

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

Name of person responsible in the household: _____

Address: _____

Post code: _____ Telephone number: _____

**HOUSEHOLD
REGISTER**

General Information about the Survey:

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

March, 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:

<input type="text"/>						
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ROTATIONAL GROUP CODE:

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

3. FOR THE INTERVIEWER:

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

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

End of the interview
for the specific interviewer

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

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

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

- | | | | |
|---|----|---|-------------------------|
| a. It is split
(For households created after the last wave and are not initial households) | 08 | → | Complete
Parts B & C |
| b. It was added in the sample in this wave
(For households interviewed for the first time and are not split, that is households with rotational group code 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.) 21
 - b. Access to the dwelling at the specified address is impossible because of flood, snow, inaccessible road etc. 22
 - c. The building at the specified address is demolished, the place is used for business purposes (shop/business), as secondary residence, it is empty (due to repairs or death of renters etc.) 23
- } End of Survey

C. HOUSEHOLD INTERVIEW RESULT

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

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

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"/>	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 (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
1η			1	2		<input type="text"/>							
2η			1	2	<input type="text"/>					1	2	1	2
3η			1	2	<input type="text"/>					1	2	1	2
4η			1	2	<input type="text"/>					1	2	1	2
5η			1	2	<input type="text"/>					1	2	1	2
6η			1	2	<input type="text"/>					1	2	1	2
7η			1	2	<input type="text"/>					1	2	1	2
8η			1	2	<input type="text"/>					1	2	1	2
9η			1	2	<input type="text"/>					1	2	1	2
10η			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 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:

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**

STRICTLY CONFIDENTIAL

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

**HOUSEHOLD
QUESTIONNAIRE**

March, 2011

1. FOR THE INTERVIEWER. Please complete:

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

HOUSING DATA

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

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

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

- Number of rooms ,

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

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

4. Is there in the dwelling:

	Yes, for sole use at 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 are 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:

- Owner without paying mortgage for the main dwelling? 1 → Q.7
- Owner paying mortgage for the main dwelling? 2 → Q.7
- Rented or sub rented at market rate?
(**Include** 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.10
- 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 2010?

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

HOUSING ALLOWANCES

- Allowance for improving housing conditions (Ministry of Labour and Social Insurance)

YES	NO	
<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"/>
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- 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"/>
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- 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?

- 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
- 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 2010?

ALLOWANCES	YES	NO	If YES: please indicate the annual amount received in the year 2010
- Rent allowance (Social welfare services)	<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 2010:

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

	YES	NO	
- Water?	1	2	€ <input style="width: 50px;" type="text"/>
- Electricity? (excluding thermal accumulators of the Electricity Authority of Cyprus).....	1	2	€ <input style="width: 50px;" type="text"/>
- Central Heating? (either oil or thermal accumulators of the Electricity Authority of Cyprus).....	1	2	€ <input style="width: 50px;" type="text"/>
- Gasoil, charcoal, fire-wood for heating?	1	2	€ <input style="width: 50px;" type="text"/>
- Gas for heating?	1	2	€ <input style="width: 50px;" type="text"/>
- Insurance fees for residence?	1	2	€ <input style="width: 50px;" type="text"/>
- Sewerage Services?	1	2	€ <input style="width: 50px;" type="text"/>
- Refuse collection?	1	2	€ <input style="width: 50px;" type="text"/>
- Mortgage of interest payments?.....	1	2	€ <input style="width: 50px;" type="text"/>
- Other expenses (common expenses etc.)?	1	2	€ <input style="width: 50px;" type="text"/>
- Regular repairs and maintenance?	1	2	€ <input style="width: 50px;" type="text"/>

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

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

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,
- No, because household could not afford it.....
- No, for some other reasons

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)
- Yes - In every room there is other fixed heating (stove, fireplace, split units or similar)
- Yes - In few rooms there is other fixed heating (stove, fireplace, split units or similar)
- No - No fixed heating (portable heating)

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: 30px; text-align: center;" type="text" value="1"/>	<input style="width: 30px; text-align: center;" type="text" value="2"/>
- Have a meal with meat, chicken, fish (or vegetarian equivalent) every second day?	<input style="width: 30px; text-align: center;" type="text" value="1"/>	<input style="width: 30px; text-align: center;" type="text" value="2"/>
- Face un unexpected but necessary expense of €870 from your own resources?	<input style="width: 30px; text-align: center;" type="text" value="1"/>	<input style="width: 30px; text-align: center;" type="text" value="2"/>
- Keep its home adequately warm?	<input style="width: 30px; text-align: center;" type="text" value="1"/>	<input style="width: 30px; 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: 30px; text-align: center;" type="text" value="1"/>	<input style="width: 30px; text-align: center;" type="text" value="2"/>	<input style="width: 30px; text-align: center;" type="text" value="3"/>	<input style="width: 30px; 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: 30px; text-align: center;" type="text" value="1"/>	<input style="width: 30px; text-align: center;" type="text" value="2"/>	<input style="width: 30px; text-align: center;" type="text" value="3"/>	<input style="width: 30px; 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: 30px; text-align: center;" type="text" value="1"/>	<input style="width: 30px; text-align: center;" type="text" value="2"/>	<input style="width: 30px; text-align: center;" type="text" value="3"/>	<input style="width: 30px; text-align: center;" type="text" value="4"/>

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="checkbox"/>	<input type="checkbox"/>	€ <input type="text"/>
Child allowance	<input type="checkbox"/>	<input type="checkbox"/>	€ <input type="text"/>
Financial assistance to large families for purchasing a car (lump sum)	<input type="checkbox"/>	<input type="checkbox"/>	€ <input type="text"/>
Allowance for the care of disabled children	<input type="checkbox"/>	<input type="checkbox"/>	€ <input type="text"/>
Maternity allowance	<input type="checkbox"/>	<input type="checkbox"/>	€ <input type="text"/>
Grant for the care of children placed with foster families	<input type="checkbox"/>	<input type="checkbox"/>	€ <input type="text"/>
Maternity grant (lump sum)	<input type="checkbox"/>	<input type="checkbox"/>	€ <input type="text"/>
Allowance for the care of the elderly	<input type="checkbox"/>	<input type="checkbox"/>	€ <input type="text"/>
Heating allowance	<input type="checkbox"/>	<input type="checkbox"/>	€ <input type="text"/>
Other benefits specify:	<input type="checkbox"/>	<input type="checkbox"/>	€ <input type="text"/>

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 1	€	€
	month 2		
	year 3	_ _ _ _ _ _ _	_ _ _ _ _ _ _
-----	week 1	€	€
	month 2		
	year 3	_ _ _ _ _ _ _	_ _ _ _ _ _ _
-----	week 1	€	€
	month 2		
	year 3	_ _ _ _ _ _ _	_ _ _ _ _ _ _
-----	week 1	€	€
	month 2		
	year 3	_ _ _ _ _ _ _	_ _ _ _ _ _ _

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 €

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"/>	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..... } Q. 22
- 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.....

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/partern'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

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 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?

13th Salary	YES <input type="checkbox"/> 1	NO <input type="checkbox"/> 2	The net amount you just mentioned is:
<i>If yes, specify:</i>			1. Net of social insurance contributions/provident fund and taxes
Gross amount	€	<input type="text"/>	2. Net of taxes only
Net amount	€	<input type="text"/>	3. Net of social insurance contributions/provident fund only
			4. Unknown
			5. Gross equals net amount
14th Salary	YES <input type="checkbox"/> 1	NO <input type="checkbox"/> 2	The net amount you just mentioned is:
<i>If yes, specify:</i>			1. Net of social insurance contributions/provident fund and taxes
Gross amount	€	<input type="text"/>	2. Net of taxes only
Net amount	€	<input type="text"/>	3. Net of social insurance contributions/provident fund only
			4. Unknown
			5. Gross equals net amount
- Overtime	YES <input type="checkbox"/> 1	NO <input type="checkbox"/> 2	The net amount you just mentioned is:
<i>If yes, specify:</i>			1. Net of social insurance contributions/provident fund and taxes
Gross amount	€	<input type="text"/>	2. Net of taxes only
Net amount	€	<input type="text"/>	3. Net of social insurance contributions/provident fund only
			4. Unknown
			5. Gross equals net amount
- Tips	YES <input type="checkbox"/> 1	NO <input type="checkbox"/> 2	The net amount you just mentioned is:
<i>If yes, specify:</i>			1. Net of social insurance contributions/provident fund and taxes
Gross amount	€	<input type="text"/>	2. Net of taxes only
Net amount	€	<input type="text"/>	3. Net of social insurance contributions/provident fund only
			4. Unknown
			5. Gross equals net amount
- Commission	YES <input type="checkbox"/> 1	NO <input type="checkbox"/> 2	The net amount you just mentioned is:
<i>If yes, specify:</i>			1. Net of social insurance contributions/provident fund and taxes
Gross amount	€	<input type="text"/>	2. Net of taxes only
Net amount	€	<input type="text"/>	3. Net of social insurance contributions/provident fund only
			4. Unknown
			5. Gross equals net amount
- Profit sharing, stock options and bonus	YES <input type="checkbox"/> 1	NO <input type="checkbox"/> 2	The net amount you just mentioned is:
<i>If yes, specify:</i>			1. Net of social insurance contributions/provident fund and taxes
Gross amount	€	<input type="text"/>	2. Net of taxes only
Net amount	€	<input type="text"/>	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 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 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 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"/>	
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"/>	
Private pension plan.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
If YES, amount (annual)..... €	<input type="text"/>	

44PP. In your job are/were you;

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

45. During the year 2010, did your employer provide you with any kind of vehicle for private use?

- Yes 1
- No 2 → Q. 51

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

- Make: _____
- Model: _____
- Year

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

Number of c.c.'s

48. During the year 2010, for how many months did you use this vehicle provided by your employer?

- Number of months

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

If employer, specify the amount saved during 2010 *Do not know*

- Car insurance:

Employer 1 € 1

Respondent 2

- Road tax:

Employer 1 € 1

Respondent 2

- Fuel:

Employer 1 € 1

Respondent 2

- Regular and unexpected repairs:

Employer 1 € 1

Respondent 2

50. During the year 2010, approximately how many kilometres did you travel with the company's vehicle for private use only?

Number of kilometres

50a. During the year 2010, did your employer provide you with free or reduced housing rent?

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

51. During the year 2010, did your employer provide you with the following:

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

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

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

- Amount € → Q. 55
- Do not know 1

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

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

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

MONTHS/ WEEKS		GROSS	TAX
		€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MONTHS	<input type="checkbox"/> 1		
WEEKS	<input type="checkbox"/> 2	NET	SOCIAL INS./PROVIDENT FUND
		€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

INCOME FROM SELF-EMPLOYMENT

55. During the year 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 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 and number of the person who is responsible for this business or activity

-Member's serial number → Q. 68

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

- Own 1

- Partnership 2

60. Always based on your share of the business what was your gross income during the year 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..... 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 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 1

- No 2 → 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 1

- No 2

- If YES, amount €

67. 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 AGRICULTURE LIVESTOCK/FISHING

68. During the year 2010, 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

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 2010, 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 2010, 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 2010 during which an amount was received and information about the tax.

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	<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 2010, 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 2010, what was the total amount paid towards private pension plans?

- Total amount €

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

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

UNEMPLOYMENT/VOCATIONAL TRAINING SCHEMES

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

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

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 1
- December 2009 and after 2

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

- Yes 1
- No 2 → Q.SI4

SI3. Were you approved?

- Yes 1
- No 2

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

- Yes 1
- No 2

SI5. Do you receive the special benefit for pensioners?

- Yes 1
- No 2

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

- Yes 1
- No 2
-

**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 1
- No 2 → 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="checkbox"/> 1	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		
Injury benefit	YES <input type="checkbox"/> 1	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		
Disability benefit (lump sum)	YES <input type="checkbox"/> 1	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		
Grants to the blind	YES <input type="checkbox"/> 1	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		
Financial assistance to cover the special needs of the disabled	YES <input type="checkbox"/> 1	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		
Other benefits/ allowances specify ----- -----	YES <input type="checkbox"/> 1	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	NO <input type="checkbox"/> 2		

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	€ <input type="text"/>
	NO <input type="checkbox"/> 2	
Public Scholarship	YES <input type="checkbox"/> 1	€ <input type="text"/>
	NO <input type="checkbox"/> 2	
Other non-Public Scholarship specify _____	YES <input type="checkbox"/> 1	€ <input type="text"/>
	NO <input type="checkbox"/> 2	
Other education-related allowances, grants specify _____	YES <input type="checkbox"/> 1	€ <input type="text"/>
	NO <input type="checkbox"/> 2	

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

1

- Bad

2

- Moderately bad.....

3

- Moderately good

4

- Good

5

- Very good

6

- Don't know

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

1

- With difficulty.....

2

- With some difficulty

3

- Fairly easily

4

- Easily

5

- Very easily

6

- Don't Know

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

1

- Tenant

2

- Accommodation was provided rent-free

3

- Don't know

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

 → **PT060α**
- Unknown father → **PT080α**

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)
- Low level (not completed primary, primary or gymnasium, not attained any formal education but could read or write)
- Medium level (lyceum and post-secondary non-tertiary education e.g. 1 year in secr. studies, hairdressing school etc).....
- High level (Higher Technological Institute, Nursing School, college, university, master's degree, doctorate (Ph.D.) etc)
- Don't know

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

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

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

- Yes
- No
- Don't know

PT150a. Do you know what was his main occupation?

- Yes
- No → 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

--	--	--	--

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..... 1
- No..... 2 → 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 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 2010?

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

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

DURATION AND DATE OF INTERVIEW

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

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

- Date of interview: Date Month Year