



|  |  |  |  |  |  |  |  |  |  | Household-ID |  |  |  |  | Ind.-ID |  |
|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|---------|--|
|  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |         |  |

Interview Date:   /   /

Interviewer ID: \_\_\_\_\_

Respondent Name: \_\_\_\_\_

## "50+ in Europe"

# The Survey of Health, Ageing and Retirement in Europe

## Self-Administered Questionnaire

Main Survey 2015

### **How to FILL IN this questionnaire**

Most of the questions on the following pages can be answered by simply checking the box below or alongside the answer that applies to you.

**Please check ONE (1) box:**

**Correct**        ή   

**Incorrect**   

Please proceed question by question. Skip questions only if there is an explicit instruction to do so.

**The first part of the questionnaire (questions 1-10) is about and must be filled in by every individual who participate in the survey.**

**The second part (questions 11-26) is about the household in total and must be filled in by the individual who has the “financial respondent” role for the household according to the digital questionnaire.**

### **How to RETURN this Questionnaire**

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to him or her. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can. If you need a replacement envelope, please contact *Kapa Research*.

**PLEASE START THE QUESTIONNAIRE  
AT QUESTION 1 ON THE NEXT PAGE.  
ALL YOUR ANSWERS WILL REMAIN CONFIDENTIAL.**

**THANK YOU AGAIN FOR YOUR HELP**

**1. Please select your employment situation in the following table as it was in the beginning of 2010 and as it is today.**

|   | Employment status in the beginning of 2010 | A                        |   | Employment status in 2015 | B                        |
|---|--|--------------------------|---|---------------------------|--------------------------|
|   |  | ▼                        |   |                           | ▼                        |
| 1 | Full time employee                         | <input type="checkbox"/> | 1 | Full time employee        | <input type="checkbox"/> |
| 2 | Part time employee                         | <input type="checkbox"/> | 2 | Part time employee        | <input type="checkbox"/> |
| 3 | Unemployed                                 | <input type="checkbox"/> | 3 | Unemployed                | <input type="checkbox"/> |
| 4 | Retired from own work                      | <input type="checkbox"/> | 4 | Retired from own work     | <input type="checkbox"/> |
| 5 | Disability pensioner                       | <input type="checkbox"/> | 5 | Disability pensioner      | <input type="checkbox"/> |
| 6 | Homemaker                                  | <input type="checkbox"/> | 6 | Homemaker                 | <input type="checkbox"/> |

**2. In which public Fund you are you currently registered for old age pension?**

|   |  |
|---|--|
|   | ▼  |
| 1 | IKA <input type="checkbox"/>   |
| 2 | Funds consolidated to IKA (TAP-OTE, DEH, Banks, etc.) <input type="checkbox"/> |
| 3 | Civil Servants (General Accounting Office) <input type="checkbox"/>            |
| 4 | OAAE (TEVE, TAE, TSA) <input type="checkbox"/>                                 |
| 5 | OGA <input type="checkbox"/>   |
| 6 | ETAA (TSMEDE, TSAY, TAN) <input type="checkbox"/>                              |
| 7 | NAT <input type="checkbox"/>   |
| 8 | Other <input type="checkbox"/>   |
| 9 | I don't know in which public Fund I'm registered <input type="checkbox"/>      |

**3. Are you registered for / receiving an old age supplementary pension except the public old age pension?**

|   |   |
|---|---|
|   | ▼   |
| 1 | Yes – ETEA (former ETEAM & consolidated Funds) <input type="checkbox"/>     |
| 2 | Yes – Other supplementary Fund <input type="checkbox"/>                     |
| 3 | No <input type="checkbox"/>   |
| 4 | I don't know if I have any supplementary insurance <input type="checkbox"/> |

**4. At what rate your monthly pension or salary has been reduced since the beginning of 2010 (before taxes)?**

|  | ▼                        |
|--|--------------------------|
| 1 It has not been reduced – I receive the same amount  | <input type="checkbox"/> |
| 2 Just the holiday bonuses                             | <input type="checkbox"/> |
| 3 Less than 10%  | <input type="checkbox"/> |
| 4 10-25%   | <input type="checkbox"/> |
| 5 25-40%   | <input type="checkbox"/> |
| 6 Over 40%   | <input type="checkbox"/> |
| 7 I don't have a job / I no longer have a pension plan | <input type="checkbox"/> |

**5. Was there a time during the last 5 years (since 2010) in which you had to use one of the following health care services but you postponed it or you didn't use it because of the cost?**

|  | Yes<br>▼                              | No<br>▼                               | Not<br>app.<br>▼                      |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| 1 Visit a doctor (except hospital)               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 2 Take medication (with or without prescription) | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 3 Visit a dentist                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 4 Do diagnostic exams suggested by doctors       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 5 Buy new or change eyeglasses                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 6 Be admitted to a hospital                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |

**6. During the last years, since 2010, was there a significant change as concerns your health status?**

1. Yes <sub>1</sub> 2. NO <sub>5</sub>

**7. If so, what change was that?**

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**8. Concerning that change, would you say that it is related to the crisis?**

1. Certainly – undeniably <sub>1</sub> 2. Perhaps <sub>2</sub> 3. No <sub>3</sub>

**9. During the last twelve months, in order to keep your expenses down, have you...**

|  | Yes<br>▼                              | No<br>▼                               | Not app.<br>▼                         |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| 1 continued wearing clothing that was worn out because you could not afford replacement? | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 2 continued wearing shoes that were worn out because you could not afford replacement?   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 3 gone without or not replaced glasses you needed because you could not afford new ones? | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |

**10. You believe that the crisis brings closer your family members or drift them apart?**

1. It brings them closer  2. It drifts them apart  3. Neither one nor the other

**11. Compared to 2010, the financial situation of your household is...**

|                      | ▼                        |
|----------------------|--------------------------|
| 1 Dramatically worse | <input type="checkbox"/> |
| 2 Much worse         | <input type="checkbox"/> |
| 3 Somewhat worse     | <input type="checkbox"/> |
| 4 About the same     | <input type="checkbox"/> |
| 5 Somewhat better    | <input type="checkbox"/> |
| 6 Much better        | <input type="checkbox"/> |

**12. Please classify by the following income brackets your approximate total, net, monthly household income in 2010, 2012 and 2014:**

|                               | 2010<br>▼                             | 2012<br>▼                             | 2014<br>▼                             |
|-------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1 Less than 300€              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 2 301-630€                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 3 631-800€                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 4 801-1000€                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 5 1001-1220€                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 6 1221-1500€                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 7 1501-1800€                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 8 1801-2300€                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 9 2301-3700€                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 10 Over 3701€                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 11 Don't know/ Don't remember | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**13. Using a scale from 1 to 10 where 1 means “poor”, 5 means “average income” of Greek households, and 10 means “wealthy”, where would you place your household according to its current income?**

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| ▼                        | ▼                        | ▼                        | ▼                        | ▼                        | ▼                        | ▼                        | ▼                        | ▼                        | ▼                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**14. Were there times since 2010, where you had to borrow money, in order to pay for a regular or an unexpected obligation, by...**

|                                  |                          |
|----------------------------------|--------------------------|
|                                  | ▼                        |
| 1 No, it was not necessary       | <input type="checkbox"/> |
| 2 Yes, by my close family circle | <input type="checkbox"/> |
| 3 Yes, by other relatives        | <input type="checkbox"/> |
| 4 Yes, by friends                | <input type="checkbox"/> |
| 5 Yes, by banks or credit cards  | <input type="checkbox"/> |
| 6 Yes, by pawn shop              | <input type="checkbox"/> |
| 7 Yes, by money lenders          | <input type="checkbox"/> |

**15. If so, how often have you borrowed?**

|             |                          |
|-------------|--------------------------|
|             | ▼                        |
| 1 Often     | <input type="checkbox"/> |
| 2 Sometimes | <input type="checkbox"/> |
| 3 Rarely    | <input type="checkbox"/> |
| 4 Never     | <input type="checkbox"/> |

**16. Have you or any other household member been forced to sell a valuable asset since 2010 in order to finance an important necessity?**

|   |                          |
|---|--------------------------|
|   | ▼                        |
| 1 Yes                                     | <input type="checkbox"/> |
| 2 No                                      | <input type="checkbox"/> |
| 3 I would like to sell but didn't make it | <input type="checkbox"/> |
| 4 I have no assets                        | <input type="checkbox"/> |

**17. Were there times since 2010 where you were owed money from various sources which you expected for a significant amount of time and have been delayed for over 3 months?**

|   |                         | ▼                        |
|---|-------------------------|--------------------------|
| 1 | Employers               | <input type="checkbox"/> |
| 2 | State, tax authorities  | <input type="checkbox"/> |
| 3 | Public fund             | <input type="checkbox"/> |
| 4 | Bank, insurance company | <input type="checkbox"/> |
| 5 | Friends                 | <input type="checkbox"/> |
| 6 | Family                  | <input type="checkbox"/> |
| 7 | Other relatives         | <input type="checkbox"/> |
| 8 | None of these           | <input type="checkbox"/> |

**18. Is there any member of your household (you or your children/grandchildren if there is any) who lost his/her job during the crisis? ;**

1. Yes <sub>1</sub> 2. No <sub>5</sub>

**19. Is there any member of your household who lost his/her social insurance for health care since 2010 (that is became uninsured)?**

1. Yes <sub>1</sub> 2. No <sub>2</sub> 3. Don't know <sub>3</sub>

**20. Since 2010 have you been forced to move out from your house and move in (co-residence) with relatives (parents/children) in order to save money or because the lack of it?**

1. Yes <sub>1</sub> 2. No <sub>5</sub>

**21. Thinking the last years since 2010, have you accumulated debts towards to tax authorities, social security funds, banks, PPC or any other utilities?**

|   |                        | ▼                        |
|---|------------------------|--------------------------|
| 1 | Tax                    | <input type="checkbox"/> |
| 2 | Fund                   | <input type="checkbox"/> |
| 3 | Banks                  | <input type="checkbox"/> |
| 4 | PPC or other utilities | <input type="checkbox"/> |
| 5 | There are no debts     | <input type="checkbox"/> |

**22. During the crisis have you limited any of the following activities?**

Yes No Not app.

|  | ▼                                     | ▼                                     | ▼                                     |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| 1 Dining out, cinema, theater  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 2 Less frequent holidays   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 3 Sold a car or motorcycle   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 4 Less frequent gifts exchanges  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |
| 5 Postponed expensive activities for the future, such as home repairs, appliances replacements | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>5</sub> |

**23. Has any of the following happened to you since 2010 cause of inability to repaid debts?**

(Please code all that apply)

|   |                          |
|---|--------------------------|
| 1 Power supply interruption                   | <input type="checkbox"/> |
| 2 Phone supply interruption                   | <input type="checkbox"/> |
| 3 Water supply interruption                   | <input type="checkbox"/> |
| 4 Money confiscation / assets attachment      | <input type="checkbox"/> |
| 5 Home eviction or place of business eviction | <input type="checkbox"/> |
| 6 No  | <input type="checkbox"/> |

**24. In general, which of the following monthly expenditures you are trying to cover first according to their priority? (up to 2 answer categories)**

|   | ▼                        |
|---|--------------------------|
| 1 Food or other goods of daily consumption  | <input type="checkbox"/> |
| 2 Household bills for basic utilities such as electricity, water supply, heating etc. | <input type="checkbox"/> |
| 3 House rent  | <input type="checkbox"/> |
| 4 Loan or credit card instalment  | <input type="checkbox"/> |
| 5 Taxes (income or property)  | <input type="checkbox"/> |
| 6 Medication / exams / medical expenses   | <input type="checkbox"/> |
| 7 Economic support to relatives   | <input type="checkbox"/> |
| 8 Other.....  | <input type="checkbox"/> |

**25. How much your living standards have been affected by tax raises and the raised prices of services and basic goods?**

|  | Very<br>▼                             | A little<br>▼                         | Not at all<br>▼                       |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| 1 Property tax   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 2 Income tax   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 3 Indirect taxes (that is VAT, tax on cigarettes etc.) | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| 4 Heating cost (i.e. taxes on heating oil/gas)         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |



**26. How do you think your household's financial situation will be in a year from now?**

|   |                    | ▼                        |
|---|--------------------|--------------------------|
| 1 | Dramatically worse | <input type="checkbox"/> |
| 2 | Much worse         | <input type="checkbox"/> |
| 3 | Somewhat worse     | <input type="checkbox"/> |
| 4 | About the same     | <input type="checkbox"/> |
| 5 | Somewhat better    | <input type="checkbox"/> |
| 6 | Much better        | <input type="checkbox"/> |

**27. Finally, please state your sex and birth year:****a) I am...**

|        |                                       |
|--------|---------------------------------------|
| Male   | <input type="checkbox"/> <sub>1</sub> |
| Female | <input type="checkbox"/> <sub>2</sub> |

**b) I was born in**     **(year)**

**Thank you very much for taking the time  
to answer our questions.**

**Please give the questionnaire to the interviewer or post it  
back in the envelope provided.**