



## **SUPPLEMENTARY QUESTIONNAIRE FOR THE DI BENEFIT**

Please return to: Invalidation 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](mailto:oaie@zas.admin.ch)

NAME:

Date of birth:

Our ref:

### **Important:**

The questionnaire must be completed accurately and in full. Please print your answers, and sign and date the form on page 5.

**Your name and telephone number:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**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 dependant, etc.) :

\_\_\_\_\_



**3. Type of accommodation:**

Single-family house                      Farmhouse                      number of floors \_\_\_\_\_

Flat/apartment                      floor \_\_\_\_\_                      lift/elevator:    YES            no

Number of rooms: \_\_\_\_\_                      square metres: \_\_\_\_\_

Garden(square metres) \_\_\_\_\_    flower garden  
    vegetable garden  
    fruit trees  
    other: \_\_\_\_\_

Flooring:            wooden            tiled                      carpeted                      other \_\_\_\_\_

**4. Domestic appliances:**

Washing machine

Tumble drier

Dishwasher

Freezer

Microwave

Vacuum cleaner

Sewing machine

Do you have any means of transport?                      No    Yes (what sort?) \_\_\_\_\_

Distance from shops: \_\_\_\_\_ km



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



**6. Your financial circumstances:**

<u>Income:</u>	<u>Currency</u>	<u>Amount (per month)</u>	<u>Comments</u>
Salary	.....	.....	.....
Spouse's/partner's salary	.....	.....	.....
Maintenance income	.....	.....	.....
Pension income	.....	.....	.....
Social security	.....	.....	.....
Other income	.....	.....	.....
<u>Expenditure:</u>			
Rent	.....	.....	.....
Mortgage payments	.....	.....	.....
Debts	.....	.....	.....
Maintenance payments	.....	.....	.....
Other expenditure	.....	.....	.....

**7. Anything else you would like us to know:**



I, the undersigned, hereby declare that I have answered the above questions truthfully and in full. I understand that benefits granted on the strength of inaccurate information or statements will have to be returned.

Place and date:

Signature:

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