

FORM P-1.1

QUESTIONNAIRE S/N.....

HELLENIC REPUBLIC

HELLENIC STATISTICAL AUTHORITY

**QUESTIONNAIRE  
OF POPULATION & HOUSING CENSUS  
(May 9<sup>th</sup>, 2011)**

Tel. : 213 135 2000 FAX : 213 135 2948

Regional unit..... Municipal Unit (ex Municipality/Commune) ..... Municipal/Local community .....

Locality..... Street & Number ..... Post code [ \_ \_ ] [ \_ \_ ] [ \_ \_ ] [ \_ \_ ]

If there is no street, the location and number or the name of the owner and the number of the building

Geographical Code	Sector	Section	City Block Number	S/N of building in block (column 2 of O-1)	S/N of the dwelling (within the Section)	Within the locality <input type="checkbox"/> 1 Outside the locality <input type="checkbox"/> 2	Total number of household members in the dwelling	Total number of persons enumerated in the dwelling
[ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ]		[ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ]	[ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ]

**A. HOUSING DATA**

1. Type of dwelling	Characteristics of conventional dwelling (case 1 of question 1)	Amenities of conventional dwelling or other living quarters	
Conventional Dwelling <input type="checkbox"/> 1  Mobile dwelling (tent, boat, yacht, caravan etc.) <input type="checkbox"/> 2  Other building intended for housing (hut, shed etc.) <input type="checkbox"/> 3  Other building not intended for housing (office, garage, stable, mill etc) <input type="checkbox"/> 4  (Should there be an answer in cases 2 or 3 or 4, continue to question 5)	<b>2. Status of dwelling:</b> <b>A. Occupied</b> <input type="checkbox"/> 1 <b>B. Vacant :</b> For rent <input type="checkbox"/> 2 For sale <input type="checkbox"/> 3 Secondary residence <input type="checkbox"/> 4 Vacation residence <input type="checkbox"/> 5 For demolition <input type="checkbox"/> 6 Other reason <input type="checkbox"/> 7 (please, state)  <b>C. Dwelling with inhabitants having other permanent residence</b> Vacation residence <input type="checkbox"/> 8 Secondary residence <input type="checkbox"/> 9 Other <input type="checkbox"/> 10  <b>Specify cases 7 or 10</b> .....  <b>3. Type of building</b> where the dwelling is located: in One-dwelling <input type="checkbox"/> 1 in Two-dwelling <input type="checkbox"/> 2 in Three or more dwellings <input type="checkbox"/> 3 in Non-residential building <input type="checkbox"/> 4  <b>4. Period of construction:</b>  Before 1919 <input type="checkbox"/> 1919-45 <input type="checkbox"/> 1981-90 <input type="checkbox"/> 1946-60 <input type="checkbox"/> 1991-00 <input type="checkbox"/> 1961-70 <input type="checkbox"/> 2001-05 <input type="checkbox"/> 1971-80 <input type="checkbox"/> 2006+ <input type="checkbox"/>	<b>5. Useful floor space of the dwelling (m<sup>2</sup>):</b>  [ _ _ ] [ _ _ ] [ _ _ ] [ _ _ ]  <b>6. Number of rooms, except kitchen</b>  [ _ _ ] [ _ _ ]  How many of them are exclusively used for professional purposes (offices, hairdressing salons etc)?  [ _ _ ] [ _ _ ]  <b>7. Is there a kitchen:</b>  a. more than 4 m <sup>2</sup> <input type="checkbox"/> 1 β. less than 4 m <sup>2</sup> <input type="checkbox"/> 2 There is no kitchen <input type="checkbox"/> 3 Cooking facilities in another area <input type="checkbox"/> 4	<b>8. Water supply system:</b>  <b>A. Piped water in the housing unit</b> Public <input type="checkbox"/> 1 Private <input type="checkbox"/> 2  <b>B. Piped water outside the housing unit</b> Public <input type="checkbox"/> 3 Private <input type="checkbox"/> 4  <b>C. No piped water available</b> <input type="checkbox"/> 5  <b>9. Bathing or shower facilities</b>  In the housing unit <input type="checkbox"/> 1 Outside the housing unit <input type="checkbox"/> 2 No Bathing or shower facilities <input type="checkbox"/> 3  <b>10. Toilet or WC</b>  Flush toilet: a. in the housing unit <input type="checkbox"/> 1 b. outside the housing unit <input type="checkbox"/> 2  No flush toilet: a. in the housing unit <input type="checkbox"/> 3 b. outside the housing unit <input type="checkbox"/> 4  No toilet or WC <input type="checkbox"/> 5

**Amenities of conventional dwelling or other living quarters**

**11. Heating** Central, autonomous  1 Central, non autonomous  2 Other  3 No heating available  4

**12. Dwelling insulation** Double paned glass units  1 Insulation in outer walls  2 Other  3 There is no insulation  4

**Amenities of household (only for inhabited dwellings)**

**13. Main energy source used for :** (only one answer for each use)

	Electricity	Natural gas	Oil	Solar energy	Biomass	Other	Specify case 6:
Cooking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Heating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hot water	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>14. a. Number of cars available for use by the household</b>	<input type="checkbox"/> <input type="checkbox"/>	<b>b. Number of car parking spaces available for use by the household</b>	<input type="checkbox"/> <input type="checkbox"/>	<b>15. Internet access</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**16. Do you reduce your waste by recycling?** Yes  1 No  2 If yes, what is the percentage of recycling over total waste?

**17. The household occupies the dwelling as:** Owner  1 Shareholder of residential corporation  2 Renter  3 Other arrangement  4

**B. DATA & RELATIONS OF THE HOUSEHOLD MEMBERS**

**To be recorded only the household members (present or temporarily absent) in the same order as in the persons' enumeration form**

S/N of household member	Full name	Which person is the: (Please, indicate the persons' S/N)				Have you got any other kin relation to any member of the household? (only in case that none of 3, 4, 5, or 6 applies)
		Spouse	Cohabiting partner	Father	Mother	
01		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
02		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
03		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
04		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
05		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
06		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
07		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
08		[_ _ ]	[_ _ ]	[_ _ ]	[_ _ ]	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2

Person who provided the information .....  
 ..... (Tel. No of household)  
 .....  
 (Full name)

Enumerator	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(Surname)	(First name)
(Phone number)	(Signature)
(Code number)	
Supervisor or Assistant Supervisor	
(Surname)	(First name)
(Phone number)	(Date)
(Signature)	

**C. ENUMERATION FORM OF PERSON**

**FORM P-1.2**

**S/N of person 01**

**S/N OF  
DWELLING  
ENUMERATION  
FORM**

**1. Surname** .....  
**First name** .....  
**Father's name (or husband, for married women or widows)** .....  
**Mother's name** .....

**2. Sex**  
 Male  1  
 Female  2

**3. Date of birth**  
 Day                                      Month                                      Year  
 [ \_ ] [ \_ ] [ \_ ]                                      [ \_ ] [ \_ ]                                      [ \_ ] [ \_ ] [ \_ ] [ \_ ]

**4. Relation to the household**

**A1. Member of the household:**  
 Present  1  
 Temporarily absent (during enumeration period)  2

**A2. Where did you spend the night of Monday 09/05/2011?**  
 At this place (usual residence)  1  
 Elsewhere  2

(Questions A1 and A2 to be answered by all members of the household and only them)

**B. Temporary guest** (a person who spent the night of 09/05/2011 in this residence):  
**Have you been enumerated or are you going to be enumerated at your usual residence?**  
 Yes  1                                      No  2

**If No, give answer to all of the rest questions of this form and state the place of usual residence:**  
 Street name .....  
 Number .....                                      Post Code .....  
 Locality .....  
 Municipal/Local Community .....  
 Municipal Unit (ex Municipality/Commune) .....  
 Regional Unit .....  
 Foreign country .....  
 [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ]

**5. Legal marital status**

Single  1  
 Married  2  
 Widowed  3  
 Divorced  4  
 In registered Partnership  5  
 Separated  6  
 Widowed of Registered Partnership  7  
 Divorced of Registered Partnership  8

**6. Place of usual residence of your mother when you were born**

At place of enumeration  1  
 In other locality or foreign country  2 (please, state)  
 Locality .....  
 Municipal/Local Community .....  
 Municipal Unit .....  
 Regional Unit .....  
 Foreign country .....  
 [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ]

**7. Country of citizenship**

Greece  1  
 Greece and other (state)  2  
 Other Country (state)  3  
 Without citizenship  4  
 Unspecified citizenship  5  
 [ \_ ] [ \_ ] [ \_ ] [ \_ ]

**8. In which Municipality are you registered?** (Only for Greek citizens)

This Municipality  1  
 Other Municipality  2 (state)  
 Municipality .....  
 Regional unit .....  
 [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ]

**9. Have you ever resided elsewhere in Greece?**  
 Yes  1 No  2

**If Yes:**  
 A. When did you settle in this place? year [ \_ ] [ \_ ] [ \_ ] [ \_ ]  
 B. Place of previous usual residence  
 Locality .....  
 Municipal/Local Community .....  
 Municipal Unit .....  
 Regional Unit .....  
 Foreign country .....  
 [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ] [ \_ ]

**10. Have you ever resided abroad?**  
 Yes  1 No  2

**If Yes:**  
 A. When did you settle in Greece? year [ \_ ] [ \_ ] [ \_ ] [ \_ ]  
 B. Country of previous residence (state) .....  
 [ \_ ] [ \_ ] [ \_ ] [ \_ ]  
 C. Reason(-s) of settlement in Greece  
 Work  1  
 Repatriation  2  
 Family reunification  3  
 Studies  4  
 Asylum seeking  5  
 Refugee  6  
 Other reason (state)  7  
 .....

**11. Educational attainment** (state the highest level of studies completed by the respondent)  
 - No answer needed for children born after 01/01/2005

PhD <input type="checkbox"/> 1	Degree of Technical Education colleges <input type="checkbox"/> 2	Secondary education certificate <input type="checkbox"/> 3	Technical school certificate <input type="checkbox"/> 4	Technical college certificate <input type="checkbox"/> 5	Lower secondary school certificate <input type="checkbox"/> 6	Primary school certificate <input type="checkbox"/> 7	Left primary school, but knows reading & writing <input type="checkbox"/> 8	Completed pre-primary education <input type="checkbox"/> 9	Illiterate <input type="checkbox"/> 10
Higher Education Degree <input type="checkbox"/> 11	Post-secondary education degree <input type="checkbox"/> 12								

<b>12. Field of education and educational qualifications for persons who checked answers 1 or 2 or 3 or 4 or 5 of question 11</b>		<b>13. What was your main occupation during the previous week (May 03<sup>rd</sup> – 09<sup>th</sup>)?</b> If the person has worked even for one hour, check box # 1. (Give only one answer)		<b>14. In what type of establishment, enterprise etc, did you work during the previous week or the last time you worked?</b> (case 1 or 2 of question 13)		<b>15. What is or was your profession (job) the last time you worked?</b> (case 1 or 2 of question 13)	
a) Educational institution ..... b) School (if any) ..... c) Department (if any) ..... [ _ _ _ ] d) Country ..... [ _ _ _ ]		Working <input type="checkbox"/> 1 Job seeker <input type="checkbox"/> 2 1 <sup>st</sup> time job seeker <input type="checkbox"/> 3 Pupil or Student <input type="checkbox"/> 4 Pensioner <input type="checkbox"/> 5 Person of independent means <input type="checkbox"/> 6 Housekeeping <input type="checkbox"/> 7 Conscript <input type="checkbox"/> 8 Other case <input type="checkbox"/> 9 (state) ..... (If 1 or 2 go to 14, if 3-9 go to 20) Public Sector <input type="checkbox"/> Broader Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/>		Give a full description (e.g., wool mill)  [ _ _ _ _ _ ] [ _ _ _ _ _ ] [ _ _ _ _ _ ]		Give a full description (e.g., assistant accountant)  [ _ _ _ _ _ ] [ _ _ _ _ _ ] [ _ _ _ _ _ ] [ _ _ _ _ _ ]	
<b>16. What is or was your status at this job?</b> (case 1 or 2 of question 13)		<b>17. Working hours</b> (case 1 of question 13)		<b>18. Place of work</b> (only one answer) (case 1 or 2 of question 13)		<b>19. How many people are working in the establishment, enterprise etc, where you work?</b> (case 1 or 2 of question 13)	
Employer <input type="checkbox"/> 1 Own-account worker <input type="checkbox"/> 2 Employee or Wage-earner <input type="checkbox"/> 3 Member of producers' cooperative <input type="checkbox"/> 4 Contributing family Worker <input type="checkbox"/> 5 Not classifiable <input type="checkbox"/> 6  <b>(only one answer)</b>		A. How many hours do you usually work over a typical week? [ _ _ ] B. How many hours did you work during the previous week (03-09 May)? [ _ _ ] C. If during the previous week you worked less than usual hours, please state the reason: Lack of full time job <input type="checkbox"/> 1 Illness <input type="checkbox"/> 2 Seasonal work or Weather conditions <input type="checkbox"/> 3 Training <input type="checkbox"/> 4 Holiday / Vacation <input type="checkbox"/> 5 Other reason <input type="checkbox"/> 6 (state) .....		<b>No fixed place of work</b> <input type="checkbox"/> 1  <b>In a fixed place of work:</b> - Within usual residence <input type="checkbox"/> 2 - In the locality of usual residence <input type="checkbox"/> 3 - In other locality or foreign country <input type="checkbox"/> 4 (state)  Locality ..... Municipal/Communal Unit ..... Local community ..... (ex Municipality/Community) Regional unit ..... or Foreign country .....  [ _ _ _   _ _ _   _ _ _ ]		1 - 4 <input type="checkbox"/> 1 5 - 9 <input type="checkbox"/> 2 10 - 19 <input type="checkbox"/> 3 20 - 49 <input type="checkbox"/> 4 50 + <input type="checkbox"/> 5	
<b>20. Main source of livelihood</b> (only one answer)				<b>21. How many children have you ever born alive?</b>			
Employment <input type="checkbox"/> 1 Property & other investments <input type="checkbox"/> 2 Pension <input type="checkbox"/> 3 Other transfers (e.g., allowances, scholarships etc) <input type="checkbox"/> 4 Loans or reduction of savings, Realization of capital <input type="checkbox"/> 5 Dependent of other person (-s) <input type="checkbox"/> 6 Other source (-s) <input type="checkbox"/> 7 (State).....				Only for females 10 years old and over  Dead-born should not be included			
		Number of children  [ _ _ ]	Year of birth of 1 <sup>st</sup> child  [ _ _ ] [ _ _ ]	Year of birth of last child  [ _ _ ] [ _ _ ] [ _ _ ]			