

**PART I
DEMOGRAPHIC BACKGROUND**

(To be completed for all members of the household)

S/n	First name	Relation-ship to reference person in household (see codes)	Who is the spouse or cohabiting partner of the member (s/n)	Who is the father of the member (s/n)	Who is the mother of the member (s/n)	Sex Male=1 Female=2	Year of birth	Code of date of birth (see codes)	Marital status (see codes)	For persons 15+			Nationality	Years of residence in Cyprus (If born in Cyprus = 00)	For those not born in Cyprus State the country of birth	Country of residence one year ago (for babies under 12 months =99)	If member was residing in Cyprus one year ago give the municipality/community (for babies under 12 months =99)	Person who answered the questions (see codes)
										Highest level of education (see codes)	Name of school and field of education he/she has completed	Year during which he/she has completed highest level of education						
1-2		3	4-5	6-7	8-9	10	11-14	15	16	307-308	309-311	312-315	17-18	19-20	21-22	120-121	122-123	23
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there, in this household, any babies or small children or any other member who serves in the National Guard who have not been mentioned above? If YES, write down their personal data as household members. YES NO

Column 3: Reference person or head = 1, Spouse (or cohabiting partner) of reference person = 2, Children of reference person or of spouse/partner = 3, Parents of reference person or of spouse/partner = 4, Other relatives = 5, Other non-relatives, domestic servants etc. = 6

Columns 4-5, 6-7, 8-9: Write the serial number of the member from col. 1-2 according to the reply (spouse, father, mother) or use code 99 when the relationship is not applicable.

Column 15: If the person's birthday falls between 1st January and the last day of the reference week = Code 1, if after the last day of the reference week = Code 2.

Column 16: Single = 1, Married = 2, Widowed = 3, Divorced or legally separated = 4

Column 17-18: If person has both Cypriot and other nationality, state the Cypriot.

Column 19-20: If born in Cyprus use code 00. If not born in Cyprus: write exact no. of years of stay if between 01 and 10 and use code 11 if member has been in Cyprus for more than 10 years.

Column 23: The member directly = 1, Another member of the household = 2, Child under 15 years = 9.

Columns 307-308: Not completed Primary School 00, Primary School 11, Lower Secondary (first 3 grades) 21, Apprenticeship programme or afternoon and evening classes of technical schools 22, Upper Secondary, Technical or Vocational education 32, Post-secondary (not tertiary) 43, Tertiary 2-3 years for specific occupation (HTI, HHHC etc.) or College 2-3 years 51, University or College 4 years (incl. Postgraduate degree) 52, Doctorate (PhD) 60.

Column 309-311: To be completed if codes in columns 307-308 are 22-60.

Column 312-315: To be completed if codes in columns 307-308 are 11-60.