

REPUBLIC



OF CYPRUS

STATISTICAL

SERVICE

Form: SILC 1

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

STRICTLY CONFIDENTIAL

YEAR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DEGREE OF URBANISATION:	<input type="text"/>
HOUSEHOLD ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GEO. CODE:	<input type="text"/>
ROTATIONAL GROUP CODE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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 **STRICTLY CONFIDENTIAL**. The compiled information will be used solely for general statistical purposes. The individual data of the household will not be disclosed to any person, organisation or other Government Departments.

March, 2011

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:

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ROTATIONAL GROUP CODE:

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

3. FOR THE INTERVIEWER:

- a. I will personally interview the household at the new address 1 → Complete Parts B & C
- b. Another interviewer working in a different area will interview the household at the new address 2 → Inform immediately the service

End of the interview
for the specific interviewer

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

- | | | | |
|--|----|---|---------------|
| a. The entire household moved to a collective household or institution in Cyprus.....
(e.g. medical institutions, home for the old aged, prison etc.) | 03 |  | End of Survey |
| b. The entire household moved out to a dwelling not in Cyprus..... | 04 | | |
| c. All household members died..... | 05 | | |
| d. None of the members belongs to the sample
(All persons in the sample moved because of one of the reasons mentioned above e.g. a person moved in an institution, another one died etc.) | 06 | | |
| e. Access to the household is impossible
(due to flood, snow, inaccessible road etc) | 07 | | |
| f. Lost household (no information on what happened to the household) | 11 | | |

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

- | | | | |
|---|----|---|-------------------------|
| a. It is split
(For households created after the last wave and are not initial households) | 08 | → | Complete
Parts B & C |
| b. It was added in the sample in this wave
(For households interviewed for the first time and are not split, that is households with rotational group code 2) | 09 | → | Complete
Parts B & C |

6. Fusion

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

B. LOCATING THE DWELLING

1. The dwelling was located:

- The dwelling was located at the specified address and it is possible to contact the household staying there.....

11

The answer does not consider the result of the contact with the household (if the household refuses to cooperate, if it is temporarily absent or if it is unable to respond due to illness etc.)

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

- a. The dwelling cannot be found according to the record of contact (area, street, number etc.)
- b. Access to the dwelling at the specified address is impossible because of flood, snow, inaccessible road etc.
- 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.)

21

22

23

End of Survey

C. HOUSEHOLD INTERVIEW RESULT

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

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

11

21

22

23

24

End of Survey

FOR OFFICIAL USE ONLY

D. ACCEPTANCE/ REJECTION OF THE HOUSEHOLD INTERVIEW

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

1

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**

STRICTLY CONFIDENTIAL

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

**PERSONAL
REGISTER**

March, 2011

A. DEMOGRAPHIC AND BASIC PERSONAL DATA

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
Line	Name	Member's Serial Number	Personal Identification Number	Date of birth	Sex	Current and former household members		To where did the person move	Month and Year when the person moved out or died		Main activity status during 2010	Month and Year when the person moved in	
			(Personal id)	Month	Year	Male	Female	Membership status	1= To a private household within Cyprus	2= To a collective household or institution within the country			3= Abroad
							Membership status For current household members 1= Was in this h/hold in previous waves or current h/hold member → Q.(14) 2= Moved into this h/hold from another sample h/hold since previous wave → Q.(14) 3= Moved into this h/hold from outside sample since previous wave → Q.(13) 4= Newly born → Q.(14) For former household members 5= Moved out → Q.(9) 6= Died → Q.(10) 7= Lived in the h/hold at least three months during 2010 but was not recorded in the register of this h/hold → Q.(11)						
1st													
2nd													
3rd													
4th													
5th													
6th													
7th													
8th													
9th													
10th													

**GO TO
PART C**

A. DEMOGRAPHIC AND BASIC PERSONAL DATA (continued)

(1)	(2)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)					
Line	Name	Residential Status	Usual Residence	Year of permanent settlement	Basic activity status	Father's ID	Mother's ID	Spouse's/ Partner's ID	Aged 16 and over	Under 12 years of age					
		1= Currently living in the household 2= Domestic employee 3= Temporarily absent, within Cyprus 4= Temporarily absent, abroad	Did you ever have your usual residence (for more than 12 months) abroad? (students are excluded) Yes No ↓ Q.17	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			
1η			1 2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										1 2	1 2
2η			1 2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										1 2	1 2
3η			1 2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										1 2	1 2
4η			1 2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										1 2	1 2
5η			1 2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										1 2	1 2
6η			1 2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										1 2	1 2
7η			1 2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										1 2	1 2
8η			1 2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										1 2	1 2
9η			1 2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										1 2	1 2
10η			1 2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										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 1998 onwards) only.

The rest of the household members are excluded.

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

(5): Childcare at centre-based services is considered to be the care of children before or after school hours either within the school premises (e.g. optional all day school) or outside the school premises. All-day schools do not exist in every school. Public and private schools are included.

(7): Childcare programme outside school is considered to be the care of children during day at specially formed premises e.g. some municipalities provide these services. The children must not attend pre-school or compulsory education on this particular day.

(8): It concerns unpaid care of children by grandparents, members of the household other than the parents, other relatives, friends or neighbours.

C. MEMBER TRACING SHEET

For co-residents

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

For persons who moved abroad

For persons who died

For persons who stayed in the household only for 3 months

} : END OF INTERVIEW

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

New address for split households

PERSONAL ID:

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

ROTATIONAL GROUP CODE:

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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
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STRICTLY CONFIDENTIAL

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

**HOUSEHOLD
QUESTIONNAIRE**

March, 2011

1. FOR THE INTERVIEWER. Please complete:

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

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 :

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HOUSING DATA

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

- Detached house.....

1

- Semi-detached house.....

2

- Terraced house

3

- Apartment or flat in a building with less than 10 dwellings

4

- Apartment or flat in a building with 10 dwellings or more.....

5

- Some other kind of accommodation (e.g. back-yard house dwelling in a building used for other purposes etc.).....

6

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

- Number of rooms

--	--

 ,

--

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

- Less than 101.....

1

- 101-150

2

- 151-200

3

- 201-250

4

- 251-300.....

5

- 301 and over

6

4. Is there in the dwelling:

Is there in the dwelling:		Yes, for sole use at the household	Yes, shared	NO
-	Indoor bath or shower?	<div>1</div>	<div>2</div>	<div>3</div>
-	Indoor flushing toilet?	<div>1</div>	<div>2</div>	<div>3</div>

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

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	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2
1					
2					
ii	Too dark dwelling, meaning there is not enough day-light coming through the windows	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2
1					
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).....	<div>1</div>	<div>2</div>
ii Polution, grime or other environmental problems in the local are such as: smoke, dust, unpleasant smells or polluted water?.....	<div>1</div>	<div>2</div>
iii Crime, violence and vandalism in the local area?	<div>1</div>	<div>2</div>

6. Is the dwelling:

- | | | | |
|---|--|---|-------------|
| - Owner without paying mortgage for the main dwelling? | <div style="border: 1px solid black; padding: 2px 10px;">1</div> | → | Q.7 |
| - Owner paying mortgage for the main dwelling? | <div style="border: 1px solid black; padding: 2px 10px;">2</div> | → | Q.7 |
| - Rented or sub rented at market rate?
(Include cases where the rent is fully or practically recovered from housing benefit) | <div style="border: 1px solid black; padding: 2px 10px;">3</div> | → | Q.11 |
| - Rented at a lower price than the market price? | <div style="border: 1px solid black; padding: 2px 10px;">4</div> | → | Q.10 |
| - Provided rent-free (by the parents, relatives etc.)? | <div style="border: 1px solid black; padding: 2px 10px;">5</div> | → | 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 2010?

If **YES**: Please indicate
the annual amount received in the
year 2010

HOUSING ALLOWANCES

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

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

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

11. In which year did you rent your dwelling?

- Year

11a. Which year was your rented dwelling constructed?

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

12. How much are you paying in rent monthly?

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

12a. Is your housing unit rented:

- Unfurnished 1
- Furnished 2

13. Please have a look at the following housing benefits. For each benefit, could you please indicate whether you or another member of the household received any of these during the year 2010?

ALLOWANCES			If YES: please indicate the annual amount received in the year 2010
	YES	NO	
- Rent allowance (Social welfare services)	<input type="text"/> 1	<input type="text"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Rent allowance (Ministry of Interior)	<input type="text"/> 1	<input type="text"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other allowances, specify:	<input type="text"/> 1	<input type="text"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

14. Does the rent stated include payments for:

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

HOUSING COSTS

15. Please state whether you have paid any of the following during the year 2010:

If **YES**: Please indicate the annual amount you paid in the year 2010

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

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

- A heavy burden	<input type="text" value="1"/>
- A slight burden	<input type="text" value="2"/>
- Not a burden at all	<input type="text" value="3"/>

NON MONETARY GOODS

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

If you do not have an item:

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

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

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

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

- Yes,	<input type="text" value="1"/>
- No, because household could not afford it.....	<input type="text" value="2"/>
- No, for some other reasons	<input type="text" value="3"/>

HOUSING CONDINTIONS

MH04. Do you have heating facilities in your dwelling?

- Yes - Central heating or similar (oil or thermal accumulators of the Electricity Authority of Cyprus) 1
- Yes - In every room there is other fixed heating (stove, fireplace, split units or similar) 2
- Yes - In few rooms there is other fixed heating (stove, fireplace, split units or similar) 3
- No - No fixed heating (portable heating) 4

MH05. Is your dwelling comfortably warm during winter time?

- Yes 1
- No 2

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

- Yes 1
- No 2

FINANCIAL SITUATION

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

- Yes 1
- No 2 → Q. 20

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

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

20. Can your household afford to:

- | | YES | NO |
|---|---|---|
| - Go for a week's annual holiday away from home, including stays in second dwelling or with friends/relatives? (whole household)..... | 1 | 2 |
| - Have a meal with meat, chicken, fish (or vegetarian equivalent) every second day? | 1 | 2 |
| - Face un unexpected but necessary expense of €870 from your own resources? | 1 | 2 |
| - Keep its home adequately warm? | 1 | 2 |

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

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

22. A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total income, is your household able to make ends meet, namely, to pay for its usual necessary expenses?

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

23. In your opinion, what is the very lowest net monthly income that your household would have to have in order to make ends meet, that is to pay its usual necessary expenses? Please answer in relation to the present circumstances of your household, and what you consider as usual necessary expenses (to make ends meet).

- Total monthly amount €

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

- Yes
- No → Q. 24

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

- Year

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

- Amount €

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

- Years

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

- Amount €

23f. What was the outstanding amount of the housing loan at the end of 2010?

- Amount €

23g. What is the actual total amount paid for 2010?

- Amount €

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

- Interest rate

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

- YES
- NO → Q. 27

INCOME OF PERSONS UNDER 16 YEARS OF AGE

25. During 2010, 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
- No

26. If YES, what was the total amount during the year 2010?

- 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 2010?

BENEFIT-ALLOWANCE	YES	NO	If YES: Please indicate the total amount for 2010
Mother's allowance	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Child allowance	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Financial assistance to large families for purchasing a car (lump sum)	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Allowance for the care of disabled children	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Maternity allowance	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Grant for the care of children placed with foster families	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Maternity grant (lump sum)	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Allowance for the care of the elderly	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Heating allowance	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Other benefits specify:	<input type="text" value="1"/>	<input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

28. During the year 2010, did anyone in your household receive a social benefit from the state for example the Public benefit, the Missing Persons Allowance?

- Yes

- No → **Q.30**

29. If YES, what was the total amount received in 2010?

- Total amount (annual) €

- Please name the allowance:

FINANCIAL ASSISTANCE TO/AND FROM OTHERS

30. During the year 2010, did you or anyone else in your household give on a regular basis any financial assistance to members of other private households?

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

- Yes

1

- No

2

→ Q. 32

31. If YES, specify:

TYPE OF ASSISTANCE	THE AMOUNT WAS PAID EVERY	TOTAL GROSS AMOUNT PAID IN 2010 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT PAID IN 2010 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
-----	week	€	€
	month		
	year		
-----	week	€	€
	month		
	year		
-----	week	€	€
	month		
	year		
-----	week	€	€
	month		
	year		

32. During the year 2010, 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 2010 BEFORE THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.	TOTAL NET AMOUNT RECEIVED IN 2010 AFTER THE DEDUCTION OF TAX AND SOCIAL INSURANCE CONTRIBUTIONS ETC.
-----	week <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	€	€
	month <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div>		
	year <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div>	<div style="border-top: 1px solid black; width: 100px; height: 15px; position: relative;"> <div style="position: absolute; left: 0; top: -5px; height: 10px; width: 100%;"></div> </div>	<div style="border-top: 1px solid black; width: 100px; height: 15px; position: relative;"> <div style="position: absolute; left: 0; top: -5px; height: 10px; width: 100%;"></div> </div>
-----	week <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	€	€
	month <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div>		
	year <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div>	<div style="border-top: 1px solid black; width: 100px; height: 15px; position: relative;"> <div style="position: absolute; left: 0; top: -5px; height: 10px; width: 100%;"></div> </div>	<div style="border-top: 1px solid black; width: 100px; height: 15px; position: relative;"> <div style="position: absolute; left: 0; top: -5px; height: 10px; width: 100%;"></div> </div>
-----	week <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	€	€
	month <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div>		
	year <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div>	<div style="border-top: 1px solid black; width: 100px; height: 15px; position: relative;"> <div style="position: absolute; left: 0; top: -5px; height: 10px; width: 100%;"></div> </div>	<div style="border-top: 1px solid black; width: 100px; height: 15px; position: relative;"> <div style="position: absolute; left: 0; top: -5px; height: 10px; width: 100%;"></div> </div>
-----	week <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	€	€
	month <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div>		
	year <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div>	<div style="border-top: 1px solid black; width: 100px; height: 15px; position: relative;"> <div style="position: absolute; left: 0; top: -5px; height: 10px; width: 100%;"></div> </div>	<div style="border-top: 1px solid black; width: 100px; height: 15px; position: relative;"> <div style="position: absolute; left: 0; top: -5px; height: 10px; width: 100%;"></div> </div>

INCOME IN KIND

34. During the year 2010, did you have any savings from own production of goods?

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

- Yes ☐ 1
- No ☐ 2 → Q. 36

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

Total amount (annual) €

INCOME FROM RENT

36. During the year 2010, 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 2010?

- 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 2010, 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 2010 for the property you did not rent?	<p>€</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
What real estate tax did you pay during the year 2010 for the property you rented?	<p>€</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								

DURATION AND DATE OF INTERVIEW

43. FOR THE INTERVIEWER: Please record the time the interview was completed:

- Time interview was completed (e.g. 18:55)

		:		
--	--	---	--	--

- Date of interview:

Date

--	--

Month

--	--

Year

--	--	--	--

- Member's serial number of the person who gives the information about the household.....

--	--

- Member's serial number of the person responsible for the dwelling

--	--

If it is not possible to record one person responsible, in case there are two persons responsible, record also the member's serial number of the 2nd person

- Member's serial number of the 2nd person responsible.....

--	--

DURATION AND DATE OF INTERVIEW

43. FOR THE INTERVIEWER: Please record the time the interview was completed:

- Time interview was completed (e.g. 18:55) [] [] : [] []
- Date of interview:
- | | | | | | | | | | | | | |
|------|-----|-----|--|-------|-----|-----|--|------|-----|-----|-----|-----|
| Date | [] | [] | | Month | [] | [] | | Year | [] | [] | [] | [] |
|------|-----|-----|--|-------|-----|-----|--|------|-----|-----|-----|-----|

- Member's serial number of the person who gives the information about the household.....
- Member's serial number of the person responsible for the dwelling

If it is not possible to record one person responsible, in case there are two persons responsible, record also the member's serial number of the 2nd person

- Member's serial number of the 2nd person responsible..... | |

REPUBLIC



OF CYPRUS

STATISTICAL

SERVICES

Form: SILC 4

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

STRICTLY CONFIDENTIAL

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

**MEMBER QUESTIONNAIRE
AGED 16 AND OVER**

March, 2011

1. FOR THE INTERVIEWER. Please complete:

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

DEMOGRAPHIC DATA

2. In which country were you born?

- Cyprus 1

- Country of birth (excluding Cyprus)
.....

3. What is your citizenship?

In case of two citizenships please specify both.

- Cypriot..... 1

- Other:
First citizenship
.....

Second citizenship
.....

4. What is your marital status?

- Never married 1

- Married 2

- Widowed 3

- Divorced..... 4

- Separated 5

- Cohabitant 6

} Q. 6

5. What is your legal marital status?

- Never married 1

- Married 2

- Widowed 3

- Divorced 4

EDUCATION

6. Are you currently in education?

- Yes 1 → Q.7

- No 2 → Q.8

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

- Primary 1

- Gymnasium..... 2

- Lyceum..... 3

- Post-Secondary, Non-Tertiary
(e.g. 1 year in secretarial studies,
hairdressing school etc.) 4

- Tertiary, non-university institutions
(e.g. colleges etc.) 5

- University, Master 6

- Doctorate (Ph.D.) 7

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

- Never attended school 1 → Q.10

- Not completed primary 2

- Primary 3

- Gymnasium..... 4

- Lyceum 5

- Post-Secondary, Non-Tertiary
(e.g. 1 year in secr. studies,
hairdressing school etc.)..... 6

- Tertiary, non-university institutions
(e.g. Higher Technological Institute
Nursing school, colleges etc.)..... 7

- University, Master 8

- Doctorate (Ph.D.) 9

9. In which year did you complete this level?

Year

HEALTH

10. How is your health in general?

- Very good..... 1

- Good..... 2

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

- Yes, severely limited 1

- Yes, limited but not severely..... 2

- No, not limited at all 3

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

- Yes, at least once..... → Q. 14
 - No, there was no occasion → Q. 15

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

Refer to the most recent occasion.

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

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

- Yes, at least once..... → Q. 16
 - No, there was no occasion → Q. 17

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

Refer to the most recent occasion.

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

LABOUR

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

(Unpaid family workers must answer YES)

- Yes
 No

18. What is your current main activity?

(The activity is self-determined by the respondent)

- Employee working full time.....
 - Employee working part time.....
 - Self-employed working full-time (including family worker).....
 - Self-employed working full-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 → Q. 26
- Self-employed without employees → Q. 26
- An employee.....
- A family worker without payment → Q. 26

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

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

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

- Yes
- No

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

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

-

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

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

Number of hours:

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
- No

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

- Yes
- No → Q. 32

31. What was the reason for this job change?

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

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

- Yes
- No → Q. 34

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

NUMBER OF HOURS:

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

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

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

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

Age at first regular job:

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

Years:

38. What was your main activity in each month in the year 2010 up to now?

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

	Jan. 2010	Feb. 2010	March 2010	April 2010	May 2010	June 2010	July 2010	Aug. 2010	Sept. 2010	Oct. 2010	Nov. 2010	Dec. 2010	Jan. 2011	Feb. 2011	March 2011	April 2011	May 2011	June 2011	July 2011	Aug. 2011
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 2010, 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 2010?

(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 2010, for each of your jobs as an employee.

1 st JOB	2 nd JOB	3 rd JOB
GROSS Amount € <input type="text"/>	GROSS Amount € <input type="text"/>	GROSS Amount € <input type="text"/>
TAX Amount € <input type="text"/>	TAX Amount € <input type="text"/>	TAX Amount € <input type="text"/>
SOCIAL INSURANCE/PROVIDENT FUND Amount € <input type="text"/>	SOCIAL INSURANCE/PROVIDENT FUND Amount € <input type="text"/>	SOCIAL INSURANCE/PROVIDENT FUND Amount € <input type="text"/>
NET Amount € <input type="text"/>	NET Amount € <input type="text"/>	NET Amount € <input type="text"/>
The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount	The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount	The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount

42. During the year 2010, 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 2010 as a second job).

1 st JOB	2 nd JOB	3 rd JOB
PERIOD Weekly <input type="text" value="1"/> Monthly <input type="text" value="2"/>	PERIOD Weekly <input type="text" value="1"/> Monthly <input type="text" value="2"/>	PERIOD Weekly <input type="text" value="1"/> Monthly <input type="text" value="2"/>
NO. OF WEEKS/MONTHS Weeks <input type="text"/> Months <input type="text"/>	NO. OF WEEKS/MONTHS Weeks <input type="text"/> Months <input type="text"/>	NO. OF WEEKS/MONTHS Weeks <input type="text"/> Months <input type="text"/>
GROSS AMOUNT € <input type="text"/>	GROSS AMOUNT € <input type="text"/>	GROSS AMOUNT € <input type="text"/>
TAX € <input type="text"/>	TAX € <input type="text"/>	TAX € <input type="text"/>
SOCIAL INSURANCE/PROVIDENT FUND € <input type="text"/>	SOCIAL INSURANCE/PROVIDENT FUND € <input type="text"/>	SOCIAL INSURANCE/PROVIDENT FUND € <input type="text"/>
NET AMOUNT € <input type="text"/>	NET AMOUNT € <input type="text"/>	NET AMOUNT € <input type="text"/>
The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount	The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount	The net amount you just mentioned is: 1. Net of social insurance contributions/provident fund and taxes 2. Net of taxes only 3. Net of social insurance contributions/provident fund only 4. Unknown 5. Gross equals net amount

43. During the year 2010, did you have any extra income from work, that was not stated above?

<p>13th Salary</p> <p style="text-align: center;"> YES NO </p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">1</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">2</div> </div> <p><i>If yes, specify:</i></p> <p>Gross amount € <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p>

- Productivity allowance

YES ☐ 1 NO ☐ 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 ☐ 1 NO ☐ 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 ☐ 1 NO ☐ 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 2010, 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 ☐ 1 NO ☐ 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 2010, 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

MONTHS/ WEEKS		GROSS	TAX
		€	€
MONTHS	<div style="border: 1px solid black; padding: 2px;">1</div>		
WEEKS	<div style="border: 1px solid black; padding: 2px;">2</div>	NET	SOCIAL INS./PROVIDENT FUND
		€	€

INCOME FROM SELF-EMPLOYMENT

55. During the year 2010 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
- No → Q. 68

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

- Yes
- No → Q. 59

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

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

58. FOR THE INTERVIEWER:

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

-Member's serial number → Q. 68

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

- Own
- Partnership

60. Always based on your share of the business what was your gross income during the year 2010 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.....
- Loss

62. How much income tax will you pay concerning this amount?

- Tax amount..... €
- Do not know

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

- Amount €
- Do not know

64. During the year 2010 did you draw any money from the business account (which is used only for business purposes) for personal needs or needs of the household?

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

- Yes
- No → Q. 66

65. Approximately how much did you receive for these needs during the year 2010?

- Amount €

66. During the year 2010 did you pay additional income tax related to previous years?

(closing accounts, fine etc.)

- Yes
- No
- If YES, amount €

67. During the year 2010, did you pay additional amounts for insurance contributions e.g. fine etc.

- Yes
- No
- If YES, amount €

INCOME FROM AGRICULTURE LIVESTOCK/FISHING

68. During the year 2010, did you have any income from agriculture/livestock/fishing?

- Yes
- No → Q. 79

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

- Yes
- No → Q. 72

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

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

71. FOR THE INTERVIEWER:

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

Members's serial number ➔ **Q. 79**

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

- Own	1
-------------	---

- Partnership 2

73. Always based on your share of the activity, what was your gross income during the year 2010 after deducting the business expenses?

(Expenses are considered to be the amounts spent for raw materials, equipment, distributions of goods, employees' salaries and general running expenses, rent, electricity, telecommunications etc. The income amount should include the value of items received from the activity for personal use)

- Amount € | | | | |

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

- Profit	1
----------	---

- Loss	2
--------------	---

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

- Tax amount.....€ | | | | | | |

- Do not know 1

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

- Amount.....	€								
---------------	---	--	--	--	--	--	--	--	--

- Do not know 1

77. During the year 2010 did you pay additional income tax related to previous years ?

(closing accounts, fine etc.)

- Yes 1

- No

2

- If **YES**, amount.....€ | | | | |

78. During the year 2010, did you pay additional amounts for insurance contributions e.g. fine etc.?

- Yes 1

- No

2

- If **YES**, amount € | | | | | |

INCOME FROM INVESTMENTS

79. During the year 2010, did you receive any amount from interests, dividends or shares from any of your investments in a business?

- Yes 1

- No 2 → Q. 84

80. This income mentioned above results from investments held:

- In your own name 1 → Q. 83

- Jointly with other household members **2** → **0.81**

- Both sole and joint 3 → **Q. 81**

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

Person ID	Name	Amount If the amount was reported in the MQ of the other member with whom the account or investment is jointly held, write 0, otherwise write the amount here	Is the amount you mentioned 1:Gross (Before tax deduction) 2:Net (After tax deduction)	Tax Amount
		€ <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"/>

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

- Yes

1

- No

2

 → **O. 85A**

PRIVATE PENSION	Received	Please indicate the total amount for the year 2010	Number of months	Is the amount you mentioned: 1:Gross (Before tax deduction)	Tax/Social Insurance Amount
Old age pension	<div>1</div> From Cyprus	€ <input type="text"/>	<input type="text"/>	1 2	Amount ...€ <input type="text"/>
	<div>2</div> From Abroad				Do not know <div>1</div>
Other pension specify	<div>1</div> From Cyprus	€ <input type="text"/>	<input type="text"/>	1 2	Amount .€ <input type="text"/>
-----	<div>2</div> From Abroad				Do not know <div>1</div>

- Yes 1

- No 2 → 0.85C

- Total amount € | | | | |

85C. During the year 2010, have you received a lump sum from a private pension plan?

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

UNEMPLOYMENT/VOCATIONAL TRAINING SCHEMES

86. During the year 2010, 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 2010
Unemployment Benefit	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	monthly <input type="text" value="1"/> annually <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Allowance for soldiers in compulsory army service	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	monthly <input type="text" value="1"/> annually <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Self-employment scheme for tertiary education graduates	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	monthly <input type="text" value="1"/> annually <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Other allowances specify	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	monthly <input type="text" value="1"/> annually <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

87. During the year 2010, have you received a lump sum from termination of employment or redundancy?

- Yes
- No → Q. 88
- If YES, amount €

88. During the year 2010, did you receive any of the following public pensions?

PENSIONS		Received	If YES please indicate the total amount received during the year 2010 (include 13th salary if available)	Number of months in 2010 related to this amount	Is the amount you mentioned: 1:Gross (Before tax deduction) 2:Net (After tax deduction)	Tax/Social Insurance Amount
Old age pension (Include also the pension for Civil Servants)	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> From Cyprus <input type="checkbox"/> From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>
Social insurance pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> From Cyprus <input type="checkbox"/> From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>
Housewife pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> From Cyprus <input type="checkbox"/> From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>
Widow pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> From Cyprus <input type="checkbox"/> From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>
Disability pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> From Cyprus <input type="checkbox"/> From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>
Invalidity pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> From Cyprus <input type="checkbox"/> From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>
Orphan's allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> From Cyprus <input type="checkbox"/> From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>
Pension for victims of violent crimes	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> From Cyprus <input type="checkbox"/> From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>
Other pensions specify ----- -----	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> From Cyprus <input type="checkbox"/> From Abroad	€ <input type="text"/>	<input type="text"/>	1 2	€ <input type="text"/>

FOR THE INTERVIEWER:

If the respondent answered that he/she receives one or more pensions in question 88, then go to Q.SI1, otherwise go to Q89.

SI1. When did you receive pension for the very first time?

November 2009 and before

December 2009 and after

SI2. Did you apply for the benefit of pensioners with low income?

Yes

No → Q.SI4

SI3. Were you approved?

Yes

No

SI4. Do you receive the benefit of pensioners with low income?

Yes

No

SI5. Do you receive the special benefit for pensioners?

Yes

No

SI6. Do you receive a monthly benefit (monetary) from the Social Welfare Services?

Yes

No

**89. During the year 2010, have you received a lump sum due to retirement from work?
(early retirement due to own will is included)**

- Yes
- No → Q. 90
- If Yes, amount €

BENEFITS AND OTHER ALLOWANCES

90. During the year 2010, did you receive any of the following benefits or allowances?
(Include allowances or benefits in connection with physical or mental illness,
paid sick leave and compensation for occupational accidents and diseases)

BENEFIT-ALLOWANCE		If YES please indicate the total amount received during the year 2010 (include 13th salary if available)	Number of months in 2010 related to this amount
Sickness benefit	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Injury benefit	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Disability benefit (lump sum)	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Grants to the blind	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Financial assistance to cover the special needs of the disabled	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Other benefits/ allowances specify ----- -----	YES <input type="text" value="1"/> NO <input type="text" value="2"/>	€ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

EDUCATION-RELATED ALLOWANCES

91. During the year 2010, did you receive any of the following education-related allowances?

(Include grants given to students involved in research, scholarships etc.)

BENEFIT-ALLOWANCE		If YES please indicate the amount
Student Grant	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Public Scholarship	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other non-Public Scholarship specify _____	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other education-related allowances, grants specify _____	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

91a. What was your personal net income last month from all sources of income

(income from work, from social benefits, from capital and any other regular source of income)?

- Amount..... €

FOR THE INTERVIEWER: The interviewee is 25-59 years old, i.e. born between 1951 and 1985 both years being included

- Yes..... ☐ 1
- No ☐ 2 → Q. 92

INTERGENERATIONAL TRANSMISSION OF DISADVANTAGES

PT010. When you were around 14 years old, with whom did you live?

- Lived with both parents (or persons considered as parents) ☐ 1
- Lived with only father (or person considered as a father) ☐ 2
- Lived with only mother (or person considered as a mother) ☐ 3
- Lived in a private household without any parent..... ☐ 4
- Lived in a collective household or institution..... ☐ 5 → PT050

PT020a. When you were around 14 years old, were there any adults aged 18 or more living with you in the same household? (including the parents)

- Yes..... ☐ 1
- No ☐ 2 → PT030

PT020. How many adults were living with you in the same household? (the parents should also be counted if any living in the dwelling)

PT030. When you were around 14 years old, how many children aged below 18 years old, were living with you in the same household? (the respondent should also count him/herself)

--	--

PT040. When you were around 14 years old, how many people were working in the household ? (including parents, other adults, children and yourself)?

--	--

PT190a. When you were around 14 years old, how would you rank the financial situation of your household?

Very bad	<table border="1"><tr><td>1</td></tr></table>	1
1		
Bad	<table border="1"><tr><td>2</td></tr></table>	2
2		
Moderately bad.....	<table border="1"><tr><td>3</td></tr></table>	3
3		
Moderately good	<table border="1"><tr><td>4</td></tr></table>	4
4		
Good	<table border="1"><tr><td>5</td></tr></table>	5
5		
Very good	<table border="1"><tr><td>6</td></tr></table>	6
6		
Don't know	<table border="1"><tr><td>7</td></tr></table>	7
7		

PT200a. When you were around 14 years old, was your household able to make ends meet, namely, to pay for its usual necessary expenses?

With great difficulty	<table border="1"><tr><td>1</td></tr></table>	1
1		
With difficulty.....	<table border="1"><tr><td>2</td></tr></table>	2
2		
With some difficulty	<table border="1"><tr><td>3</td></tr></table>	3
3		
Fairly easily	<table border="1"><tr><td>4</td></tr></table>	4
4		
Easily	<table border="1"><tr><td>5</td></tr></table>	5
5		
Very easily	<table border="1"><tr><td>6</td></tr></table>	6
6		
Don't Know	<table border="1"><tr><td>7</td></tr></table>	7
7		

PT210a. When you were around 14 years old, did your parent(s) (or person(s) considered as parent(s)) own the dwelling where you were living or was it rented?
If the respondent lived in a private household without any parent he/she should refer to the adult(s) living in the household.

Owner	<table border="1"><tr><td>1</td></tr></table>	1
1		
Tenant	<table border="1"><tr><td>2</td></tr></table>	2
2		
Accommodation was provided rent-free	<table border="1"><tr><td>3</td></tr></table>	3
3		
Don't know	<table border="1"><tr><td>4</td></tr></table>	4
4		

INSTRUCTIONS FOR THE INTERVIEWER:

The father (or the person considered as the father) could be living in the same household or in a different household than the one the respondent was living. The father could also be dead before or during the reference period.

PT050a. Do you know what is/was your father's (or person considered as father) year of birth?

- Yes.....

1

- No

2

 → **PT060a**
- Unknown father → **PT080a**

PT050. What is/was your father's (or person considered as father) year of birth?

Year

--	--	--	--

PT060a. What is/was your father's (or person considered as father) country of birth?

Cyprus

Other country, specify

Don't know

--	--

PT070a. When you were around 14 years old, what is/was your father's (or person considered as father) citizenship ?

Cypriot

Other country, specify

Don't know

--	--

PT110a. When you were around 14 years old, what was the highest educational level attained by your father (or the person considered as father) ?

- | | |
|--|---|
| The father could neither read nor write in any language (illiterate) | 1 |
| Low level (not completed primary, primary or gymnasium, not attained any formal education but could read or write) | 2 |
| Medium level (lyceum and post-secondary non-tertiary education e.g. 1 year in secr. studies, hairdressing school etc)..... | 3 |
| High level (Higher Technological Institute, Nursing School, college, university, master's degree, doctorate (Ph.D.) etc) | 4 |
| Don't know | 5 |

PT130a. When you were around 14 years old, what was the activity status of your father (or person considered as father) ?

- | | | |
|--|---|-----------------|
| Employed..... | 1 | } PT080a |
| Self-employed (including family worker)..... | 2 | |
| Unemployed | 3 | |
| In retirement or in early retirement | 4 | |
| Fulfilling domestic tasks and care responsibilities | 5 | |
| Other inactive..... | 6 | |
| Father (or person considered as father) died before or during the reference period | 7 | |
| Don't know the activity status | 8 | |

PT140a. Did he have a formal responsibility for supervising the work of other employees (other than apprentices)?

- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 3 |

PT150a. Do you know what was his main occupation?

- | | | |
|-----------|---|-----------------|
| Yes | 1 | |
| No | 2 | → PT080a |

PT150b. If Yes, please specify?

--	--

INSTRUCTION FOR THE INTERVIEWER:

The mother (or the person considered as the mother) could be living in the same household or in a different household than the one the respondent was living. The mother could also be dead before or during the reference period.

PT080a. Do you know what is/was your mother's (or person considered as mother) year of birth?

Yes

1

No

2

→ PT090a

Unknown mother

3

→ Q. 96

PT080. What is/was your mother's (or person considered as mother) year of birth?

Year.....

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PT090a. What is/was your mother's (or person considered as mother) country of birth?

Cyprus

Other country, specify

Don't know

--	--

PT100a. When you were around 14 years old, what is/was your mother's (or person considered as mother) citizenship ?

Cypriot

Other country specify

Don't know

--	--

PT120a. When you were around 14 years old, what was the highest educational level attained by your mother (or the person considered as mother) ?

The mother could neither read nor write in any language (illiterate).....

1

Low level (not completed primary, primary or gymnasium, not attained any formal education but could read or write).....

2

Medium level (lyceum and post-secondary non-tertiary education e.g. 1 year in secr. studies, hairdressing school etc)

3

High level (Higher Technological Institute, Nursing School, college, university, master's degree, doctorate (Ph.D.) etc)

4

Don't know.....

5

PT160a. When you were around 14 years old, what was the activity status of your mother (or person considered as mother) ?

Employed

1

Self-employed (including family worker).....

2

Unemployed.....

3

In retirement or in early retirement

4

Fulfilling domestic tasks and care responsibilities.....

5

Other inactive.....

6

Mother (or person considered as mother) died before or during the reference period.....

7

Don't know the activity status.....

8

Q.96

**PT170a. Did she have a formal responsibility for supervising the work of other employees
(other than apprentices)?**

Yes

1

No

2

Don't know

3

PT180a. Do you know what was her main occupation?

Yes

1

No

2

 → Q.96

PT180b.If Yes, please specify:

--

--

INCOME TAX

92. Have you submitted an income tax form regarding your income for the year 2009?

- Yes.....
- No..... → Q. 98

93. What is the total amount of tax you paid for the year 2009?

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

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

- less than €500.....
- €500 to less than €850
- €850 to less than €1.700
- €1.700 to less than €3.400
- €3.400 to less than €6.800.....
- €6.800 to less than €10.250.....
- €10.250 or more.....

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

- Yes → Q. 96
- No → 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..... → Q. 97

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

- less than €500.....
- €500 to less than €850
- €850 to less than €1.700
- €1.700 to less than €3.400
- €3.400 to less than €6.800.....
- €6.800 to less than €10.250.....
- €10.250 or more.....

98. Did you receive any reimbursement of income tax during the year 2010?

- Yes → Q. 99
- No → Q. 101

99. How much reimbursement did you receive?

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

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

- less than €500.....
- €500 to less than €850
- €850 to less than €1.700
- €1.700 to less than €3.400
- €3.400 to less than €6.800.....
- €6.800 to less than €10.250.....
- €10.250 or more.....

TO BE COMPLETED BY THE INTERVIEWER

101. Member Interview Result:

- | | | |
|--|---------------|------------|
| - Fully completed Member Questionnaire | <div>11</div> | } → Q. 104 |
| - Unable to respond due to illness, incapacity | <div>21</div> | |
| - Refused to cooperate | <div>23</div> | |
| - Absent and a proxy interview was not possible | <div>31</div> | |
| - Unable to contact for other reasons | <div>32</div> | |
| - No interview was performed for unknown reasons | <div>33</div> | |

102. Type of interview:

- | | | |
|---------------------------------------|--------------|----------|
| - Face to face interview (PAPI) | <div>1</div> | → Q. 104 |
| - Face to face interview (CAPI) | <div>2</div> | → Q. 104 |
| - Proxy interview | <div>3</div> | → 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:	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>