

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 3

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

STRICTLY CONFIDENTIAL

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

**HOUSEHOLD  
QUESTIONNAIRE**

March, 2007

**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 .....

**3a. What is the living area (in m<sup>2</sup>) used by the household?**

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

**4. Is there in the dwelling:**

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

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

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



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

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

**11. In which year did you rent your dwelling?**

- Year .....

**11a. Which year was your rented dwelling constructed?**

- Before 1946 .....  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 2006?**

ALLOWANCES	YES	NO	If YES: please indicate the annual amount received in the year 2006
- Rent allowance (Social welfare services)	<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 Justice and Public Order)	<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 2006:**

If **YES**: Please indicate the annual amount you paid in the year 2006

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

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

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

**NON MONETARY GOODS**

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

If you do not have an item:

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

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

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

**HOUSING CONDITIONS**

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

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

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**MH02. Is the electrical installations in your dwelling adequate?**

- Yes .....
- No .....
- No applicable (No electricity/electrical installations) .....

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

- Yes .....
- No .....
- No applicable (No running water/plumbing installations) ...

---

**MH04. Do you have heating facilities in your dwelling?**

- Yes - Central heating or similar (oil or thermal accumulators of the Electricity Authority of Cyprus) .....
- Yes - In every room there is other fixed heating (stove, fireplace, split units or similar) .....
- Yes - In few rooms there is other fixed heating (stove, fireplace, split units or similar) .....
- No - No fixed heating (portable heating) .....

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**MH05. Is your dwelling comfortably warm during winter time?**

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

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

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

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**MH07. Is your dwelling comfortably cool during summer time?**

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

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**MH08. How is your overall satisfaction with dwelling?**

- Very dissatisfied .....
- Somewhat dissatisfied .....
- Satisfied .....
- Very satisfied .....

**MH09. You can access grocery services:**

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

**MH10. You can access banking services:**

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

**MH11. You can access postal services:**

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

**MH12. You can access public transport:**

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

**MH13. You can access primary health care services:**

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

**MH14. You can access compulsory school:**

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

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

- Yes .....
  - No .....  → Q18
- 

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

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



**FINANCIAL SITUATION**

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

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

- Yes .....
- No .....  → **Q. 20**

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

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

**20. Can you afford to:**

- |   | YES   | NO  |
|---|---|---|
| - Pay for a week's annual holiday?.....   | <input style="width: 40px; text-align: center;" type="text" value="1"/> | <input style="width: 40px; text-align: center;" type="text" value="2"/> |
| - Have a meal with meat, chicken, fish (or vegetarian equivalent )<br>every second day? ..... | <input style="width: 40px; text-align: center;" type="text" value="1"/> | <input style="width: 40px; text-align: center;" type="text" value="2"/> |
| - Face an unexpected but necessary expense of £400 from your own resources? .....             | <input style="width: 40px; text-align: center;" type="text" value="1"/> | <input style="width: 40px; text-align: center;" type="text" value="2"/> |
| - Keep your home adequately warm? .....   | <input style="width: 40px; text-align: center;" type="text" value="1"/> | <input style="width: 40px; text-align: center;" type="text" value="2"/> |

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

- |  | YES   | NO  | NOT<br>APPLICABLE   |
|--|---|---|---|
| - Rent for accommodation or housing loans for the main dwelling?.....  | <input style="width: 40px; text-align: center;" type="text" value="1"/> | <input style="width: 40px; text-align: center;" type="text" value="2"/> | <input style="width: 40px; text-align: center;" type="text" value="3"/> |
| - Utility bills, such as for electricity, water etc.? .....  | <input style="width: 40px; text-align: center;" type="text" value="1"/> | <input style="width: 40px; text-align: center;" type="text" value="2"/> | <input style="width: 40px; text-align: center;" type="text" value="3"/> |
| - Credit card balances or loan payments for purchases of housing<br>equipment, vacations etc. or other hire purchases? ..... | <input style="width: 40px; text-align: center;" type="text" value="1"/> | <input style="width: 40px; text-align: center;" type="text" value="2"/> | <input style="width: 40px; text-align: center;" type="text" value="3"/> |

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

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

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

- Total monthly amount ..... £

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

- Yes .....  1
- No .....  2 → Q. 24

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

- Year .....

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

- Amount ..... £

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

- Years .....

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

- Amount..... £

23f. What was the outstanding amount of the housing loan at the end of 2006?

- Amount ..... £

23g. What is the actual total amount paid fo 2006?

- Amount ..... £

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

- YES .....  1
- NO .....  2 → Q. 27

**INCOME OF PERSONS UNDER 16 YEARS OF AGE**

25. During 2006, 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 2006?

- 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 2006?**

BENEFIT-ALLOWANCE	YES	NO	If <b>YES</b> : Please indicate the total amount for 2006
Mother's allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Child allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Financial assistance to large families for purchasing a car (lump sum)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Allowance for the care of disabled children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Maternity allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Grant for the care of children placed with foster families	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Maternity grant (lump sum)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Allowance for the care of the elderly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Heating allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Other benefits specify: .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	£ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

**28. During the year 2006, did anyone in your household receive a social benefit from the state for example the Public benefit, the Missing Persons Allowance?**

- Yes .....  1
- No .....  2 → Q.30

**29. If YES, what was the total amount received in 2006?**

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

**FINANCIAL ASSISTANCE TO/AND FROM OTHERS**

**30. During the year 2006, did you or anyone else in your household give on a regular basis any financial assistance to members of other private households?**

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

- Yes .....

1

- No .....

2

→ Q. 32

**31. If YES, specify:**

TYPE OF ASSISTANCE	THE AMOUNT WAS PAID EVERY	TOTAL GROSS AMOUNT PAID IN 2006 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2006 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
-----	week <input style="width: 30px; height: 20px;" type="text" value="1"/> month <input style="width: 30px; height: 20px;" type="text" value="2"/> year <input style="width: 30px; height: 20px;" type="text" value="3"/>	£  	£  
-----	week <input style="width: 30px; height: 20px;" type="text" value="1"/> month <input style="width: 30px; height: 20px;" type="text" value="2"/> year <input style="width: 30px; height: 20px;" type="text" value="3"/>	£  	£  
-----	week <input style="width: 30px; height: 20px;" type="text" value="1"/> month <input style="width: 30px; height: 20px;" type="text" value="2"/> year <input style="width: 30px; height: 20px;" type="text" value="3"/>	£  	£  
-----	week <input style="width: 30px; height: 20px;" type="text" value="1"/> month <input style="width: 30px; height: 20px;" type="text" value="2"/> year <input style="width: 30px; height: 20px;" type="text" value="3"/>	£  	£  

**32. During the year 2006, 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 2006 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT RECEIVED IN 2006 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.			
-----	week <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">1</td></tr></table> month <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">2</td></tr></table> year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">3</td></tr></table>	1	2	3	£   _ _ _ _ _ _ _ _ _ _	£   _ _ _ _ _ _ _ _ _ _
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2						
3						
-----	week <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">1</td></tr></table> month <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">2</td></tr></table> year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">3</td></tr></table>	1	2	3	£   _ _ _ _ _ _ _ _ _ _	£   _ _ _ _ _ _ _ _ _ _
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2						
3						
-----	week <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">1</td></tr></table> month <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">2</td></tr></table> year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">3</td></tr></table>	1	2	3	£   _ _ _ _ _ _ _ _ _ _	£   _ _ _ _ _ _ _ _ _ _
1						
2						
3						
-----	week <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">1</td></tr></table> month <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">2</td></tr></table> year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">3</td></tr></table>	1	2	3	£   _ _ _ _ _ _ _ _ _ _	£   _ _ _ _ _ _ _ _ _ _
1						
2						
3						

**INCOME IN KIND**

**34. During the year 2006, did you have any savings from own production of goods?**

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

- Yes .....  1
- No .....  2 → Q. 36

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

Total amount (annual) ..... £

**INCOME FROM RENT**

**36. During the year 2006, 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 2006?**

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

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

- Less than £1.000 .....  1
- £1.000 to less than £3.000 .....  2
- £3.000 to less than £5.000 .....  3
- £5.000 to less than £10.000 .....  4
- £10.000 to less than £20.000 .....  5
- £20.000 or more .....  6

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

- Total annual cost ..... £

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

- Total annual amount ..... £

**TAX ON REAL ESTATE**

**41. During the year 2006, did you pay any tax in relation to yours or other household member's property?  
(The question refers to property either rented or non rented)**

- Yes .....

1

- No .....

2

→ Q. 43

**42. If YES:**

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

**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 2<sup>nd</sup> person responsible.....

|\_|\_|

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Form: SILC 1

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

**STRICTLY CONFIDENTIAL**

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

Name of person responsible in the household: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**HOUSEHOLD  
REGISTER**

**General Information about the Survey:**

1. The survey conducted is in accordance with the Regulation No. 1177/2003 of the European Council and the European Parliament (EU-SILC). The main objective of the survey is to study the standard of living of the population with respect to their income at the European and national level. The survey will be used as the main source for the compilation of statistical indicators about the distribution of income and the social exclusion with respect to the European Union level.
2. The Statistical Service is kindly requesting all households to cooperate when visited by the interviewer and supply the necessary information as accurate as possible.
3. The Statistical Service is obliged in accordance with the statistics Law no. 15(1)2000 to treat all the information collected as **STRICTLY CONFIDENTIAL**. The compiled information will be used solely for general statistical purposes. The individual data of the household will not be disclosed to any person, organisation or other Government Departments.

March, 2007



**A . LOCATING THE HOUSEHOLD**

*Information from the previous wave*

1. The household was found at the same address as in the previous wave.....  01 → Complete Part C  
(At least one person from the sample stays at the same address as in the previous wave)

2. The entire household moved out to another dwelling in Cyprus .....  02 → Complete the new address  
(No one from the sample stays at the same address as in the previous wave and contact with the household is possible)

**NEW ADDRESS**

**HOUSEHOLD ID:**

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

**ROTATIONAL GROUP CODE:**

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

**3. FOR THE INTERVIEWER:**

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

β. Another interviewer working in a different area will interview the household at the new address .....  2 → Inform immediately the service

**End of the interview**  
for the specific interviewer

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

- |  |    |   |               |
|--|----|---|---------------|
| a. The entire household moved to a collective household or institution in Cyprus.....<br>(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 .....<br>(All persons in the sample moved because of one of the reasons mentioned above e.g. a person moved in an institution, another one died etc.) | 06 |   |               |
| e. The household moved to a private dwelling in Cyprus and the address cannot be located<br>(impossible to locate the new address of the household) .....  | 07 |   |               |

---

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

- |  |    |   |                      |
|--|----|---|----------------------|
| a. <b>It is spilt</b> .....  | 08 | → | Complete Parts B & C |
| (For households created after the last wave and are not initial households)  |    |   |                      |
| b. <b>It was added in the sample in this wave</b> .....  | 09 | → | Complete Parts B & C |
| (For households interviewed for the first time and are not split, that is households with rotational group code 6) |    |   |                      |

---

**6. Merging**

- |   |    |   |               |
|---|----|---|---------------|
| The household resulted by merging other households in the sample..... | 10 | → | End of Survey |
|---|----|---|---------------|
-

**B . LOCATING THE DWELLING**

**1. The dwelling was located:**

- The dwelling was located at the specified address and it is possible to contact the household staying there.....  11
- The answer does not consider the result of the contact with the household (if the household refuses to cooperate, if it is temporarily absent or if it is unable to respond due to illness etc.)

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

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

**C. HOUSEHOLD INTERVIEW RESULT**

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

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

**FOR OFFICIAL USE ONLY**

**D. ACCEPTANCE/ REJECTION OF THE HOUSEHOLD INTERVIEW**

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

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

Name: -----

Address: -----

Telephone number: -----

REPUBLIC



OF CYPRUS

STATISTICAL

SERVICES

Form: SILC 4

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

**STRICTLY CONFIDENTIAL**

YEAR:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DEGREE OF URBANISATION:	<input type="checkbox"/>
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="checkbox"/>
ROTATIONAL GROUP CODE:	<input type="checkbox"/>		

**MEMBER QUESTIONNAIRE  
AGED 16 AND OVER**

March, 2007

1. FOR THE INTERVIEWER. Please complete:

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

**DEMOGRAPHIC DATA**

2. In which country were you born?

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

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

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

4. What is your marital status?

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

5. What is your legal marital status?

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

**EDUCATION**

6. Are you currently in education?

- Yes ..... [ 1 ] → Q.7
- No ..... [ 2 ] → Q.8

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

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

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

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

9. In which year did you complete this level?

Year ..... [ ] [ ] [ ] [ ] [ ]

**HEALTH**

10. How is your health in general?

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

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

- Yes ..... [ 1 ]
- No ..... [ 2 ]

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

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

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

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

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

*Refer to the most recent occasion.*

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

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

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

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

*Refer to the most recent occasion.*

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

**LABOUR**

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

*(Unpaid family workers must answer YES)*

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

**18. What is your current main activity?**

*(The activity is self-determined by the respondent)*

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

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

- Yes .....
- No .....  → Q. 21

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

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

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

- Yes .....
- No .....  → Q. 38

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

.....

**23. In your job, are/were you:**

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

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

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

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

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

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

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

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

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

.....

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

*(Include the overtime you normally spend, paid or not)*

Number of hours:

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

- Yes .....
- No .....  → Q. 32

**31. What was the reason for this job change?**

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

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

- Yes .....
- No .....  → Q. 34

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

Number of hours:

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

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

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

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

Age at first regular job: .....

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

Years: .....

38. What was your main activity in each month in the year 2006 up to now?

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

	Jan. 2006	Feb. 2006	March 2006	April 2006	May 2006	June 2006	July 2006	Aug. 2006	Sept. 2006	Oct. 2006	Nov. 2006	Dec. 2006	Jan. 2007	Feb. 2007	March 2007	April 2007	May 2007	June 2007	July 2007	Aug. 2007	
Full-time employee	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01
Part-time employee	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02
Full-time self-employed	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03
Part-time self-employed	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04
Unemployed	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05
Retired	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06
Pupil/student	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07
Soldier	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08
Income recipient	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09
Other inactive person	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10

**FOR OFFICIAL USE:**

Last change of main activity .....

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



**INCOME OF EMPLOYEES**

**39. During the year 2006, did you receive any income or other form of pay as an employee or daily paid worker?**

- Yes .....  → Q. 40  
 - No .....  → Q. 55

**40. Do you know your total gross or/and net earnings, from all your jobs, for the year 2006?**

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

- Yes .....  → Q. 41  
 - No .....  → Q. 42

**41. If YES, please specify the total gross/net earnings, as well as the deductions you had during 2006, for each of your jobs as an employee.**

1 <sup>st</sup> JOB	2 <sup>nd</sup> JOB	3 <sup>rd</sup> JOB
<b>GROSS</b> Amount <input type="text"/>	<b>GROSS</b> Amount <input type="text"/>	<b>GROSS</b> Amount <input type="text"/>
<b>TAX</b> Amount <input type="text"/>	<b>TAX</b> Amount <input type="text"/>	<b>TAX</b> Amount <input type="text"/>
<b>SOCIAL INSURANCE/ PROVIDENT FUND</b> Amount <input type="text"/>	<b>SOCIAL INSURANCE/ PROVIDENT FUND</b> Amount <input type="text"/>	<b>SOCIAL INSURANCE/ PROVIDENT FUND</b> Amount <input type="text"/>
<b>NET</b> Amount <input type="text"/>	<b>NET</b> Amount <input type="text"/>	<b>NET</b> Amount <input type="text"/>
<b>The net amount you just mentioned is:</b> 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	<b>The net amount you just mentioned is:</b> 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	<b>The net amount you just mentioned is:</b> 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 2006, 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 2006 as a second job).*

1 <sup>st</sup> JOB	2 <sup>nd</sup> JOB	3 <sup>rd</sup> JOB
<b>PERIOD</b> Weekly <input type="text" value="1"/> Monthly <input type="text" value="2"/>	<b>PERIOD</b> Weekly <input type="text" value="1"/> Monthly <input type="text" value="2"/>	<b>PERIOD</b> Weekly <input type="text" value="1"/> Monthly <input type="text" value="2"/>
<b>NO. OF WEEKS/MONTHS</b> Weeks <input type="text"/> Months <input type="text"/>	<b>NO. OF WEEKS/MONTHS</b> Weeks <input type="text"/> Months <input type="text"/>	<b>NO. OF WEEKS/MONTHS</b> Weeks <input type="text"/> Months <input type="text"/>
<b>GROSS AMOUNT</b> £ <input type="text"/>	<b>GROSS AMOUNT</b> £ <input type="text"/>	<b>GROSS AMOUNT</b> £ <input type="text"/>
<b>TAX</b> £ <input type="text"/>	<b>TAX</b> £ <input type="text"/>	<b>TAX</b> £ <input type="text"/>
<b>SOCIAL INSURANCE/PROVIDENT FUND</b> £ <input type="text"/>	<b>SOCIAL INSURANCE/PROVIDENT FUND</b> £ <input type="text"/>	<b>SOCIAL INSURANCE/PROVIDENT FUND</b> £ <input type="text"/>
<b>NET AMOUNT</b> £ <input type="text"/>	<b>NET AMOUNT</b> £ <input type="text"/>	<b>NET AMOUNT</b> £ <input type="text"/>
<b>The net amount you just mentioned is:</b> 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	<b>The net amount you just mentioned is:</b> 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	<b>The net amount you just mentioned is:</b> 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 2006, did you have any extra income from work, that was not stated above?

**13th Salary**

YES
NO

1
2

*If yes, specify:*

Gross amount ..... £ 

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

Net amount ..... £ 

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

**The net amount you just mentioned is:**

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

**14th Salary**

YES
NO

1
2

*If yes, specify:*

Gross amount ..... £ 

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

Net amount ..... £ 

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

**The net amount you just mentioned is:**

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

**- Overtime**

YES
NO

1
2

*If yes, specify:*

Gross amount ..... £ 

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

Net amount ..... £ 

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

**The net amount you just mentioned is:**

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

**- Tips**

YES
NO

1
2

*If yes, specify:*

Gross amount ..... £ 

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

Net amount ..... £ 

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

**The net amount you just mentioned is:**

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

**- Commission**

YES
NO

1
2

*If yes, specify:*

Gross amount ..... £ 

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

Net amount ..... £ 

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

**The net amount you just mentioned is:**

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

**- Profit sharing, stock options and bonus**

YES
NO

1
2

*If yes, specify:*

Gross amount ..... £ 

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

Net amount ..... £ 

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

**The net amount you just mentioned is:**

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

**- Productivity allowance**

YES                      NO

1                       2

*If yes, specify:*

Gross amount ..... £

Net amount ..... £

**The net amount you just mentioned is:**

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

**- Transport allowance**

YES                      NO

1                       2

*If yes, specify:*

Gross amount ..... £

Net amount ..... £

**The net amount you just mentioned is:**

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

**- Other payments state:**

YES                      NO

1                       2

-----

*If yes, specify:*

Gross amount ..... £

Net amount ..... £

**The net amount you just mentioned is:**

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

**44. During the year 2006, did you receive any additional payments from your employer, due to illness, maternity and disability, which were not included in the amounts given before?**

YES                      NO

1                       2

*If yes, specify:*

Gross amount ..... £

Net amount ..... £

**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 2006, 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"/>		



**INCOME FROM SELF-EMPLOYMENT**

**55. During the year 2006 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
- Other household member.....  2 → Q. 59

**58. FOR THE INTERVIEWER:**

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

-Member's serial number .....   → Q. 68

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

- Own .....  1
- Partnership .....  2

**60. Always based on your share of the business what was your gross income during the year 2006 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 2006 did you draw any money from the business account (which is used only for business purposes) for personal needs or needs of the household?**

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

- Yes .....  1
- No .....  2 → Q. 66

**65. Approximately how much did you receive for these needs during the year 2006?**

- Amount ..... £

**66. During the year 2006 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 2006, 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 2006, did you have any income from agriculture/livestock/fishing?**

- Yes .....  1
- No .....  2 → Q. 79

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

- Yes .....  1
- No .....  2 → Q. 72

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

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

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

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

- Own .....

- Partnership .....

**73. Always based on your share of the activity, what was your gross income during the year 2006 after deducting the business expenses?**  
 (Expenses are considered to be the amounts spent for raw materials, equipment, distributions of goods, employees' salaries and general running expenses, rent, electricity, telecommunications etc. The income amount should include the value of items received from the activity for personal use)

- Amount ..... £

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

- Profit .....

- Loss .....

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

- Tax amount..... £

- Do not know .....

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

- Amount..... £

- Do not know .....

**77. During the year 2006 did you pay additional income tax related to previous years ?**  
 (closing accounts, fine etc.)

- Yes .....

- No .....

- If YES, amount.....£

**78. During the year 2006, did you pay additional amounts for insurance contributions e.g. fine etc.?**

- Yes .....

- No .....

- If YES, amount ..... £

**INCOME FROM INVESTEMENTS**

**79. During the year 2006, did you receive any amount from interests, dividends or shares from any of your investments in a business?**

- Yes .....

- No .....  → Q. 84

**80. This income mentioned above results from investments held:**

- In your own name .....  → Q. 83

- Jointly with other household members .....  → Q. 81

- Both sole and joint .....  → Q. 81

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

Person ID	Name	Amount If the amount was reported in the MQ of the other member with whom the account or investment is jointly held, write 0, otherwise write the amount here	Is the amount you mentioned		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"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	Amount.. £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text" value="1"/>
		£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	Amount.. £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text" value="1"/>
		£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	Amount.. £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text" value="1"/>



**85C. During the year 2006, have you received a lump sum from a private pension plan?**

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

**UNEMPLOYMENT/VOCATIONAL TRAINING SCHEMES**

**86. During the year 2006, 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 <b>number of months</b>	Total annual amount received in 2006
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 2006, have you received a lump sum due to early retirement from work or termination of employment or redundancy?**

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



**PENSIONS**

**88. During the year 2006, did you receive any of the following public pensions?**

PENSIONS	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	Received  1 From Cyprus  2 From Abroad	If YES please indicate the total amount received during the year 2006 (include 13th salary if available)  £ <input type="text"/>	Number of months in 2006 related to this amount  <input type="text"/>	Is the amount you mentioned:		Tax/Social Insurance Amount  £ <input type="text"/>
					1:Gross (Before tax deduction)	2:Net (After tax deduction)	
Old age pension (Include also the pension for Civil Servants)	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 From Cyprus 2 From Abroad	£ <input type="text"/>	<input type="text"/>	1	2	£ <input type="text"/>
Social insurance pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 From Cyprus 2 From Abroad	£ <input type="text"/>	<input type="text"/>	1	2	£ <input type="text"/>
Housewife pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 From Cyprus 2 From Abroad	£ <input type="text"/>	<input type="text"/>	1	2	£ <input type="text"/>
Widow pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 From Cyprus 2 From Abroad	£ <input type="text"/>	<input type="text"/>	1	2	£ <input type="text"/>
Disability pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 From Cyprus 2 From Abroad	£ <input type="text"/>	<input type="text"/>	1	2	£ <input type="text"/>
Invalidity pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 From Cyprus 2 From Abroad	£ <input type="text"/>	<input type="text"/>	1	2	£ <input type="text"/>
Orphan's allowance	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 From Cyprus 2 From Abroad	£ <input type="text"/>	<input type="text"/>	1	2	£ <input type="text"/>
Pension for victims of violent crimes	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 From Cyprus 2 From Abroad	£ <input type="text"/>	<input type="text"/>	1	2	£ <input type="text"/>
Other pensions specify ----- -----	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 From Cyprus 2 From Abroad	£ <input type="text"/>	<input type="text"/>	1	2	£ <input type="text"/>

**89. During the year 2006, have you received a lump sum due to retirement from work?**

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

**BENEFITS AND OTHER ALLOWANCES**

**90. During the year 2006, 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 2006 (include 13th salary if available)	Number of months in 2006 related to this amount
Sickness benefit	YES <input type="checkbox"/> 1	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		
Injury benefit	YES <input type="checkbox"/> 1	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		
Disability benefit (lump sum)	YES <input type="checkbox"/> 1	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		
Grants to the blind	YES <input type="checkbox"/> 1	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		
Financial assistance to cover the special needs of the disabled	YES <input type="checkbox"/> 1	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		
Other benefits/ allowances specify ----- -----	YES <input type="checkbox"/> 1	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		



**INCOME TAX**

**92. Have you submitted an income tax form regarding your income for the year 2005?**

- Yes.....  1
- No.....  2 → Q. 98

**93. What is the total amount of tax you paid for the year 2005?**

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

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

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

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

- Yes .....  1 → Q. 96
- No .....  2 → Q. 98

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

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

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

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

**98. Did you receive any reimbursement of income tax during the year 2006?**

- Yes .....  1 → Q. 99
- No .....  2 → Q. 101

**99. How much reimbursement did you receive?**

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

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

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

**TO BE COMPLETED BY THE INTERVIEWER**

**101. Member Interview Result:**

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

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**102. Type of interview:**

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

---

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

---

**DURATION AND DATE OF INTERVIEW**

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

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

- Date of interview:                      Date                      Month                      Year

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 2

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

**STRICTLY CONFIDENTIAL**

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

**PERSONAL  
REGISTER**

March, 2007

**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  Membership status <i>For current household members</i> 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) <i>For former household members</i> 5= Moved out → Q.(9) 6= Died → Q.(10) 7= Lived in the h/hold at least three months during 2006 but was not recorded in the register of this h/hold → Q.(11)	(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 2006	(12) Main activity status during 2006		(13) Month and Year when the person moved in	
			Month	Year	Male	Female	1= To a private household within Cyprus	2= To a collective household or institution within the country				3= Abroad	4= Do not know/Lost		Month	Year	1= At work	2= Unemployed
1st							1	2										
2nd							1	2										
3rd							1	2										
4th							1	2										
5th							1	2										
6th							1	2										
7th							1	2										
8th							1	2										
9th							1	2										
10th							1	2										

**GO TO  
PART C**

A. DEMOGRAPHIC AND BASIC PERSONAL DATA (continued)

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



**B. CARE OF CHILDREN UP TO 12 YEARS OF AGE**

**FOR THE INTERVIEWER:** The questions below refer to children up to 12 years of age (i.e. those born in 1994 onwards) only.  
The rest of the household members are excluded.

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

- (5):** Childcare at centre-based services is considered to be the care of children before or after school hours either within the school premises (e.g. optional all day school) or outside the school premises. All-day schools do not exist in every school. Public and private schools are included.
- (7):** Childcare programme outside school is considered to be the care of children during day at specially formed premises e.g. some municipalities provide these services. The children must not attend pre-school or compulsory education on this particular day.
- (8):** It concerns unpaid care of children by grandparents, members of the household other than the parents, other relatives, friends or neighbours.

**C. MEMBER TRACING SHEET**

For co-residents

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

For persons who moved abroad

For persons who died

For persons who stayed in the household only for 3 months

} : END OF INTERVIEW

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

New address for split households

PERSONAL ID:

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

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**