

REPUBLIC



OF CYPRUS

STATISTICAL

SERVICE

Form: SILC 1

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

**CONFIDENTIAL**

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

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

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

Post code: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**HOUSEHOLD  
REGISTER**

**General Information about the Survey:**

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

February, 2016

**A . LOCATING THE HOUSEHOLD**

*Information from the previous wave*

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

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

**NEW ADDRESS**

**HOUSEHOLD ID:**                     

**ROTATIONAL GROUP CODE:**                     

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

**3. FOR THE INTERVIEWER:**

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

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

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

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

- |  |    |                 |
|--|----|-----------------|
| a. The entire household moved to a collective household or institution in Cyprus.....<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. Access to the household is impossible<br>(due to flood, snow, inaccessible road etc) .....  | 07 |                 |
| f. Lost household (no information on what happened to the household) .....   | 11 |                 |
- 

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

- |   |    |   |                         |
|---|----|---|-------------------------|
| a. <b>It is split</b> .....<br>(For households created after the last wave and are not initial households)  | 08 | → | Complete<br>Parts B & C |
| b. <b>It was added in the sample in this wave</b> .....<br>(For households interviewed for the first time and are not split, that is households with rotational group code 3) | 09 | → | Complete<br>Parts B & C |
- 

**6. Fusion**


- |   |    |   |                  |
|---|----|---|------------------|
| The household merged with another sample household..... | 10 | → | End of<br>Survey |
|---|----|---|------------------|
-

**B . LOCATING THE DWELLING**

**1. The dwelling was located:**

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

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

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

**End of Survey**

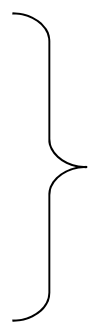
**FOR THE INTERVIEWER:** Q.3 if only for the households interviewed for the first time, that is the households with rotational group code 2

**3. During the year 2015 the household had its usual residence in:**

- Cyprus ..... 1
- Abroad ..... 2

**C. HOUSEHOLD INTERVIEW RESULT**

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

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

**End of Survey**

**FOR OFFICIAL USE ONLY**

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

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

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

Name: .....

Address: .....

Telephone number: .....

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 2

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

CONFIDENTIAL

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

**PERSONAL  
REGISTER**

**A. DEMOGRAPHIC AND BASIC PERSONAL DATA**

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

→ PART C

A. DEMOGRAPHIC AND BASIC PERSONAL DATA (continued)

(1) Line	(2) Name	(14) Residential Status		(15) Usual Residence		(16) Year of permanent settlement	(17) Basic activity status	(18) Father's ID	(19) Mother's ID	(20) Spouse's/ Partner's ID	(21) Aged 16 and over		(22) Under 12 years of age		
		1= Currently living in the household	2= Domestic employee	3= Temporarily absent, within Cyprus	4= Temporarily absent, abroad	Did you ever have your usual residence (for more than 12 months) abroad? (students are excluded)	If YES, which year did you come to Cyprus for permanent settlement?	1= Working 2= Unemployed 3= In retirement or early retirement 4= Other inactive person (pupil/student, soldier, housewife etc.)	Write: -2 If the father is not a current household member	Write: -2 If the mother is not a current household member	Write: -2 If the spouse/partner is not a current household member	Yes	No	Yes	No
1st					1	2	<input type="text"/>					1	2	1	2
2nd					1	2	<input type="text"/>					1	2	1	2
3rd					1	2	<input type="text"/>					1	2	1	2
4th					1	2	<input type="text"/>					1	2	1	2
5th					1	2	<input type="text"/>					1	2	1	2
6th					1	2	<input type="text"/>					1	2	1	2
7th					1	2	<input type="text"/>					1	2	1	2
8th					1	2	<input type="text"/>					1	2	1	2
9th					1	2	<input type="text"/>					1	2	1	2
10th					1	2	<input type="text"/>					1	2	1	2

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

**FOR THE INTERVIEWER:** The questions below refer to children up to 12 years of age (i.e. those born in 2003 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 you or 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.



**B. CARE OF CHILDREN UP TO 12 YEARS OF AGE (Cont'd)**

**FOR THE INTERVIEWER: The questions below should only be asked if some hours of childcare were completed in columns 5 or 7.**

(1)	(2)	(9)	(10)	(11)	(12)
Line	Member's Serial Number	RC010. Does your household pay for or contribute to the cost of childcare at centre-based services? (It includes tuition fees, cost for canteen, and other related expenses)	RC020. If YES, does your household pay for:	RC030A. Except your household, who else contributes to these costs?	RC030B. If NO, then who pays for the full cost of childcare at the centre-based services?
		1= Yes 2= No →RC030B	1= The full cost ↓ <b>Part B1</b>  2= Part of the full cost (e.g subsidised by government, employer, private person, relatives, etc)  9= Do not know ↓ <b>Part B1</b>	1= The government or local authorities 2= The employer 3= Other institutions( e.g church, non-profit organisations, etc) 4= Other private persons that <b><u>are not household members</u></b> (e.g grandparents, relatives,etc) 5= Other 9= Do not know  <div style="border: 1px solid black; padding: 2px; display: inline-block;">→ PART B1</div>	1= The government or local authorities 2= The employer 3= Other institutions( e.g church, non-profit organisations, etc) 4= Other private persons that <b><u>are not household members</u></b> (e.g grandparents, relatives,etc) 5= Other 9= Do not know
1st					
2nd					
3rd					
4th					
5th					
6th					
7th					
8th					
9th					
10th					

**B1. FORMAL EDUCATION AND TRAINING FOR ALL MEMBERS**

**FOR THE INTERVIEWER: The questions that follow should be asked to all members of the household aged 3 years old or older, who now participate in programmes of Formal Education or Training, i.e are students in Kindergarten/Primary school/Gymnasium/Lyceum/Technical school/MIEEK/College/University, with the intention of acquiring a School Leaving Certificate/Diploma/Degree.**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Line	Member's Serial Number	FED	RC070	RC080	RC090A	RC090B
		Participation in Formal Education or Training;	Does your household pay for or contribute to the cost of <u>tuition fees</u> for the participation in programmes of formal education or training, i.e in Kindergarten/Primary school/Secondary school/MIEEK/College/University? (not in private lessons of non-formal education or any other costs except tuition fees)	If YES, does your household pay for:	Except your household, who else contributes to the payment of tuition fees?	If No, then who pays for the full cost of tuition fees?
		1= Yes  2= No ↓ <b>Part C</b>	1= Yes  2= No ↓ <b>RC090B</b>	1= The full cost of tuition fees → <b>Part C</b>  2= Part of the tuition fees ((e.g subsidised by government, employer, private person, relatives, partial scholarship, etc)  9= Do not know → <b>Part C</b>	1= The government or local authorities (e.g. public educational institutions, student grant)  2= The employer  3= Other institutions( e.g church, non-profit organisations, scholarship institutions, etc)  4= Private persons that are <b><u>not household members</u></b> (e.g relatives)  5= Other  9= Do not know  <div style="border: 1px solid black; display: inline-block; padding: 2px;">→ <b>PART C</b></div>	1= The government or local authorities (e.g. public educational institutions, student grant)  2= The employer  3= Other institutions( e.g church, non-profit organisations, scholarship institutions, etc)  4= Private persons that are <b><u>not household members</u></b> (e.g relatives)  5= Other  9= Do not know
1st						
2nd						
3rd						
4th						
5th						
6th						
7th						
8th						
9th						
10th						

**C. MEMBER TRACING SHEET**

For co-residents

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

For persons who moved abroad

For persons who died

For persons who stayed in the household only for 3 months

} : END OF INTERVIEW

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

New address for split households

PERSONAL ID:

ROTATIONAL GROUP CODE:

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

**FOR THE INTERVIEWER :**

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

.....

1



Complete all the relevant questionnaires

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

2



Inform the service

REPUBLIC



OF CYPRUS

STATISTICAL SERVICE

Form: SILC 3

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

CONFIDENTIAL

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

**HOUSEHOLD  
QUESTIONNAIRE**

February, 2016

**1. FOR THE INTERVIEWER. Please complete:**

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

**HOUSING DATA**

**2. Type of building in which your dwelling is located:**

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

**3. How many rooms does the dwelling have not counting bathrooms, toilets, storage rooms and halls (2X2)? (Rooms used solely for business purposes are excluded)**

- Number of rooms .....

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

- Square metres .....

**Q3a. SHOULD BE ANSWERED BY THE INTERVIEWER**

**3a. What is the living area (in 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:**

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

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

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

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

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

**6. Is the dwelling:**

- Owned without paying mortgage for the main dwelling? .....  1 → Q.7
- Owned paying mortgage for the main dwelling? .....  2 → Q.7
- Rented or sub rented at market rate?  
(Includes cases where the rent is fully or practically recovered from housing benefit) .....  3 → Q.11
- Rented at a lower price than the market price? .....  4 → Q.10b
- Provided rent-free (by the parents, relatives etc.)? .....  5 → Q.7

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

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

- Year .....

**8. Which year was your dwelling constructed?**

- Before 1946 .....  1
- 1946-1960 .....  2
- 1961-1970 .....  3
- 1971-1980 .....  4
- 1981-1990 .....  5
- 1991-2000 .....  6
- 2001 and after, specify the year .....

**9. Please have a look at the following housing benefits. For each benefit could you please indicate whether you or another member of the household received any of these during the year 2015?**

If YES: Please indicate the annual amount received in the year 2015

HOUSING ALLOWANCES

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

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

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

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

- Year .....

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

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

**12. How much are you paying in rent monthly?**

- **Monthly** rent (before the deduction of any amount probably recovered from housing benefits e.g. rent allowances given to refugees, elderly, repatriates)..... €

**12a. Is your housing unit rented:**

- Unfurnished .....
- Furnished.....

**13. Please have a look at the following housing benefits. For each benefit, could you please indicate whether you or another member of the household received any of these during the year 2015?**

ALLOWANCES	YES	NO	If YES: please indicate the annual amount received in the year 2015
- Rent allowance (Social welfare services or Minimum Guaranteed Income (MGI))	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Rent allowance (Ministry of Interior)	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other allowances, specify: .....	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**14. Does the rent stated include payments for:**

	YES	NO
- Water? .....	<input type="text" value="1"/>	<input type="text" value="2"/>
- Electricity? .....	<input type="text" value="1"/>	<input type="text" value="2"/>
- Heating? .....	<input type="text" value="1"/>	<input type="text" value="2"/>
- Sewerage services? .....	<input type="text" value="1"/>	<input type="text" value="2"/>
- Refuse collection? .....	<input type="text" value="1"/>	<input type="text" value="2"/>
- Other expenses (common expenses etc.)? .....	<input type="text" value="1"/>	<input type="text" value="2"/>
- Regular repairs and maintenance? .....	<input type="text" value="1"/>	<input type="text" value="2"/>

**HOUSING COSTS**

**15. Please state whether you have paid any of the following during the year 2015:**

**If YES: Please indicate the annual amount you paid in the year 2015**

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

**16. To what extent are the above housing costs, including mortgage repayment (installment and interest) or rent a financial burden to you? Please note: Only actual paid housing costs have to be taken into account. Would you say they are:**

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

**NON MONETARY GOODS**

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

If you do not have an item:

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

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

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

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

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



**HOUSING CONDITIONS**

**MH04. Is your dwelling equipped with heating facilities?**

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

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

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

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

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

**FINANCIAL SITUATION**

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

- Yes .....
- No .....  → Q. 20

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

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

**20. Can your household afford to:**

- |   | YES   | NO  |
|---|---|---|
| - Go for a week's annual holiday away from home, including stays in second dwelling or with friends/relatives? (whole household)..... | <input style="width: 20px; text-align: center;" type="text" value="1"/> | <input style="width: 20px; text-align: center;" type="text" value="2"/> |
| - Have a meal with meat, chicken, fish (or vegetarian equivalent ) every second day? .....  | <input style="width: 20px; text-align: center;" type="text" value="1"/> | <input style="width: 20px; text-align: center;" type="text" value="2"/> |
| - Face an unexpected but necessary expense of €20 from your own resources? .....  | <input style="width: 20px; text-align: center;" type="text" value="1"/> | <input style="width: 20px; text-align: center;" type="text" value="2"/> |
| - Keep its home adequately warm? .....  | <input style="width: 20px; text-align: center;" type="text" value="1"/> | <input style="width: 20px; 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, once   | Yes, twice on more  | No  | Not applicable  |
|---|---|---|---|---|
| (a) Rent for accommodation or housing loans for the main dwelling?.....   | <input style="width: 20px; text-align: center;" type="text" value="1"/> | <input style="width: 20px; text-align: center;" type="text" value="2"/> | <input style="width: 20px; text-align: center;" type="text" value="3"/> | <input style="width: 20px; text-align: center;" type="text" value="4"/> |
| (b) Utility bills, (heating, electricity, gas, water etc) for the main dwelling? (telephone bills are not included) .....   | <input style="width: 20px; text-align: center;" type="text" value="1"/> | <input style="width: 20px; text-align: center;" type="text" value="2"/> | <input style="width: 20px; text-align: center;" type="text" value="3"/> | <input style="width: 20px; text-align: center;" type="text" value="4"/> |
| (c) Credit card balances or loan payments for purchases of housing equipment, vacations etc. or other hire purchases? ..... | <input style="width: 20px; text-align: center;" type="text" value="1"/> | <input style="width: 20px; text-align: center;" type="text" value="2"/> | <input style="width: 20px; text-align: center;" type="text" value="3"/> | <input style="width: 20px; text-align: center;" type="text" value="4"/> |



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

- Yes.....  1
- No .....  2 → Q. 27

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

25. During 2015, 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 2015?

- 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 2015?

BENEFIT-ALLOWANCE	YES	NO	If YES: Please indicate the total amount for 2015
a. Child allowance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Allowance for the care of disabled children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Maternity allowance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Grant for the care of children placed with foster families .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Maternity grant (lump sum/payment)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Allowance for the care of the elderly .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. Single Parent Benefit .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. Other family benefits:.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

28. During the year 2015, did anyone in your household receive the Missing Persons Allowance?

- Yes .....  1
- No .....  2 → Q. 28a

29. What was the total amount received in 2015?

- Total amount (annual) ..... €

**28a. During the year 2015, did anyone in your household receive the Public Benefit allowance?**

- Yes .....  1
- No .....  2 → Q. 28b

**29a. What was the total amount received in 2015?**

- Total amount (annual) ..... €

**29as. Please specify the reason:**

-----

**28b. During the year 2015, did anyone in your household receive the Minimum Guaranteed Income (MGI)?**

- Yes .....  1
- No .....  2 → Q. 30

**29b. What was the total amount received in 2015?**

- Total amount (annual) ..... €

**29bs. Please specify the reason:**

-----

**FOR THE INTERVIEWER:** If in questions Q27b, 27f, 27g, 27h or Q28, 28a, 28b there is at least one answer with a YES, go to Q29NM, otherwise go to HC040.

**29NM. Please specify the name of the recipient (person who receive the amount):**

-----

**29ID. Please specify the identity card number of the recipient  
(person who receive the amount): .....**

**29SI. Please specify the social insurance number of the recipient  
(person who receive the amount):.....**

**ACCESS TO SERVICES**

**CHILDCARE FOR CHILDREN UP TO 12 YEARS OF AGE**

**FOR THE INTERVIEWER: Question HC040 should only be asked if there is at least one 'Yes' answer in question RC010 in the Personal Register (Table B).**

**HC040.** HC040. You have mentioned before (in the Personal Register), that you pay fully or contribute to the cost of childcare at the centre-based services, for the children in your household aged 12 years and below.  
Are these costs paid by your household :

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

**FOR THE INTERVIEWER: If in the household, there are children aged 12 years and below (see Personal Register, table B), who:**  
**a) receive childcare from centre-based services (col.5 or 7), then proceed to question HC050A.**  
**b) do not receive any childcare from centre-based services, then proceed to question HC050B.**  
**Otherwise proceed to question HC100**

**HC050A.** Would you like that the children of your household, aged 12 years and below, participate more in childcare programmes at centre-based services?

- Yes .....  1 → HC060
- No .....  2 → HC100

**HC050B.** You have mentioned before (in the Personal Register) that the children of your household, aged 12 years and below, do not participate in childcare programmes at centre-based services. Would you like them to participate?

- Yes .....  1
- No .....  2 → HC100

**HC060.** What is the main reason that the children of your household aged 12 years or below, do not participate at all or do not participate more in childcare programmes at the centre-based services?

- Cannot afford it .....  1
- No centre-based services available .....  2
- Centre-based services available but not nearby .....  3
- Centre-based services available but opening hours not suitable .....  4
- Centre-based services available but the quality of the services available not satisfactory.....  5
- Other reasons .....  6

**FORMAL EDUCATION AND TRAINING**

**HC100.** You have mentioned before (in the Personal Register) that there are members of your household (aged 3 years old of older) who participate in formal education. Considering the total cost for this participation of all members of your household (i.e tuition fees, registration fees, books, uniforms, canteen expenses, subsistence/living expenses, travelling, etc - not to include the extra non-formal education classes), which are paid by your household, would you say that these are paid :

- With great difficulty.....
- With difficulty.....
- With some difficulty .....
- Fairly easily .....
- Easily .....
- Very easily .....
- No costs of formal education in the household .....

**HEALTHCARE**

**HC160.** During the last 12 months, has any member of your household used any healthcare services, such as consultations, treatment, hospitalization or prescribed medication, either in the public or private sector? (former members should be included)

- Yes.....
- No .....  → HC190

**HC170.** During the last 12 months, has your household paid for or contributed to the cost of healthcare services that you mentioned above, either in the public or private sector? (the registration fees at the public hospitals should also be included)

- Yes.....  → HC180
- No .....

**HC170A.** If NO, then the payment of the cost was made by:

- Direct payment from the Insurance company/employer/trade union, etc .....  → HC180=6
- The household has paid fully and later it was fully reimbursed for these expenses from the insurance company/employer/trade union/etc .....
- Full payment from another person who is not a household member .....  → HC180=6

**HC180.** Considering the total cost for the use of healthcare services that you have mentioned above, from all members of the household, are these paid by your household:  
(Note: If the household was later reimbursed for these expenses, the difficulty experienced at the time of paying should be assessed)

- With great difficulty.....
- With difficulty.....
- With some difficulty .....
- Fairly easily .....
- Easily .....
- Very easily .....

**HOME CARE**

**HC190.** Are there persons living in your household who need home care due to long-term physical or mental ill-health, infirmity or because of old age?  
(This excludes those who only require help temporarily, e.g during recovery)

- Yes .....
- No .....  → Q. 30

---

**HC200. Does this person (these persons) concerned, receive any home care services provided by professional health or care workers (paid) (includes also housemaids)?**

- Yes .....  1
- No .....  2 → HC240B

---

**HC210. For how many hours per week are such home care services provided by professional health or care workers (paid) (in total for all the members from all the carers)**

- Less than 10 hours per week .....  1
- At least 10 but less than 20 hours per week .....  2
- 20 hours per week or more .....  3

---

**HC220. Does your household pay or contribute to the cost for this home care services provided by professional health or care workers (paid)?**

- Yes .....  1
- No .....  2 → HC240A

---

**HC230. Are the costs for this home care services paid by your household:**

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

---

**HC240A. Is there the need to receive more home care services provided by professional health or care workers (paid), than the amount they currently receive?**

- Yes .....  1 → HC250A
- No .....  2 → Q. 30

---

**HC240B. You have previously stated that members of your household need help but are not receiving any home care services provided by professional health or care workers (paid). Is there the need that they receive such home care?**

- Yes .....  1 → HC250B
- No .....  2 → Q. 30

---

**HC250A. What is the main reason that the persons in your household needing more home care from professional health or care workers (paid) are not receiving it?**

- Cannot afford it .....  1
- Refused by person needing such services .....  2
- No such services available .....  3
- Quality of the services available not satisfactory .....  4
- Other reasons .....  5

---

**HC250B. What is the main reason that the persons in your household needing home care from professional health or care workers (paid) are not receiving it?**

- Cannot afford it .....  1
  - Refused by person needing such services .....  2
  - No such services available .....  3
  - Quality of the services available not satisfactory .....  4
  - Other reasons .....  5
-

**FINANCIAL ASSISTANCE TO/AND FROM OTHERS**

**30. During the year 2015, did you or anyone else in your household give on a regular basis any financial assistance to members of other private households?**

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

- Yes ..... 1
- No ..... 2 → Q. 32

**31. If YES, specify:**

TYPE OF ASSISTANCE	FOR OFFICIAL USE	THE AMOUNT WAS PAID EVERY	TOTAL GROSS AMOUNT PAID IN 2015 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2015 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
	ALIMONY			
.....	YES <span style="border: 1px solid black; padding: 2px 5px;">1</span> NO <span style="border: 1px solid black; padding: 2px 5px;">2</span>	week <span style="border: 1px solid black; padding: 2px 5px;">1</span> month <span style="border: 1px solid black; padding: 2px 5px;">2</span> year <span style="border: 1px solid black; padding: 2px 5px;">3</span>	€   _ _ _ _ _ _ _ _ _ _	€   _ _ _ _ _ _ _ _ _ _
.....	YES <span style="border: 1px solid black; padding: 2px 5px;">1</span> NO <span style="border: 1px solid black; padding: 2px 5px;">2</span>	week <span style="border: 1px solid black; padding: 2px 5px;">1</span> month <span style="border: 1px solid black; padding: 2px 5px;">2</span> year <span style="border: 1px solid black; padding: 2px 5px;">3</span>	€   _ _ _ _ _ _ _ _ _ _	€   _ _ _ _ _ _ _ _ _ _
.....	YES <span style="border: 1px solid black; padding: 2px 5px;">1</span> NO <span style="border: 1px solid black; padding: 2px 5px;">2</span>	week <span style="border: 1px solid black; padding: 2px 5px;">1</span> month <span style="border: 1px solid black; padding: 2px 5px;">2</span> year <span style="border: 1px solid black; padding: 2px 5px;">3</span>	€   _ _ _ _ _ _ _ _ _ _	€   _ _ _ _ _ _ _ _ _ _
.....	YES <span style="border: 1px solid black; padding: 2px 5px;">1</span> NO <span style="border: 1px solid black; padding: 2px 5px;">2</span>	week <span style="border: 1px solid black; padding: 2px 5px;">1</span> month <span style="border: 1px solid black; padding: 2px 5px;">2</span> year <span style="border: 1px solid black; padding: 2px 5px;">3</span>	€   _ _ _ _ _ _ _ _ _ _	€   _ _ _ _ _ _ _ _ _ _

**32. During the year 2015, 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 2015 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT RECEIVED IN 2015 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
-----	week <input type="text" value="1"/> month <input type="text" value="2"/> year <input type="text" value="3"/>	€  	€  
-----	week <input type="text" value="1"/> month <input type="text" value="2"/> year <input type="text" value="3"/>	€  	€  
-----	week <input type="text" value="1"/> month <input type="text" value="2"/> year <input type="text" value="3"/>	€  	€  
-----	week <input type="text" value="1"/> month <input type="text" value="2"/> year <input type="text" value="3"/>	€  	€  

**INCOME IN KIND**

**34. During the year 2015 did you have any savings from own production of goods?**

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

- Yes .....

- No .....

→ Q. 36

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

- Total amount (annual) .....

€ | | | | | | | |

**INCOME FROM RENT**

**36. During the year 2015, 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 2014?**

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

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

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

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

- Total annual cost ..... €

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

- Total annual amount ..... €

**TAX ON REAL ESTATE**

**41. During the year 2015, 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 2015 for the property you did not rent?	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
What real estate tax did you pay during the year 2015 for the property you rented?	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



REPUBLIC



OF CYPRUS

STATISTICAL

SERVICES

Form: SILC 4

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

**CONFIDENTIAL**

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

**MEMBER QUESTIONNAIRE  
AGED 16 AND OVER**

February, 2016

**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 ] } Q. 6  
- Divorced..... [ 4 ]  
- Separated ..... [ 5 ]  
- Cohabitant ..... [ 6 ]

**5. What is your legal marital status?**

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

**EDUCATION**

**6. Are you currently in education?**

- Yes ..... [ 1 ]  
- No..... [ 2 ] → PC110

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

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

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

**7a. Please specify whether is:**

- Upper secondary general education (Lyceum) ..... [ 1 ] } PC130  
- Upper secondary technical/vocational education (Technical School) ..... [ 2 ] }

**7b. Please specify whether is:**

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

7c1. School name \_\_\_\_\_

7c2. Subject title \_\_\_\_\_

7c3. Duration of programme \_\_\_\_\_

7c4. Year of studies [ ][ ]

7c5. Year of studies \_\_\_\_\_

[ ][ ][ ] → PC130  
Country code

---

**PC110. During the last 12 months, would you have liked to participate in any formal education activities, i.e in school/college/university, but were unable to do so?**

- Yes.....  1
- No .....  2 → PC130

---

**PC120. What is the main reason for not participating in programmes of formal education during the last 12 months?**

- Cannot afford it.....  1
- Not admitted to the course programme .....  2
- Time constraints (schedule, family responsibilities, etc) .....  3
- No suitable course or programmes available .....  4
- Other reasons .....  5

---

**LIFELONG LEARNING**

---

**PC130. During the last 12 months, have you participated in any education or training activities outside the formal education system, related to your personal interests, athletics and hobbies, like seminars, courses, conferences, courses at the adult education centres, etc ?(it also includes e-learning) (it does not include educational programmes related to your current or future job)**

- Yes .....  1
- No .....  2

---

**PC140. During the last 12 months, have you participated in any vocational education or training activities outside the formal education system, related to your professional activity, like training courses, seminars, conferences, guided on the job training, etc? (it includes e-learning) (not necessarily related to present profession)**

- Yes .....  1 → Q. 8
- No .....  2

---

**PC150. What is the main reason for not participating in any vocational education or training activities related to your professional activity during the last 12 months?**

- Cannot afford it.....  1
  - Not interested .....  2
  - Time constraints (schedule, family responsibilities, etc) .....  3
  - No suitable course or programmes available .....  4
  - Not provided by employer .....  5
  - Other reasons .....  6
-

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

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

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

**8a. Please specify whether is:**

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

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

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

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

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

**8b. Please specify whether is:**

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

**8c1. School name and country** \_\_\_\_\_

**8c2. Subject title** \_\_\_\_\_

**8c3. Duration of programme** \_\_\_\_\_

**9. In which year did you complete this level?**

Year .....

HEALTH

10. How is your health in general?

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

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

- Yes ..... 1
- No ..... 2

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

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

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

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

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

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

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

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

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

- Yes (I really needed at least at one occasion medical examination or treatment)..... 1
- No (I did not need any medical examination or treatment) ..... 2 → PD020

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

- Yes (I had a medical examination or treatment each time I needed) ..... 1
- No (there was at least one occasion when I did not have a medical examination or treatment) ..... 2 → PD020

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

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



**PC260. Do you personally provide care or assistance to persons needing it, due to long-term physical or mental illness, infirmity or because of old-age, on a voluntary basis (no payment)?**

- Yes, only to household members .....
- Yes, only to persons who are not household members .....
- Yes, to household members and to persons who are not household members .....
- No, .....  → PD020

**PC270. For how many hours per week do you provide such home care or assistance to other persons? (in total for all persons)**

- Less than 10 hours per week .....
- At least 10 but less than 20 hours per week .....
- 20 hours per week or more .....

**MATERIAL DEPRIVATION**

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

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

**PD030. Could you tell me if you have two pairs of properly fitting shoes (including a pair of all-weather shoes)?**

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

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

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

**PD060. Could you tell me if you regularly participate in a leisure activity such as sport, cinema, concert, etc.?**

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

**PD070. Could you tell me if you spend a small amount of money each week on yourself (without having to consult anyone)?**

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

**PD080. Could you tell me if you have access to Internet for personal use at home (via laptop, desktop computer, smartphone etc.)?**

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

**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)*

- Employee working full time.....

- Employee working part time.....

- Self-employed working full-time (including family worker).....

- Self-employed working part-time (including family worker).....

- Unemployed .....

- Pupil, student, further training unpaid work experience.....

- In retirement or in early retirement.....

- Permanently disabled or/and unfit to work .....

- In compulsory military community or service .....

- Fulfilling domestic tasks and care responsibilities.....

- Income recipient.....

- Other inactive person.....

} Q. 22  
 }  
 }  
 }

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

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

- Yes .....

- No .....  → Q. 21

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

- Yes .....

- No .....

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

- Yes .....

- No .....  → Q. 38

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

.....

23. In your job, are/were you:

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

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

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

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

- Yes .....  1
- No .....  2

26. FOR THE INTERVIEWER: If the answer in Q.18 is 1,2,3 or 4 then go to Q. 27. Otherwise ask Q. 36.

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

- 1 - 10, specify the exact number .....
- 11 - 19 .....  11
- 20 - 49.....  12
- 50 and over.....  13
- Do not know, but less than 11 persons.....  14
- Do not know, but more than 10 persons.....  15

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

-----

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

(Include the overtime you normally spend, paid or not)  
Number of hours:

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

- Yes .....  1
- No .....  2

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

- Yes .....  1
- No .....  2 → Q. 32

31. What was the reason for this job change?

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

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

- Yes .....  1
- No .....  2 → Q. 34

32a.If yes, please specify:

-----

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

Number of hours:

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

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

- Undergoing education or training.....  1
- Personal illness or disability.....  2
- Want to work more hours, but cannot find a full-time job or cannot work more hours in this job .....  3
- Do not want to work more hours .....  4
- Number of hours in all jobs are considered as a full-time job .....  5
- Housework, care of children or other persons .....  6
- Other reasons, specify: -----  7

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

Age at first regular job: .....

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

Years: .....

38. What was your main activity in each month in the year 2015 and up to now?

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

	Jan. 2015	Feb. 2015	March 2015	April 2015	May 2015	June 2015	July 2015	Aug. 2015	Sept. 2015	Oct. 2015	Nov. 2015	Dec. 2015	Jan. 2016	Feb. 2016	March 2016	April 2016	May 2016	June 2016	July 2016	Aug. 2016
Employee working full-time	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01
Employee working part-time	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02
Self-employment working full-time (including family worker)	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03
Self-employment working part-time (including family worker)	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04
Unemployed	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05
Pupil, student, further training, unpaid work experience	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06
In retirement or in early retirement	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07
Permanently disabled or/and unfit to work	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08
In compulsory military community or service	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09
Fulfilling domestic tasks and care responsibilities	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Income recipient	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
Other inactive person	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12

**FOR OFFICIAL USE:**

Last change of main activity .....

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

**INCOME OF EMPLOYEES**

**39. During the year 2015, 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 2015?**

*(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 2015, 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/MEDICAL FUND ETC</b> Amount € <input type="text"/>	<b>SOCIAL INSURANCE PROVIDENT FUND/MEDICAL FUND ETC</b> Amount € <input type="text"/>	<b>SOCIAL INSURANCE PROVIDENT FUND/MEDICAL FUND ETC</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>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>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

**42. During the year 2015, 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 2015 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>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>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>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



**- 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 2015, did you receive any additional payments from your employer, due to illness, maternity and disability, which were not included in the amounts given before?**

YES                      NO

1                       2

*If yes, specify:*

Gross amount ..... €

Net amount ..... €

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

**44EC. During 2015, did your employer contribute in the following funds;**

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

**44PP. In your job are/were you;**

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





**INCOME FROM SELF-EMPLOYMENT**

55. During the year 2015 did you receive any income from self-employment, such as from your own business, professional practice, freelance work, work under subcontract, service supply, trade etc. ?  
(agriculture is excluded)

- Yes .....  1

- No .....  2 → Q. 68

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

- Yes .....  1

- No .....  2 → Q. 59

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

- Myself.....  1 → Q. 59

- Other household member.....  2

**58. FOR THE INTERVIEWER:**  
Enter the member's serial number of the person who is responsible for this business or activity

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

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

- Own .....  1

- Partnership .....  2

60. Always based on your share of the business what was your gross income during the year 2015 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 2015 did you draw any money from the business account (which is used only for business purposes) for personal needs or needs of the household?  
(e.g. vacations, instalments, training schools, children)  
(this amount is not included in the amount stated in Q.60)

- Yes .....  1

- No .....  2 → Q. 66

65. Approximately how much did you receive for these needs during the year 2015?

- Amount ..... €

66. During the year 2015 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 2015, 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 2015, did you have any income from agriculture/livestock/fishing?

- Yes .....  1

- No .....  2 → Q. 79

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

- Yes .....  1

- No .....  2 → Q. 72

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

- Myself.....  1 → Q. 72

- Other household member ...  2

**71. FOR THE INTERVIEWER:**

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

Member's serial number ....   → Q. 79

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

- Own .....
- Partnership .....

**73. Always based on your share of the activity, what was your gross income during the year 2015 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 2015 did you pay additional income tax related to previous years ? (closing accounts, fine etc.)**

- Yes .....
  - No .....
- If YES, amount..... €

**78. During the year 2015, did you pay additional amounts for insurance contributions e.g. fine etc.?**

- Yes .....
  - No .....
- If YES, amount ..... €

**INCOME FROM INVESTMENTS**

**79. During the year 2015, 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:**

Serial number of Person	Name	Amount	Is the amount you mentioned	Tax Amount
		If the amount was reported in the MQ of the other member with whom the account or investment is jointly held, write 0, otherwise write the amount here	1:Gross (Before tax deduction) 2:Net (After tax deduction)	
		€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	Amount.. € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text" value="1"/>
		€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	Amount.. € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text" value="1"/>
		€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	Amount.. € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Do not know ..... <input type="text" value="1"/>

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

**83. During the year 2015, how much income did you receive from investments held in your name?**

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

**PRIVATE PENSIONS**

**84. During the year 2015, did you receive any income from a private pension scheme?**  
It includes private pensions of old age, widow/er, sickness, invalidity, that were regularly paid by the respondent or by the deceased spouse or relative.

- Yes .....
- No .....  → Q. 85A

**85. If YES, specify the amount received, the number of months in 2015 during which an amount was received and information about the tax.**

PRIVATE PENSION	Received	Please indicate the total amount for the year 2015	Number of months	Is the amount you mentioned:		Tax/Social Insurance Amount
				1:Gross (Before tax deduction)	2:Net (After tax deduction)	
Old age pension	<input type="text"/> From Cyprus	€ <input type="text"/>	<input type="text"/>	1	2	Amount ...€ <input type="text"/> Do not know ..... <input type="text"/>
	<input type="text"/> From Abroad					
Other pension specify	<input type="text"/> From Cyprus	€ <input type="text"/>	<input type="text"/>	1	2	Amount .€ <input type="text"/> Do not know ..... <input type="text"/>
	<input type="text"/> From Abroad					

**85A. During 2015, have you contributed any fees towards any private pension plan, on your own initiative?**  
(Do not include any fees contributed towards the governmental social insurance funds or towards any private plans initiated by the employer)

- Yes .....
- No .....  → Q. 85C

**85B. During 2015, what was the total amount paid towards private pension plans?**

- Total amount ..... €

**85C. During the year 2015, have you received a lump sum payment from a private pension plan?**

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

**UNEMPLOYMENT/VOCATIONAL TRAINING SCHEMES**

**86. During the year 2015, did you receive any of the following benefits/allowances?**

BENEFIT/ALLOWANCE		The amount was monthly or annually received	If the amount was received each month write the number of months	Total annual amount received in 2015
Unemployment Benefit	YES <input type="checkbox"/> 1	monthly <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	annually <input type="checkbox"/> 2		
Allowance for soldiers in compulsory army service	YES <input type="checkbox"/> 1	monthly <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	annually <input type="checkbox"/> 2		
Self-employment scheme for tertiary education graduates	YES <input type="checkbox"/> 1	monthly <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	annually <input type="checkbox"/> 2		
Other allowances specify .....	YES <input type="checkbox"/> 1	monthly <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2	annually <input type="checkbox"/> 2		

**87. During the year 2015, have you received a lump sum payment (compensation or/and redundancy compensation) from termination of employment or redundancy? (Provident Fund not included)**

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

**87a. During the year 2015, have you received any amount from the Provident Fund due to termination of employment or EARLY retirement?**

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

**PENSIONS**

**88. During the year 2015, did you receive any of the following public pensions?**

PENSIONS	Received	If YES please indicate the total amount received during the year 2015 (include 13th salary if available)	Number of months in 2015 related to this amount	Is the amount you mentioned: 1:Gross (Before tax deduction) 2:Net (After tax deduction)	Tax/Social Insurance Amount	Have you received the Benefit for Pensioners with Low Income?	If YES, please indicate the total amount received during the year 2015
Old age pension (Include also the pension for Civil Servants)	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 2 € <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Social insurance pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From	€ <input type="text"/>	<input type="text"/>	1 2 € <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Housewife pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2 € <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Widow pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2 € <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Disability pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2 € <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Invalidity pension	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2 € <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Orphan's allowance	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2 € <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Pension for victims of violent crimes	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2 € <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>
Other pensions specify ----- -----	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	<input type="checkbox"/> 1 From Cyprus <input type="checkbox"/> 2 From Abroad	€ <input type="text"/>	<input type="text"/>	1 2 € <input type="text"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/>

**88a. During the year 2015, did you receive the Public Benefit Allowance?**

- Yes .....  1
- No .....  2 → Q. 89

**88at. For what reason?**

Public Benefit Allowance due to:		If YES, please indicate the total amount received during the year 2015 (include 13th salary if available)
Old age	YES <input type="checkbox"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	
Widowing/Orphanage	YES <input type="checkbox"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	
Disability/Invalidity	YES <input type="checkbox"/>	€ <input type="text"/>
	NO <input type="checkbox"/>	

**89. During the year 2015, have you received a lump sum payment due to retirement from work? (Provident Fund is included)**

- Yes .....  1
- No .....  2 → Q. 89b

**89a. If YES, please specify:**

Lump Sum Payment from:		If YES, please indicate the total amount received during the year 2015	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax
The Public and Broad Public Sector	YES <input type="checkbox"/>	€ <input type="text"/>	1 2	€ <input type="text"/>
	NO <input type="checkbox"/>			
Provident Fund	YES <input type="checkbox"/>	€ <input type="text"/>	1 2	€ <input type="text"/>
	NO <input type="checkbox"/>			
Bonus from work	YES <input type="checkbox"/>	€ <input type="text"/>	1 2	€ <input type="text"/>
	NO <input type="checkbox"/>			

**89b. During the year 2015, have you received a lump sum payment from Provident Fund (widowing/ orphanage or disability)?**

- Yes .....  1
- No .....  2 → Q. 90

**89c. If YES, please specify :**

Provident Fund due to:		If YES, please indicate the total amount received during the year 2015	Is the amount you mentioned: 1. Gross (before tax deduction) 2. Net (after tax deduction)	Tax
Widowing / Orphanage	YES <input type="checkbox"/>	€ <input type="text"/>	1 2	€ <input type="text"/>
	NO <input type="checkbox"/>			
Disability	YES <input type="checkbox"/>	€ <input type="text"/>	1 2	€ <input type="text"/>
	NO <input type="checkbox"/>			



**INCOME TAX**

**92. Have you submitted an income tax form regarding your income for the year 2014?**

- Yes.....  1
- No.....  2 → Q. 98

**93. What is the total amount of tax you paid for the year 2014?**

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

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

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

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

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

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

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

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

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

**98. Did you receive any reimbursement of income tax during the year 2015?**

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

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

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

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

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



**TO BE COMPLETED BY THE INTERVIEWER**

**101. Member Interview Result:**

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

**102. Type of interview:**

- Face to face interview (PAPI) .....
  - Face to face interview (CAPI) .....
  - Telephone interview (CATI) .....
  - Face to face interview (PAPI) with proxy .....
  - Face to face interview (CAPI) with proxy .....
  - Telephone interview (CATI) with proxy .....
- } → Q. 104
- } → Q. 103

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

**DURATION AND DATE OF INTERVIEW**

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

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

Date                      Month                      Year

- Date of interview: