

HOUSEHOLD BUDGETARY SURVEY 2015

Locality code Household Number HBS

Date of first visit

D D M M Y Y Y Y

Date of last visit

D D M M Y Y Y Y

Survey Period : Two weeks beginning from

D D M M Y Y Y Y

ENTER THE NAME AND SURNAME OF THE REFERENCE PERSON AND HOUSEHOLD ADDRESS											
Name and Surname											
House No.				House name							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Street											
Locality								Postcode			
<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone No.				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No.				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY			
	Number	Signature	Date
Interviewer			
Coder			
Supervisor			
Data Entry Operator			

CONFIDENTIAL WHEN COMPLETED

QUESTIONNAIRE



HOUSEHOLD BUDGETARY SURVEY 2015



**SECTION A –
INFORMATION ON THE HOUSEHOLD**

Reference Person

Person 1

A1 Name and surname
(Insert the name and surname of the reference person in the first column)

A2 Insert your identity card number, e.g. 245678(M)

--

A3 What is your residential status?

Living at home (include members who are on holiday/business trips and members who do not reside regularly in the household but spend at least one night during the 4 weeks of the survey).....1 } → **A6**
 Working and living with the household.....2 }
 Temporarily absent from the household.....3 → **A4**

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

A4 Will this person be absent from the household for a total period of more than 6 months?

Yes.....1 → **Stop**
 No.....2 → **A5**

<input type="checkbox"/>	1
<input type="checkbox"/>	2

A5 Does this person share the income and expenses of the household?

Yes.....1 → **A6**
 No.....2 → **Stop**
 Person is under 16 years of age3 → **A6**

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

A6 Is this person.....?

Participating directly.....1
 Participating indirectly.....2

<input type="checkbox"/>	1
<input type="checkbox"/>	2

A7 Sex

Male1
 Female.....2

<input type="checkbox"/>	1
<input type="checkbox"/>	2

A8 Date of birth

e.g. 12 January 1972

12	01	1972
----	----	------

DAY	MONTH	YEAR

<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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A9 Country of birth

For office use ONLY

A10 Primary citizenship

For office use ONLY

A11 What is your relationship with the reference person?

- Spouse or partner 1
- Child/Adopted child of the reference person and/or of the spouse or partner or fostered child 2
- Parent of reference person or of the spouse 3
- Grandchild 4
- Brother/Sister 5
- Other relation 6
- No family relationship (e.g. resident employee) 7
- Not specified 8

PERSON 1

A12 Reference number of father






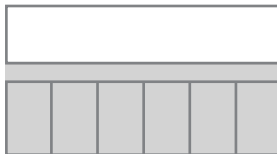














Insert '0' if the father is not a member in this household.

A13 Reference number of mother

Insert '0' if the mother is not a member in this household.

A14 Reference number of your spouse/partner

Insert '0' if the spouse/partner is not a member in this household.

			
			
<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"/> 7 <input type="checkbox"/> 8	<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"/> 7 <input type="checkbox"/> 8	<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"/> 7 <input type="checkbox"/> 8	<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"/> 7 <input type="checkbox"/> 8
			
			
			

Ask the following questions to persons aged 16 years and over

A15 What is your civil status?

- | | | | |
|--|---|--------------------------|---|
| Single, never married | 1 | <input type="checkbox"/> | 1 |
| Married (including civil unions) | 2 | <input type="checkbox"/> | 2 |
| Seperated | 3 | <input type="checkbox"/> | 3 |
| Divorced | 4 | <input type="checkbox"/> | 4 |
| Marriage annulled | 5 | <input type="checkbox"/> | 5 |
| Widowed | 6 | <input type="checkbox"/> | 6 |

A16 Are you currently living with your husband/wife or partner?

- | | | | |
|---|---|--------------------------|---|
| Yes, on a legal basis in relation to marriage laws of the country | 1 | <input type="checkbox"/> | 1 |
| Yes, without a legal basis | 2 | <input type="checkbox"/> | 2 |
| No | 3 | <input type="checkbox"/> | 3 |

Ask the following questions to persons aged 16 years and over

- 1
- 2
- 3
- 4
- 5
- 6

- 1
- 2
- 3
- 4
- 5
- 6

- 1
- 2
- 3
- 4
- 5
- 6

- 1
- 2
- 3
- 4
- 5
- 6

- 1
- 2
- 3

- 1
- 2
- 3

- 1
- 2
- 3

- 1
- 2
- 3

A17 What is the highest level of education you successfully completed? → B1

- No schooling.....0 0
- Pre-primary (including kindergarten; infant nursery, etc.).....1 1
- Primary (including year 1-6; standard 1-7).....2 2
- Schools for persons with special needs.....3 3
- Secondary (general) (include Lyceum, Junior Lyceum, Area Secondary, Opportunity Classes, Grammar school, etc.).....4 4
- Foundation or Introductory courses in MCAST with a duration of 1 year or less (include basic courses that lead to other more advanced courses)5 5
- Secondary (vocational) (include trade schools, apprentice schools, etc.).....6 6
- Post-Secondary (general) (include Sixth Form, Junior College, Higher Secondary, Upper Secondary, Matriculation certificate in MCAST, etc.).....7 7
- Post-Secondary (vocational) before 2000 (include Fellenberg training centre, City & Guilds, OTD, HTD, Technical Institute, ESTS, TAS, Industrial training centre, Trade schools, School of hairdressing, pre-vocational school, Secretarial school, Dockyard school, School for kindergarten assistant, exclude ITS).....8 8
- Post-Secondary (vocational) MCAST/ITS courses on a period of 2 years or less on full-time basis (the period of the course should not include time spent in foundation or interoductory courses).....9 9
- Post-Secondary (vocational) at the same level and duration in (9) provided by a private institution..... 10 10
- Post-Secondary (vocational) MCAST/ITS courses spanning over a period of 2 years or more on full-time basis e.g. MCAST National Diploma (the period of the course should not include time spent in foundation or interoductory courses)11 11
- Post-Secondary (vocational) at the same level and duration in (11) provided by a private institution 12 12
- Police or Army academy 13 13
- MCAST Bachelors Degrees (e.g. Bachelor of Science Hons. In Software Development)14 14
- Universit Diploma or Certificate or MCAST Higher National Diploma..... 15 15
- First Degree or equivalent (including Teacher's Training College, ACCA, MIA, ACII, ACIB) 16 16
- Postgraduate Diploma or Certificafe 17 17
- Masters Degree..... 18 18
- Ph.D. 19 19
- Other level20 20

Specify

<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
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<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18
<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20
<hr/>	<hr/>	<hr/>	<hr/>

A18 What is the highest qualification that you have achieved?

- No qualification0 0
- School leaving certificate1 1
- SEC/GCSE/O-level (4 subjects or less).....2 2
- SEC/GCSE/O-level (5 subjects or more).....3 3
- MCAST/ITS Introductory Course4 4
- MCAST/ITS Foundation Course.....5 5
- Intermediate/Advanced Level.....6 6
- City and Guilds (Basic/Part One)/Journeyman's Certificate – Craft level7 7
- City and Guilds (Basic/Part Two)/Journeyman's Certificate – Technical level.....8 8
- City and Guilds (Basic/Part Three)/ Technical Diploma/
Ordinary Technical Diploma (OTD).....9 9
- First Diploma10 10
- National Diploma11 11
- Higher National Diploma (HND)/ Advanced Technical Diploma/
Full Technological Diploma/Higher Technical Diploma (HTD)12 12
- University Diploma or Certificate13 13
- First Degree14 14
- Masters/Post-graduate Diploma/ Postgraduate Certificate.....15 15
- Ph.D./Doctorate/DBA16 16
- Other qualification17 17

Specify

<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
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<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
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<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
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<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
_____	_____	_____	_____

B3 a. Give the name of the organisation where you are employed (main job)

b. What is the principal economic activity of this organisation?

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B4 Is this organisation a private entity?

Note: Parastatal organisations are not considered to be private entities.

Yes..... 1

 1

No..... 2

 2

B5 What is your professional status?

Employee 1

 1

Self-employed with employees 2

 2

Self-employed without employees 3

 3

Unpaid family worker..... 4

 4

Apprentice 5

 5

B6 What is your employment status?

Full-time job..... 1

 1

Full-time job with reduced hours..... 2

 2

Part-time job..... 3

 3

B7 How many hours per week do you normally work in your main job?

For employees: include the usual/regular paid and unpaid overtime.

- When neither the number of usual hours actually worked cannot be given, or an average number of hours worked over the past 4 weeks cannot be established, write 99.

 hours

<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours

B8 How many hours per week do you normally work in your second/third/ etc. jobs? (Enter 0 if person does not have a second job)

hours

B9 What is the type of your work contract?

- Permanent work or with indefinite contract..... 1
- Temporary work or definite contract..... 2
- Do not have any contract 3

1
 2
 3

B10 What was your main activity during the last 12 months?

(Mark every box)

Note: If the person is temporarily absent from work, the type of work regularly done has to be written down as the main activity.

- Employed (full-time)..... 1
- Employed (part-time)..... 2
- Employed (reduced hours)..... 3
- Apprentice 4
- Self-employed (full-time)..... 5
- Self-employed (part-time) 6
- Unpaid family worker (full-time) 7
- Unpaid family worker (part-time)..... 8
- Unemployed..... 9
- Student 10
- Retired 11
- Permanently disabled and/or unfit for work..... 12
- Housekeeper 13
- Other inactive person 14

month 1	<input type="checkbox"/>
month 2	<input type="checkbox"/>
month 3	<input type="checkbox"/>
month 4	<input type="checkbox"/>
month 5	<input type="checkbox"/>
month 6	<input type="checkbox"/>
month 7	<input type="checkbox"/>
month 8	<input type="checkbox"/>
month 9	<input type="checkbox"/>
month 10	<input type="checkbox"/>
month 11	<input type="checkbox"/>
month 12 (last month before survey)	<input type="checkbox"/>

<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours
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month 1 <input type="text"/> month 2 <input type="text"/> month 3 <input type="text"/> month 4 <input type="text"/> month 5 <input type="text"/> month 6 <input type="text"/> month 7 <input type="text"/> month 8 <input type="text"/> month 9 <input type="text"/> month 10 <input type="text"/> month 11 <input type="text"/> month 12 (last month before survey) <input type="text"/>	month 1 <input type="text"/> month 2 <input type="text"/> month 3 <input type="text"/> month 4 <input type="text"/> month 5 <input type="text"/> month 6 <input type="text"/> month 7 <input type="text"/> month 8 <input type="text"/> month 9 <input type="text"/> month 10 <input type="text"/> month 11 <input type="text"/> month 12 (last month before survey) <input type="text"/>	month 1 <input type="text"/> month 2 <input type="text"/> month 3 <input type="text"/> month 4 <input type="text"/> month 5 <input type="text"/> month 6 <input type="text"/> month 7 <input type="text"/> month 8 <input type="text"/> month 9 <input type="text"/> month 10 <input type="text"/> month 11 <input type="text"/> month 12 (last month before survey) <input type="text"/>	month 1 <input type="text"/> month 2 <input type="text"/> month 3 <input type="text"/> month 4 <input type="text"/> month 5 <input type="text"/> month 6 <input type="text"/> month 7 <input type="text"/> month 8 <input type="text"/> month 9 <input type="text"/> month 10 <input type="text"/> month 11 <input type="text"/> month 12 (last month before survey) <input type="text"/>

SECTION C
INCOME

Questions C1 to C56 are applicable ONLY to persons aged 16 years and over

INCOME FROM EMPLOYMENT

<p>C1 Did you have any employee income during the <u>last 12 months</u>?</p> <p>Yes.....1</p> <p>No.....2 → C22</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>				
<p>C2 Did your employer provide you with a company car, van or other vehicle for personal use during the <u>last 12 months</u>?</p> <p>Yes.....1</p> <p>No.....2 → C5</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>				
<p>C3 Indicate the make, model, year of registration and engine type of the vehicle</p> <p>a. Make (e.g. Fiat, Toyota)</p> <p>b. Model (e.g. Punto, Corolla)</p> <p>c. Year of registration</p> <p>d. Engine capacity (e.g. 1200cc)</p> <p>e. Engine type</p> <p>Petrol 1</p> <p>Diesel..... 2</p> <p>Electric..... 3</p> <p>Gas (LPG)..... 4</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px; text-align: right;">CC</td></tr> </table> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p>				CC
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SECTION C
INCOME

Questions C1 to C56 are applicable ONLY to persons aged 16 years and over

INCOME FROM EMPLOYMENT

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<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄																				

C4 For how many months have you made use of this vehicle (or any other vehicle provided by the employer) during the last 12 months?

C5 Did your employer provide allowances on fuel during the last 12 months?

Iva.....1

 1

Le.....2 → C7

 2

C6 Write the total amount of fuel subsidy or allowance that you had during the last 12 months

C7 Did your employer provide subsidies or allowances on your personal vehicle insurance during the last 12 months?

Yes.....1

 1

No.....2 → C9

 2

C8 Enter the amount paid by your employer on car insurance during the last 12 months

C9 Did your employer subsidise part of or all of your electricity and water bills during the last 12 months?

Yes.....1

 1

No.....2 → C11

 2

C10 Enter the amount paid by your employer during the last 12 months

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

C11 Did your employer subsidise part of or all of your telephone or mobile bills during the last 12 months?

Yes.....1

No.....2

→ C13

 1 2

C12 Enter the amount paid by your employer during the last 12 months

€

C13 Did your employer subsidise part or all of your meals?

Yes, subsidised meals in the canteen at the place of work1

Yes, subsidised meals in restaurants.....2

Yes, subsidised meals both at place of work and at restaurants.....3

No.....4

→ C16

 1 2 3 4

C14 Enter the amount paid by your employer during the last 12 months

€

C15 Describe this type of benefit

C16 Did your employer subsidise part or all your transport expenses (excluding fuel and insurance) during the last 12 months?

Yes.....1

No.....2

→ C19

 1 2

<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
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C17 Enter the amount paid by your employer during the last 12 months

€

C18 Describe this type of benefit

C19 Did your employer provide any other benefit during the last 12 months?

Yes.....1

No.....2 → C22

1

2

C20 Enter the amount paid by your employer during the last 12 months

€

C21 Describe this type of benefit

€	€	€	€
□ ₁ □ ₂	□ ₁ □ ₂	□ ₁ □ ₂	□ ₁ □ ₂
€	€	€	€

INCOME FROM SELF-EMPLOYMENT

C22 Did you have any self-employment income during the last 12 months?

Iva.....1

Le.....2 → C29

 1 2**C23** Did you make profit or loss during the last 12 months?

Profit.....1

Loss.....2

 1 2**C24** Indicate your total profit/loss before tax deductions during the last 12 months

Note Include **only your share** of the business. Add all income earned from the business together with all subsidies. **Subtract:**

- i. all intermediate consumption (raw materials, VAT etc.)
- ii. compensation to employees
- iii. taxes related to importation and exportation
- iv. rents paid on land and property used for the business
- v. consumption on fixed capital

€

INCOME FROM SELF-EMPLOYMENT

<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
<input type="text" value="€"/>	<input type="text" value="€"/>	<input type="text" value="€"/>	<input type="text" value="€"/>

C25 (If the previous question is not answered) Can you provide an indication of this figure in euro?

- | | | | |
|-------------------------|----|--------------------------|----|
| €40,000+ | 1 | <input type="checkbox"/> | 1 |
| €35,000 - €39,999..... | 2 | <input type="checkbox"/> | 2 |
| €30,000 - €34,999..... | 3 | <input type="checkbox"/> | 3 |
| €28,000 - €29,999..... | 4 | <input type="checkbox"/> | 4 |
| €26,000 - €27,999..... | 5 | <input type="checkbox"/> | 5 |
| €24,000 - €25,999 | 6 | <input type="checkbox"/> | 6 |
| €22,000 - €23,999..... | 7 | <input type="checkbox"/> | 7 |
| €20,000 - €21,999..... | 8 | <input type="checkbox"/> | 8 |
| €18,000 - €19,999..... | 9 | <input type="checkbox"/> | 9 |
| €16,000 - €17,999..... | 10 | <input type="checkbox"/> | 10 |
| €14,000 - €15,999..... | 11 | <input type="checkbox"/> | 11 |
| €12,000 - €13,999..... | 12 | <input type="checkbox"/> | 12 |
| €10,000 - €11,999..... | 13 | <input type="checkbox"/> | 13 |
| €8,000 - €9,999 | 14 | <input type="checkbox"/> | 14 |
| €6,000 - €7,999 | 15 | <input type="checkbox"/> | 15 |
| €4,000 - €5,999 | 16 | <input type="checkbox"/> | 16 |
| €2,000 - €3,999 | 17 | <input type="checkbox"/> | 17 |
| €0 - €1,999..... | 18 | <input type="checkbox"/> | 18 |

C26 Does the figure provided above correspond to your gross or net earnings?

- | | | | |
|------------|---|--------------------------|---|
| Gross..... | 1 | <input type="checkbox"/> | 1 |
| Net..... | 2 | <input type="checkbox"/> | 2 |

C27 Indicate on average how much money did you keep for personal or household use during the past 12 months (not for business purposes) on a MONTHLY basis?

€

<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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C28 Was this amount included in the profit/loss amount stated previously?

Yes..... 1

No..... 2

 1 2

INCOME FROM SOCIAL BENEFITS

C29 Did you receive any treasury pensions during the last 12 months?

Note: Pensions provided from the department of Social Security should not be included here.

Yes..... 1

No..... 2 → C31

 1 2

C30 Indicate the amount received during each period (week, month, etc.) and the number of payments received during the last 12 months?

- a. Number of payments
- b. Gross amount per payment
- c. Net earning per payment
- d. Tax paid per payment

€	
€	
€	

C31 Did you receive any foreign pensions during the last 12 months?
(e.g. foreign widow's pension)

Yes..... 1

No..... 2 → C33

 1 2

<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
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INCOME FROM SOCIAL BENEFITS

<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
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C32 Indicate the amount received during each period (week, month, etc.) and the number of payments received during the last 12 months?

- a. Number of payments
- b. Gross amount per payment
- c. Net earning per payment
- d. Tax paid per payment

€	
€	
€	

C33 Did you receive any income, from education-related allowances or benefits during the last 12 months? (include stipends, scholarships and refunds on education).

- Yes..... 1
- No..... 2 → C35

<input type="checkbox"/>	1
<input type="checkbox"/>	2

C34 Indicate the amount received during each period (week, month, etc.) and the number of payments received during the last 12 months?

- a. Number of payments
- b. Gross amount per payment
- c. Net earning per payment
- d. Tax paid per payment

€	
€	
€	

INCOME FROM INTERESTS AND DIVIDENDS

C35 What was the amount of interest that you received from bank accounts etc., (both local and foreign) during the last 12 months?

Note: If this income is shared with another person, include only the proportion that you received.

€

<input type="text"/> € € €	<input type="text"/> € € €	<input type="text"/> € € €	<input type="text"/> € € €
-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

<input type="text"/> ₁ <input type="text"/> ₂	<input type="text"/> ₁ <input type="text"/> ₂	<input type="text"/> ₁ <input type="text"/> ₂	<input type="text"/> ₁ <input type="text"/> ₂
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<input type="text"/> € € €	<input type="text"/> € € €	<input type="text"/> € € €	<input type="text"/> € € €
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INCOME FROM INTERESTS AND DIVIDENDS

€	€	€	€
---	---	---	---

C36 Can you at least give an indication of the amount? To be filled **ONLY** if previous question has not been answered.

Note: If this income is shared with another person, include only the portion you received.

€7,400+	1	<input type="checkbox"/>	1
€5,800 - €7,399	2	<input type="checkbox"/>	2
€4,400 - €5,799	3	<input type="checkbox"/>	3
€3,200 - €4,399	4	<input type="checkbox"/>	4
€2,200 - €3,199	5	<input type="checkbox"/>	5
€1,400 - €2,199	6	<input type="checkbox"/>	6
€800 - €1,399	7	<input type="checkbox"/>	7
€400 - €799	8	<input type="checkbox"/>	8
€200 - €399	9	<input type="checkbox"/>	9
€100 - €199	10	<input type="checkbox"/>	10
0 - €99	11	<input type="checkbox"/>	11

C37 Was this amount.....?

a. Before tax.....	1	<input type="checkbox"/>	1
b. After tax.....	2	<input type="checkbox"/>	2
c. Not taxable	3	<input type="checkbox"/>	3

→ C39

C38 What was the amount of tax paid on these earnings during the **last 12 months**?

Note: If this income is shared with another person, include only the respective proportion.

Tick box if tax was deducted directly from the bank.

€

C39 What was the amount of dividends that you received from capital investments or shares, stocks or bonds (both local and foreign) during the **last 12 months**?

Note: If this income is shared, include only the portion received. If there is no income from dividends, **write '0' and GOTO C43**

€

<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="text" value="€"/> <input type="checkbox"/>	<input type="text" value="€"/> <input type="checkbox"/>	<input type="text" value="€"/> <input type="checkbox"/>	<input type="text" value="€"/> <input type="checkbox"/>
<input type="text" value="€"/>	<input type="text" value="€"/>	<input type="text" value="€"/>	<input type="text" value="€"/>

C40 Can you give an indication of the amount?

To be filled **ONLY** if previous question has not been answered.

- | | | | |
|-----------------------|----|--------------------------|----|
| €7,400+ | 1 | <input type="checkbox"/> | 1 |
| €5,800 - €7,399 | 2 | <input type="checkbox"/> | 2 |
| €4,400 - €5,799 | 3 | <input type="checkbox"/> | 3 |
| €3,200 - €4,399 | 4 | <input type="checkbox"/> | 4 |
| €2,200 - €3,199 | 5 | <input type="checkbox"/> | 5 |
| €1,400 - €2,199 | 6 | <input type="checkbox"/> | 6 |
| €800 - €1,399 | 7 | <input type="checkbox"/> | 7 |
| €400 - €799 | 8 | <input type="checkbox"/> | 8 |
| €200 - €399 | 9 | <input type="checkbox"/> | 9 |
| €100 - €199 | 10 | <input type="checkbox"/> | 10 |
| 0 - €99 | 11 | <input type="checkbox"/> | 11 |

C41 Was this amount

Note: If tax is deducted directly by the bank, then select "After tax"

- | | | | |
|----------------------|---|--------------------------|---|
| a. Before tax | 1 | <input type="checkbox"/> | 1 |
| b. After tax | 2 | <input type="checkbox"/> | 2 |
| c. Not taxable | 3 | <input type="checkbox"/> | 3 |
- C43

C42 What was the amount of tax paid during the last 12 months?

(If it is shared include only the proportion this household member paid)

Tick box if tax was deducted directly from the bank.

€

C43 Did you receive any regular income from a private pension scheme (both local and foreign) during the last 12 months?

- | | | | |
|-----------|---|--------------------------|---|
| Yes | 1 | <input type="checkbox"/> | 1 |
| No | 2 | <input type="checkbox"/> | 2 |
- C45

<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<div style="border: 1px solid black; padding: 2px; display: inline-block;">€</div> <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">€</div> <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">€</div> <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">€</div> <input type="checkbox"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

C44 Indicate the amount received each period (e.g. per week, month, etc.) and the number of payments received during the last 12 months.

- a. Amount per payment
- b. Before tax..... 1
After tax..... 2
Not taxable 3 → **C44.d**
- c. Tax paid per payment
- d. Number of payments

€	
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
€	

C45 Did you receive any income from rent on property or land during the last 12 months?

- Yes..... 1
- No..... 2 → **C50**

<input type="checkbox"/>	1
<input type="checkbox"/>	2

C46 How much was this income during the last 12 months?

Note: If the income is shared with other persons, provide only your share.

€	
---	--

C47 Can you give an indication of the amount?

To be filled **ONLY** if previous question has not been answered.

- €7,400+ 1
- €5,800 - €7,399 2
- €4,400 - €5,799 3
- €3,200 - €4,399 4
- €2,200 - €3,199 5
- €1,400 - €2,199 6
- €800 - €1,399 7
- €400 - €799 8
- €200 - €399 9
- €100 - €199 10
- 0 - €99 11

<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"/>	7
<input type="checkbox"/>	8
<input type="checkbox"/>	9
<input type="checkbox"/>	10
<input type="checkbox"/>	11

<input type="text" value="€"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="text" value="€"/> <input type="text"/>	<input type="text" value="€"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="text" value="€"/> <input type="text"/>	<input type="text" value="€"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="text" value="€"/> <input type="text"/>	<input type="text" value="€"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="text" value="€"/> <input type="text"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="text" value="€"/>	<input type="text" value="€"/>	<input type="text" value="€"/>	<input type="text" value="€"/>
<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11

C48 Is this sum of money.....

- a. Before tax 1
- b. After tax 2
- c. Not taxable 3 → C50

₁
₂
₃

C49 What was the amount of tax paid during the last 12 months?

€

HOUSEHOLD TRANSFERS

C50 Did you make regular payments to another household during the last 12 months?

- Yes 1
- No 2 → C52

₁
₂

C51 Indicate the amount paid each period (e.g. per week, per month, year, etc.) and the number of payments during the last 12 months. Do not include non-regular payments like money gifts, etc.

- Amount each time
- Number of payments

€

C52 Did you receive regular payments from anybody in another private household during the last 12 months?

- Yes 1
- No 2 → C54

₁
₂

C53 Indicate the amount paid each period (e.g. per week, per month, year, etc.) and the number of payments during the last 12 months. Do not include non-regular payments like money gifts, etc.

- a. Amount each time
- b. Number of payments

€

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HOUSEHOLD TRANSFERS

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OTHER TAXES

C54 Did you pay and/or receive any other taxes (e.g. tax rebate) that where not mentioned before during the last 12 months?

- a. Yes, paid 1
- b. Yes, received..... 2
- c. No..... 3 → D1

1
 2
 3

C55 Indicate how much tax did you pay/receive during the last 12 months?

€

OTHER TAXES

1

2

3

1

2

3

1

2

3

1

2

3

€

€

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SECTION D

INDIVIDUAL EXPENDITURE

HOLIDAYS OUTSIDE THE COUNTRY

D1 Did you travel abroad for any reason, excluding business purposes, during the last 3 months?

Yes.....1

No.....2 → D4

 1

 2

D2 How many times did you travel abroad during the last 3 months?

D3.1 First Visit abroad:

a. Which country did you travel to?

Tick box if the trip was a cruise

b. How many nights did you spend during this visit?

c. Did you leave Malta by air or by sea?

Air.....1

Sea.....2

 1

 2

d. How much did you pay on travel insurance?

 €

e. Did you travel on a package tour?

Yes.....1

No.....2

 1

 2

f. Were all expenses covered in the tourist package?

Yes.....1 → D3.1g

No.....2 → D3.1h

 1

 2

g. What was the amount that you spent on the package?
(Write only the part spent by yourself) → D3.2

 €

h. What was the amount that you spent on air or sea fare?
(Write only the part spent by yourself)

 €

i. What was the amount that you spent on accommodation?
(Write only the part spent by yourself)

 €

SECTION D
INDIVIDUAL EX-

HOLIDAYS OUTSIDE THE COUNTRY

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D3.2 Second Visit abroad:

a. Which country did you travel to?

Tick box if the trip was a cruise

b. How many nights did you spend during this visit?

c. Did you leave Malta by air or by sea?

Air1

Sea2

d. How much did you pay on travel insurance?

e. Did you travel on a package tour?

Yes1

No2

f. Were all expenses covered in the tourist package?

Yes1

No2

g. What was the amount that you spent on the package?
(Write only the part spent by yourself)

h. What was the amount that you spent on air or sea fare?
(Write only the part spent by yourself)

i. What was the amount that you spent on accommodation?
(Write only the part spent by yourself)

 1 2 1 2 1 2

→ D3.2g

→ D3.2h

→ D3.3

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D3.3 Third Visit abroad:

a. Which country did you travel to?

Tick box if the trip was a cruise

b. How many nights did you spend during this visit?

c. Did you leave Malta by air or by sea?

Air1

Sea2

d. How much did you pay on travel insurance?

e. Did you travel on a package tour?

Yes.....1

No.....2

f. Were all expenses covered in the tourist package?

Yes.....1 → **D3.3g**

No.....2 → **D3.3h**

g. What was the amount that you spent on the package?
(Write only the part spent by yourself) → **D3.4**

h. What was the amount that you spent on air or sea fare?
(Write only the part spent by yourself)

i. What was the amount that you spent on accommodation?
(Write only the part spent by yourself)

1

2

1

2

1

2

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INBOUND TOURISM

D4 Did you spend at least one night at a place outside your home in Malta or Gozo for any reason, except for business purposes, during the last month?

Yes.....1

Le2 → **D6**

 1

 2

D5.1 First visit:

a. Was this visit in Malta or in Gozo?

b. How many nights did you spend?

c. How much money did you spend on travelling to go there and back? (Write only the part spent by yourself, exclude petrol costs and bus fares)

d. Accomodation was in a hotel or in an apartment?

Hotel..... 1

Appartment..... 2

e. What was the amount that you spent on accommodation? (Write only the part spent by yourself)

f. What was the total amount that you spent on anything else? (Write only the part spent by yourself on food during your visit)

 €

 1

 2

 €

 €

D5.2 Second visit:

a. Was this visit in Malta or in Gozo?

b. How many nights did you spend?

c. How much money did you spend on travelling to go there and back? (Write only the part spent by yourself, exclude petrol costs and bus fares)

d. Accomodation was in a hotel or in an apartment?

Hotel..... 1

Appartment..... 2

e. What was the amount that you spent on accommodation? (Write only the part spent by yourself)

f. What was the total amount that you spent on anything else? (Write only the part spent by yourself on food during your visit)

 €

 1

 2

 €

 €

INBOUND TOURISM

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D5.2 Third visit:

- a. Was this visit in Malta or in Gozo?
- b. How many nights did you spend?
- c. How much money did you spend on travelling to go there and back? (Write only the part spent by yourself, exclude petrol costs and bus fares)
- d. Accommodation was in a hotel or in an apartment?
 Hotel 1
 Apartment 2
- e. What was the amount that you spent on accommodation? (Write only the part spent by yourself)
- f. What was the total amount that you spent on anything else? (Write only the part spent by yourself on food during your visit)

	€
	<input type="checkbox"/> 1
	<input type="checkbox"/> 2
	€
	€

LICENSES

D6 Did you pay any of the following licenses during the last 12 months? (exclude licenses paid from the business or by the employer)

- a. Vehicles (used primarily for non-business purposes)
- b. Driving
- c. Watercraft (used primarily for non-business purposes)
- d. Shotguns or firearms
- e. Pet
- f. Trapping/hunting
- g. Other (e.g. radio transmitter, satellite, etc.)

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LICENSES

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INSURANCE

D7 How much did you pay for the following premiums during the last 12 months? (If the premium is shared, write only the part spent by yourself. Exclude licenses paid from the business and by the employer).

- a. Health insurance
- b. Life insurance
- c. Vehicle insurance (1st vehicle) (e.g. car, motorcycle etc.)
- d. Watercraft insurance
- e. Other insurance (exclude travel and home insurances)

Specify

€
€
€
€
€

HEALTH

D8 Have you consulted a general practitioner (exclude specialists and consultants) during the last month?

Yes.....1

No.....2 → D10

<input type="checkbox"/>	1
<input type="checkbox"/>	2

D9.1 First visit:

a. Did you go to the clinic?..... 1

Did the general practitioner (GP) visit you at home? 2

b. What was the price charged for the visit? (if visit was free of charge insert 0)
Note: Write down the amount after any deductions from health insurance.

<input type="checkbox"/>	1
<input type="checkbox"/>	2
€	

D9.2 Second visit:

a. Did you go to the clinic?..... 1

Did the general practitioner (GP) visit you at home? 2

b. What was the price charged for the visit? (if visit was free of charge insert 0)
Note: Write down the amount after any deductions from health insurance.

<input type="checkbox"/>	1
<input type="checkbox"/>	2
€	

INSURANCE

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HEALTH

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D9.3 Third visit:

- a. Did you go to the clinic?..... 1
- Did the general practitioner (GP) visit you at home? 2
- b. What was the price charged for the visit? (if visit was free of charge insert 0)
Note: Write down the amount after any deductions from health insurance.

 1 2

D10 Did you go to the dentist during the last month?

- Yes..... 1
- No..... 2 → D12

 1 2

D11.1 First visit:

- a. **What was the price that was charged for the dentist's service?**
Note: Write down the amount after any deductions from health insurance.

- b. **Did you need to make any of the following treatments?**

- X-rays 1
- Dentures (including braces) 2
- Other treatments 3
- No..... 4

 1 2 3 4

D11.2 Second visit:

- a. **What was the price that was charged for the dentist's service?**
Note: Write down the amount after any deductions from health insurance.

- b. **Did you need to make any of the following treatments?**

- X-rays 1
- Dentures (including braces) 2
- Other treatments 3
- No..... 4

 1 2 3 4

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D12 Have you used the services of a specialist/consultant (e.g. cardiologist, neurologist, ophthalmologist etc.) during the last month?

Yes.....1

No.....2 → D14

 1 2

D13.1 First visit:

a. What was the price that was charged?

Note: Write down the amount after any deductions from health insurance.

D13.2 Second visit:

a. What was the price that was charged?

Note: Write down the amount after any deductions from health insurance.

D14 Did you require the services of a medical analysis laboratory or x-rays centre (e.g. blood tests, ultra sound, MRI, etc) during the last month?
Exclude x-rays taken at the dentist

Yes.....1

No.....2 → D16

 1 2

D15.1 First visit:

What was the price charged for this visit?

Note: Write down the amount after any deductions from health insurance.

D15.2 Second visit:

What was the price charged for this visit?

Note: Write down the amount after any deductions from health insurance.

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D16 Did you use the services of medical auxiliaries (e.g. nurses, midwives, pathologists, speech therapists, opticians, physiotherapists, etc.) during the last month?

Yes.....1

No.....2 → D18

 1 2

D17.1 First visit:

What was the amount that you paid?

Note: Write down the amount after any deductions from health insurance.

Specify the service used

D17.2 Second visit:

What was the amount that you paid?

Note: Write down the amount after any deductions from health insurance.

Specify the service used

D18 Did you require any medical attention or operation during the last month?

Yes.....1

No.....2 → D20

 1 2

D19.1 First visit:

What was the amount that you paid?

Note: Write down the amount after any deductions from health insurance.

D19.2 Second visit:

What was the amount that you paid?

Note: Write down the amount after any deductions from health insurance.

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FINANCIAL SERVICES

D20 Did you require any of the following financial services, not for business purposes, during the last 12 months? If yes, provide amount paid.

a. Loan

Yes 1

No 2

Amount

 1 2

b. Administrative bank services (e.g. opening of bank accounts, etc.)

Yes 1

No 2

Amount

 1 2

c. Credit/debit cards services (e.g. visa payments, issue of new/lost cards, etc.)

Yes 1

No 2

Amount

 1 2

d. Other financial services

Yes 1

No 2

Amount

 1 2

FINANCIAL SERVICES

1

2

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1

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D21 Did you require any other non-financial service, not for business purposes, during the last 12 months?

a. Fees for legal services, employment agencies, etc.

Yes 1

No 2

Amount

 1

 2

b. Charges for undertaking and funeral services

Yes 1

No 2

Amount

 1

 2

c. Fees from estate agents, housing agents, etc.

Yes 1

No 2

Amount

 1

 2

d. Fees for issue of birth, death and marriage certificate

Iva 1

Le 2

Ammont

 1

 2

e. Payments for newspaper notices and advertisements

Yes 1

No 2

Amount

 1

 2

f. Payments for tattoo, perciengs, etc.

Yes 1

No 2

Amount

 1

 2

question continues...

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...

g. Payments for botox, plastic surgery, etc.

Yes 1

No 2

Amount

 1 2

h. Other professional services (**not legal**) (e.g. architect, notary services, etc.)

Yes 1

No 2

Amount

 1 2

i. Other **non-financial** services (private detectives, auctioneers, salesrooms operators, etc.)

Yes 1

No 2

Amount

 1 2

<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <div style="border: 1px solid black; padding: 2px; width: fit-content;">€</div>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <div style="border: 1px solid black; padding: 2px; width: fit-content;">€</div>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <div style="border: 1px solid black; padding: 2px; width: fit-content;">€</div>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <div style="border: 1px solid black; padding: 2px; width: fit-content;">€</div>
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EDUCATION-RELATED EXPENDITURE

D22 Did you attend an academic course (include State, Church or Independent school) during the last 12 months?

- Government1
- Church2
- Independent3
- No.....4 → **D27**

- 1
- 2
- 3
- 4

D23 Which level did you attend?

- Pre-primary 1
- Primary 2
- Special schools for persons with disability 3
- Secondary 4
- Post-secondary (general)..... 5
- Post-secondary (vocational)..... 6
- Tertiary 7
- Masters..... 8
- Ph.D..... 9
- Other level10
- Specifika

- 1
- 2
- 3
- 4
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- 6
- 7
- 8
- 9
- 10

EDUCATION-RELATED EXPENDITURE

- 1
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- 4

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 - 10
-

D24 Was this course done mainly over the internet (i.e. online course)?

Yes.....1

 1

No.....2

 2

D25 What was the amount of money paid for educational fees and donations during the last 12 months? If no payment was made, write '0' in the amount.

D26 How much did you pay for school transport during the last 12 months? (exclude public transport) If no payment was made, write '0' in the amount.

D27 Did you buy any academic books during the last 12 months?

Yes.....1

 1

No.....2 → D29

 2

D28 How much money did you spend on these books during the last 12 months?

D29 Did you attend any academic private lessons during the last 12 months?
Excluding driving lessons.

Yes.....1

 1

No.....2 → D32

 2

D30 How much money did you spend on these lessons during the last 12 months?

<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
€	€	€	€
€	€	€	€
<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
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€	€	€	€

D31 Could you provide an indication of the amount of money that you spent on these lessons during the last 12 months?

Answer this question only if the previous was not known.

- | | | | |
|-----------------------|----|--------------------------|----|
| €1,200+ | 1 | <input type="checkbox"/> | 1 |
| €1,000 - €1,199 | 2 | <input type="checkbox"/> | 2 |
| €900 - €999 | 3 | <input type="checkbox"/> | 3 |
| €800 - €899 | 4 | <input type="checkbox"/> | 4 |
| €700 - €799 | 5 | <input type="checkbox"/> | 5 |
| €600 - €699 | 6 | <input type="checkbox"/> | 6 |
| €500 - €599 | 7 | <input type="checkbox"/> | 7 |
| €400 - €499 | 8 | <input type="checkbox"/> | 8 |
| €300 - €399 | 9 | <input type="checkbox"/> | 9 |
| €200 - €299 | 10 | <input type="checkbox"/> | 10 |
| €100 - €199 | 11 | <input type="checkbox"/> | 11 |
| €0 - €99 | 12 | <input type="checkbox"/> | 12 |

D32 Did you attend summer school during the last 12 months?

- | | | | |
|---|---|--------------------------|---|
| Yes, sport or other related courses | 1 | <input type="checkbox"/> | 1 |
| Yes, other courses | 2 | <input type="checkbox"/> | 2 |
| No | 3 | <input type="checkbox"/> | 3 |

→ D34

D33 How much money did you spend on this service during the last 12 months?

€

<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<div style="border: 1px solid black; padding: 5px; width: 100%;">€</div>	<div style="border: 1px solid black; padding: 5px; width: 100%;">€</div>	<div style="border: 1px solid black; padding: 5px; width: 100%;">€</div>	<div style="border: 1px solid black; padding: 5px; width: 100%;">€</div>

OTHER COURSES (EXCLUDING SPORTS)

D34 Did you attend any locally organised non-academic courses during the last 12 months?
(Include non-academic private lessons)

- | | | | |
|-----------------------------------|---|--------------------------|---|
| Yes, dance course | 1 | <input type="checkbox"/> | 1 |
| Yes, music course | 2 | <input type="checkbox"/> | 2 |
| Yes, art course | 3 | <input type="checkbox"/> | 3 |
| Yes, other cultural courses | 4 | <input type="checkbox"/> | 4 |
| Yes, other courses | 5 | <input type="checkbox"/> | 5 |
| No | 6 | <input type="checkbox"/> | 6 |

→ D37

D35 How much did you spend on these courses during the last 12 months?

€

D36 Could you provide an indication of the amount of money that you spent on these courses during the last 12 months?
(Answer only if the previous question was not known)

- | | | | |
|-----------------------|---|--------------------------|---|
| €1,500+ | 1 | <input type="checkbox"/> | 1 |
| €1,250 - €1,499 | 2 | <input type="checkbox"/> | 2 |
| €1,000 - €1,249 | 3 | <input type="checkbox"/> | 3 |
| €750 - €999 | 4 | <input type="checkbox"/> | 4 |
| €500 - €749 | 5 | <input type="checkbox"/> | 5 |
| €250 - €499 | 6 | <input type="checkbox"/> | 6 |
| €0 - €249 | 7 | <input type="checkbox"/> | 7 |
-

OTHER COURSES (EXCLUDING SPORTS)

<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
€	€	€	€
<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"/> 7	<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"/> 7	<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"/> 7	<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"/> 7

DRIVING LESSONS

D37 Did you attend any driving lessons during the last 12 months?

Yes.....1

No.....2 → D40

 1 2**D38** How much did you spend on these lessons during the last 12 months?€ **D39** Could you provide an indication of the amount of money that you spent on these courses during the last 12 months?
(Answer only if the previous question was not known)

€1,500+1

€1,250 - €1,4992

€1,000 - €1,2493

€750 - €9994

€500 - €7495

€250 - €4996

€0 - €2497

 1 2 3 4 5 6 7

SPORTS LESSONS

D40 Did you attend any sport lessons during the last 12 months?

Yes.....1

No.....2 → D45

 1 2

DRIVING LESSONS

<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<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"/> ₇	<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"/> ₇	<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"/> ₇	<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"/> ₇

SPORTS LESSONS

<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
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D41 How much did you spend on these lessons during the last 12 months?

€

D42 Could you provide an indication of the amount of money that you spent on these courses during the last 12 months?

(Answer only if the previous question was not known)

- €1,500+ 1
- €1,250 - €1,499 2
- €1,000 - €1,249 3
- €750 - €999 4
- €500 - €749 5
- €250 - €499 6
- €0 - €249 7

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D43 Did you have any refund on these sport lessons during the last 12 months?

Iva 1

Le 2 → D45

1
 2

D44 Enter the total amount of refund that was paid to you during the last 12 months?

€

€	€	€	€
<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"/> 7	<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"/> 7	<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"/> 7	<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"/> 7
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
€	€	€	€

FEES

D45 Indicate the total amount of membership fees paid by yourself during the **last 12 months.**

Note: If there wasn't a membership payment, write '0' as amount.

- a. Social and sports club membership (e.g. gym, etc.)
- b. Other club membership
- c. Trade union membership
- d. Magazine and periodical membership (exclude memberships for business purposes)
- e. Gozo ferry pass
- f. Other membership not mentioned above (e.g. Fondazzjoni Wirt Artna, etc)
- g. Vehicle towing agencies

Tick box if this amount is included in the vehicle insurance

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Person 2

Person 3

Person 4

Person 5

FEES

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SECTION E
DWELLINGS

E1 What is the type of your main dwelling?

- Terraced house..... 1
- Semi-detached house (include: villa, bungalow, converted farmhouse, etc.)..... 2
- Fully-detached house (include: villa, bungalow, converted farmhouse, etc.)..... 3
- Ground-floor tenement having its own airspace (without an overlying habitation)..... 4
- Ground-floor tenement without its own airspace (having an overlying habitation)..... 5
- Maisonette..... 6
- Flat/penthouse in a building with 10 dwellings or more..... 7
- Flat/penthouse in a building with less than 10 dwellings..... 8
- Farmhouse (unconverted)..... 9
- Suite of rooms forming part of a housing unit..... 10
- Garage..... 11
- Cellar..... 12
- Boathouse..... 13
- Yacht..... 14
- Caravan, fixed or mobile..... 15
- Other type? 16 State which? →

E2 How many rooms does this dwelling contain? (Exclude those used for business and/or professional purposes)

Note: A room should be large enough to hold a bed (at least 4 square metres) and whose height is at least 2 metres high. Combined/open plan rooms should be counted separately.

- **Include:** kitchens, bedrooms, dining rooms, living or sitting rooms, habitable rooms in cellar or basement, other spaces used or intended for habitation.
- **Exclude:** kitchenettes, corridors, verandahs, halls, washrooms, bathrooms, showers, toilets and garages.

E3 In which year was the dwelling constructed?

- | | |
|--|---|
| 1918 or before..... <input type="checkbox"/> 1 | 1971 - 1980..... <input type="checkbox"/> 7 |
| 1919 - 1945..... <input type="checkbox"/> 2 | 1981 - 1990..... <input type="checkbox"/> 8 |
| 1946 - 1955..... <input type="checkbox"/> 3 | 1991 - 1995..... <input type="checkbox"/> 9 |
| 1956 - 1960..... <input type="checkbox"/> 4 | 1996 - 2000..... <input type="checkbox"/> 10 |
| 1961 - 1965..... <input type="checkbox"/> 5 | 2001 - 2005..... <input type="checkbox"/> 11 |
| 1966 - 1970..... <input type="checkbox"/> 6 | after the year 2005..... <input type="checkbox"/> 12 → year _____ |

E4 In which year did you buy/inherit or were given this dwelling?

Sena

E5 Is this dwelling...

- Yours, purchased..... ₁ → E6
- Yours, given for free (include inheritance) ₂
- Rented furnished (below €185 per month) ₃
- Rented furnished (€185 or more per month) ₄
- Rented unfurnished (below €185 per month) ₅
- Rented unfurnished (€185 or more per month) ₆
- Used free of charge ₇
- } → E17

E6 Do you have an outstanding loan on this dwelling?

- Yes, to the bank ₁ Yes, to someone or an institution ₃
- Yes, to the government ₂ No ₄ → E17

E7 Enter the MINIMUM monthly loan repayment on the house loan.

€

E8 Enter the TOTAL MONTHLY repayment on the loan (include also any added sums of money that are given to the bank on a regular basis in order to end the loan before the stipulated time).

€

E9 If any extra payments were made, apart from those mentioned in E8. ENTER THE TOTAL AMOUNT that was paid during last year.

€

E10 What was the initial loan amount, that is, the principal?

€

E11 In which year was the initial loan taken out?

Year

E12 Over how many years was the loan to be repaid, that is, the term of the loan?

Term of loan

E13 What is the annual interest rate on this loan? (If the interest rate is a variable rate, take the current interest rate, and if the interest rate is subsidised, give the total interest rate)

Percentage annual interest rate

E14 Do you have any subsidy on this interest rate?

YES from government <input type="checkbox"/> ₁ → E15	YES from workplace <input type="checkbox"/> ₂ → E15	NO <input type="checkbox"/> ₃ → E17
---	--	--

E15 Indicate the reference number of the person that received this benefit.

Reference number

E16 Indicate the net rate at which you are paying the loan

Net rate

SECONDARY DWELLINGS:

E17 Do you have a secondary dwelling (e.g. holiday flat) that is not used for business purposes?

- Yes, owned by the family ₁
 - Yes, rented during for the whole year ₂
 - Yes, rented for some months during the year but used on regular basis by the household ₃
 - Yes, on a timeshare basis ₄
 - No ₅
-

GARAGES

E18 Indicate the number of garages for personal use...?

- a. You own and form part of the main dwelling
- b. You own and do not form part of the main dwelling
- c. You rent and form part of the main dwelling
- d. You rent and do not form part of the main dwelling
- e. No garages for private use

PURCHASING OF PROPERTY AND/OR LAND:

E19 Indicate whether you have bought any property and/or land (not for business purposes) during the last 12 months

Type	Total Price	Notary service	from which:		
			Tax	Commissions	Other services
a. Land	€	€	€	€	€
b. Main dwelling	€	€	€	€	€
c. Secondary dwelling	€	€	€	€	€
d. Other dwelling	€	€	€	€	€
e. Garage	€	€	€	€	€
f. Parking space	€	€	€	€	€

CONSUMER DURABLES

E20 Indicate the number of vehicles that were used by household members during the last 12 months

- a. Motor cars
- b. Vans
- c. Trucks
- d. Motorcycles
- e. Watercraft/Aircraft

Owned	Used free of charge

E21 If any vehicle used by household member for private purpose undertaken a VRT test during the last 12 months, write the total cost spent on VRT test for all the vehicles that were tested.

€

E22 Indicate the number of household commodities that are used by household members (in main dwelling, secondary dwelling, etc.)

Number

- a. Television
- b. Satellite dish/antenna
- c. Water heater (Geaser)
- d. Solar water heater
- e. Gas water heater
- f. Central air-conditioning system
- g. Air-conditioning system
- h. Solar/photovoltaic panels (write down the number of units installed)

SECTION F

RENT ON MAIN DWELLING

Questions F1 to F5 are applicable ONLY to persons residing in rented dwellings

F1 How much was your last rent payment on your main dwelling?

F2 How many weeks did this amount cover?

F3 Does this rent cover:

	Yes	No
a. Water and electricity?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Telephone?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Cable TV?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Gas?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. House insurance?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Regular maintenance and repairs?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Condominium?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

F4 Did you have any subsidies on your rent during the last 12 months?

Yes, from local government1 ₁

Yes, from your employer2 ₁

No.....3 ₁ → F6

F5 What is the amount of subsidies that you received during the last 12 months?

OTHER ACTUAL RENTALS, EMPHYTEUSIS AND CONDOMINIUM PAYMENTS

F6 Rents	Yes	No	Amount of last payment	Number of months covered by this payment
a. Secondary residence (or other residences used on regular basis by the household)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
b. Garages not used for business purposes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
c. Other property not used for business purposes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	

F7 Emphyteusis	Yes	No	Amount of last payment	Number of months covered by this payment
a. Main residence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
b. Secondary residence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
c. Garages not used for business purposes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
d. Other property not used for business purposes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
e. The land on which the principal residence was constructed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
f. The land on which the secondary residence was constructed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
g. The land on which the garage/s (not used for business) was constructed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
h. Other land not used for business purposes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	

F8 Condominium payments	Yes	No	Amount of last payment	Number of months covered by this payment
a. Main residence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
b. Secondary residence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
c. Other property which is not used for business purposes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	

SECTION G

BILLS, INSURANCE AND FINANCIAL SERVICES

G1 Have you paid any bills (not for business purposes) for the following services in your main and secondary dwellings during the last 12 months?

Note: Give amount of a typical regular bill along with the corresponding number of months covered.

	Yes	No	Amount of last payment	Number of months covered by this bill
a. Cable/digital television	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
b. Satellite television (purchase of cards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
c. Internet connection	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
d. Fixed telephone line	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
e. Fixed telephone line – pre-paid	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
f. Mobile phone – pre-paid	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
g. Mobile phone - contract	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
h. Bundles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	
Specify _____				

G2 Write down the amount of money you paid for water and electricity bills both in your main and secondary dwellings during the last 12 months?

Note: Give amount of a typical regular bill along with the corresponding number of months covered.

Type of dwelling	Amount of last payment	Number of months covered
a. Main dwelling	€	
b. Secondary dwelling	€	
c. Garage	€	
d. Other	€	

G3 Have you paid any installation charges (not for business purposes) for the following services both in your main and secondary dwelling during the last 12 months?

	Yes	No	Amount of last payment
a. Cable television	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
b. Telephone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
c. Internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
d. Electricity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
e. Water	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
f. Mobile phone (connection fee)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€

G4

Indicate whether you have any of the following insurance policies. If yes, indicate the amount paid in the last payment and the number of months covered by this payment.

	Yes, insurance covers both property and inside content	Yes, basic insurance covering only the property	No	Amount of last payment	Number of months covered
a. Main residence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	
b. Secondary residence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	
c. Other property not used for business purposes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	
d. Other insurance (e.g. civil liability or third party insurance)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	

SECTION H

MAINTENANCE AND REPAIRS

H1 Did you carry out any maintenance and/or repairs (e.g. painting, repair of water pipes and electricity systems, etc.) in your main residence, not used for business purposes, during the last 12 months?

(Exclude the amount of money spent on material when maintenance and repairs were carried out by a household member).

Note: If any member in the house is currently paying for work on a new home, the proportion of costs covered by this person has to be included.

	Yes, for the first time and/or to the modify the structure of the property	Yes, to replace/maintain old work	No	Material	Payment for work*	Tickbox <input checked="" type="checkbox"/> if price given includes BOTH material and service costs
a. Plastering	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
b. Painting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
c. Apertures	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
d. Furniture	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
e. False ceilings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
f. Floor tiling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
g. Parquet tiling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
h. Electricity system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
i. Water system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
j. Bathroom installations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
k. Fireplace installation, both gypsum and stone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
l. Masonry/gypsum units installation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
m. Other masonry work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
			Code			
n. Other work (i) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		€	€	<input type="checkbox"/>
o. Other work (ii) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		€	€	<input type="checkbox"/>

* Give the total amount paid for the work done. Include amount paid for material supplied by the service provider

H2

Did you carry out any maintenance and/or repairs (e.g. painting, repair of water pipes and electricity systems, etc.) in your secondary residence, not used for business purposes, during the last 12 months?

(Exclude the amount of money spent on material when maintenance and repairs were carried out by a household member).

Note: If any member in the house is currently paying for work on a new home, the proportion of costs covered by this person has to be included.

	Yes, for the first time and/or to the modify the structure of the property	Yes, to replace/maintain old work	No	Material	Payment for work*	Tick box <input checked="" type="checkbox"/> if price given includes BOTH material and service costs
a. Plastering	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
b. Painting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
c. Apertures	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
d. Furniture	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
e. False ceilings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
f. Floor tiling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
g. Parquet tiling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
h. Electricity system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
i. Water system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
j. Bathroom installation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
k. Fireplace installation, both gypsum and stone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
l. Masonry/gypsum units installation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
m. Other masonry work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	€	€	<input type="checkbox"/>
			Code			
n. Other work (i) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		€	€	<input type="checkbox"/>
o. Other work (ii) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		€	€	<input type="checkbox"/>

* Give the total amount paid for the work done. Include amount paid for material supplied by the service provider

H3

Did you carry out any maintenance and/or repairs on household appliances during the last 3 months?

(Enter the total cost if maintenance or repairs have been carried out more than once during the last 3 months)

	Yes	No	Amount paid
i. Television	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
ii. Computer machinery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
iii. Gas and/or electric cooking equipment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
iv. Fridge/Freezer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
v. Dishwasher	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
vi. Washing machine and/or Tumble dryer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
vii. Water heater (electric or gas)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
viii. Water heater (panels)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
ix. Air-conditioning system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
x. Solar/photovoltaic panels	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
xi. Other electric household appliances	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
xii. Other non-electronic personal appliances in the household	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
xiii. Other system (i) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€
xiv. Other system (ii) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€

H4

Did you carry out any maintenance and/or repairs (e.g. mechanic, panel beater, etc.) on vehicles or watercrafts/aircrafts that are not used for business purposes during the last year? (Include also payments made by insurances).

Codes:	1 Car	2 Van/Truck	3 Motorcycle	4 Bicycle	5 Watercraft	6 Aircraft
Codes of Service	Describe the type of service			Code - For office use ONLY	Cost of material*	Cost of service (e.g. mechanic)*
a.					€	€
b.					€	€
c.					€	€
d.					€	€
e.					€	€
f.					€	€

* Give the total amount paid for the work done. Include amount paid for material supplied by the service provider

SECTION I

PURCHASE OF HOUSEHOLD APPLIANCES, FURNITURE AND CARS

I1 Did you purchase any of the following household appliances during the last 12 months? If yes, then indicate the amount spent by the members within your household.

a) Communications/Audiovisual equipment					
	Yes	No	Number	Cash price	Hire-purchase price*
i. Mobile (include any smart-phones and android phones)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
ii. Camera/digital camera	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iii. Satellite receiver/aerial	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iv. Television	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
v. Internet streaming TV box (e.g. Android, Apple TV)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
vi. Video/cassette and/or player and recorder	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
vii. Video camera	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Code					
viii. Other (i) _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
ix. Other (ii) _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

b) Large household appliances					
	Yes	No	Number	Cash price	Hire-purchase price*
i. Air-condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
ii. Dishwasher	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iii. Electric oven and/or grill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iv. Gas cooker and/or grill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
v. Fridge-freezer and/or freezer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
vi. Fridge without freezer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
vii. Gas/electric fireplace, gas hob and/or kerosene heater	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
viii. Washing machine and/or tumble dryer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
ix. Solar water heater	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
x. Solar/Photovoltaic panels	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Code					
xi. Other (i) _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
xii. Other (ii) _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

* Hire and purchase price should only be included whenever applicable.

c) Small household appliances

	Yes	No	Number	Cash price	Hire-purchase price*
i. Fan	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
ii. Food mixer and/or juice extractor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iii. Iron	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iv. Microwave	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
			Code		
v. Other (i) _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
vi. Other (ii) _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

d) IT equipment

	Yes	No	Number	Cash price	Hire-purchase price*
i. Computer/Laptop/Netbook	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
ii. Notebook or tablet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iii. Printer and/or scanner and/or photocopier	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
			Code		
iv. Other (i) _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
v. Other (ii) _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

PURCHASE OF VEHICLES:

I2 Did any household member purchase a new or second hand vehicle for non-business purposes during the last 12 months?

For each of these vehicles please provide the following information:

Vehicle	New	Second Hand	Petrol/LPG	Diesel	Electric	≤1,500cc	>1,500cc	Cash Price	Hire and purchase price*
a. No.1	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€ <input type="text"/>	€ <input type="text"/>
b. No.2	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€ <input type="text"/>	€ <input type="text"/>
c. No.3	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€ <input type="text"/>	€ <input type="text"/>

* Hire and purchase price should only be included whenever applicable.

FURNITURE:

I3 Did any household member purchase any of the following fitted furniture during the last 12 months?

For each of these items, please provide the following information:

	Yes	No	Cash price	Hire-purchase price*
i. Kitchen	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	€
ii. Dining room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	€
iii. Bedroom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	€
iv. Sitting/Living room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	€
v. Study	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	€	€
vi. Other	Code		€	€
_____	<input type="text"/>			

LOOSE FURNITURE:

I4 Did any household member purchase any of the following loose furniture during the last 12 months?

For each of these items, please provide the following information:

	Yes				No	Number	Cash price	Hire-purchase price*
	Metal	Wood	Plastic	Glass				
i. Kitchen	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅		€	€
ii. Dining room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅		€	€
iii. Sofas and/or chairs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅		€	€
iv. Loose furniture for the bathroom (e.g. vanity units)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅		€	€
v. Accessories for the bathroom (e.g. baths, shower base, etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅		€	€
vi. Other loose furniture	Code						€	€
_____	<input type="text"/>							
vii. Other	Code						€	€
_____	<input type="text"/>							

* Hire and purchase price should only be included whenever applicable.

CARPETS AND FLOOR COVERINGS:

15 Did any household member purchase any of the following carpets and floor coverings during the last 12 months?
For each of these items, please provide the following information:

	Yes	No	Number	Cash price	Hire-purchase price*
i. Fitted carpets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
ii. Loose carpets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iii. Carpets made from animal leather/fur	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Code					
iv. Other floor coverings (i) _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
v. Other floor coverings (ii) _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

HOME ORNAMENTS:

16 Did any household member purchase any of the following home ornaments during the last 12 months?
For each of these items, please provide the following information:

	Yes	No	Number	Cash price	Hire-purchase price*
i. Original paintings or sculptures and/or engravings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
ii. Reproduction of an artwork	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Code					
iii. Other _____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

* Hire and purchase price should only be included whenever applicable.

LIGHTING EQUIPMENT:

17 Did any household member purchase any of the following lighting equipment during the last 12 months?

For each of these items, please provide the following information:

	Yes	No	Number	Cash Price	Hire-purchase price*
i. Chandeliers and other electric ceiling or wall lightning fittings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
ii. Standing lamps or bedside lamps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iii. Other	Code				
_____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

HOUSEHOLD TEXTILES:

18 Did any household member purchase any of the following household textiles during the last 12 months?

For each of these items, please provide the following information:

	Yes	No	Number	Cash Price	Hire-purchase price*
i. Furnishing fabrics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
ii. Curtains	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iii. Mattresses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
iv. Other	Code				
_____	<input type="text"/>		<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

* Hire and purchase price should only be included whenever applicable.



SECTION J

INTERVIEWER'S REPORT

J1. Write down the number of minutes that were taken in order to fill in this questionnaire.

	minutes
--	----------------

J2. Other comments

--

Interviewer's signature _____



DETAILS OF THE PERSON WHO WILL BE RECEIVING THE PAYMENT													
Name													
Surname													
House No.				House name									
Street													
Locality								Postcode					
Telephone No.													

Interviewer's signature

HOUSEHOLD
BUDGETARY
SURVEY
2015



Respondent's signature