

A. Identification

1. Section identification details

Province					
Section order number					
Town					
District/section					
Fortnightly group					

DIGITAL IMAGING LABEL

2. Household and home details

House code						
House serial number						
Household serial number						
Effective collaboration code						
Theoretical collaboration code						

3. Respondant's details

Name and serial number of respondent to questionnaire					
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4. Other details

Year					
Interviewer name and code					
Home telephone number					
Completion of questionnaire start date (day and month)					

Nature, characteristics and purpose

The Family Budget Survey is a state statistical source, designed with the fundamental aim of obtaining information for the study and monitoring of household expenses.

Legislation

Statistical Secret

Personal details obtained by the statistical services will be subject to and under the protection of the **statistical secret** (Art. 13.1 of the Law of Public Statistics of 9 May 1989 - LFEP). All statistics employees are obliged to uphold the statistical secret (Art. 17.1 of the LFEP).

Obligation to provide information

Laws 4/1990 and 13/1996 establish an **obligation to provide** information that is required for the completion of this Statistical Study. The statistical services may request information from individual and legal persons both native and foreign that are resident in Spain (Art. 10.1 of the LFEP).

All individual and legal persons that provide information **must answer truthfully, precisely and within the allocated time period** the questions set out in the appropriate manner by the statistical services (Art. 10.2 of the LFEP). To ensure the LFEP laws are followed (Art. 48) the NIS is granted the authority to impose penalties.



B. Household Composition Table

1. Table of people present in the home

Interviewer: Read the following to the respondent. Tell me the names of all of the people currently present (including domestic help, lodgers and guests, if there are any)

1. Name	2. Do you consider this house to be your main residence? (Bear in mind you only have one main residence)	3. Do you share household expenses and/or income?	4. Who are you? 1. Household member (not domestic help, a lodger or a guest). 2. Domestic help. 3. Lodger. 4. Guest.	5. Serial number
<hr/> <hr/> <hr/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END (other home)	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
<hr/> <hr/> <hr/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END (other home)	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
<hr/> <hr/> <hr/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END (other home)	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
<hr/> <hr/> <hr/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END (other home)	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
<hr/> <hr/> <hr/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END (other home)	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
<hr/> <hr/> <hr/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END (other home)	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
<hr/> <hr/> <hr/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END (other home)	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
<hr/> <hr/> <hr/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END (other home)	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
<hr/> <hr/> <hr/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END (other home)	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
<hr/> <hr/> <hr/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END (other home)	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>

2. Table of people absent from the home

Interviewer: *Read the respondent the following: Tell me if there are any people that are currently temporarily absent (that have not permanently left the home).*
If yes, note their names.

1. Name	2. What is the reason for their temporary absence?	3. What is the total time predicted for their temporary absence?	4. Do you share household expenses and/or income?	5. Who are you? 1. Household member (not domestic help, a lodger or a guest). 2. Domestic help. 3. Lodger. 4. Guest.	6. Serial number (correlative to the previous table)
	1. Work, study or travel reasons <input type="checkbox"/> 1 → Go to 4 6. Other reasons: hospitalised or in a clinic, or resident in another type of institution, such as prison etc. <input type="checkbox"/> 6	1. Less than or equal to 6 months <input type="checkbox"/> 1 6. Longer than 6 months <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
	1. Work, study or travel reasons <input type="checkbox"/> 1 → Go to 4 6. Other reasons: hospitalised or in a clinic, or resident in another type of institution, such as prison etc. <input type="checkbox"/> 6	1. Less than or equal to 6 months <input type="checkbox"/> 1 6. Longer than 6 months <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
	1. Work, study or travel reasons <input type="checkbox"/> 1 → Go to 4 6. Other reasons: hospitalised or in a clinic, or resident in another type of institution, such as prison etc. <input type="checkbox"/> 6	1. Less than or equal to 6 months <input type="checkbox"/> 1 6. Longer than 6 months <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>
	1. Work, study or travel reasons <input type="checkbox"/> 1 → Go to 4 6. Other reasons: hospitalised or in a clinic, or resident in another type of institution, such as prison etc. <input type="checkbox"/> 6	1. Less than or equal to 6 months <input type="checkbox"/> 1 6. Longer than 6 months <input type="checkbox"/> 6 → END	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END	Note the corresponding code <input type="checkbox"/>	<input type="text"/> <input type="text"/>

C. Identification of the principle provider

Provide the name and surnames of the household member 16 years of age or above who regularly contributes the most to the household budget and is not domestic help, a lodger or guest. If the person who contributes the most to the household budget is not a member of the household, give the name and surnames of the household member in whose name the contributions (income) are made in order to pay the household expenses. If they are made to a minor, give the name, surnames and serial number of the household member of 16 years of age or more that is responsible for said minor.

1. Name	<input type="text"/>	2. Order number	<input type="text"/>
First surname	<input type="text"/>		
Second surname	<input type="text"/>		

Household member: special cases

1. Students absent from the family home who during term-time reside at:

" A collective institution (hall of residence, boarding school etc.), or share a flat with other students or live alone: if they are financially dependant on the main residence they are members of the family home. If they are financially independent and share an apartment, they are not members of the family home.

However, in these kinds of homes various situations may arise: all of the students that share the flat may be household members of their parents' home (house would not be surveyed); some students are members of their parents' home and others are household members of the place where the interview takes place (house to be surveyed and may be formed of one or more homes paying attention to the criteria of shared expenses).

" A relation's home: if they are financially dependant on the family home (for example, receiving periodic sums of money from it) they are members of this household. Otherwise they are household members of the relative's house in which they are residing.

2. Other non-student absentees that maintain close links with the household (for example, a spouse or child living in another city for work purposes): if they are financially dependant on the household (contributing with their income etc) they are members of the home from which they are absent. Otherwise, they are members of the other home.
3. Domestic help, lodgers and guests: in general they share the minimum household expenses, so are household members if they consider this home to be their main residence.
4. Those present or absent who reside in various family houses over the year, are considered to be members of the household in which they or their spouses subjectively consider themselves to be members.
5. Persons present with no main residence: a person shown to be residing in a household at the time of the survey who for any reason does not have a home they consider to be their main residence, will use this as their main residence.

D. Details of the household members

Interviewer: Consult section B, tables 1 and 2, and transcribe in an organized fashion the names and serial numbers of the people that are household members (that have been assigned an serial number). Fill in the details of each in this table following from one person to the next vertically.

Name and serial number of current household members	Name _____ _____ Serial number <input type="text"/> <input type="text"/>	Name _____ _____ Serial number <input type="text"/> <input type="text"/>	Name _____ _____ Serial number <input type="text"/> <input type="text"/>	Name _____ _____ Serial number <input type="text"/> <input type="text"/>
1. What is your date of birth?				
1. Month _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. Year _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Sex				
1. Male _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
6. Female _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
3.a What is your country of birth?				
Spain _____	<input type="checkbox"/> Spain	<input type="checkbox"/> Spain	<input type="checkbox"/> Spain	<input type="checkbox"/> Spain
Other country (specify) _____	_____ Name of country	_____ Name of country	_____ Name of country	_____ Name of country
3.b What is your nationality?				
1. Spanish _____	<input type="checkbox"/> 1 → Go to 5	<input type="checkbox"/> 1 → Go to 5	<input type="checkbox"/> 1 → Go to 5	<input type="checkbox"/> 1 → Go to 5
2. Foreign _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Spanish and foreign _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. State the country or countries of which you have foreign nationality				
1. Country _____	_____	_____	_____	_____
2. Country _____	_____	_____	_____	_____
5. Current residency (Interviewer consult section B, tables 1 and 2, and note the result).				
1. Present (from table 1) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
6. Absent (from table 2) _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
6. What is your legal status?				
1. Single _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Married _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Widower/widow _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Separated _____	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Divorced _____	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5



Details of the household members

Name	Name	Name	Name	Name	Name
Serial number	Serial number	Serial number	Serial number	Serial number	Serial number
<div>0</div> <div>1</div>	<div>0</div> <div>1</div>	<div>0</div> <div>1</div>	<div>0</div> <div>1</div>	<div>0</div> <div>1</div>	<div>0</div> <div>1</div>
<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>
<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>
<div>4</div>	<div>4</div>	<div>4</div>	<div>4</div>	<div>4</div>	<div>4</div>
<div>5</div>	<div>5</div>	<div>5</div>	<div>5</div>	<div>5</div>	<div>5</div>
<div>6</div>	<div>6</div>	<div>6</div>	<div>6</div>	<div>6</div>	<div>6</div>
<div>7</div> <div>8</div>	<div>7</div> <div>8</div>	<div>7</div> <div>8</div>	<div>7</div> <div>8</div>	<div>7</div> <div>8</div>	<div>7</div> <div>8</div>
<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div>
<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>

E. Details of main provider

Interviewer: The questions in this section refer **exclusively** to the main sustainer, identified in Section C.

Query only for the main sustainer, the answer given in question 12 of section D.

If the answer is:

1. Working (code 1) or In work which he/she is absent from (code 2) → go to 2.
2. Retired, early retirement (code 4) → go to 2.
3. Any other situation: Unemployed (code 3), Student (code 5), Housekeeper (code 6), Permanent work disability (code 7) or other situation (code 8) → go to 1.

1. Have you ever worked?

YES ☐ 1

NO ☐ 6 → go to section F

2. What occupation, profession or job do you perform or did you perform in your last place of work?

(Be as detailed as possible. For example, Sales Assistant, Car Mechanic, Lathe Operator etc).

_____ ☐ ☐

3. To what activity is your place of work, or was your last place of work, dedicated?

(Be as detailed as possible. For example, manufacture of sports equipment, car hire, repair of electrical appliances etc).

_____ ☐ ☐

4. What is your professional capacity, or was your professional capacity in your last place of work?

Employee (wage-earning) _____ ☐ 1

Businessperson without wages or independent worker _____ ☐ 2

Employer _____ ☐ 3

Other situation (Family carer etc) _____ ☐ 4

} go to F

5. In what sector do you work or did you work in your last place of work?

Public sector _____ ☐ 1

Private sector _____ ☐ 2

6. What kind of contract do you have or did you have in your last place of work?

Indefinite _____ ☐ 1

Temporary _____ ☐ 2

No contract _____ ☐ 3

F Income of all household members

1. ¿Do the household members currently receive monetary income from the indicated sources?

	YES	NO
1. Self-employed _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Employed _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Contributory and non-contributory pensions (pension, disability, widowhood, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Unemployment assistance and benefits _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Other regular subsidies and benefits (grants, family allowances, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Capital and property income (rentals, dividends, interest etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Other regular income (regular transfers from other homes, institutions etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

Interviewer to check answer to question 1

If all the answers are NO > END

If there is only one answer with YES > go to 3.

If there is more than one answer with YES > go to 2.

2. What is the main source of regular income for the home?

Check the answers given in question 1 and put the order number that corresponds to the corresponding box. To calculate the principle source, **add all net incomes of the same type.**

Main source _____ ☐

3. Do you know the total monthly income for the household, adding together all the different sources (if there is more than one) and subtracting deductions for taxes, social contributions and other similar payments?

YES ☐

NO ☐ 6 > go to 5

4. What is the current total net income?

The total net monthly income will be noted in question i. The income received by all the household members should be counted, whether or not the income is used to pay for household expenses.

The **total monthly net income** received by all the household members will be noted in the corresponding box.

* In the case of income from employment, any extra payments or other extraordinary income that is regularly received will be apportioned.

* In the case of income from self-employment, the deductible expenses should be subtracted from the total.

Total monthly net income _____ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ → go to 6

5. Could you at least indicate in what income bracket the monthly income falls?

- Less than 500 € _____ ☐ 1
- From 500 to less than 1,000 € _____ ☐ 2
- From 1,000 to less than 1,500 € _____ ☐ 3
- From 1,500 to less than 2,000 € _____ ☐ 4
- From 2,000 to less than 2,500 € _____ ☐ 5
- From 2,500 to less than 3,000 € _____ ☐ 6
- From 3,000 to less than 5,000 € _____ ☐ 7
- From 5,000 to less than 7,000 € _____ ☐ 8
- From 7,000 to less than 9,000 € _____ ☐ 9
- 9,000 € and above _____ ☐ 10

6. ¿How many household members receive the monetary income?

One member ☐ 1 → END

More than one member ☐ 6 → go to 7

7. What quantity of the monthly income is received by each household member?

In the column **Serial number**, put the serial number assigned to each household **member that receives income** in Section D. Complete this note even if the respondent DOES NOT give either the income amount or bracket.

If the respondent gives the break-down of the quantities, enter them in the **Amount** column and if they are given in income brackets, enter the corresponding code in the income **Bracket** column, bearing in mind the amounts from the previous question.

1. Serial number of household members receiving income	2. Amount	3. Income bracket
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/>



