DEMOGRAPHIC AND BASIC PERSONAL DATA (continued)

(1)	(2)	(14)	(15)		(16)	(17)	(18)	(19)	(20)	(21)		(22)	
Line	Name	Residential Status	Usual Residence		Year of permanent settlement	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	Did you ever have your usual residence (for more than 12 months) abroad? (students are excluded)		If YES, which year did you come to Cyprus for permanent settlement?	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
Yes	No ↓ Q.17												
1st			1	2	<input type="text"/>					1	2	1	2
2nd			1	2	<input type="text"/>					1	2	1	2
3rd			1	2	<input type="text"/>					1	2	1	2
4th			1	2	<input type="text"/>					1	2	1	2
5th			1	2	<input type="text"/>					1	2	1	2
6th			1	2	<input type="text"/>					1	2	1	2
7th			1	2	<input type="text"/>					1	2	1	2
8th			1	2	<input type="text"/>					1	2	1	2
9th			1	2	<input type="text"/>					1	2	1	2
10th			1	2	<input type="text"/>					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 2004 onwards) only.
The rest of the household members are excluded.

Question: During a usual week (in the period January - June) how many hours was the child taken care by the following services (in the absence of you or your wife/partner)?							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Line	Member's Serial Number	Pre-school education (kindergarten, nursery school, pre-primary)	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.

B1. CHILDREN' S HEALTH AGED LESS THAN 16

FOR THE INTERVIEWER: The questions below concern the health of each child and should only be asked for the children under the age of 16

(1)	(2)	(9)	(10)	(11)
Line	Member's Serial Number	RC010T. How would you describe <child's name> health in general?	RC020T-A. Is <child's name> limited because of a health problem in activities most children of the same age usually do?	RC020T-B. Has <child's name> been limited for at least the past 6 months?
		1= Very Good 2= Good 3= Fair 4= Poor 5= Very Poor	1= Severly limited 2= Limited but not severly 3= Not limited at all → PART C	1= Yes 2= No <div style="border: 1px solid black; padding: 5px; display: inline-block;">→ PART C</div>
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				

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:

ROTATIONAL GROUP CODE:

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

FOR THE INTERVIEWER :

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

.....

1



Complete all the relevant questionnaires

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

2



Inform the service

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 3

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

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**

February, 2017

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.....
- Semi-detached house.....
- Terraced house
- Apartment or flat in a building with less than 10 dwellings
- Apartment or flat in a building with 10 dwellings or more.....
- Some other kind of accommodation (e.g. back-yard house, dwelling in a building used for other purposes etc.).....

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

HC020. What is the size of your dwelling, in square meters? If you do not know, please give an approximate number.(It refers to the floor space measured inside the outer walls excluding non-habitable cellars and attics and excluding in multi-dwelling buildings all common spaces)

- Square metres

Q3a. SHOULD BE ANSWERED BY THE INTERVIEWER

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

- Less than 101.....
- 101-150
- 151-200
- 201-250
- 251-300.....
- 301 and over

4. Is there in the dwelling:

	Yes, for sole use of the household	Yes, shared	NO
- Indoor bath or shower?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
- Indoor flushing toilet?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="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" value="1"/>	<input type="text" value="2"/>
ii Too dark dwelling, meaning there is not enough day-light coming through the windows	<input type="text" value="1"/>	<input type="text" value="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" value="1"/>	<input type="text" value="2"/>
ii Pollution, grime or other environmental problems in the local area such as: smoke, dust, unpleasant smells or polluted water?.....	<input type="text" value="1"/>	<input type="text" value="2"/>
iii Crime, violence and vandalism in the local area?	<input type="text" value="1"/>	<input type="text" value="2"/>

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

- a. Monthly imputed rent for private or provided rent-free dwellings € →Q. 15
- b. 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 1
- 1946-1960 2
- 1961-1970 3
- 1971-1980 4
- 1981-1990..... 5
- 1991-2000 6
- 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 1
- Furnished..... 2

13. Please have a look at the following housing benefits. For each benefit, could you please indicate whether you or another member of the household received any of these during the year 2016?

ALLOWANCES	YES	NO	If YES: please indicate the annual amount received in the year 2016
- Rent allowance (Social welfare services or Minimum Guaranteed Income (MGI))	<input type="text"/> 1	<input type="text"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Rent allowance (Ministry of Interior)	<input type="text"/> 1	<input type="text"/> 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"/> 1	<input type="text"/> 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"/> 1	<input type="text"/> 2
- Electricity?	<input type="text"/> 1	<input type="text"/> 2
- Heating?	<input type="text"/> 1	<input type="text"/> 2
- Sewerage services?	<input type="text"/> 1	<input type="text"/> 2
- Refuse collection?	<input type="text"/> 1	<input type="text"/> 2
- Other expenses (common expenses etc.)?	<input type="text"/> 1	<input type="text"/> 2
- Regular repairs and maintenance?	<input type="text"/> 1	<input type="text"/> 2

HOUSING COSTS

15. Please state whether you have paid any of the following during the year 2016:

If YES: Please indicate the annual amount you paid in the year 2016

	YES	NO	
- Water?	1	2	€ <input style="width: 50px;" type="text"/>
- Electricity? (excluding thermal accumulators of the Electricity Authority of Cyprus).....	1	2	€ <input style="width: 50px;" type="text"/>
- Central Heating? (either oil, gas or thermal accumulators of the Electricity Authority of Cyprus).....	1	2	€ <input style="width: 50px;" type="text"/>
- Gasoil, charcoal, fire-wood for heating?	1	2	€ <input style="width: 50px;" type="text"/>
- Gas for heating?	1	2	€ <input style="width: 50px;" type="text"/>
- Insurance fees for residence?	1	2	€ <input style="width: 50px;" type="text"/>
- Sewerage Services?	1	2	€ <input style="width: 50px;" type="text"/>
- Refuse collection?	1	2	€ <input style="width: 50px;" type="text"/>
- Mortgage of interest payments?.....	1	2	€ <input style="width: 50px;" type="text"/>
- Other expenses (common expenses etc.)?	1	2	€ <input style="width: 50px;" type="text"/>
- Regular repairs and maintenance?	1	2	€ <input style="width: 50px;" 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	1
- A slight burden	2
- Not a burden at all	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)	1	2	3
- Colour TV	1	2	3
- Personal Computer	1	2	3
- Washing machine	1	2	3
- Private car	1	2	3

17a. Did your household go on holidays away from home for at least one week, during the last 12 months?

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

HOUSING CONDITIONS

MH04. Is your dwelling equipped with heating facilities?

- Yes - Central heating or similar (oil, gas or thermal accumulators of the Electricity Authority of Cyprus) ... 1
- Yes - **In most of the rooms** (more than half) there is other fixed heating (fireplace, split units or similar)... 2
- Yes - other fixed heating (fireplace, split units or similar) **in half or less than half rooms** 3
- Yes - Non fixed heating (portable heating)..... 4
- No - No heating at all..... 5

MH05. Is your dwelling comfortably warm during winter time?

- Yes 1
- No..... 2

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

- Yes 1
- No 2

FINANCIAL SITUATION

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

- Yes 1
- No 2 → 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 1
- A slight burden 2
- Not a burden at all 3

20. Can your household afford to:

- | | YES | NO |
|---|---|---|
| - Go for a week's annual holiday away from home, including stays in second dwelling or with friends/relatives? (whole household)..... | 1 | 2 |
| - Have a meal with meat, chicken, fish (or vegetarian equivalent) every second day? | 1 | 2 |
| - Face an unexpected but necessary expense of €690 from your own resources? | 1 | 2 |
| - Keep its home adequately warm? | 1 | 2 |

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

- | | Yes,
once | Yes, twice
on more | No | Not
applicable |
|---|---|---|---|---|
| (a) Rent for accommodation or housing loans for the main dwelling?..... | 1 | 2 | 3 | 4 |
| (b) Utility bills, (heating, electricity, gas, water etc) for the main dwelling? (telephone bills are not included) | 1 | 2 | 3 | 4 |
| (c) Credit card balances or loan payments for purchases of housing equipment, vacations etc. or other hire purchases? | 1 | 2 | 3 | 4 |

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

- Yes..... 1
- No 2 → Q. 27

INCOME OF PERSONS UNDER 16 YEARS OF AGE

25. During 2016, 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 2016?

- 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 2016?

BENEFIT-ALLOWANCE	YES	NO	If YES: Please indicate the total amount for 2016
a. Child allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 100px;" type="text"/>
b. Allowance for the care of disabled children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 100px;" type="text"/>
c. Maternity allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 100px;" type="text"/>
d. Grant for the care of children placed with foster families	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 100px;" type="text"/>
e. Maternity grant (lump sum/payment)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 100px;" type="text"/>
f. Allowance for the care of the elderly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 100px;" type="text"/>
g. Single Parent Benefit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 100px;" type="text"/>
h. Other family benefits:.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input style="width: 100px;" type="text"/>

28. During the year 2016, did anyone in your household receive the Missing Persons Allowance?

- Yes 1
- No 2 → Q. 28a

29. What was the total amount received in 2016?

- Total amount (annual) €

HEALTH

Introduction:

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

HS200. To what extent were the costs of medical examinations or treatments a financial burden to your household during the past 12 months? *(It refers to all members of the household. It excludes dental examinations or treatments or any prescribed or non-prescribed medication)*

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

HS210. To what extent were the costs of dental examinations or treatments a financial burden to your household during the past 12 months? *(It refers to all members of the household. It excludes any prescribed or non-prescribed medication)*

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

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

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

CHILDREN'S HEALTH

FOR THE INTERVIEWER: The next 6 questions refer to all children in the household aged 16 years or less.

Introduction:

The next questions are about the health care related services, **any of your children under the age of 16** used or wanted to use during the last 12 months. These are addressed at the household level.

HC010T_A. Was there any time during the past 12 months when any of your children really needed medical examination or treatment? (It excludes dental examinations or treatments or any prescribed or non-prescribed medication)

- Yes, (at least one of my children really needed at least once medical examination or treatment)
- No, (none of my children needed any medical examination or treatment) → **HC030T_A**

HC010T_B. Did your child/children have a medical examination or treatment each time it was really needed?

- Yes (my children/child had a medical examination or treatment each time they/it needed it)..... → **HC030T_A**
- No (there was at least one occasion when my child/at least one of my children did not have a medical examination or treatment)

HC020T. What was the main reason for not having a medical examination or treatment?

- Could not afford to (too expensive)
- Long waiting list
- Could not take time because of work, care of children or others
- Too far to travel/no means of transportation
- Other reason, please specify
-

HC030T_A. Was there any time during the past 12 months when any of your children really needed dental examination or treatment?

- Yes, (at least one of my children really needed at least once dental examination or treatment)
- No, (none of my children needed any medical examination or treatment) → **Q.30**

HC030T_B. Did your child/children have a dental examination or treatment each time it was really needed?

- Yes (my children/child had a dental examination or treatment each time they/it needed it) → **Q.30**
- No (there was at least one occasion when my child/at least one of my children did not have a dental examination or treatment)

HC040T. What was the main reason for not having a dental examination or treatment?

- Could not afford to (too expensive)
- Long waiting list
- Could not take time because of work, care of children or others
- Too far to travel/no means of transportation
- Other reason, please specify
-

FINANCIAL ASSISTANCE TO/AND FROM OTHERS

30. During the year 2016, did you or anyone else in your household give on a regular basis any financial assistance to members of other private households?

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

- Yes 1
- No 2 → Q. 32

31. If YES, specify:

TYPE OF ASSISTANCE	FOR OFFICIAL USE	THE AMOUNT WAS PAID EVERY	TOTAL GROSS AMOUNT PAID IN 2016 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2016 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
	ALIMONY		€	€
-----	YES 1 NO 2	week 1 month 2 year 3	€ 	€
-----	YES 1 NO 2	week 1 month 2 year 3	€ 	€
-----	YES 1 NO 2	week 1 month 2 year 3	€ 	€
-----	YES 1 NO 2	week 1 month 2 year 3	€ 	€

32. During the year 2016, 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 2016 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT RECEIVED IN 2016 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
-----	week <input type="text" value="1"/> month <input type="text" value="2"/> year <input type="text" value="3"/>	€ 	€
-----	week <input type="text" value="1"/> month <input type="text" value="2"/> year <input type="text" value="3"/>	€ 	€
-----	week <input type="text" value="1"/> month <input type="text" value="2"/> year <input type="text" value="3"/>	€ 	€
-----	week <input type="text" value="1"/> month <input type="text" value="2"/> year <input type="text" value="3"/>	€ 	€

INCOME IN KIND

34. During the year 2016 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

- No

→ Q. 36

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

- Total amount (annual)

€ | | | | | | | |

INCOME FROM RENT

36. During the year 2016, 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 2016?

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

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

38A. During 2016, what amount of tax did you pay for the income you received for renting this property?

- Total yearly amount €

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 €

TAX ON REAL ESTATE

41. During the year 2016, did you pay any tax in relation to your 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 2016 for the property you did not rent?	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
What real estate tax did you pay during the year 2016 for the property you rented?	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

SERVICES

Form: SILC 4

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

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"/>	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**

February, 2017

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]
- No..... [2] → PC110

FOR THE INTERVIEWER: If the answer to Q7 = 3 then ask Q7a only if the person's age is under 35. If the answer to Q7 = 4 then ask Q7b only if the person's age is under 35.

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

- Primary Education [1]
 - Lower Secondary Education (Gymnasium) [2]
 - Upper Secondary Education (Lyceum/Technical School) [3] → Q. 7a only if the person's age is under 35. Otherwise ask PC130.
 - Post-secondary non tertiary education (duration of programmes up to 2 years) [4] → Q. 7b only if the person's age is under 35. Otherwise ask Q7c1.
 - Short cycle tertiary programmes (duration of programmes 2-3 years) [5]
 - Bachelor or equivalent [6]
 - Master or equivalent [7]
 - Doctorate or equivalent [8]
- } Q. 7 C1

7a. Please specify whether is:

- Upper secondary general education (Lyceum) [1]
 - Upper secondary technical/vocational education (Technical School) [2]
- } Q. 8

7b. Please specify whether is:

- Post-secondary non tertiary general education..... 1
 - Post-secondary non tertiary vocational education 2
- } Q. 7c1

7c1. School name _____

7c2. Subject title _____

7c3. Duration of programme _____

7c4. Year of studies

7c5. Country of studies → Q. 8
Country code

FOR THE INTERVIEWER: If the answer to Q. 8 = 5 then ask Q. 8a and if Q. 8 = 6 then ask Q. 8b only if the person's age is under 35 .Otherwise ask Q. 9 and Q. 8c1.

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

- Never attended school 1 → Q. 10
 - Not completed primary 2
 - Primary Education..... 3
 - Lower secondary education (Gymnasium) 4
 - Upper secondary education (Lyceum /Technical School) 5 → Q. 8a only if the person's age is under 35 otherwise ask Q. 9
 - Post-secondary non-tertiary education (duration of programmes up to 2 years) 6 → Q. 8b only if the person's age is under 35 otherwise ask Q. 8c1
 - Short cycle tertiary programmes (duration of programmes 2-3 years) 7
 - Bachelor or equivalent 8
 - Master or equivalent 9
 - Doctorate or equivalent 10
- } Q. 9
} Q. 8c1

8a. Please specify whether is:

- Upper secondary general education (Lyceum) in Cyprus 1 → Q. 9
- Upper secondary general education (Lyceum) abroad 2 → Q. 8a1
- Upper secondary technical/vocational education (Technical School) in Cyprus..... 3 → Q. 9
- Upper secondary technical/vocational education (Technical School) abroad 4 → Q. 8a2

8a1. Your Upper secondary education (Lyseum) leaving certificate in which of the following categories belongs?

- Certificate of partial level completion and without direct access to tertiary education 1
 - Certificate of level completion, without direct access to tertiary education 2
 - Certificate of level completion, with direct access to tertiary education 3
 - Without distinction of direct access to tertiary education..... 4
- } Q. 9

8a2. Your Upper secondary technical/vocational education (Technical school) leaving certificate in which of the following categories belongs?

- Certificate of partial level completion and without direct access to tertiary education 1
 - Certificate of level completion, without direct access to tertiary education 2
 - Certificate of level completion, with direct access to tertiary education 3
 - Without distinction of direct access to tertiary education..... 4
- } Q. 9

8b. Please specify whether is:

- Post-secondary non tertiary general education..... 1
- Post-secondary non tertiary vocational education 2

8c1. School name and country _____

8c2. Subject title _____

8c3. Duration of programme _____

9. In which year did you complete this level?

Year [][][][][]

HEALTH

10. How is your health in general?

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

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

- Yes [1]
- No [2]

12. For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?

- Severely limited [1]
- Limited but not severely..... [2]
- Not limited at all [3]

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

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

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

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

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

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

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

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

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

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

**16. What was the main reason for not having a medical examination or treatment?
Refer to the most recent occasion.**

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

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

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

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

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

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

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

Body Mass Index

PH110 _A. How tall are you without shoes? cm

PH110 _B. How much do you weigh without shoes? gk

PHYSICAL ACTIVITY

Introduction:

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

PH120. Think of your main job, or, if you are not working, the things that you have to do such as taking care of the household, family, children, studying, unpaid work, etc. Which of the following best describes what you do, during a typical week?

- Mostly sitting
- Mostly standing.....
- Mostly walking or tasks of moderate physical effort
- Mostly heavy labour or physical demanding work

Introduction:

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

PH130. During a typical week, how much time in total do you engage in such physical activities when you are not working?

Total hours
and
minutes

Introduction:

The next two questions are about your consumption of fruit and vegetables in a typical week. It includes the consumption of fresh, frozen, canned or dried fruit and vegetables, as well as fresh juice of them. It excludes juice prepared from concentrate or processed fruits/vegetables or artificially sweetened.

PH140. During a typical week, how often do you eat fruit (excluding juice made from concentrate or artificially sweetened)?

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

PH150. During a typical week, how often do you eat vegetables, salads or fresh vegetable juice (excluding potatoes and juice made from concentrate or artificially sweetened)?

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

MATERIAL DEPRIVATION

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

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

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

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

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

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

PD060. Could you tell me if you regularly participate in a leisure activity (that costs money)?

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

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

- Yes

1

 - No, because cannot afford it

2

 - No, for some other reason

3

-

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

- Yes

1

 - No, because cannot afford it

2

 - No, for some other reason

3

-

LABOUR

PL250T_A. During 2016, did you work even for a week in any job?

- Yes 1
- No 2 → PL270T2_A

PL250T_B. Please state the months during which you have worked.

- | | | | |
|-------------|----------|--------------|--------------|
| 1. January | 4. April | 7. July | 10. October |
| 2. February | 5. May | 8. August | 11. November |
| 3. March | 6. June | 9. September | 12. December |

**PL260T2. During 2016, how many hours were you usually working per week in your main job?
(please include the extra hours you were usually working, paid or unpaid)**

Number of hours.....

FOR THE INTERVIEWER: If the age of the respondent is greater or equal to 63 then go to Q. 17

PL270T2_A. During the last 5 years, that is since 2012 until now, have you ever been unemployed?
By 'unemployed' it is meant that you had no employment, you were actively seeking employment and were ready to start work within 2 weeks.

- Yes 1
- No 2 → Q. 17

PL270T2_B. For how many months were you unemployed? (in case of many unemployment periods, please consider the most recent one)

Number of months

17. During the previous week have you worked at least one hour?
(Unpaid family workers must answer YES)

- Yes 1
- No 2

18. What is your current main activity?
(The activity is self-determined by the respondent)

- Employee working full time..... 01
 - Employee working part time..... 02
 - Self-employed working full-time (including family worker)..... 03
 - Self-employed working part-time (including family worker)..... 04
 - Unemployed 05
 - Pupil, student, further training unpaid work experience..... 06
 - In retirement or in early retirement..... 07
 - Permanently disabled or/and unfit to work 08
 - In compulsory military community or service 09
 - Fulfilling domestic tasks and care responsibilities..... 10
 - Income recipient..... 11
 - Other inactive person..... 12
- } Q. 22

FOR THE INTERVIEWER: If the age of the respondent is greater or equal to 63 then go to Q. 21

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

- Yes 1
- No 2 → Q. 21

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

- Yes 1
- No 2

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

- Yes 1
- No 2 → Q. 38

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

.....

FOR THE INTERVIEWER: The next question should be asked if in Q18 the answer was 5 to 12 and Q21=1

PL111T2. Please describe in detail the main economic activity of the business or organisation or service of your last main job.

.....

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.

.....

PL230T2. Does the business or organisation or service where you are currently working, belong to the Private or Public/Broad Public Sector?

- Public/Broad Public Sector 1
- Private Sector 2

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:

30a. Do you have different employer since the last interview (for the interviewer: during the last 12 months if first time in the survey)?

- Yes 1
- No 2

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

32a.If yes, please specify:

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 2016 and up to now?

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

	2016												2017							
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.
Employee working full-time	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01
Employee working part-time	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02
Self-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
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
Unemployed Registered at the Public Employment Services (Labour Office)	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A	05A
Unemployed Not-Registered at the Public Employment Services (Labour Office)	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B	05B
Pupil, student, further training, unpaid work experience	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06
In retirement or in early retirement	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07
Permanently disabled or/and unfit to work	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08
In compulsory military community or service	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09
Fulfilling domestic tasks and care responsibilities	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Income recipient	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
Other inactive person	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12

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 2016, did you receive any income or other form of pay as an employee or daily paid worker?

- Yes 1
- No 2 → Q. 55

PL240T2. During the year 2016, did you contribute to the Social Insurance Fund;

- Yes 1
- No 2

40. Do you know your total gross or/and net earnings, from all your jobs, for the year 2016?

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

- Yes 1 → Q. 41
- No 2 → Q. 42

41. If YES, please specify the total gross/net earnings, as well as the deductions you had during 2016, 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/MEDICAL FUND ETC Amount € <input type="text"/>	SOCIAL INSURANCE PROVIDENT FUND/MEDICAL FUND ETC Amount € <input type="text"/>	SOCIAL INSURANCE PROVIDENT FUND/MEDICAL FUND ETC 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	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	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

42. During the year 2016, 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 2016 as a second job).

1 st JOB	2 nd JOB	3 rd JOB
PERIOD Weekly <input type="checkbox"/> 1 Monthly <input type="checkbox"/> 2	PERIOD Weekly <input type="checkbox"/> 1 Monthly <input type="checkbox"/> 2	PERIOD Weekly <input type="checkbox"/> 1 Monthly <input type="checkbox"/> 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"/> 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	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	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

43. During the year 2016, did you have any extra income from work, that was not stated above?

- 13th Salary <i>If yes, specify:</i> Gross amount..... € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Net amount€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	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 <i>If yes, specify:</i> Gross amount..... € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Net amount€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	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 <i>If yes, specify:</i> Gross amount..... € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Net amount€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	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 <i>If yes, specify:</i> Gross amount..... € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Net amount€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	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 <i>If yes, specify:</i> Gross amount..... € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Net amount€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	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 <i>If yes, specify:</i> Gross amount..... € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Net amount€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	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 allowances <i>If yes, specify:</i> Gross amount..... € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Net amount€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	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 <i>If yes, specify:</i> Gross amount..... € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Net amount€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	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: ----- <i>If yes, specify:</i> Gross amount..... € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Net amount€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	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 2016, did you receive any additional payments from your employer, due to illness, maternity and disability, which were not included in the amounts given before?

- Other payments state:

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

44EC. During 2016, 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"/> <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"/> <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"/> <input type="text"/> <input type="text"/>	

44PP. In your job are/were you;

- Permanent civil servant scale A.....	<input type="checkbox"/> 1
- Permanent semi-government employee scale A.....	<input type="checkbox"/> 2
- Permanent civil servant scale E.....	<input type="checkbox"/> 3
- Permanent semi-government employee scale E.....	<input type="checkbox"/> 4
- Casual civil servant scale A.....	<input type="checkbox"/> 5
- Casual semi-government employee scale A.....	<input type="checkbox"/> 6
- Casual civil servant scale E.....	<input type="checkbox"/> 7
- Casual semi-government employee scale E.....	<input type="checkbox"/> 8
- Banking employee.....	<input type="checkbox"/> 9
- Private employee.....	<input type="checkbox"/> 10
- Other.....	<input type="checkbox"/> 11

45. During the year 2016, did your employer provide you with any kind of vehicle for private use?

- Yes 1
- No..... 2 → Q. 50a

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

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

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

- Number of c.c.'s

48. During the year 2016, for how many months did you use this vehicle provided by your employer?

- Number of months

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

- | | | <i>If employer, specify the amount saved during 2016</i> | <i>Do not know</i> |
|--|----------------------------|---|----------------------------|
| - Car insurance: | | | |
| Employer | <input type="checkbox"/> 1 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 |
| Respondent | <input type="checkbox"/> 2 | | |
| - Road tax: | | | |
| Employer | <input type="checkbox"/> 1 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 |
| Respondent | <input type="checkbox"/> 2 | | |
| - Fuel: | | | |
| Employer | <input type="checkbox"/> 1 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 |
| Respondent | <input type="checkbox"/> 2 | | |
| - Regular and unexpected repairs: | | | |
| Employer | <input type="checkbox"/> 1 | € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 |
| Respondent | <input type="checkbox"/> 2 | | |

50. During the year 2016, approximately how many kilometres did you travel with the company's vehicle for private use only?

- Number of kilometres

51a. During the year 2015, did your employer provide you with free or reduced housing rent?

- Yes 1
 - No 2 → Q. 51
- If Yes, rent(annual).....€

51. During the year 2016, did your employer provide you with the following:

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

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

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

- Amount € → Q. 54a
- Do not know 1

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

- €200 or less 1
- €201 - €400 2
- €401 - €800 3
- €801 - €1.200 4
- €1.201 - €1.600 5
- €1.601 - €2.000 6
- €2.001 or more..... 7

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

- | | | |
|-----------------------------------|---|---|
| MONTHS/
WEEKS | GROSS | TAX |
| MONTHS <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"/> |
| WEEKS <input type="checkbox"/> 2 | NET | SOCIAL
INS./PROVIDENT |
| | € <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"/> |

INCOME FROM SELF-EMPLOYMENT

55. During the year 2016 did you receive any income from self-employment, such as from your own business, professional practice, freelance work, work under subcontract, service supply, trade etc. ? (agriculture is excluded)

- Yes 1
- No 2 → Q. 68

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

- Yes 1
- No 2 → Q. 59

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

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

58. FOR THE INTERVIEWER:

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

-Member's serial number → Q. 68

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

- Own 1
- Partnership 2

60. Always based on your share of the business what was your gross income during the year 2016 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 2016 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) (this amount is not included in the amount stated in Q.60)

- Yes 1
- No 2 → Q. 66

65. Approximately how much did you receive for these needs during the year 2016?

- Amount €

66. During the year 2016 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 2016, 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 2016, did you have any income from agriculture/livestock/fishing?

- Yes 1
- No 2 → Q. 79

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

- Yes 1
- No 2 → Q. 72

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

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

71. FOR THE INTERVIEWER:
 Enter the member's serial number of the person who is responsible for this activity.
 Member's serial number → Q. 79

72. Do you own this activity or are you in partnership with someone else?
 - Own 1
 - Partnership 2

73. Always based on your share of the activity, what was your gross income during the year 2016 after deducting the business expenses?
 (Expenses are considered to be the amounts spent for raw materials, equipment, distributions of goods, employees' salaries and general running expenses, rent, electricity, telecommunications etc. The income amount should include the value of items received from the activity for personal use)
 - Amount €

74. Does the amount given refer to profit or loss?
 - Profit 1
 - Loss 2

75. How much income tax will you pay for this amount?
 - Tax amount..... €
 - Do not know 1

76. How much did you pay for social insurance/ provident fund?
 - Amount..... €
 - Do not know 1

77. During the year 2016 did you pay additional income tax related to previous years ?
 (closing accounts, fine etc.)
 - Yes 1
 - No 2
 If YES, amount..... €

78. During the year 2016, did you pay additional amounts for insurance contributions e.g. fine etc.?
 - Yes 1
 - No 2
 If YES, amount €

INCOME FROM INVESTMENTS

79. During the year 2016, did you receive any amount from interests, dividends or shares from any of your investments in a business?
 - Yes 1
 - No 2 → Q. 84

80. This income mentioned above results from investments held:
 - In your own name 1 → Q. 83
 - Jointly with other household members 2 → Q. 81
 - Both sole and joint 3 → Q. 81

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

Serial number of Person	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		Tax Amount
			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"/> 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"/> 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"/> 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 2016, 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 2016, 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 2016 during which an amount was received and information about the tax.

PRIVATE PENSION	Received	Please indicate the total amount for the year 2016	Number of months	Is the amount you mentioned: 1:Gross (Before tax deduction) 2:Net (After 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 2016, 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 2016, what was the total amount paid towards private pension plans?

- Total amount €

85C. During the year 2016, have you received a lump sum payment from a private pension plan?

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

UNEMPLOYMENT/VOCATIONAL TRAINING SCHEMES

86. During the year 2016, 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 2015
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 2016, have you received a lump sum payment as compensation for termination of employment? (Provident Fund not included)

- Yes 1
- No 2 → Q. 87b
- If YES, amount of compensation..... €

87b. During the year 2016, have you received a lump sum payment as redundancy compensation? (Provident Fund not included)

- Yes 1
- No 2 → Q. 87a
- If YES, amount of redundancy compensation €

87a. During the year 2016, have you received any amount from the Provident Fund due to termination of employment or EARLY retirement?

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

PENSIONS

88. During the year 2016, did you receive any of the following public pensions?

PENSIONS	Received	If YES please indicate the total amount received during the year 2016 (include 13th salary if available)	Number of months in 2016 related to this amount	Is the amount you mentioned: 1:Gross (Before tax deduction) 2:Net (After tax deduction)	Tax/Social Insurance Amount	Have you received the Benefit for Pensioners with Low Income?	If YES, please indicate the total amount received during the year 2016	
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	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 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	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 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"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 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"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 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"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 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"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 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"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 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"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 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"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>

88a. During the year 2016, did you receive the Public Benefit Allowance or MGI?

- Yes 1
- No 2 → Q. 89

88at. For what reason?

Public Benefit Allowance due to:		If YES, please indicate the total amount received during the year 2016 (include 13th salary if available)
Old age	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"/>
	NO <input type="checkbox"/> 2	
Widowing/Orphanage	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"/>
	NO <input type="checkbox"/> 2	
Disability/Invalidity	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"/>
	NO <input type="checkbox"/> 2	
Unemployment	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"/>
	NO <input type="checkbox"/> 2	

89. During the year 2016, have you received a lump sum payment due to retirement from work? (Provident Fund is included)

- Yes 1
- No 2 → Q. 89b

89a. If YES, please specify:

Lump Sum Payment from:		If YES, please indicate the total amount received during the year 2016	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax
The Public and Broad Public Sector	YES <input type="checkbox"/> 1	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	€ <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			
Provident Fund	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"/>	1 2	€ <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			
Bonus from work	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"/>	1 2	€ <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			

89b. During the year 2016, have you received a lump sum payment from Provident Fund (widowing/ orphanage or disability)?

- Yes 1
- No 2 → Q. 90

89c. If YES, please specify :

Provident Fund due to:		If YES, please indicate the total amount received during the year 2016	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax
Widowing / Orphanage	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"/>	1 2	€ <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	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"/>	1 2	€ <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			

BENEFITS AND OTHER ALLOWANCES

90. During the year 2016, 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 2016 (include 13th salary if available)	Number of months in 2016 related to this amount
Sickness benefit	YES <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
	NO <input type="checkbox"/>		
Injury benefit	YES <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
	NO <input type="checkbox"/>		
Disability benefit (lump sum payment)	YES <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
	NO <input type="checkbox"/>		
Grants to the blind	YES <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
	NO <input type="checkbox"/>		
Financial assistance to cover the special needs of the disabled	YES <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
	NO <input type="checkbox"/>		
Other benefits/ allowances specify ----- -----	YES <input type="checkbox"/>	€ <input type="text"/>	<input type="text"/>
	NO <input type="checkbox"/>		

EDUCATION-RELATED ALLOWANCES

91. During the year 2016, did you receive any of the following education-related allowances?
(Include grants given to students involved in research, scholarships etc.)

BENEFIT-ALLOWANCE		If YES please indicate the amount
Student Grant	YES <input type="checkbox"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	
Public Scholarship	YES <input type="checkbox"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	
Other non-Public Scholarship specify -----	YES <input type="checkbox"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	
Other education-related allowances, grants specify -----	YES <input type="checkbox"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	

91a1. Did you have any personal income during the last month from all sources of income?

- Yes 1
- No 2 → IDNO

91a. What was your personal net income last month from all sources of income (income from work, from social benefits, from capital and any other regular source of income)?

- Amount..... €

IDNO: Please specify your identity card number

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

PS101a. During the last twelve months, did you undertake any unpaid non-compulsory work (or provide services) for or through an organisation, a formal group or a club (i.e. religious, environmental, animal or charitable organisations, etc.)?

- Yes 1
- No 2 → PS100a

PS101d. Please specify the work/service undertaken:

----- → PS100a

PS100a. During the last twelve months, were you involved in any informal unpaid activities (i.e. helping other people, helping animals etc.) that were not arranged by any organisations?

- Yes 1
- No 2 → PS102_1a

PS100d. Please specify the work/service in which you have been involved:

PS102_1a. During the last twelve months, did you participate in a public consultation?

- Yes 1
- No 2 → Q. 92

PS102_1b. If NOT, what was the main reason?

- Lack of interest 1
- Lack of time..... 2
- Lacking information 3
- Other reason 4

PS102_2. If NOT, what was the main reason?

- Yes 1
- No 2

INCOME TAX

- 92. Have you submitted an income tax form regarding your income for the year 2015?**
- Yes..... 1
 - No..... 2 → Q. 98

- 93. What is the total amount of tax you paid for the year 2015?**
- 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 2016?**
- 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
 - Information completed only from registers
 - Information completed from both: interview and registers
 - Imputed data
 - 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)
 - Face to face interview (CAPI)
 - Telephone interview (CATI)
 - Face to face interview (PAPI) with proxy
 - Face to face interview (CAPI) with proxy
 - Telephone interview (CATI) with proxy
- } → Q. 104
- } → 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