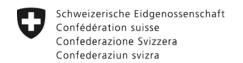


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SUPPLEMENTARY QUESTIONNAIRE FOR THE DI BENEFIT

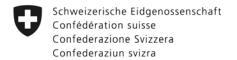
Please return to: Invalidity Insurance Office for Insured Persons Resident Abroad Av. Edmond-Vaucher 18, P.O. Box 3100, CH-1211 Geneva 2
Fax +41 58 461 99 50, e-mail oaie@zas.admin.ch

NAM	ME:	Date of birth:			
Our r	Our ref:				
<u>Impo</u>	portant:				
	e questionnaire must be completed accurately and in full. Please the form on page 5.	e print your answers, and sign and			
Youi	ur name and telephone number:				
e-ma	nail:				
1.	How many people are members of your household?				
	Adults:				
	Children:				
	Ages of children:				
	People needing permanent care:				
	Partner's/spouse's percentage of full-time working:				
2.	Has your family situation changed ?				
	No				
	Yes. please specify (e.g. divorce, end of studies, care for de	ependant. etc.) :			



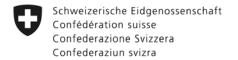
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3. Type of	f accommodation	on:					
Single-family	/ house	F	armhouse		number of floo	ors	
Flat/apartme	nt	floo	r		lift/elevator:	YES	no
Number of roo	ms:				square metr	es:	
Garden(sq	uare metres)		flower garden vegetable garden fruit trees other:				
Flooring:	wooden	tiled	t	car	peted	other	
4 Domes	4ia annlianaaa.						
	tic appliances:						
Washing mad	chine						
Tumble drier							
Dishwasher							
Freezer							
Microwave							
Vacuum clea	ner						
Sewing mach	nine						
Do you have a	any means of tra	nsport?	?	No	Yes (what so	ort?)	
Distance from	shops:		km				



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5. Chores	Time spent per week	Who helps you?
Food		
Food preparation / Laying table/clearing up	hrs./wk.	
Cleaning the cooker	hrs./wk.	
Looking after your accommodation		
Tidying up	hrs./wk.	
Dusting	hrs./wk.	
Vacuuming / Floor cleaning	hrs./wk.	
Cleaning the washrooms	hrs./wk.	
Bedmaking	hrs./wk.	
Major cleaning tasks (windows, etc.)	hrs./wk	
Pruning / Gardening / Sweeping outside the house	hrs./wk	
Pet care		
NumberType	hrs./wk.	
Shopping		
Daily top-up shop / Major shopping	hrs./wk.	
Official formalities (post office, bank, insurers)	hrs./wk.	
Laundry and looking after clothing		
Washing clothes	hrs./wk.	
Hanging out / Folding laundry	hrs./wk.	
Ironing	hrs./wk.	
Mending / Shoe cleaning	hrs./wk.	
Childcare / Looking after family members		
Description (e.g.: school run, nursing, keeping an eye on):		
	hrs/wk.	
Leisure activities:		
	hrs./wk.	

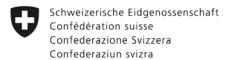


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6.	Your	finan	cial	circums	stances:
Ο.	·		v.u.	OII Gaiii	J.u. 1000.

7.

Income:	Currency	Amount (per month)	Comments		
Salary					
Spouse's/partner's salary					
Maintenance income					
Pension income					
Social security					
Other income					
Expenditure:					
Rent					
Mortgage payments					
Debts					
Maintenance payments					
Other expenditure					
Anything else you would like us to know:					



Federal Department of Finance FDF

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	answered the above questions truthfully and in full. I gth of inaccurate information or statements will have to be
Place and date:	Signature: