

WAVE	ENTITY	SERIAL	HOUSEHOLD	CHECK
2				

LIVING IN BOSNIA AND HERZEGOVINA

WAVE 2 QUESTIONNAIRE

2002

TRANSFER THE ID CODES OF ALL ADULTS AGED 15 AND OVER FROM THE CONTROL FORM ONTO THE CONNECTING INFORMATION, MODULE 1. INCLUDE OSMs AND NSMs.

THE FOLLOWING STATEMENT MUST BE READ TO ALL RESPONDENTS:

This interview is completely voluntary - if we should come to any question that you don't want to answer, just let me know and we'll go on to the next question.

LIVING IN BIH, WAVE 2
MODULE 2: HOUSING

1	INTERVIEWER CHECK THE CONTROL FORM is this same dwelling unit as last year?	<p>Yes.....1 »16</p> <p>No.....2</p>	<p>CODE</p> <input type="checkbox"/>
2	What is the construction type of primary dwelling? - CODE FROM OBSERVATION	<p>Multifamily residential building..1</p> <p>Individual dwelling.....2</p> <p>Block of houses.....3</p> <p>Part of a house.....4</p> <p>Other.....5</p>	<p>CODE</p> <input type="checkbox"/>
3	What is the condition of the unit? - CODE FROM OBSERVATION	<p>Very good condition.....1</p> <p>Appropriate for living.....2</p> <p>Inappropriate for living.....3</p> <p>Partly devastated.....4</p> <p>Major devastation.....5</p> <p>Under construction, mostly incomplete.....6</p> <p>Other.....7</p>	<p>CODE</p> <input type="checkbox"/>
4	Approximately when was this dwelling constructed?	<p>YEAR</p> <input type="text"/>	
5	What is the area of this dwelling, in square meters?	<p>SQUARE METERS</p> <input type="text"/>	
6	How many rooms in the dwelling unit are used by the household? [DO NOT INCLUDE BATHROOMS, HALLWAYS, CORRIDORS, CLOSETS, STORAGE SPACES, WC OR BALCONIES UNLESS ENCLOSED AND HEATED]	<p>NUMBER OF ROOMS</p> <input type="text"/>	

7	Does this dwelling have the following rooms or spaces?	<p>Yes.....1</p> <p>No.....2</p>	<p>CODE</p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j
8	What is the source of drinking water used by this household?	<p>Running water within unit.....1 »10</p> <p>Running water on property.....2 »10</p> <p>Public standpipe.....3</p> <p>Well or spring.....4</p> <p>Other.....5</p>	<p>CODE</p> <input type="checkbox"/>
9	How far away is this source of water?	<p>METERS</p> <input type="text"/>	

LIVING IN BIH, WAVE 2
MODULE 2: HOUSING

10	<p>What is the main source of heating for your dwelling?</p> <p>District heating by utility or boiler house.....1 »12</p> <p>Own central heating system.....2</p> <p>Separate heating devices.....3</p> <p>Other.....4</p> <p style="text-align: right;">CODE</p> <p style="text-align: center;"><input type="text"/></p>
11	<p>What is the main type of energy used?</p> <p>Electricity.....1</p> <p>Gas from networks.....2</p> <p>Coal, firewood, other solid fuel...3</p> <p>Other.....4</p> <p style="text-align: right;">CODE</p> <p style="text-align: center;"><input type="text"/></p>
12	<p>Is this dwelling connected to a sewer or sanitation system?</p> <p>Yes, public sewers.....1</p> <p>Yes, septic tank.....2</p> <p>No, latrine only.....3</p> <p>Other.....4</p> <p style="text-align: right;">CODE</p> <p style="text-align: center;"><input type="text"/></p>
13	<p>Does this household have access to a telephone? [EXCLUDE MOBILE PHONES]</p> <p>Yes, own phone.....1</p> <p>Yes, shared phone.....2</p> <p>No.....3</p> <p style="text-align: right;">CODE</p> <p style="text-align: center;"><input type="text"/></p>
14	<p>Do members of this household own a mobile phone(s)? [EXCLUDE COMPANY PHONES]</p> <p>Yes, one mobile phone.....1</p> <p>Yes, two or more mobile phones...2</p> <p>No.....3</p> <p style="text-align: right;">CODE</p> <p style="text-align: center;"><input type="text"/></p>
15	<p>Does this household have an Internet connection?</p> <p>Yes, a modem connection.....1</p> <p>Yes, an ISDN connection.....2</p> <p>Yes, other.....3</p> <p>No.....4</p> <p style="text-align: right;">CODE</p> <p style="text-align: center;"><input type="text"/></p>

16	<p>What is the legal status of this dwelling?</p> <p>Owned/co-owned outright by a household member.....1</p> <p>Under privatisation by household member.....2</p> <p>Tenancy right holder.....3 »25</p> <p>Renter.....4 »25</p> <p>Temporary occupant.....5 »25</p> <p>Uses free of charge (on loan from relatives or friends)...6 »24</p> <p>Illegal occupant (in abandoned house or flat).....7 »24</p> <p>Emergency lodging, collective centre for refugees, DPs.....8 »24</p> <p>Other.....9 »25</p> <p style="text-align: right;">CODE</p> <p style="text-align: center;"><input type="text"/></p>										
17	<p>Did you obtain this dwelling through a swap with another household?</p> <p>Yes.....1</p> <p>No.....2</p> <p style="text-align: right;">CODE</p> <p style="text-align: center;"><input type="text"/></p>										
18	<p>Did any household member use vouchers to purchase/privatize this dwelling?</p> <p>Yes.....1</p> <p>No.....2 »21</p> <p style="text-align: right;">CODE</p> <p style="text-align: center;"><input type="text"/></p>										
19	<p>Which household members used vouchers?</p> <p style="text-align: right;">ID</p> <table border="1" style="float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p style="text-align: right;">ID</p> <p>[WRITE IN THE ID CODES OF ANY PERSON WHO USED VOUCHERS]</p> <p style="text-align: right;">ID</p> <table border="1" style="float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>										
20	<p>What was the value of the vouchers used? [ESTIMATED NOMINAL VALUE]</p> <p style="text-align: right;">KM</p> <table border="1" style="float: right;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										

LIVING IN BIH, WAVE 2
MODULE 2: HOUSING

21	<p>Does any member of the household have a title or other legal document showing ownership of this dwelling?</p> <p>Yes.....1 No.....2 »23</p>	<p>CODE</p> <input type="text"/>
22	<p>Which household members hold the title?</p> <p>[INTERVIEWER WRITE IN THE ID CODES OF HOUSEHOLD MEMBERS WHO HOLD TITLE]</p>	<p>ID <input type="text"/><input type="text"/></p> <p>ID <input type="text"/><input type="text"/></p> <p>ID <input type="text"/><input type="text"/></p>
23	<p>Can you or other member of the household sell this dwelling:</p> <p>Yes, without limitations.....1 Yes, but with some limitations...2 No.....3</p> <p>[»27]</p>	<p>CODE</p> <input type="text"/>
24	<p>If you had to pay rent for this dwelling, how much would you have to pay a month?</p> <p>[»27]</p>	<p>KM <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
25	<p>Who is the owner of this dwelling?</p> <p>Private person or group.....1 Enterprise.....2 Public institutions (municipal)..3 Military flat.....4 Unknown.....5 Other.....6</p>	<p>CODE</p> <input type="text"/>
26	<p>What is the monthly rent paid by this household for this dwelling unit?</p>	<p>KM <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>

27	<p>How many hours a day, on average, was electricity available in your dwelling during the last month?</p>	<p>HRS <input type="text"/><input type="text"/></p>																																																
28	<p>How many hours a day, on average, did this dwelling receive water during the last month?</p>	<p>HRS <input type="text"/><input type="text"/></p>																																																
29	<p>How much did your household spend on the following in the last month the worst winter month?</p>	<p>LAST MONTH WORST MONTH</p>																																																
30	<p>And in the worst winter month?</p> <p>a Gas in containers.....</p> <p>b Oil, liquid fuels.....</p> <p>c Coal.....</p> <p>d Firewood.....</p> <p>e Water and sewerage.....</p> <p>f Electricity.....</p> <p>g Piped gas, (network).....</p>	<p>KM KM</p> <table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>																																															
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MODULE 2: HOUSING

31	How much did your household spend on the following in the last month?	
a.	Common Rooms Fees.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b.	Hot water.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c.	District Heat.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d.	Solid waste disposal.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e.	Telephone, [FIXED LINE ONLY].....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f.	Mobile phones.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g.	Internet.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h.	TV and radio subscriptions.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i.	House or flat insurance.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
j.	Land occupation fee.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
32	Does anyone in this household own another building or house?	CODE <input type="text"/>
	Yes.....1	
	No.....2 »35	
33	For which purpose is this dwelling used?	CODE <input type="text"/>
	Summer or vacation house.....1	
	Part year residence.....2	
	Rental property.....3	
	In use by family members free of charge.....4	
	Illegally occupied by other person (refugee, dp, other)....5	
	Not used, significantly destroyed.....6	
	Not used due to other reasons....7	
	Other.....8	

34	If you could sell this second dwelling today, what could you sell it for?	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
35	If you wanted to, could you afford to... Yes.....1 No.....2	CODE <input type="text"/>
a.	Have friends or family for a drink or meal at least once a month?	<input type="text"/>
b.	Pay for a week's annual holiday away from home?	<input type="text"/>
c.	Replace worn out furniture?	<input type="text"/>
d.	Buy new, rather than second hand clothes?	<input type="text"/>
e.	Eat meat, chicken or fish at least every second day?	<input type="text"/>
f.	Keep your house adequately warm?	<input type="text"/>
36	Many people these days are finding it difficult to keep up with their housing payments. In the last 12 months would you say you have had any difficulties paying for your accommodation? Yes.....1 No.....2 »39	CODE <input type="text"/>
37	Did you have to borrow money? Yes.....1 No.....2	CODE <input type="text"/>
38	Did you have to cut back on other household spending in order to make the payments? Yes.....1 No.....2	CODE <input type="text"/>

LIVING IN BIH, WAVE 2
MODULE 2: HOUSING

39	Does your accommodation have any of the following problems? Yes.....1 No.....2	CODE
a	Shortage of space.....	<input type="text"/>
b	Noise from neighbours.....	<input type="text"/>
c	Other street noise (traffic, businesses, factories etc).....	<input type="text"/>
d	Too dark, not enough light.....	<input type="text"/>
e	Lack of adequate heating facilities...	<input type="text"/>
f	War damage.....	<input type="text"/>
g	Leaky roof.....	<input type="text"/>
h	Damp walls, floors, foundations etc...	<input type="text"/>
i	Rot in window frames or doors.....	<input type="text"/>
j	Pollution, grime or other environmental problems caused by traffic or industry..	<input type="text"/>
k	Vandalism or crime in the area.....	<input type="text"/>
40	Is there a car or van normally available for private use by you or a member of your household? IF YES How many? None.....1 One.....2 Two or more....3	CODE <input type="text"/>
41	How much does your household spend on transport in an average week? [INCLUDE COST OF PETROL AND PUBLIC TRANSPORT]	KM <input type="text"/>

42	Please look at SHOWCARD A, have you purchased any of these items since September 1st 2001? Yes.....1 No.....2 »44	CODE <input type="text"/>
43	How much in total did you pay for this (these) item(s)? KM <input type="text"/>	
44	During the last 7 days how much did your household spend on food and groceries? INCLUDE ALL FOOD, BREAD, MILK, SOFT DRINKS ETC. EXCLUDE MEALS OUT, CIGARETTES AND ALCOHOL	KM <input type="text"/>
45	Do you have access to land on which to grow crops or rear animals? Yes.....1 No.....2 »47	CODE <input type="text"/>
46	From this land do you grow or rear? A little, but not enough to feed the household...1 Enough to feed the household.....2 Enough to feed the household and sell some.....3	CODE <input type="text"/>
47	INTERVIEWER CHECK Q1, is this the same address in which the household was interviewed last year? Yes.....1 »MODULE 3 No.....2	CODE <input type="text"/>

LIVING IN BiH, WAVE 2
 MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

6, Altogether, how many times have you been married? READ OUT... Once.....1 Twice.....2 Three times...3 More than three.....4	7, In what month and year did you marry (for the first time)?	8, Do you have, or have you ever had/fathered any children? Yes....1 No.....2 »11 <div style="border: 1px solid black; padding: 2px; width: fit-content;"> BIOLOGICAL CHILDREN ONLY: EXCLUDE STILL BIRTHS, ADOPTED, FOSTERED OR STEP CHILDREN </div>	9, How many children have you had/fathered in all? <div style="border: 1px solid black; padding: 2px; width: fit-content;"> BIOLOGICAL CHILDREN ONLY </div>	10, Can you please tell me the date of birth of your eldest (first born) child? <div style="border: 1px solid black; padding: 2px; width: fit-content;"> BIOLOGICAL CHILDREN ONLY </div>		
CODE	MONTH	YEAR	CODE	WRITE IN NUMBER	MONTH	YEAR

LIVING IN BiH, WAVE 2
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

<p>16, Do you intend to continue your education?</p> <p>Yes...1 »20 No....2</p>	<p>17, Why did you stop your education?</p> <p>Finished.....1 Too expensive.....2 Ni interest.....3 Other job.....4 Never went to school.5 Other.....6</p> <p style="text-align: center;">GO TO »20</p>	<p>18, Is this the same school you attended in the last school year (2001-2002)?</p> <p>Yes.....1 No.....2</p>	<p>19, What grade are you in? [IF RESPONDENT ATTENDS PART-TIME CODE AS OTHER]</p> <p>Primary.....1 Secondary compulsory.2 Secondary technical..3 Vocational.....4 Junior college.....5 University (include postgrad).....6 Other.....7</p>	<p>20, Have you gained any qualifications since September 2001?</p> <p>Yes..1 No...2 »22</p>	<p>21, What is the qualification that you gained?</p> <p>Primary school certificate.....1 Secondary school certificate.....2 Junior college.....3 Undergraduate diploma (include Master or Doctor of Science)..4 Other.....5</p>	<p>22, Have you done any training since September 1st 2001?</p> <p>Yes...1 No....2 »26</p>	
CODE	CODE	CODE	LEVEL	YEAR/ GRADE	CODE	CODE	CODE

LIVING IN BiH, WAVE 2
 MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

23, How was this this training provided? READ OUT... On site by company employee...1 On site by outside company...2 Off site arranged by employer.3 Off site arranged personally..4 Other.....5	24, Did you gain any qualifications from this training? Yes...1 No....2 »26	25, What type of qualification did you gain? WRITE IN	OFFICE CODE	26, INTERVIEWER CHECK: IS RESPONDENT A NSM [CODE 2 IN COLUMN 5 OF MODULE 1]? Yes...1 No....2 »MODULE 4	27, How many years of kindergarten or pre-school did you attend? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> IF NEVER ATTENDED WRITE 0 </div>	28, Have you ever attended school? Yes...1 No....2 »MODULE 4
CODE	CODE	WRITE IN QUALIFICATION	CODE	CODE	YEARS	CODE

LIVING IN BiH, WAVE 2
 MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

29, What is highest level (grade/years) of education you have completed? Primary.....1 Secondary compulsory....2 Secondary technical....3 Vocational.....4 Junior college.....5 University (include postgrad).....6 Other.....7	30, What is your area of specialization? General.....1 Education.....2 Arts & humanities.....3 Social science, economy, law.....4 Technical industry construction.....5 Agriculture.....6 Health & social protection.....7 Services.....8 Other.....9	31, What is the highest diploma you have obtained? No diploma.....1 Primary school certificate.....2 Secondary school certificate....3 Junior college.....4 Undergraduate diploma (include Master or Doctor of Science)...5
 LEVEL	GRADE/ YEAR	CODE

LIVING IN BiH, WAVE 2
MODULE 4: HEALTH

MODULE 4

<p>1 Please think back over the last twelve months about how your health has been. Compared to other people of your own age would you say that your health has on the whole been READ OUT...</p> <p>Excellent.....1 Good.....2 Fair.....3 Poor.....4 OR very poor.....5</p>	<p>2 Do you have health insurance?</p> <p>Yes...1 No....2</p>	<p>3, Do you have any chronic diseases?</p> <p>Yes...1 No...2 »5</p>	<p>4, Which diseases? SHOWCARD B</p> <p>High blood pressure..1 Arthritis.....2 Bronchial asthma....3 Chronic bronchitis...4 Ulcer.....5 Psychological disease/ psychophrenia.....6 Multipleschlerosis...7 Anaemia.....8 Diabetes.....9 Malignant tumor....10 Other.....11</p>	<p>5, During the last 12 months how many times did you visit a general practitioner at the ambulanta or DZ to get health care services?</p> <p>None..0 »7</p>	<p>6, How much money did you pay for visits to the ambulanta or DZ during the last 12 months?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>7, INTERVIEWER CHECK: IS THIS PERSON:</p> <p>Female aged 15-49.1 Other.....2 »11</p> <p>WRITE ANSWER AND FOLLOW SKIP PATTERN</p>		
CODE	CODE	CODE	RANKING			NUMBER OF TIMES	AMOUNT IN KM	CODE
			1	2	3			

LIVING IN BiH, WAVE 2
 MODULE 4: HEALTH

<p>8, During the previous 12 months, how many times did you visit a gynaecologist to obtain health care services?</p> <p>None...0 »11</p>	<p>9, Where did you visit this gynaecologist?</p> <p>Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>10, How much money did you pay for health services obtained from the gynaecologist during the last 12 months?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>11, During the last 12 months, how many times did you visit the dentist?</p> <p>None..0 »14</p>	<p>12, Where did you visit this dentist?</p> <p>Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>13, How much money did you pay for visits to the dentist during the last 12 months?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>14, During the last 12 months, how many times did you visit any other type of doctor?</p> <p>None..0 »17</p>
TIMES	CODE	AMOUNT IN KM	NUMBER	CODE	AMOUNT IN KM	NUMBER

LIVING IN BiH, WAVE 2
MODULE 4: HEALTH

<p>15, Where did you visit this other doctor?</p> <p>Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>16, How much money did you pay for costs associated with those visits to the other doctor during the last 12 months?</p> <div style="border: 1px solid black; padding: 5px;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>17, During the last 12 months, how many times did you visit a private nurse, paramedic, midwife?</p> <p>None..0 »20</p>	<p>18, Where did you visit the private nurse, paramedic, midwife?</p> <p>Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>19, How much money did you pay for visits to the private nurse, paramedic, midwife during the last 12 months?</p> <div style="border: 1px solid black; padding: 5px;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>20, During the 12 months how many times did you use services of a physical therapist, chiropractor, herbalist or home nurse?</p> <p>None..0 »22</p>	<p>21, During the last 12 months how much did you pay for these services?</p> <div style="border: 1px solid black; padding: 5px;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>
CODE	AMOUNT IN KM	NUMBER	CODE	AMOUNT IN KM	NUMBER	AMOUNT IN KM

LIVING IN BiH, WAVE 2
 MODULE 4: HEALTH

<p>30, What was the main reason you did not obtain them?</p> <p>Minor disorder, I treated it on my own....1 Minor disorder, did not treat it.....2 No health insurance.....3 Too far.....4 Poor service.....5 Too expensive.....6 Other.....7</p>	<p>31, During previous 4 weeks how many days you did not perform your usual daily activities due to illness?</p>	<p>32, Would you say that your health is better, worse or about the same as it was a year ago?</p> <p>Better.....1 Worse.....2 About the same..3</p>	<p>33, How many cigarettes did you smoke in last 7 days?</p> <p>If none..0 »35</p>	<p>34 At what age did you start smoking?</p>	<p>35 Do you consider yourself to be disabled?</p> <p>Yes....1 No.....2 »MODULE 5</p>
CODE	NUMBER OF DAYS	CODE	NUMBER	AGE	CODE

LIVING IN BiH, WAVE 2
 MODULE 4: HEALTH

<p>36 How would you describe your disability?</p> <p>Hearing impairment.....1 Profoundly deaf.....2 Visually impaired.....3 Blind.....4 Mobility impaired.....5 Housebound.....6 Learning disabilities.....7 War wounded.....8 Other [WRITE IN].....9</p>	<p>37, In what year did you become disabled?</p>
<p>CODE</p>	<p>YEAR</p>

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

MODULE 5				MAIN JOB		
1, During the previous week, did you work, do any income earning activity (at least one hour)? Yes..1 »5 No..2	2, During the previous week, did you work for any cash or in-kind payment or family benefit (at least 1 hour)? Yes....1 »5 No.....2	3, Though you did not work during the previous week, do you have a job to go back to? Yes...1 No....2 »37	4, Why didn't you work during the previous week? ECONOMIC AND GENERAL REASONS 'In waiting list.'.....1 Enterprise doesn't work because of war and other difficulties.....2 Bankruptcy, liquidation, closure of enterprise..3 PERSONAL REASONS Illness, injury, temporary unable to work.....4 Maternity leave.....5 Annual vacation.....6 Unpaid leave for personal reasons.....7 Taking care of family member.....8 Other.....9	5, What is your occupation in your main job?		
CODE	CODE	CODE	CODE	NAME	DESCRIPTION	OCC. CODE

DO NOT FILL IN CODE -
FOR SUPERVISOR USE ONLY



LIVING IN BiH, WAVE 2
 MODULE 5: LABOUR

<p>6, What is main activity of the unit in which you work?</p> <div style="border: 1px solid black; width: fit-content; margin: 10px auto; padding: 5px; text-align: center;"> DO NOT FILL IN CODE - FOR SUPERVISOR USE ONLY </div>		<p>7, What is your employment status?</p> <p>Owner/co-owner of enterprise which employs workers.....1 Owner/co-owner of enterprise which doesn't employ workers.2 »10 Owner/co-owner of "small business" (employs and doesn't employ workers).....3 Farmer on own farm.....4 Entrepreneur in free profession.....5 ----- Work for employer in private sector.....6 »9 Work in public enterprise, institution, organization.....7 »9 Unpaid supporting family member.....8 »9 Work for international organization..... 9 »9 ----- Do other activity, such as sale of agric. and other products, provide house,intellectual &other services...10 »10</p>	<p>8, How m worke for y inclu suppo famil membe</p> <p style="text-align: right; font-weight: bold;">»10</p>
DESCRIPTION	IND. CODE	CODE	

LIVING IN BiH, WAVE 2
 MODULE 5: LABOUR

14, Which of the listed benefits do you receive at your work? [FOR PERSONS ABSENT FROM WORK, WHAT THEY WOULD RECIEVE IF THEY WORKED]			15, What is the amount of your usual monthly NET salary or earning at your main job? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> IF NO EARNING WRITE 0 »19 </div>	16, What was the amount of your last paid monthly salary or earning?	17, When did you receive your last salary?	18, For which period is it?		
A. Salary or part of one	B. Health insurance	C. Pension insurance						
Yes....1 No.....2	Yes....1 No.....2	Yes....1 No.....2	KM	KM	MONTH	YEAR	MONTH	YEAR

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

					ADDITIONAL JOB
<p>19, How did you start doing your current job?</p> <p>You responded to an ad....1 Through Employment Bureau..2 Employer contacted you....3 Scholarship.....4 Through acquaintance, relative, friend.....5 Other.....6</p>	<p>20, How long have you been doing your current job?</p> <p>Less than 6 months..1 7 months to 11 months.....2 1 to 3 years.....3 4 to 5 years.....4 6 to 10 years.....5 11 to 20 years.....6 > 21 years.....7</p>	<p>21, What was your employment status before this job?</p> <p>You worked in public sector.....1 In public sector, but "wait-listed".....2 You worked for private employer.....3 In private sector as owner4 You worked as supporting member in family business, farm5 You attended education6 Unemployed registered with Employment Bureau7 Unemployed and not registered with Employment Bureau8 Housewife9 Other10</p>	<p>22, How many kilometres do you have to travel to your job? [ONE WAY ONLY]</p>	<p>23 How many minutes, on average, does it take you to get to your job?</p>	<p>24, During the previous week, besides your main job, did you have any other job for which you were paid in cash or in-kind?</p> <p>Yes...1 No.....2 »43</p>
CODE	CODE	CODE	km	MINUTES	CODE

LIVING IN BiH, WAVE 2
 MODULE 5: LABOUR

<p>25, How many additional jobs do you have?</p> <p>1.....1 »28 2.....2 3.....3 4 or more..4</p>	<p>26, During an average month, how many hours do you work at your additional jobs?</p> <p>1-10 hrs...1 11-20 hrs...2 21-30 hrs...3 31-40 hrs...4 41-50 hrs...5 50-60 hrs...6 More than 60 hrs....7</p>	<p>27, During an average month, how much do you earn in your additional jobs?</p>	<p>28, Regarding your (main) additional job, is it regular, seasonal or temporary? [MAIN ADDITIONAL JOB IS THAT CHOSEN BY RESPONDENT, IF CAN'T CHOOSE THE ONE WITH THE LONGEST HOURS, IF EQUAL HOURS THE ONE WHICH PAYS THE MOST]</p> <p>Regular....1 Seasonal....2 Temporary...3</p>
<p>CODE</p>	<p>CODE</p>	<p>KM</p>	<p>CODE</p>

LIVING IN BiH, WAVE 2
 MODULE 5: LABOUR

<p>29, What is your employment status in your (main) additional job?</p> <p>Owner/co-owner of enterprise which employs workers.....1 Owner/co-owner of enterprise which doesn't employ workers.2 Owner/co-owner of "small business" (employs and doesn't employ workers).....3 Farmer on own farm.....4 Entrepreneur in free profession.....5 ----- Work for employer in private sector.....6 Work in public enterprise, institution, organization.....7 Unpaid supporting family member.....8 Work for international organization.....9 ----- Do other activity, such as sale of agric. and other products, provide house, intellectual & other services..10</p>	<p>30, During the previous week, how many hours did you work at your (main) additional job?</p> <p>None.....0 1-10 hrs...1 11-20 hrs...2 21-30 hrs...3 31-40 hrs...4 41-50 hrs...5 More than 50 hrs....6</p>	<p>31, What is your occupation at your (main) additional work?</p>	<div data-bbox="1648 576 1873 662" style="border: 1px solid black; padding: 2px; text-align: center;"> TO BE FILLED IN BY SUPERVISOR </div> 
CODE	CODE	DESCRIPTION	OCC. CODE

LIVING IN BiH, WAVE 2
 MODULE 5: LABOUR

<p>32, What is the main activity of the unit where you perform your (main) additional work?</p> <div data-bbox="443 574 667 659" style="border: 1px solid black; padding: 2px; margin: 10px auto; width: fit-content;"> TO BE FILLED IN BY SUPERVISOR </div>	<p>33, What is the amount of your usual monthly NET salary or earning at your (main) additional job?</p> <div data-bbox="720 574 924 659" style="border: 1px solid black; padding: 2px; margin: 10px auto; width: fit-content;"> IF NO EARNING WRITE 0 »43 </div>	<p>34, What was the amount of your last paid monthly salary or earning for your (main) additional job?</p>	<p>35, When did you receive your last salary?</p>	<p>36, For which period is it?</p> <p style="text-align: center; font-size: 1.2em;">»43</p>			
DESCRIPTION	OCC. CODE	KM	KM	MONTH	YEAR	MONTH	YEAR

LIVING IN BiH, WAVE 2
 MODULE 5: LABOUR

<p>37, <u>INTERVIEWER CHECK: IS RESPONDENT A NSM [CODE 2 AT COLUMN 5 OF MODULE 1]?</u></p> <p>Yes....1 No.....2 »43</p>	<p>38, When did you work last time?</p> <p>IF NEVER WORKED WRITE 999999 AND »43</p>	<p>39, Why did you stop working?</p> <p>You were fired.....1 Enterprise closed.....2 Retired.....3 Fixed term contract expired.....4 Personal, family, health reasons.....5 Reduced workload.....6 Bankruptcy.....7 Displaced.....8 Other.....9</p>
<p>CODE</p>	<p>MONTH YEAR</p>	<p>CODE</p>

LIVING IN BiH, WAVE 2
 MODULE 5: LABOUR

40, What was your occupation at your last job? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> TO BE FILLED IN BY SUPERVISOR </div> <div style="text-align: center; margin-top: 5px;">↓</div>	41, What was the main activity of the unit in which your performed your last job? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> TO BE FILLED IN BY SUPERVISOR </div> <div style="text-align: center; margin-top: 5px;">↓</div>	42, What was your employment status at your last job? Work for employer in private sector.....1 Work in pubic enterprise, institution, organization.2 Other.....3			
NAME	DESCRIPTION	OCC. CODE	DESCRIPTION	IND. CODE	CODE

LIVING IN BiH, WAVE 2
 MODULE 5: LABOUR

<p>43, During the previous 4 weeks, did you try in any way to find job or start own business?</p> <p>Yes.....1 »46 No.....2</p>	<p>44, Do you want to work?</p> <p>Yes....1 No.....2 »50</p>	<p>45, What was the main reason that you did not look for a job during the previous 4 weeks?</p> <p>You expected to get back to the same job - same employer.....1 Family, personal, health reasons....2 Think no adequate job for you.....3 You attended regular or extraordinary education.....4 Waiting for season.....5 Expecting to move home.....6 Other.....7</p>	<p>46, For how long have you been looking for job or trying to start own business?</p> <p>Less than 1 month....1 1-3 months.....2 4-6 months.....3 7-11 months.....4 More than 1 year....5 More than 2 years....6 More than 3 years...7 More than 5 years....8 More than 10 years...9</p>	<p>47, During the previous 4 weeks, ways did you try to start own business?</p> <p>You registered Employment You applied You enquired relatives, a You contacted directly... Becoming self Other.....</p>
CODE	CODE	CODE	CODE	1st MENTION

LIVING IN BiH, WAVE 2
 MODULE 5: LABOUR

47. During the previous 4 weeks, in which ways did you look for job or try to start own business? You registered with Employment Bureau.....1 You applied to ads.....2 You enquired with friends, relatives, acquaintances..3 You contacted employer directly.....4 Becoming self employed....5 Other.....6				48. If you were offered a job now, or if you were in position to start own business now, would you be able to start in working within NEXT TWO WEEKS? Yes.....1 »50 No.....2	49. Why wouldn't you be able to start? Family, personal reasons.....1 Regular education..2 Health reasons.....3 Other.....4	50. Are you registered with Employment Bureau? Yes..1 No...2 »52	51. Do you have health insurance from the Employment Bureau? Yes...1 No....2
1st MENTION	2nd MENTION	3rd MENTION	4th MENTION	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 2
 MODULE 5: LABOUR

<p>52, Which one of the following best describes your activity status?</p> <p>Employed by employer (in private or public sector).....1 Carrying out independent activity, profession (has own business, shop, farm, free profession, contract work).2 Seasonal worker.....3 ----- Supporting member in family enterprise, shop, farm.....4 Housewife.....5 Student/pupil.....6 Pensioner.....7 Unemployed (couldn't find job, don't want to work).....8 ----- Military service.....9 Incapable to work.....10</p>	<p>53 On what date did your current spell of being [CODE AT Q52] begin?</p> <p>IF DATE BEFORE SEPTEMBER 2001 »MODULE 7</p> <p>IF DATE SEPTEMBER 2001 OR AFTER » MODULE 6</p>
CODE	MONTH YEAR

Module 6: Complete one grid for each respondent where date at Q53 is **Sept 2001 or after**

ENTER PERSON ID

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I'd like to ask you a few questions about what you have been doing since September last year, in the way of work, unemployment or things like time spent retired or looking after your family. As we need to get as complete a picture as possible I'd like you to tell me about any spells, you may have had, in or out of employment, even if they were just a few days when you were waiting to take up another job. I'd also like you to tell me about any changes that might have happened while you were working, like getting promoted or starting a different job with the same employer. I'll start by asking you what you were doing immediately before your current spell which you told me started on (CHECK DATE AT Q53)

J1. Can you look at Showcard D please and tell me which of the descriptions comes closest to what you were doing immediately before then? ENTER CODE FROM CARD D ON GRID AT J4.

J2 And on what date did you start doing that? ENTER DATE AT J5, IF DON'T KNOW MONTH ENTER RF

J3 If employment (codes 01 or 02) ask Occupation (J6) and Working unit of activity (J7). Continue with

J1 - J3 until date reported at J5 is **before September 2001.**

Spell No. before current status	J4.		J5.				J6.	SUPERVISOR - OCCUPATION CODE		J7		SUPEVISOR - INDUSTRY CODE	
	Status Code from Card D		Date Spell Began					If employment (codes 01 or 02) Enter Occupation		If employment (codes 01 or 02) Enter Working unit of activity			
			Month	Year									
1													
2													
3													
4													
5													
6													
7													

Module 6: Complete one grid for each respondent where date at Q53 is **Sept 2001 or after**

ENTER PERSON ID

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J1 - J3 until date reported at J5 is before September 2001.

Spell No. before current status	J4.		J5.				J6. If employment (codes 01 or 02) Enter Occupation	SUPERVISOR - OCCUPATION CODE		J7 If employment (codes 01 or 02) Enter Working unit of activity		SUPEVISOR - INDUSTRY CODE	
	Status Code from Card D		Date Spell Began										
			Month	Year									
1													
2													
3													
4													
5													
6													
7													

Module 6: Complete one grid for each respondent where date at Q53 is **Sept 2001 or after**

ENTER PERSON ID

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J1 - J3 until date reported at J5 is **before September 2001.**

Spell No. before current status	J4.		J5.				J6.	SUPERVISOR - OCCUPATION CODE		J7		SUPEVISOR - INDUSTRY CODE	
	Status Code from Card D		Date Spell Began		Enter Occupation					If employment (codes 01 or 02) Enter Working unit of activity			
			Month	Year									
1													
2													
3													
4													
5													
6													
7													

Module 6: Complete one grid for each respondent where date at Q53 is **Sept 2001 or after**

ENTER PERSON ID

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Spell No. before current status	J4.		J5.				J6. If employment (codes 01 or 02) Enter Occupation	SUPERVISOR - OCCUPATION CODE		J7 If employment (codes 01 or 02) Enter Working unit of activity		SUPEVISOR - INDUSTRY CODE	
	Status Code from Card D		Month	Year									
1													
2													
3													
4													
5													
6													
7													

Module 6: Complete one grid for each respondent where date at Q53 is **Sept 2001 or after**

ENTER PERSON ID

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	Status Code from Card D		Date Spell Began										
			Month	Year									
1													
2													
3													
4													
5													
6													
7													

LIVING IN BiH, WAVE 2
 MODULE 7: SOCIAL PROTECTION AND FINANCES

10, Are you eligible to receive disability pension? [ONLY FOR WORK RELATED DISABILITIES] Yes...1 No....2 »12	11, How much do you receive per month?	12, Are you eligible to receive funds from the Civil Victims of War program? Yes...1 No....2 »14	13, In the past 12 months how much have you received from the program?	14, In the past 12 months how much have you received for permanence allowance? [ONLY FROM THE CENTRE OF SOCIAL WORK]	15, In the past 12 months how much have you received for temporary allowance? [ONLY FROM THE CENTRE OF SOCIAL WORK]	16, In the past 12 months how much have you received for carers allowances? [ONLY FROM THE CENTRE OF SOCIAL WORK]	17, In the past 12 months how much have you received for child benefits? [INCLUDE NEW-BORN BABY PACKAGES, MATERNITY LEAVE AND ARREARS]	18 In the last 12 months have you received any money, gifts or services in kind from friends or family working in BiH? Yes...1 No....2 »20
CODE	KM	CODE	KM	KM	KM	KM	KM	CODE

LIVING IN BiH, WAVE 2
 MODULE 8: MIGRATION

MODULE 8

<p>1, <u>INTERVIEWER</u> <u>CHECK: IS</u> <u>RESPONDENT A NSM</u> <u>[CODE 2 AT COLUMN</u> <u>5 OF MODULE 1]?</u></p> <p>Yes...1 No....2 »11</p>	<p>2, Were you born in the territory of Bosnia and Herzegovina?</p> <p>Yes.....1 No, in another Ex-Yu Republic.....2 »6 No, in another country.....3 »6</p>	<p>3, In which municipality were you born?</p>	<p>4, Your birth place is:</p> <p>Village....1 City.....2 Suburb.....3</p>	<p>5, Have you lived CONTINUOUSLY in this settlement since you were born?</p> <p>Yes.....1 »10 No.....2</p>	
<p>CODE</p>	<p>CODE</p>	<p>MUNICIPALITY</p>	<p>SUPERVISOR CODE</p>	<p>CODE</p>	<p>CODE</p>

LIVING IN BiH, WAVE 2
 MODULE 8: MIGRATION

<p>6, Where did you live just before the war (April 1992)</p> <p>Territory of BiH...1 No, in other Ex-Yu Republic.....2 »8 No, in another country.....3 »8</p>	<p>7, In which municipality did you live just before the war (April 1992)?</p>	<p>8, This place is a:</p> <p>Village....1 City.....2 Suburb....3</p>	<p>9, What was the reason why you moved to your current place?</p> <p>War.....1 Property occupied.....2 Security.....3 No adequate living conditions.....4 Family reasons.....5 Job.....6 Other reasons.....7 Returnee.....8 Property destroyed in the war.....9</p>	
<p>CODE</p>	<p>MUNICIPALITY</p>	<p>SUPERVISOR CODE</p>	<p>CODE</p>	<p>CODE</p>

LIVING IN BiH, WAVE 2
MODULE 8: MIGRATION

<p>10, Which one of listed statuses describes best your current status in your current place?</p> <p>Permanent residence-with no moving during the war.....1 Permanent residence-displaced person -returnee.....2 Perment residence - refugee-returnee.....3 Temporary residence: displaced person.....4 Temporary residence-refugee-displaced person.....5 Temporary residence: refugee.....6 Temporary residence: other.....7</p>	<p>11, Do you like living in this neighbourhood?</p> <p>Yes.....1 No.....2</p>	<p>12, If you could chose, would you stay here in your present place of residence or would you prefer to move somewhere else?</p> <p>Stay here.....1 »14 Prefer to move..2</p>	<p>13, Where would you like to move to?</p> <p>Within the same municipality.....1 Another municipality...2 Abroad.....3 Other.....4</p>	<p>14, How likely do you think it is that you will move in the coming year? READ OUT...</p> <p>Very likely.....1 Quite likely.....2 Not very likely....3 Not likely at all..4</p>
<p>CODE</p>	<p>CODE</p>	<p>CODE</p>	<p>CODE</p>	<p>CODE</p>

LIVING IN BiH, WAVE 2
 MODULE 8: MIGRATION

<p>15, Though you may not want to move do you expect you will move in the coming year?</p> <p>Yes....1 »17 No.....2</p>	<p>16, Where do you expect to move to in the coming year?</p> <p>Within the same municipality.....1 Another municipality..2 Abroad.....3 Other.....4</p>	<p>17, Can I just check, have you yourself lived in this house/flat for more than a year, that is before Sept 1st 2001?</p> <p>Yes....1 »MODULE 9 No....2</p>	<p>18, In what month and year did you move here?</p>	
CODE	CODE	CODE	MONTH	YEAR

					2	0	0	
					2	0	0	
					2	0	0	
					2	0	0	
					2	0	0	
					2	0	0	
					2	0	0	
					2	0	0	

LIVING IN BiH, WAVE 2
 MODULE 9: VALUES AND OPINIONS

MODULE 9

INTRODUCTION I am now going to read out a list of facilities and services in your local area. For each one please tell me whether you consider your local area services to be excellent, very good, fair or poor.	1, Schools	2, Medical/health services	3, Social services	4, Advice centres/facilities	5, Police services	6, Public transport services
	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0					
	CODE	CODE	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 2
 MODULE 9: VALUES AND OPINIONS

<p>7, Shopping facilities</p> <p>Excellent.....1 Very good.....2 Fair.....3 Poor.....4</p> <p>Doesn't apply..0</p>	<p>8, Leisure facilities</p> <p>Excellent.....1 Very good.....2 Fair.....3 Poor.....4</p> <p>Doesn't apply..0</p>	<p>9, Skills training facilities</p> <p>Excellent.....1 Very good.....2 Fair.....3 Poor.....4</p> <p>Doesn't apply..0</p>	<p>10, Street cleaning services</p> <p>Excellent.....1 Very good.....2 Fair.....3 Poor.....4</p> <p>Doesn't apply..0</p>	<p>11, Rubbish collection services</p> <p>Excellent.....1 Very good.....2 Fair.....3 Poor.....4</p> <p>Doesn't apply..0</p>	<p>12, The availability of newspapers and mobile coverage</p> <p>Excellent.....1 Very good.....2 Fair.....3 Poor.....4</p> <p>Doesn't apply..0</p>	<p>And now some questions about how you feel about your own life. Please look at <u>Showcard C</u> and tell me which number best describes how dissatisfied or satisfied you are with the following aspects of your current situation.</p>
<p>CODE</p>	<p>CODE</p>	<p>CODE</p>	<p>CODE</p>	<p>CODE</p>	<p>CODE</p>	

LIVING IN BiH, WAVE 2
MODULE 9: VALUES AND OPINIONS

<p>20, The way you spend your leisure time</p> <p style="text-align: center;">CODE NUMBER FROM 1 TO 7</p>	<p>21, Using the same scale how dissatisfied or satisfied are you with your life overall?</p> <p style="text-align: center;">CODE NUMBER FROM 1 TO 7</p>	<p>22, Would you say that you are more satisfied with life, less satisfied or feel about the same as you did a year ago?</p> <p style="text-align: center;">More satisfied....1 Less satisfied....2 About the same....3</p>	<p>Here are some views about society. Do you personally agree or disagree about the following statements?</p>	<p>23, Ordinary people get their fair share of BiH's economic wealth.</p> <p style="text-align: center;">Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5</p>	<p>24, There is one law for the rich and one for the poor.</p> <p style="text-align: center;">Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5</p>	<p>25, It is the governments job to provide a decent standard of living for everyone.</p> <p style="text-align: center;">Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5</p>
CODE	CODE	CODE		CODE	CODE	CODE

LIVING IN BiH, WAVE 2
 MODULE 9: VALUES AND OPINIONS

<p>26, Strong laws are needed to protect the working conditions and wages of employees.</p> <p>Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5</p>	<p>27, Please could you look at this card [SHOWCARD E] and tell me which of these groups you consider you belong to.</p> <p>Bosniac.....1 Serb.....2 Croat.....3 Other.....4</p>
<p>CODE</p>	<p>CODE</p>

THIS PAGE FOR USE BY SUPERVISOR ONLY

Supervisor Name _____

Supervisor Number _____

Date_____

1. Ensure that that IDD is transferred correctly from the Control Form to the Questionnaire

CIRCLE

CODE

- 1 Interviewer correctly specified IDD
- 2 Supervisor corrected IDD
- 3 IDD is missing and cannot be reconstructed

2. Ensure that sex and date of birth are consistent across the Control Form and Questionnaire for all persons aged 15 and over

CIRCLE

CODE

- 1 Interviewer correctly specified sex and date of birth
- 2 Supervisor corrected sex and date of birth for ID (s)
(Please circle) 01 02 03 04 05 06 07 08 09 10 11 12 13 14
- 3 Sex and date of birth is missing and cannot be reconstructed for IDs
(Please circle) 01 02 03 04 05 06 07 08 09 10 11 12 13 14

INITIAL IF PASSED CHECK_____

SHOWCARD A

201 STOVE

202 WASHER

205 REFRIGERATOR

206 FREEZER

208 VACUUM CLEANER

209 SEWING MACHINE

211 SATELLITE DISH

212 TV

213 VIDEO PLAYER

215 STEREO, CD PLAYER

216 RADIO CASSETTE

220 BICYCLE

222 CAR

300 TRACTOR, OTHER LARGE FARMING
MACHINERY

SHOWCARD B

HIGH BLOOD PRESSURE	1
ARTHRITIS	2
BRONCHIAL ASTHMA	3
CHRONIC BRONCHITIS	4
ULCER	5
PSYCHOLOGICAL DISEASE / PSYCHOPHRENIA	6
MULTIPLESCHLEROSIS	7
ANEMIA	8
DIABETES	9
MALIGNANT TUMOR	10
OTHER	11

SHOWCARD C

1 NOT SATISFIED AT ALL

2

3

4

5

6

7 COMPLETELY SATISFIED

SHOWCARD D

- 01 DOING A DIFFERENT JOB FOR THE SAME EMPLOYER
- 02 WORKING FOR A DIFFERENT EMPLOYER
- 02 IN EMPLOYMENT
- 02 WORKING FOR MYSELF (SELF-EMPLOYED)
- 03 UNEMPLOYED/LOOKING FOR WORK
- 04 RETIRED FROM WORK ALTOGETHER
- 05 LOOKING AFTER FAMILY OR HOME
- 06 IN FULL TIME EDUCATION/STUDENT/PUPIL
- 07 LONG TERM SICK OR DISABLED
- 08 ON MATERNITY LEAVE
- 09 MILITARY SERVICE
- 10 SOMETHING ELSE

SHOWCARD E

- 1 BOSNIAC
- 2 SERB
- 3 CROAT
- 4 OTHER