FORM P-1.1				OU	ESTION	NAIRE S/N							
HELLEN	· · · · · · · · · · · · · · · · · · ·			QUESTIONNAIRE									
HELLENIC STATISTICAL AUTHORITY					OF POPULATION & HOUSING CENSUS								
Tel. : 213 135 2000 FAX : 213 135 2948					$(May 9^{th}, 2011)$								
1el.: 215 155 2000 FA	A : 21	5 155 29	40					,					
			-			/unicipality/		Mur	nicipal	/Local communit	У		
Regional unit													
			Street &	Nu									
Locality						$Post code \lfloor _ \bot _ \bot _ \bot _ \rfloor$							
If there is no street, the lo								ouildir	ng				
Geographical Sector	or	Section City Block S/N Number built						□ 1	Total numberTotalof householdnumber of				
				blocł (colu	k Imn 2 of	(within the Section)				members in the dwelling	persons enumerated		
			O-1				Outside the locality $\Box 2$			dweining	in the		
	ιI			1 1	I						dwelling		
	_			L_⊥	J	└_┴_┸_┘					L_⊥_J		
				. H	OUSIN	NG DATA							
1. Type of dwelling		Characteristics of conventional dwelling (case 1 of question 1)			Amenities of conventional dwelling or other living quarters								
1. Type of uwening													
Conventional	2. 8	2. Status of dwelling:A. Occupied □ 1			5. Useful floor space of the dwelling (m ²):			ng	8. Water supply system:				
Dwelling 🗆 1	1							-					
		B. Vacant : For rent 2 For sale 3 Secondary residence 4 Vacation residence 5 For demolition 6 Other reason 7 (please, state) C. Dwelling with inhabitants having			L_⊥_L_J			A. Piped water in the housing unit Public					
Mobile dwelling (tent, boat, yacht, caravan etc.)									Private 🗆 2				
					6. Number of rooms, except kitchen				B. Piped water outside the housing unit Public 3 Private 4				
Other building								en					
intended for housing (hut, shed etc.) \Box 3					$\lfloor_\bot_$ How many of them are exclusively used								
									C. No piped water available 🛛 5				
Other building not intended for housing	C. D				for professional purposes (offices, hairdressing salons etc)?								
(office, garage, stable, mill		ther permanent residence							9. Ba	thing or shower fa	acilities		
etc) \Box 4		Secondary residence \Box 8							_				
(Should there be an answer	Othe	Other \Box 10							In the housing unit \Box 1Outside the housing unit \Box 2				
in cases 2 or 3 or 4, continue to question 5)	Spec	rify cases 7	or 10						No Ba	athing or shower facil	ities 🗆 3		
-					7. Is th	ere a kitchen	:						
	3. T	3. Type of building where the dwelling is located: in One-dwelling 1 in Two-dwelling 2			a. more than 4 m ² \Box 1 β . less than 4 m ² \Box 2 There is no kitchen \Box 3 Cooking facilities in another area \Box 4				10. T	oilet or WC			
									Flush toilet: a. in the housing unit				
	in Ty										□ 1		
		in Three or more dwellings \Box 3 in Non-residential building \Box 4							b. outside the housing unit \Box		nit 🗆 2		
		I. Period of construction:								ush toilet:			
		rerioa oi construction:								the housing unit tside the housing unit	□ 3 nit □ 4		
		Before 1919 □ 1919-45 □ 1981-90 □ 1946-60 □ 1991-00 □								-			
	194									No toilet or WC \Box 5			
		1961-70 □ 2001-05 □ 1971-80 □ 2006+ □											

Amenities of conventional dwelling or other living quarters												
11. Heating	11. Heating Central, autonomous		autonomous 🗌 1	Central, non a	utonomous 🗌 2	2 Oth	er 🗆 3	No heatin	g available	; 🗆 4	Ļ	
12. Dwelling in	Double paned nsulation glass units 1			Insulation in o	outer walls 🗌 2	2 Oth	er 🗌 3	There is no insulation \Box 4				
Amenities of household (only for inhabited dwellings)												
13. Main energy source used for : (only one answer for each use)												
	Elect	ricity	Natural gas	Oil S	Oil Solar energy Biomass			r Specify case 6:				
Cooking		1	□ 2	□ 3	□ 4	□ 5	□ 6					
Heating		1	□ 2	□ 3	□ 4	□ 5	□ 6	6 0000000000000000000000000000000000000				
Hot water		1	□ 2	□ 3	□ 4	□ 5	□ 6					
14. a. Number for use by t				b. Number of available for u		ternet access es □ No □						
16. Do you redu by recycling?	uce your v	waste	Yes 🗌 1	No 🗌 2	If yes, what is	the percentag	ge of recycli	ng over total wa	ste?			
17. The househ dwelling as:	old occup	oies the	Owner 🛛 1	Shareholder of	residential cor	poration	2 Renter	□ 3 Ot	her arrang	gement	□ 4	
B. DATA & RELATIONS OF THE HOUSEHOLD MEMBERS												
To be recorded	only the	househo	ld members (prese	nt or temporar		the same ord	ler as in the		eration fo you got a			
S/N of					icate the pers		ation to		ICI			
household member		Full	name	Spouse	Cohabiting partner	Father	Mother	(only in	(only in case that none of 4, 5, or 6 applies)			
01							L_⊥] Yes		No		
02							L_⊥_	⊥ Yes Yes				
03							L	Yes		No		
04							L_L_	Yes				
05							<u> </u>	J Yes				
06							L	Yes				
07							<u>L_</u>	Yes	□ 1	No		
08 Person who	provided	the inform	nation				<u>L_</u> _					
Enumerato	r											
(Surname)				(First name)	e) (Phone number) (Signa			ignature)	ture) (Code number)			
Supervisor Assistant Super												
(Surname)				(First name)	(Pho		(Date) (Signature)					

C. ENUMERATION FORM OF PERSON											
FORM P-1.2	S/N OF										
S/N of person	DWELLING										
		• • • • • • • • • • • • • • • • • • • •	•••••				ENUMERATION				
First name	e						FORM				
Father's n	ame (o	or husband, for married	women or widow	s)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •					
Mother's	name .					•••••					
2. Sex											
Male 🛛	1	Day									
Female	2										
4. Relation to the householdA1. Member of the household:B. Temporary guest (a person who spent the night of 09/05/2											
				this residence):							
Present											
Temporar	ily abse	nt (during enumeration perio	od) 🗆 2	Hav	Have you been enumerated or are you going to be enumerated at your						
1	5		,		al residence?		J				
A2. Where d	id you s	pend the night of Monday	09/05/2011?		Yes 🗆 1 No						
At this pla	ace (usua	al residence)	□ 1		lo, give answer to all of the ce of usual residence:	e rest questions of this	form and state the				
Elsewhere	e		□ 2	Stre	nber Post C						
				Loc	ality nicipal/Local Community						
		A2 to be answered by all n	nembers of the		nicipal Unit (ex Municipalit						
household an	d only t	them)			ional Unit						
				Foreign country							
				L_⊥_	,⊥_⊥_⊥_⊥_⊥_						
<u> </u>	1 4 4				0 1 1 1	0.11	10 11				
5. Legal marit	al statu		7. Country of		8. In which Municipality are you	9. Have you ever resided elsewhere	10. Have you ever resided abroad?				
Single	□ 1	residence of your mother when you	citizenship		Municipality are you registered?	in Greece?					
Single	L 1	were born			(Only for Greek citizens)		$Yes \square 1 No \square 2$				
Married		were born	Greece	· · ·		$Yes \square 1 No \square 2$	If Yes:				
		At place of			This Municipality □ 1	If Yes: A. When did you	A. When did you settle in Greece?				
Widowed	□ 3	enumeration 🗆 1	Greece and other			settle in this place?	year $\lfloor \perp \perp \perp \perp \perp \rfloor$				
			(state)	2 Other Municipality $\Box 2$		year $\lfloor \perp \rfloor \perp \rfloor$	B. Country of				
Divorced	□ 4	In other locality or			(state)	Jom c_⊥_r_1	previous residence				
		foreign country $\Box 2$				B. Place of previous	(state)				
In registered	_	(please, state)	Other Country			usual residence	•••••				
Partnership	□ 5	Locality	(state)	3	Municipality						
G (1		-			winnerpairty	Locality	C. Reason(-s) of settlement in Greece				
Separated	□ 6	Municipal/Local	Without citizenship	74			Work 1				
Widowed of		Community				Municipal/Local Community	Repatriation \Box 2				
Registered					Regional unit	Community	Family				
Partnership	□ 7	Municipal Unit	Unspecified			Municipal Unit	reunification 3				
,			citizenship 🛛	5			Studies 🗌 4				
Divorced of		Regional Unit				Regional Unit	Asylum seeking \Box 5				
Registered		Foreign country			└_┴_┸_┘		Refugee 🗌 6				
Partnership		Foreign country				F ·	Other reason \Box 7 (state)				
			∟_⊥_⊥_┘			Foreign country	(state)				
		└_┵_┹_┹_┹_┹_┹				•••••					
11. Educational attainment (state the highest level of studies completed by the respondent) - No answer needed for children born after 01/01/2005											
PhD	□ 1	6	-		ion certificate \Box		y school, but				
Master's		8	4 Technical sc				ing & writing \Box 12				
Higher		Certificate of high	Technical co				pre-primary				
Education	technical schools \Box 5 Lower secondary school certificate \Box 10 education \Box 13										
Degree	□ 3	Post-secondary	Primary scho	ool ce	ertificate	11 Illiterate	□ 14				
		education degree \Box	0								

12. Field of education and educational qualifications for persons who checked answers 1 or 2 or 3 or 4 or 5 of question 11		13. What was your maiduring the previous we - 09 th)? If the person has worked hour, check box # 1. (Give only one answer)	eek (May 03 rd	x (May 03 rd establishment, enterprise etc did you work during the			15. What is or was your profession (job) the last time you worked? (case 1 or 2 of question 13)		
a) Educational institutionb) School (if any)		Working Job seeker 1 st time job seeker		Give a full description (e.g., wool mill)			Give a full description (e.g., assistant accountant)		
 c) Department (if any) ⊥_⊥_⊥」 		Pupil or Student Pensioner Person of independent n Housekeeping Conscript Other case (state)	□ 7 □ 8 □ 9						
		(If 1 or 2 go to 14, if 3-9 Public Sector Broader Public Sector Private Sector		L_+_L_J		L_+_L_J			
status at this job?		Vorking hours 1 of question 13)	(only one ans	18. Place of work (only one answer) (case 1 or 2 of question 13)			19. How many people are working in the establishment, enterprise etc, where you work?		
(case 1 of 2 of question 15)				(case 1 of 2 of question 13)			(case 1 or 2 of question 13)		
		1 1	No fixed place of work			1 - 4	□ 1		
Employee or Wage-earner	work	L_⊥_J w many hours did you during the previous (03-09 May)?	In a fixed place of work: - Within usual residence □ 2		5 - 9				
Cooperative1Contributing familyWorker1Solution5Not classifiable16	C. If c you w	$\lfloor \perp \rfloor$ luring the previous week orked less than usual please state the reason:	- In other loca (state)	ty of usual residence \Box 3 ality or foreign country \Box 4		10 – 19 20 – 49	□ 3 □ 4		
(only one answer)	er)Lack of full time job \Box 1Illness \Box 2		Locality			50 +	□ 5		
Seaso		nal work or $\Box 3$	_		nit				
	Traini	ng 🗌 4	Local community (ex Municipality/Community) Regional unitor Foreign country						
		ay / Vacation \Box 5reason \Box 6							
	(state) 								
20. Main source of livelihoo	d (only	one answer)							
	21. 110w m	21. How many children have you ever born alive?							
Employment1Property & other investments2Pension3			Only for females 10 years old and over Dead-born should not be included						
Other transfers (e.g., allowances, Loans or reduction of savings			Dead-born	snould not	be included				
Realization of capital Dependent of other person (-s	Number of	children	Year of birth of 1 st child	Year of birth	n of last child				
Other source (-s) (State)		□ 7	L_1_		L_+_L_J		L_L_		