

## Appendix 1

### Demographic / socio-economic characteristics questionnaire

<b>1.</b>	Gender	<input type="checkbox"/>	<input type="checkbox"/>	<b>2.</b> Age	..... years
		Male	Female		
<b>3.</b>	Nationality	<input type="checkbox"/>	<input type="checkbox"/>	Other .....	
		Cypriot			
<b>4.</b>	Marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Married	Single	Divorced/ Separated	Widow    In cohabitation
<b>5.</b>	Total number of family children	.....	<b>6.</b> Number of family members living in the same house		.....
		Children			people
<b>7.</b>	Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		None	Primary	Secondary-Lower	Secondary-Upper
					Undergraduate    Postgraduate
<b>8.</b>	Employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Full time	Part time	Unemployed	I do not work
					<b>9.</b> Occupation
					.....

<b>10.</b> Family net monthly income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<1000	1001-1500	1501-2000	2001-2500	2501-3001	3001-5000	5001 και άνω
<b>11.</b> In the last 12 months, have you had any difficulties with the household's current expenses, such as paying bills, buying basic necessities, etc.?						<input type="checkbox"/>	<input type="checkbox"/>
						Yes	'No
<b>12.</b> How long have you been living at this address?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Less than 1 year	1-3 years	3-5 years	5-10 years	Over 10 years		
<b>13.</b> Do you live in a privately owned or rented house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Owed	Rented	Other .....				
<b>14.</b> House type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Detached house	Semi-detached house	Apartment building with less than 8 apartments	Apartment building with over than 8 apartments			

**15. How would you self-rate your general state of health?**

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Very good
<input type="checkbox"/>	Good
<input type="checkbox"/>	Moderate

	Poor
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16. Do you smoke; Yes  No

**16.1. If you answered YES above, please answer the questions below**

How many years do you smoke? .....

About how many cigarettes do you smoke a day?.....

**16.2. If you answered NO, please answer the questions below**

Have you been smoking in the past? Yes  NO

YES, for how many years in total did you smoke? .....

How many cigarettes did you smoke a day? .....

**17. Alcohol: in the last 12 months, how often have you consumed alcohol (beer, wine, alcoholic beverages, a cocktail containing alcohol)?**

	Everyday		2-3 per month
	5-6 times per week		Once per month
	3-4 times per week		3- 11 times per year
	2 times per week		Less than 2 times per year
	Once per week		Never

Think of a typical day to drink: approximately how many alcoholic beverages do you consume?

1 drink   2 drinks                      3-4 drinks                      5-6 drink                      7-9 drinks                      over 10 drinks