

QUEST.3

NATIONAL STATISTICAL SERVICE
OF GREECE

CONFIDENTIAL

GENERAL DIVISION OF STATISTICS

DIVISION OF POPULATION AND
LABOR MARKET STATISTICS

HOUSEHOLD I.D : | | | | | | | | | |

UNIT OF HOUSEHOLD SURVEYS

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NAME / SURNAME : _____

INTERVIEWER : _____

_____ | | | |

EUROPEAN UNION STATISTICS ON INCOME
AND LIVING CONDITIONS
2005

HOUSEHOLD
QUESTIONNAIRE

The survey is being conducted in a sample of households having been randomly designed by the NSSG. The supply of data is OBLIGATORY and the answers in the questions are CONFIDENTIAL (L.3267/56 and L.2392/96).

Pireaus, 2005

1. FOR THE INTERVIEWER : Please note:

- Time interview began (e.g 18.30)..... |__| . |__|
- Line number of member providing information for the household |__|
- Line number of member who is responsible for the dwelling
If the registration of one responsible member is not possible, note the line number of the two members
- Line number of first responsible person |__|
- Line number of second responsible person |__|
- Line number of member who is managing the household financial
If the registration of a member is not possible, note the persons line number.
- Line number of first member |__|
- Line number of second member |__|

ELEMENTS OF DWELLING

2. Your dwelling type is :

- Detached house..... 1
- Semi-detached or groups of similarly dwellings..... 2
- Apartment or flat in a building with less than 10 dwellings..... 3
- Apartment or flat in a building with 10 dwellings or more..... 4
- Some other kind of accommodation, please specify:..... 5

- *As group of similarly dwellings are defined the dwellings having separate entrance from the street and some times there is lobby in which all the dwellings have access (staircase, corridor, balcony etc.).*
- *The block of flats with two entrances will be considered as two different buildings, if every entrance leads only to some of the flats and not to all.*

3. How many rooms does your household have use of, not counting kitchens, bathrooms and toilets?

(Exclude rooms used only for business purposes. A combined kitchen – living room should be counted as one room)

Number of rooms..... |__|

4. Does your dwelling have the following amenities?

- | | NAI | OXI |
|--------------------------------|----------------------------|----------------------------|
| - Bath or shower | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Indoor flushing toilet | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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

- | | NAI | OXI |
|--|----------------------------|----------------------------|
| - Leaking roof, damp walls/floors/foundation, or rot in window frames
or floor..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Too dark not enough light | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Noise from neighbors or noise from the street (traffic, business, factories etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Pollution, grime or other environmental problems in area caused by traffic
or industry..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Crime, violence or vandalism in the area..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

6. Your dwelling tenure status is:

- Tenant or subtenant paying rent at prevailing or market rate
(*Include cases where rent is recovered from housing benefit*)..... 1 → 7a
- Dwelling is rented at a reduced rate (lower price than the market price) 2 → 7b
- Owned 3 → 7c
- Dwelling is provided rent – free (from employer, relative, etc.) 4 → 7d

7. When did you sign the contract for your dwelling if you are tenant and paying rent at prevailing or market rate or reduced rate with lower price than the market price, **when did you purchase your dwelling** if you are the owner, **when did you move to this address** if the dwelling is provided rent-free?

- 7.a For tenants Year → 11
- 7.b For tenants paying rent at lower price than the market price Year → 8
- 7.c For owners Year → 8
- 7.d For persons for which the use of the dwelling has been provided rent – free..... Year → 8

OWNERS OR TENANTS PAYING RENT AT LOWER PRICE THAN THE MARKET PRICE OR FOR THOSE FOR WHICH THE USE OF THE DWELLING HAS BEEN PROVIDED RENT - FREE

8. How much would you pay as monthly rent for your dwelling, if you were renting a similar dwelling?

- Monthly imputed rent € | _____ | → 10
- Do not know → 9

9. If you do not know, could you please provide the approximate range you would be willing to pay?

- Less than 151 € 1
- 151 – 350€ 2
- 351 – 500€ 3
- 501 – 650€ 4
- 651 – 800€ 5
- 801 – 950€ 6
- 951 – 1200€ 7
- 1201 – 1400€ 8
- 1401 – 1600€ 9
- 1601 – 1800€ 10
- 1801 – 2000€ 11
- 2001 – 2500€ 12
- More than 2500€ 13

10. FOR THE INTERVIEWER : Please check from Q.6 if the dwelling is:

- Owned? 1 → 13
- Rented at price lower than the market price? 2 → 11
- The use of the dwelling has been provided rent-free (from the employer, relatives etc.)? 3 → 16

RENTED DWELLING

11. How much are you paying for rent per month for your main dwelling?

- **Gross** monthly amount for rent (*before deducting any amount recovered from housing benefit*)

€ | _____ |

12. Does the rent that you just provided include payments for some of the following items?

	NAI	OXI
• Water.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Electricity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Gas.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Liquid or solid fuels (e.g. oil, coke, etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Heating, hot running water.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Structural premium insurance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Sewage removal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Refuse removal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Other charges (common use expenses, etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Regular maintenance and repairs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

OWNED OR RENTED DWELLING

13. During 2004, did you receive any allowance, subsidy or other payments from public schemes for housing costs? (*Included are military allowances, housing benefit etc.*)

- Yes..... 1→14
- No..... 2→16

14. What was the monthly amount you received?

Please include any amounts paid directly to the landlord or to the mortgage provider

- Monthly amount € | _____ |

- Please mention the allowance: _____

15. During 2004, for how many months did you receive this payment?

- Number of months

HOUSING COSTS

16. Do you pay for:

- | | NAI | OXI |
|---|----------------------------|----------------------------|
| • Water..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| • Electricity..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| • Gas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| • Liquid or solid fuels (e.g. oil, coke, etc.)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| • Heating, hot running water..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| • Structural premium insurance..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| • Sewage removal..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| • Refuse removal..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| • Other charges (common use expenses, etc.)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| • Regular maintenance and repairs..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

16a. To what extent are housing costs a financial burden to you?

Included are interest payments on mortgage (for owners), rent (for tenants), insurance and service charges (sewage removal, refuse removal, regular maintenance, repairs, heating, water, electricity, gas, etc.)

- A heavy burden 1
- Somewhat of a burden..... 2
- Not burden at all 3

NON-MONETARY ITEMS

17. For each item below, please indicate whether or not your household possesses it. It does not matter whether the item is owned, rented or otherwise provided for free use.

If you do not have an item:

- (a) would like to have it but cannot afford it, or
- (b) do not have it for other reasons e.g. you don't want or need it

- | | YES | Cannot afford | Do not want it, for other reasons |
|--|----------------------------|----------------------------|-----------------------------------|
| - Telephone (either fixed line or mobile)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Color television..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - 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 or private truck..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

FINANCIAL SITUATION

18. Do you or anyone in your household have to repay debts from hire purchase or loans?

Included are loans for car purchasing, chattels, holidays, childbirth etc.

Are not included any mortgage or loans connected with your dwelling. Included are all credit card transactions. Included are loans for another dwelling of the household.

- Yes 1 → 19
- No 2 → 20

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

- A heavy burden..... 1
- Somewhat of a burden..... 2
- Not burden at all..... 3

20. If you want, can your household afford the following?

- | | YES | NO |
|--|----------------------------|----------------------------|
| - Paying for a week's annual holiday away from home..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Eating meat, chicken or fish every second day (or vegetarian equivalent).... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Paying irregular but necessary expenses..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Keeping your home adequately warm..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

21. Has your household been in arrears at any time in the last 12 months, that is, unable to pay as scheduled any of the followings?

- | | YES | NO | NOT
APPLICABLE |
|---|----------------------------|----------------------------|----------------------------|
| - Rent for accommodation or mortgage payments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Utility bills, such as for electricity, water or gas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Hire purchase installments or other loan payments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

22. Thinking of your household's total monthly or weekly income, does your household make ends meet?

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

22a. According to your opinion, which is the lowest net monthly income you household should have in order to make ends meet?

- Total monthly amount € | _____ |

**INCOME FOR CHILDREN
LESS THAN 16 YEARS OLD**

23. FOR THE INTERVIEWER: Please check registers, if there are any children under 16 years old in the household.

- Yes 1 → 24
 - No 2 → 29

24. During 2004, did any of the children under 16 have an independent source of income?

Please do not include amounts from other members of the household

- Yes 1 → 25
 - No 2 → 29

25. If yes, which was the annual total amount?

Annual total amount..... € | _____ |

26. Is the pre-mentioned amount subject to tax and social insurance contributions?

- Yes, subject to tax or social insurance contributions or both..... 1 → 27
 - No, doesn't subject to tax or social insurance contributions..... 2 → 29
 - Do not know..... 3 → 29

27. Are the tax and social insurance contributions included in the amount of Q.25?

- Only tax is included..... 1
 - Only social insurance contributions are included..... 2
 - Tax and social insurance contributions included..... 3
 - No, neither..... 4

28. Please register the tax amount or the amount of social insurance contributions.

Tax amount..... € | _____ |

Social insurance contributions amount € | _____ |

Do not know the above amounts.....

SOCIAL ASSISTANCE

29. Did you or anyone in your household receive, during 2004, any social assistance payment, such as the social solidarity allowance?

(Included are allowances for poor persons – a lump sum amount for assistance to poor households in mountainous and disadvantaged areas, allowances to children under 16 years old who live in poor households (pre-school and school allowance), allowances to repatriations, refugees, released from prisons, drug-addicts, alcoholics, allowances to long-standing unemployed aged 45-65 and the allowance of social solidarity for pensioners which will be registered for all months received totally. Also included are benefits to households that faced an earthquake, flood etc.

- Yes 1 → 30
- No 2 → 30

30. If yes, which was the annual total amount?

- Annual total amount € | _____ |
- Please register the allowance: _____

RENTAL INCOME

31. During 2004, did you or anyone in your household receive any income from renting property (e.g. renting a building, house, flat, a room or some land)? Included are rents from renting a car, taxi, truck, boat **only if the owner has not renting as main job (e.g. a pensioner renting a taxi).**

- Yes 1 → 32
- No 2 → 37

31.a If YES, please note the type/kind of this property (e.g. apartment, taxi, land, parking, boat, etc.)

- Property : _____
- Property: _____
- Property: _____

32. If yes, do you know what was the income your household received from renting property after deducting costs, such as interest payments, repairs, maintenance and insurance and other charges during 2004?

Do not deduct tax corresponding to income.

- Yes, amount..... € | _____ | → 34
- No profit as expenses equaled or exceeded rent received..... 1 → 34
- No, don't know..... 2 → 33

32a. Please provide the amount of expenses you made, during 2004, for repairs, maintenance, insurance, etc. for your property.

- Amount € | _____ | → 34

33. If you don't know the exact amount, please can you give an approximate range?

- Less than 1.000 € 1
- 1.000€ to under 3.000 € 2
- 3.000€ to under 5.000 € 3
- 5.000€ to under 10.000 € 4
- 10.000€ or more..... 5

34. Is the pre-mentioned amount subject to tax or social insurance contributions?

In cases of zero profit or loss, taxation is done by inference.

- Yes, subject to tax or social insurance contributions or both..... 1→ 35
- No, doesn't subject to tax or social insurance contributions..... 2→ 37
- Do not know if subject to tax or social insurance contributions..... 3→ 37

35. Do the registered amounts in Q.32 or Q.33 include tax or and social contributions?

- Only tax is included..... 1
- Only social insurance contributions are included..... 2
- Tax and social insurance contributions are included..... 3
- Tax and social insurance contributions are not included..... 4

36. Please register the amount of tax and social insurance contributions.

In case of no tax, register 0 in the field

- Tax amount..... € | _____ |
- Social insurance contributions amount..... € | _____ |
- Do not know the above amounts.....

FAMILY RELATED ALLOWANCES-BENEFITS

37. During 2004, did you or anyone from your household receive any family allowance or benefit?

- Yes 1 → 38
- No 2 → 39

38. Please note the gross or net amount, as well as the number of months you received the allowance.

**The allowance for family public servants, the allowance for pregnancy-puerperal and the allowance for parental leave, if register to the particular question, will not be included to the income of employees.*

ALLOWANCE-BENEFIT	If yes: Please register the monthly amount	Number of months	In the pre-mentioned amount are included:					Tax amount or social insurance contributions or both (additional) If subject to tax or to social insurance contributions
			1:Tax	2:Social insurance contributions	3:Both	4:None	5: Do not know	
Lifelong pension for mothers having more than 3 children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Allowance for families having 3 children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Allowance for families having more than 3 children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Family allowance for public servants*	YES <input type="checkbox"/> OXI <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Incapacitated relatives care benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Pregnancy-puerperal benefit*	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Parental leave allowance*	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Birth grant	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Marriage benefit (lump sum)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Student's allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Other allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			

**INTRA-HOUSEHOLD TRANSFERS TO/FROM
OTHER HOUSEHOLDS**

39. During 2004, did you or anyone in your household make regular payments to someone in another private household?

(Included support for a student living away from home, support for a spouse or former spouse, children not living with you, an older relative or some other person. Do not include one-off gifts such as for Christmas or birthdays as well as the amounts, which are not strengthening the income of other households).

- Yes..... 1 → 40
- No 2 → 43

40. If yes, which was the annual total amount?

- Annual total amount..... € | _____ |

41. Is the pre-mentioned amount subject to tax?

- Yes..... 1 → 42
- No 2 → 43
- Do not know if subject to tax..... 3 → 43

42. Is the registered amount in Q. 40 including tax?

In this case we refer to tax relief.

- Yes, tax amount (tax relief)..... € | _____ |
- No/do not know the exact tax amount (tax relief).....

43. During 2004, did you or anyone in your household receive regular payments from other private households' members?

(Included are payments from parents, children, relatives etc. Do not include one-off gifts such as for Christmas or birthdays as well as the amounts, which are not strengthening the income of other households).

- Yes..... 1 → 44
- No 2 → 47

44. If yes, what was the type of this benefit and which the annual total amount?

- Type of benefit : _____

- Annual total amount..... € | _____ |

45. Is the pre-mentioned amount subject to tax?

- Yes 1 → 46
- No..... 2 → 47
- Do not know if subject to tax..... 3 → 47

46. Does the registered amount in Q. 44 include tax?

- Yes tax amount € | _____ |

- No/do not know the exact amount.....

INCOME IN KIND

47. During 2004, did you save any income from own/home production such as foods or drinks?

*The question refers to income saved from consuming food, coming from own agricultural or livestock production and **not** to income from the specific production.*

- Yes..... 1→ 48

- No..... 2→ 49

48. If yes, which is approximately the amount you saved?

- Total amount (annual)..... € | _____ |

TAX ON WEALTH

49. During 2004, did you pay any tax on wealth, concerning your or other members' assets?
Included is only the tax paid on large landed property.

- Yes..... 1→ 50

- No..... 2→ 51

50. If yes, which is the total annual amount?

- Total amount (annual)..... € | _____ |

DURATION AND DATE OF INTERVIEW

51. FOR THE INTERVIEWER: Please note the exact time for ending the interview:

- Time for ending the interview (e.g. 18.55)..... |__|_|.|__|_|

Date of interview : Day |__|_| Month |__|_| Year **2005**

QUEST.4

CONFIDENTIAL

NATIONAL STATISTICAL SERVICE
OF GREECE

GENERAL DIVISION OF STATISTICS

DIVISION OF POPULATION AND
LABOUR MARKET STATISTICS

UNIT OF HOUSEHOLD SURVEYS

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HOUSEHOLD ID : |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

S/N MEMBER : |_|_|

NAME/SURNAME : _____

INTERVIEWER : _____

_____ |_|_|_|

EUROPEAN UNION STATISTICS ON INCOME
AND LIVING CONDITIONS

PERSONAL QUESTIONNAIRE

To be filled only for members born up to the year 1988

The survey is being conducted in a sample of households having been randomly designed by the NSSG. The supply of data is OBLIGATORY and the answers in the questions are CONFIDENTIAL (L.3267/56 και L.2392/96).

Piraeus, 2005

1. FOR THE INTERVIEWER: Please note:

- Start time of interview (e.g. 19.00) |_|_|. |_|_|

DEMOGRAPHIC ELEMENTS

2. In which country were you born?

Country: _____ |_|_|*
* To be filled from National Statistical Service

3. What is your citizenship? If you have dual citizenship, please specify both.

- First citizenship _____ |_|_|*
* To be filled from National Statistical Service

- Second citizenship _____ |_|_|*
* To be filled from National Statistical Service

4. What is your legal marital status?

- Never married 1
- Married 2
- Separated 3
- Widowed 4
- Divorced 5

5. Are you living with a partner?

- Yes, on a legal basis 1
- Yes, without a legal basis..... 2
- No 3

EDUCATION

6. Are you still in an educational program?

- Yes 1→7
- No 2→8

7. What are you currently studying for?

- Demotiko 1
- Gymnasio 2
- Lykeio 3
- Institutions for vocational training..... 4
- Technological educational institutes 5A
- Universities, Higher Military Schools..... 5B
- Msc, MBA..... 5Γ
- Ph.D 6

* To be filled from National Statistical Service

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

- Never attended any level of education..... →10
- Few classes of Demotiko 1
- Demotiko 2
- Gymnasio 3
- Lykeio 4
- Institution for vocational training 5
- Technological educational institutes..... 6A
- University, Higher military school..... 6B
- Msc, MBA..... 6Γ
- Ph.D 7

9. In which year did you complete the pre-mentioned educational 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 suffer from any chronic illness?

The answer is subjective.

- Yes..... 1
- No 2

12. For at least the last 6 months have you been limited your daily activities because of a health problem?

- 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 you really needed a dental examination or treatment but you did not receive it?

- Yes, there was at least one time 1→14
- No 2→15

14. What was the main reason for unmet need for dental examination or treatment?

Mention the most recent one.

- Could not afford to (too expensive)..... 1
- Length of waiting list 2
- Could not take time because of work, care for children or for others..... 3
- Too far to travel, no means of transportation..... 4
- Fear of doctor, hospitals, examination, treatment..... 5
- Wanted to wait and see if problem got better on its own. 6
- Didn't know any good doctor or specialist..... 7
- Other reasons please specify: _____ 8

15. Was there any time during the last 12 months when, in your opinion you really needed a medical examination or treatment for a health problem but you did not receive it?

- Yes, there was at least one time 1→16
- No 2→17

16. What was the main reason for unmet need for examination or treatment?

Mention the most recent one.

- Could not afford to (too expensive)..... 1
- Length of waiting list 2
- Could not take time because of work; care for children or for others..... 3
- Too far to travel, no means of transportation..... 4
- Fear of doctors, hospitals, examination, treatment..... 5
- Wanted to wait and see if problem got better on its own. 6
- Didn't know any good doctor or specialist..... 7
- Other reasons please specify: _____ 8

CURRENT ACTIVITY

17. During the previous week, did you do any work for payment or profit, even if it was only for one hour?

Unpaid workers for a family business will answer "Yes"

- Yes 1→19
- No 2→18

18. Even if you did not do paid work during last week, did you have a job or business from which you were away (due to maternity or parental leave, holidays, own illness, injury or temporary, bad weather etc.) and to which you expect to return?

- Yes 1
- No 2

19. Which is your main activity at present, are you?

The activity is self-defined from the interviewer

- Working full – time. 01→32
- Working part – time 02→32
- Unemployed..... 03
- Pupil, student, further training, unpaid work experience..... 04
- In retirement or in early retirement or has given up business..... 05
- Permanently disabled and/or unfit to work..... 06
- In compulsory military community or service..... 07
- Fulfilling domestic tasks and care responsibilities..... 08
- Other inactive person, that is..... 09

20. Are you actively looking for a job in previous 4 weeks?

For the persons who:

- o *Wait for the results of a job application*
- o *Wait for a phone call from the public employment office*
- o *Wait for the results of a competition for recruitment to the public sector.*

The answer will be "No"

- Yes 1→21
- No 2→22

21. If you find a job are you available to undertake it within the next 2 weeks?

- Yes..... 1
- No 2

CHARACTERISTICS OF JOB (CURRENT OR PREVIOUS)

For persons not having as main activity work

22. Have you ever worked in a job or a business?

- Yes..... 1→23
- No..... 2→47

23. Please describe as fully as possible the nature of work done in your last main job or in your current main job.

_____ *

24. In your main last job you were/are:

- Self-employed with employee(s)..... 1→47
- Self-employed without employee(s)..... 2→47
- Employee..... 3→25
- Family worker, unpaid..... 4→47

25. FOR THE INTERVIEWER: Check the answers of the questions 17 and 18.

- In the question 17 or 18 there is answer "yes"..... 1→26
- In the question 17 and question 18 there is answer "no"..... 2→30

26. Please describe the main activity of the local unit of the business or organization where you worked the previous week.

_____ *

27. How many people worked in the local unit of the business or organization where you worked the previous week?

- Exact number if between 1 and 10..... 1
- 11 to 19 persons..... 2
- 20 to 49 persons..... 3
- 50 persons or more..... 4
- Do not know but less than 11 persons..... 5
- Do not know but more than 10 persons..... 6

* To be filled from the National Statistical Service.

28. How many hours per week do you normally work in your main job or business?

Please include usual paid and unpaid overtime.

- Hours per week..... |__|

29. You said that you usually work xxx hours per week in your main job (see Q.28). What are your usual gross and net earnings in this job, including usual paid overtime and how often did you receive them?

Gross: are considered the earnings before the deduction of tax and obligatory social insurance contributions.

Net: are considered the earnings after the deduction of tax and obligatory social insurance contributions.

- Gross amount € |_____|

- Net amount..... € |_____|

- Received: per week 1

fortnight 2

month 3

30. Please, could you tell me what was/is the type of your work contract?

- Permanent job/contract of unlimited duration..... 1

- Temporary job/work contract of limited duration..... 2

31. In your job did/do you supervise or manage any personnel?

- Yes 1→47

- No..... 2→47

CHARACTERISTICS OF MAIN JOB
For persons having as main activity work

FOR THE INTERVIEWER :The questions that follow refer to interviewee's main job. If person has multiple jobs at present, as main job is considered the job in which he/she normally works most hours.

32. What kind of work do you do in your main job? Please describe as fully as possible the nature of the work done.

|__|__| *

33. Please describe the main activity of the local unit of the business or organization where you work.

|__|__| *

* To be filled from the National Statistical Service.

34. In your main job you are:

- Self-employed with employee(s)..... 1
- Self-employed without employee(s)..... 2
- Employee..... 3
- Unpaid worker in the family business..... 4

35. How many people work in the local unit of the business or organization where you work?

- Exact number if between 1 and 10..... ||1
- 11 to 19 persons..... 2
- 20 to 49 persons..... 3
- 50 persons or more..... 4
- Do not know but less than 11 persons..... 5
- Do not know but more than 10 persons..... 6

36. How many hours per week do you normally work in your main job or business?

Please include usual overtime (paid or not).

- Hours per week..... ||

37. FOR THE INTERVIEWER: Please fill in the question according to Q.34. **In his/her main job the interviewee is:**

- Employee..... 1→38
- Self-employed, with or without employees, or family worker 2→41

38. You said that you usually work xxx hours per week in your main job (see Q.36). What are your usual gross and net earnings in this job, including usual paid overtime and how often did you receive them?

Gross: are considered the earnings before the deduction of tax and obligatory social insurance contributions.

Net: are considered the earnings after the deduction of tax and obligatory social insurance contributions.

- Gross amount €|_____|
- Net amount..... €|_____|

- Received: per week 1
- fortnight 2
- month 3

39. Please, could you tell me what is the type of your work contract?

- Permanent job/work contract of unlimited duration..... 1
- Temporary job/work contract of limited duration..... 2

40. In your job do you supervise or manage any personnel?

- Yes 1
- No..... 2

41. Have you changed your main job since the last 12 months?

- Yes..... 1→42
- No..... 2→43

42. What was the main reason you change your previous job?

Please note the most important reason.

- To take up or seek better job..... 1
- End of temporary contract..... 2
- Obligated to stop by employer..... 3
(business closure, redundancy, early retirement, dismissal etc.)
- Sale or closure of own/family business..... 4
- Child care and care for other dependent..... 5
- Partner's job required us to move to another area or marriage..... 6
- Other reasons please specify: _____ 7

43. Do you normally work at more than one jobs at present?

- Yes..... 1→44
- No..... 2→45

44. How many hours in total do you work each week in all your jobs?

- Hours per week..... |_|_|

45. FOR THE INTERVIEWER: Check the answers of questions 36 and 44.

The interviewee usually works in all of his/her jobs:

- Less than 30 hours per week..... 1→46
- 30 hours or more per week..... 2→47

46. What is the main reason for working less than 30 hours per week?

- Undergoing education or training..... 1
- Personal illness or disability..... 2
- Want to work more hours, but cannot find a full-time job or 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, looking after children or other persons..... 6
- Other reasons, please specify: _____ 7

ACTIVITY HISTORY

47. At what age you began your first regular job or business?

- Age of first regular job..... |_|_|→48
- Never worked..... →49

48. Since that time, roughly how many years have you spent at work, either as an employee or self-employed?

- Years..... |_|_|

49. For each month of 2004 and up today, which was your main activity?

- **Working**
- Employee full – time..... 01
- Employee part – time. 02
- Self – employed full-time (including family workers)..... 03
- Self – employed part-time (including family workers)..... 04
- **Unemployed**..... 05
- **Retired**..... 06
- **Student**..... 07
- **Inactive (Excluding retired and persons in military service)**. 08
(apprentice without pay, fulfilling domestic tasks, taking care of children/ other persons, men of independent means, incapacitated etc.)
- **In compulsory military service** 09

- January 2004..... |_|_|
- February 2004..... |_|_|
- March 2004..... |_|_|
- April 2004..... |_|_|
- May 2004..... |_|_|
- June 2004..... |_|_|
- July 2004..... |_|_|
- August 2004..... |_|_|
- September 2004..... |_|_|
- October 2004..... |_|_|
- November 2004..... |_|_|
- December 2004..... |_|_|
- January 2005..... |_|_|
- February 2005..... |_|_|
- March 2005..... |_|_|
- April 2005..... |_|_|
- May 2005..... |_|_|

INCOME FOR EMPLOYEES

50. During 2004, did you have any income as an employee or as an apprentice from wage, salary or other form of pay?

Including both casual and temporary work as well as regular work.

- Yes 1→51
- No 2→77

51. During 2004, do you know what were your total gross earnings?

Gross is the amount before tax and social insurance were deducted.

- Yes 1→52
- No 2→53

52. If yes, what were your total gross earnings as an employee in 2004?

- Total amount (annual)..... € | _____ |

53. During 2004, do you know what were your total net earnings?

Net is the amount after tax and social insurance were deducted.

- Yes 1→54
- No 2→57

54. If yes, what were your total net earnings as an employee in 2004?

- Total amount (annual)..... € | _____ |

55. Please could you indicate if the net amount in Q. 54 was paid:

- After tax deduction?..... 1
- After social insurance deduction?..... 2
- After tax and social insurance deduction?..... 3
- Do not know..... 4

56. FOR THE INTERVIEWER: Answer will be given according to Q. 51 and Q. 53.

- In Q. 51 and 53 there is answer “no”..... 1→57
- In any other case..... 2→60

60. During 2004, did you receive any income coming from the following income sources?

	YES	NO
• Overtime.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Director's fees in incorporated business.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Commission and tips.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Piece rate payments.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Payments for fostering children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Profit sharing and bonuses.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Allowance for working in remote locations, for transport.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Remuneration for time not worked (e.g. holiday payments).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Additional payments based on productivity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Supplementary payments (e.g. thirteenth month payment).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Marriage allowance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Allowance to the workers in the building constructions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
• Other payments, specify: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

61. FOR THE INTERVIEWER: Fill in the answer according to Q. 60.

- There is at least one positive answer..... 1→62
- There is no positive answer..... 2→65

62. Are any of these payments in addition to the figures given above or are they all already included in the amounts registered in questions 52 or 54 or 57a and 57b?

- Yes, some in addition..... 1
- No, all are already included..... 2→65

63. During 2004, what were the total gross or net earnings from the payments of Q. 60?

α. Gross amount..... € | _____ |

β. Net amount..... € | _____ |

FOR THE INTERVIEWER: If net amount has not been registered, continue with Q. 65.

64. Could you please indicate if the net amount in Q. 63 was paid:

- Only after the deduction of tax..... 1
- Only after the deduction of social contributions..... 2
- After the deduction of both tax and social contributions..... 3
- Do not know..... 4

65. During 2004, did you receive any income from:
Payments made by the employer.

YES **NO**

- **A.** Additional payments made by the employer because of sickness, maternity, disability etc..... 1 2
- **B.** Payments made by the employer instead of salary because of sickness, maternity, disability etc..... 1 2

66. FOR THE INTERVIEWER: Fill in the answer according to Q. 65.

- There is at least one positive answer..... 1→67
- There is no positive answer..... 2→70

67. Are all or some of the income additional or are they included in the amounts registered in questions 52 or 54 or 57a and 57b? If some or all are included in your wage, can you separate the amounts corresponding to the payments of Q.65?

- Yes, some or all are additional, but I cannot separate them..... 1→70
- Yes, some or all are additional and I can separate them..... 2→68
- No, all are included but I cannot separate them..... 3→70
- No, all are included and I can separate them..... 4→68

68. What were the pre-mentioned payments concerning? What is the gross or net amount for each case?

	A	Gross Amount	Net Amount	B	Gross Amount	Net Amount
- Sickness.....	<input type="checkbox"/> 1	€ _____	€ _____	<input type="checkbox"/> 1	€ _____	€ _____
- Disability.....	<input type="checkbox"/> 1	€ _____	€ _____	<input type="checkbox"/> 1	€ _____	€ _____
- Maternity.....	<input type="checkbox"/> 1	€ _____	€ _____	<input type="checkbox"/> 1	€ _____	€ _____
- Widowhood.....	<input type="checkbox"/> 1	€ _____	€ _____	<input type="checkbox"/> 1	€ _____	€ _____

FOR THE INTERVIEWER If net amount has not been registered, continue with Q.70.

69. The net amount/s provided in Q.68 was paid:

- | | A | B |
|--|----------------------------|----------------------------|
| - Only after the deduction of tax?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| - Only after the deduction of social contributions?..... | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| - After the deduction of both tax and social contributions?..... | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| - Do not know..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |

COMPANY CAR

70. During 2004, did your employer provide you with a car, van or other motor vehicle, which was also available for private use?

- Yes 1→71
- No 2→75

71. Please tell me the make, model and registration year of the vehicle.

- Make _____
- Model _____
- Year..... |_|_|_|_|

72. During 2004, for how many months did you use the pre-mentioned vehicle provided by your employer?

- Number of months.....|_|_|

73. Does your employer pay for the insurance, the circulation fees or the service of the vehicle?

- | | YES | NO |
|--|----------------------------|----------------------------|
| - Insurance of the vehicle..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Circulation fees..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Regular and non-regular repairs..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

74. During 2004, approximately how many kilometers did you travel with the company car only for private use?

- Number of kilometers.....|_|_|_|_|

OTHER ALLOWANCES IN KIND

75. During 2004, did your employer provide you?

- | | YES | NO |
|--|----------------------------|----------------------------|
| - Free of charge or contribution meals within working hours..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Reduced values for electricity, telephone, water etc..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Free of charge or with reduced price the produced goods or goods appropriate for commerce..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

FOR THE INTERVIEWER: If in Q.75 all answers are NO continue with Q. 77.

76. If yes, what was the total amount you saved from the pre-mentioned sources?

- Amount..... € |_____|

SELF-EMPLOYMENT INCOME

77. During 2004, did you receive any income from self-employment, such as from your own business, professional practice or farm, freelance work, or working as a subcontractor, providing services or selling goods? Royalties, rentals of buildings, vehicles, and equipment of business as well as grants (agricultural or others)-if any- or grants from the European Community are also included.
Positive answer will be provided by employees, pensioners etc. having income from agricultural or cutlery business etc.

- Yes..... 1→78
- No 2→94

78. Apart from yourself, are there other household members involved in running or managing this business or activity?
Included are paid and unpaid family workers.

- Yes..... 1→79
- No 2→81

79. From whom, you or another member of your household, shall we get information concerning your business or activity?

- Me myself..... 1→81
- Other household member..... 2→80

80. Please note, from the Household's Register, the member's serial number.

S/N member..... →94

81. Do you think of yourself as having a job or a business?

- Job..... 1
- Business..... 2
- Neither..... 3

82. Are you working on your own account or are you in partnership with someone else?
Do not consider as partners other household members participating in the business.

- Own account..... 1
- With partnership..... 2

83. FOR THE INTERVIEWER: The following questions are just for your **OWN** share of business and NOT your partner's share.

84. What is the most recent period for which you can provide us financial figures?

- From month year till month year

85. During the pre-mentioned financial figures period what was the annual income from your business or activity after the deduction of business expenses?

As expenses considered are: The expenses for raw materials, product distribution, salaries (including the social insurance contribution), general administration expenses (rent, electricity bills, telephones bills etc.) etc.

Include the value of the goods that the self-employed received from his/her business or activity for his/her own account, as well as grants (agricultural or others)-if any- or grants from the European Union.

The manager's payments (salaries), for the owner of the business, will be registered under the employee income (questions 50-69).

- Amount..... € | _____ |

86. Does the amount given refer to profit or loss?

- Profit 1→87
- Loss..... 2→94

87. Is the pre-mentioned amount subject to tax or social insurance contributions?

- Yes, subject to tax or social insurance contributions..... 1→88
- No, is not subject to tax or social insurance contributions..... 2→90
- Do not know if subject to tax or social insurance contributions..... 3→90

88. In the amount you already registered, are tax or social insurance contributions included?

Social insurance contributions refer to amounts paid for the insurance coverage of the self-employed him/herself, as well as to the rest members of the household working as unpaid family workers (if any).

- Only tax included..... 1
- Only social insurance contributions included..... 2
- Tax and social insurance contributions are included..... 3
- Tax and social insurance contributions are not included..... 4
- Do not know..... 5→90

89. Approximately, mention the amounts you paid in advance for tax or social insurance contributions.

a. Tax..... € | _____ |

b. Social insurance contributions..... € | _____ |

90. Did you draw money from your business account – being only for business purposes- or for personal or family purposes?

The payments for your work in the business (salary, bonus etc.) will be included in the employee income – questions 50-69.

- Yes..... 1→91
- No..... 2→92

91. On average how much did you take for these non-business purposes during 2004?

- Total amount..... € | _____ |

92. During 2004, did you pay additional tax for income concerning previous years (close yearly account, control for the last five years account, fines etc.)?

- If yes, amount..... € | _____ |

- No.....

93. During 2004, did you pay additional social insurance contributions e.g. in order to change insurance class, fines etc.?

- If yes, amount..... € | _____ |

- No.....

PROPERTY INCOME

94. During 2004, did you receive or were you entitled to receive any income from interest, dividends or from capital invested in a business?

Included are interests from bank account or post saving bank or dividends from stocks, profits from shares, bonds, repos and mutual funds.

- Yes..... 1→95

- No 2→99

95. The pre-mentioned income is:

- In your own name?..... 1→98

- Jointly, with other household members?..... 2→96

- Both sole and joint?..... 3→96

96. For each income jointly held, please provide the following information:

Person's s/n	Amount <i>If the amount has been registered in another member's questionnaire register here 0</i>	The pre-mentioned amount is: 1:Before tax deducted 2:After tax deducted 3:Not taxed 4:Do not know	Tax amount <i>For amounts subject to tax</i>
_ _ _ _ _ _	€ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	€ _____
_ _ _ _ _ _	€ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	€ _____
_ _ _ _ _ _	€ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	€ _____

97. FOR THE INTERVIEWER: Check from Q.95 if income is:

- Jointly, with other households members..... 1→99
- Both sole and joint..... 2→98

98. During 2004, how much income did you receive from any of these sources held in your own name?

Amount	The pre-mentioned amount is: 1:Before tax deducted 2:After tax deducted 3:Not taxed 4:Do not know	Tax amount <i>For amounts subject to tax</i>
€ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	€ _____
€ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	€ _____
€ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	€ _____

PRIVATE PENSIONS

99. During 2004, did you receive any income from private pension schemes? Included are private old age pensions, widowhood, sickness, disability, unemployment pensions, etc. regularly paid by the interviewee or by the dead spouse or relative.

*Excluded are old age pensions, social benefits etc.
Excluded are life insurance schemes that pay a lump sum on maturity, private pensions paid by your employer.*

- Yes..... 1→100
- No..... 2→101

100. If YES, register the number of months you received this amount during 2004 as well as tax information.

PRIVATE PENSION		If YES: Please register the amount	Number of months	The pre-mentioned amount is: 1: Before tax deducted 2: After tax deducted 3: Not taxed 4: Do not know	Tax amount <i>For amounts subject to tax</i>
Old age pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	€ _____
Other, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	€ _____

101. During 2004, did you make any payments for individual private pension schemes, on your own initiative?

Excluded are the amounts paid in social insurance schemes or private schemes on the employer's initiative.

- Yes..... 1→102
- No..... 2→103

102. During 2004, what was the net amount each time you were paid and what was the paying period?

Net amount..... € | _____ |

- Paying period:
- year 1
 - semester 2
 - quarter 3

UNEMPLOYMENT / VOCATIONAL TRAINING ALLOWANCES

103. During 2004, did you receive any income from unemployment related benefits, training allowance or reimbursement because of dismissal?

- Yes..... 1→104
- No 2→105

104. For each of these allowances please register the amount you received each month and the number of months. You could also clarify whether the amount received was gross, net of tax on income and social contributions, net of tax on income, net of social contributions and tax.

ALLOWANCE OR BENEFIT	If yes: Please register the monthly amount	Number of months received	The pre-mentioned amount is: <small>1:Gross 2:Net of tax on income and social contributions 3:Net of tax on income at source 4:Net of social contributions 5: Do not know</small>	Amount of tax or social contributions <i>If the amount subject to tax and social contributions</i>
Full unemployment allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Partial unemployment allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Early retirement for labour market reasons	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Vocational training allowance for unemployed	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Reimbursement due to dismissal from work	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Seasonal unemployment benefit for persons seasonally working (e.g. actresses, musicians, building workers, hotel staff, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Allowance for young persons aged 20-29 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Allowance for joining the army	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Placement, resettlement or rehabilitation benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Other allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____

PENSIONS

105. During 2004 did you receive any old age pension?

Exclude purely private pensions that were fully arranged and paid for by the individual, while include private pensions paid for by the employer.

- Yes..... 1 → 106
- No 2 → 107

106. For each of the following old age pensions schemes, please register the amount you received each month and the number of months. You could also clarify whether the amount received was gross, net of tax on income and social contributions, net of tax on income, net of social contributions and tax.

PENSIONS		If yes: Please register the monthly amount	Number of months received	The pre-mentioned amount is:	Amount of tax or social contributions <i>If the amount subject to tax and social contributions</i>
				1:Gross 2:Net of tax on income and social contributions 3:Net of tax on income at source 4:Net of social contributions 5: Do not know	
Old age pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Supplementary pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Early retirement pension due to resignation	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Care allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Parallel pension from private sector (paid by the employer)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Lump sum due to retirement	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
National resistance pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Other pensions, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Office(s) of insurance: _____					_

SURVIVOR'S PENSION AND BENEFITS

107. During 2004, did you receive any survivor's pension, benefit or allowance?

*Exclude purely private pensions that were fully arranged and paid for by the extinct, while **included** are private pensions paid for by the employer.*

- Yes..... 1→108
- No..... 2→109

108. For each of the following survivor's pensions benefits or allowances, please register the amount you received each month and the number of months. You could also clarify whether the amount received was gross, net of tax on income and social contributions, net of tax on income, net of social contributions and tax.

PENSIONS	If yes: Please register the monthly amount	Number of months received	The pre-mentioned amount is:					Amount of tax or social contributions <i>If the amount subject to tax and social contributions</i>	
			1:Gross	2:Net of tax on income and social contributions	3:Net of tax on income at source	4:Net of social contributions	5: Do not know		
Old age pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Supplementary pension from public sector	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Parallel pension from private sector (paid by the employer)	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Orphans' pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Pension of war victims	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
*Other pensions/benefits, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____

*** FOR THE INTERVIEWER:** As far as possible, ensure that income from this source is not double counted to the income from salaries.

Insurance Organization: _____

SICKNESS BENEFITS / ALLOWANCES

109. During 2004, did you receive any sickness benefit or allowance?

(Included are benefits/allowances received due to physical or mental health but NOT these received by disabled persons. Included are paid leaves in work due to sickness, as well as reimbursement for working accidents and sickness. Excluded are allowances paid from private sickness insurances paid for by the individual).

- Yes..... 1→110
- No 2→111

110. For each of the following sickness social benefits or allowances, please register the amount you received each month and the number of months. You could also clarify whether the amount received was gross, net of tax on income and social contributions, net of tax on income, net of social contributions and tax.

BENEFIT ALLOWANCE	If yes: Please register the monthly amount	Number of months received	The pre-mentioned amount is:					Amount of tax or social contributions <i>If the amount subject to tax and social contributions</i>	
			1:Gross	2:Net of tax on income and social contributions	3:Net of tax on income at source	4:Net of social contributions	5: Do not know		
*Pay sick leave	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
*Benefit for working accidents	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
*Benefit for spa therapy, airing etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
Assistance for movement of sick persons	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____
*Other benefits/allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	€ _____

* **FOR THE INTERVIEWER:** As far as possible, ensure that income from this source is not double counted to the income from salaries.

PENSIONS – INVALIDITY BENEFITS

111. During 2004, did you receive any benefit / allowance or pension related to disability?

(Included are disability pensions and benefits / allowances received due to physical or mental invalidity). Excluded are purely private sickness schemes that were fully arranged and paid for by the individual.

- Yes..... 1→112
- No..... 2→113

112. For each of the following pensions - invalidity benefits, please register the amount you received each month and the number of months. You could also clarify whether the amount received was gross, net of tax on income and social contributions, net of tax on income, net of social contributions and tax.

PENSIONS BENEFITS ALLOWANCES	If yes: Please register the monthly amount	Number of months received	The pre-mentioned amount is:					Amount of tax or social contributions <i>If the amount subject to tax and social contributions</i>
			1:Gross	2:Net of tax on income and social contributions	3:Net of tax on income at source	4:Net of social contributions	5: Do not know	
Disability pension <i>The disability pension becomes regular old age pension after a certain age</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Benefit for persons with special needs	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Care allowance for incapacitated persons	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Care allowance for incapacitated children	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
Nutrition allowance for people suffering kidney's disease	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			
*Other benefits/allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	€ _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____			

* **FOR THE INTERVIEWER:** As far as possible, ensure that income from this source is not double counted to the income from salaries.

EDUCATIONAL ALLOWANCES

113. During 2004, did you receive any educational allowance?

Included are benefits/allowances received by students, due to their participation in research programs, scholarships, etc. *Excluded* are benefits for training/retraining.

- Yes..... 1→114
- No 2→115

114. For each of the following benefits / allowances, please register the amount you received each month and the number of months. You could also clarify whether the amount received was gross, net of tax on income and social contributions, net of tax on income, net of social contributions and tax.

BENEFITS ALLOWANCES	If yes: Please register the monthly amount	Number of months received	The pre-mentioned amount is: 1:Gross 2:Net of tax on income and social contributions 3:Net of tax on income at source 4:Net of social contributions 5: Do not know	Amount of tax or social contributions <i>If the amount subject to tax and social contributions</i>
Benefit received for participation in research programs	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Scholarships	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____
Other educational benefits/allowances, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/> € _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€ _____

TAXES ON INCOME

115. In 2004, did you make an income tax return for income of the previous year?

- Yes..... 1→117
- Tax return made by another household member covering my income, as well as his/her own income..... 2→116
- I was not obliged to make tax return..... 3→130
- No tax return made even though I had income..... 4→130

116. Could you please give me the name of the member whose income was taxed with yours? Please note the person number of these household members from the Individual Register.

- Name - surname: _____ S/n |__|_|→125

117. Did your tax return include only your personal income or also the income of other household members?

- Personal income only..... 1→119
- Other members income, also..... 2→118

118. Please note the sequence numbers of members whose income has been included in your tax return.

- S/n of first member..... |__|_|
- S/n of second member..... |__|_|

119. Please, register the total amount of tax paid in 2004 concerning tax deducted at source from 2004 income.

- Total amount of tax..... € |_____ |→121
- Don't know exact amount..... 1→120
- Didn't pay any tax..... 2→121

120. Could you please indicate income range for tax paid?

- Less than 500 € 1
- 500€ up to under 1.000 € 2
- 1.000€ up to under 3.000 € 3
- 3.000€ up to under 5.000 € 4
- 5.000€ up to under 10.000€..... 5
- 10.000 € or more..... 6

121. During 2004, did you pay any amount for the tax return of 2003 income?

- Yes, tax amount.....€ | _____ | →122
- Don't know exact amount..... 1→121a
- Didn't pay any tax..... 2→122

121a. Could you please indicate income range for tax paid?

- Less than 500 € 1
- 500€ up to under 1.000 € 2
- 1.000€ up to under 3.000 € 3
- 3.000€ up to under 5.000 € 4
- 5.000€ up to under 10.000€..... 5
- 10.000 € or more..... 6

122. Is the tax pre-mentioned in Q.119 or Q.121, tax having already been deducted from your salary or pension or tax having been paid in advance as an adjustment for your self-employment income etc., or tax that had to be paid additionally?

It is:

- Tax deducted at source and the amount was provided in the gross income components received..... 1
- Tax deducted at source and the amount was not provided in the gross income components received..... 2
- Tax paid in 2004 with the payment of the tax account concerning income of 2003 3
- Tax deducted at source and the amount was provided in the gross income components received and tax for income of 2003 4
- Tax deducted at source and the amount was not provided in the gross income components received and tax for income of 2003..... 5

123. During 2004, did you pay any supplementary/ additional tax such as fines etc. for all your income?

- Yes, tax amount.....€ | _____ | →125
- Do not know..... →124
- No..... →125

124. Could you please indicate the amount of additional tax paid?

- Less than 500 € 1
- 500€ up to under 1.000 € 2
- 1.000€ up to under 3.000 € 3
- 3.000€ up to under 5.000 € 4
- 5.000€ up to under 10.000€..... 5
- 10.000 € or more..... 6

125. During 2004, did you have any tax rebate?

Tax may concern income of 2003.

- Yes..... 1→126
- No..... 2→130

126. Is this tax rebate in your own name or it also corresponds to other household's members?

- Personal only..... 1→128
- Share with other members..... 2→127

127. Which household member received the tax rebate?

Name.....s/n member |__|__|→130

128. What was the total amount of tax rebate for income of 2003?

- Tax amount € |_____||→130
- Do not know the exact amount.....

129. Please could you give an approximate range for tax rebate?

- Less than 500 € 1
- 500€ to under 1.000 € 2
- 1.000€ to under 3.000 € 3
- 3.000€ to under 5.000 € 4
- 5.000€ to under 10.000€..... 5
- 10.000 € or more..... 6

DURATION AND DATE OF INTERVIEW

130. FOR THE INTERVIEWER: Please note the time and the date for the completion of the questionnaire

- Time needed for the completion of interview.....|__|__|

Date of interview: Day |__|__| Month |__|__| Year **2005**