

LIVING STANDARDS MEASUREMENT SURVEY - LSMS

Entity: _____ 1: Republika Srpska 2: Federation of Bosnia-Herzegovina

HOUSEHOLD IDENTIFICATION

Municipality code: Municipality Name: _____

Group of Enumer. Area: Enumer. Area: Household Code in EA:

Interviewer Code:

Full name of Interviewer: _____

Supervisor Code:

Full name of Supervisor: _____

D.E.O. Code:

Full name of data entry operator: _____

Total number of households in dwelling unit: _____

Order number of questionnaire : Total number of questionnaires:

Household is:

Selected . . . **1**

Replaced . . . **2**

Comment by Interviewer :

Collaboration of household is satisfactory: Yes . . . **1**

No . . . **2**

Write the numbers of the modules and questions which presented problems during the interview and the problem presented:

MODULE 1: ROSTER OF HOUSEHOLD MEMBERS

FOR ALL HOUSEHOLD MEMBERS

I D C O D E	1	2	A	B
	FULL NAME OF HOUSEHOLD MEMBER	Is [NAME] male or female?	[INTERVIEWER: AFTER ASKING QUESTION 11 FOR ALL PERSONS, PUT "+" IN THIS COLUMN FOR THOSE WHO HAVE CODE 1 IN QUESTION 11]	[INTERVIEWER: AFTER ASKING QUESTION 11, FOR ALL PERSONS, WRITE IN THIS COLUMN THE AGE IN COMPLETED YEARS FOR THOSE PERSONS WHO HAVE "+" IN COLUMN A.]
	MAKE A COMPLETE LIST OF ALL HOUSEHOLD MEMBERS, ACCORDING TO INSTRUCTIONS, ANSWERING QUESTIONS 1-3, BEFORE GOING TO QUESTIONS 4-11	Male...1 Female..2	»B	IF LESS THAN ONE YEAR OLD WRITE 0, IF IT IS THE LAST PERSON >> NEXT MODULE
	»3			
	FULL NAME			

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MODULE 2: HOUSING

PART A: PRIMARY RESIDENCE, DESCRIPTION OF DWELLING

	INTERVIEWER: BEFORE ASKING QUESTION 3, FILL OUT QUESTIONS 1 AND 2 BASED ON YOUR OWN OBSERVATION.
1	<p>[WHAT IS THE MAIN CONSTRUCTION TYPE OF PRIMARY DWELLING?]</p> <p>MULTIFAMILY RESIDENTIAL BUILDING..1 INDIVIDUAL DWELLING.....2 BLOCK OF HOUSES.....3 PART OF A HOUSE.....4 PREFABRICATED BUILDING.....5 NON-RESIDENTIAL BUILDING BEING USED AS RESIDENCE (INCLUDE SCHOOL BARRACK, TEMP. SHELTERS, TENTS).6 OTHER.....7</p> <div style="text-align: right;"> <input type="text"/> </div>
2	<p>WHAT IS THE CONDITION OF THE DWELLING UNIT?</p> <p>VERY GOOD CONDITION.....1 APPROPRIATE FOR LIVING.....2 INAPPROPRIATE FOR LIVING.....3 PARTLY DEVASTATED.....4 MAJOR DEVASTATION.....5 UNDER CONSTRUCTION, MOSTLY INCOMP....6 OTHER.....7</p> <div style="text-align: right;"> <input type="text"/> </div>
3	<p>Approximately when was this dwelling constructed?</p> <p style="text-align: right;">YEAR <input type="text"/></p>
4	<p>What is the area of this dwelling, in square meters?</p> <p style="text-align: right;">SQUARE METERS <input type="text"/></p>
5	<p>How many rooms in the dwelling unit are used by the household? [DO NOT INCLUDE SANITARY OR ACCESSORY ROOMS]</p> <p style="text-align: right;">NUMBER OF ROOMS <input type="text"/></p>

6	<p>Does this dwelling have the following rooms or spaces?</p> <p>a) Separate Kitchen..... b) Bathroom with WC..... c) WC with separate bathroom..... d) Corridor..... e) Pantry..... f) Balcony or terrace..... g) Cellar..... h) Attic..... i) Woodshed..... j) Garage.....</p> <div style="float: right;"> <table border="1"> <tr><td>YES..1</td></tr> <tr><td><input type="text"/></td></tr> </table> </div>	YES..1	<input type="text"/>									
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7	<p>Is part of this dwelling used for a household business?</p> <p>YES.....1 NO.....2 >>9</p> <div style="text-align: right;"> <input type="text"/> </div>											
8	<p>What is the area of the dwelling, in square meters that is used by the household business?</p> <p style="text-align: right;">SQUARE METERS <input type="text"/></p>											
9	<p>Does this dwelling have electricity?</p> <p>YES.....1 NO.....2 »12</p> <div style="text-align: right;"> <input type="text"/> </div>											

MODULE 2: HOUSING

PART A: PRIMARY RESIDENCE, DESCRIPTION OF DWELLING

10	What is the source of electricity used in the dwelling? Public.....1 Communal generator.....2 Private generator.....3 Other.....4	<input type="text"/>
11	How many hours a day, on average, was electricity available in your dwelling during the last month? HOURS	<input type="text"/>
12	What is the source of drinking water used by this household? Running water within unit.....1»14 Running water on property.....2»14 Public standpipe.....3 Well or spring.....4 River, stream or similar.....5 Other.....6	<input type="text"/>
13	How far away is this source of water? [» 15] METERS	<input type="text"/>
14	How many hours a day, on average, did this dwelling receive water during the last month? HOURS	<input type="text"/>

15	What is the main source of heating for your dwelling? District heating by utility or boiler house.....1»17 Own central heating system.....2 Separate heating devices.....3 Other.....4	<input type="text"/>
16	What is the main type of energy used? Electricity.....1 Gas from networks.....2 Gas in container (propane, butane).3 Coal, firewood, other solid fuel...4 Black or heating oil,other liquids.5 Other (straw, sawdust, solar).....6	<input type="text"/>
17	If you use any back up, or secondary heating source, which is it? Electricity.....1 Gas from networks.....2 Gas in container (propane, butane).3 Coal, firewood, other solid fuel...4 Black or heating oil,other liquids.5 Other (straw, sawdust, solar).....6 No other heating source.....7	<input type="text"/>
18	How many months of the winter months was your dwelling adequately heated? MONTHS	<input type="text"/>

MODULE 2: HOUSING

PART A: PRIMARY RESIDENCE, DESCRIPTION OF DWELLING

19	<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, letrine only.....3</p> <p>Other.....4</p>	<input data-bbox="734 309 853 379" type="text"/>
20	<p>Does this dwelling receive municipal hot water?</p> <p>Yes.....1</p> <p>No.....2</p>	<input data-bbox="734 512 853 582" type="text"/>
21	<p>Does this household have access to a telephone?</p> <p>Yes, own phone.....1</p> <p>Yes, shared phone.....2</p> <p>Public phone3</p> <p>No.....4</p>	<input data-bbox="734 719 853 790" type="text"/>

MODULE 2: HOUSING
PART B1: OWNERSHIP STATUS AND PRIMARY RESIDENCE EXPENDITURES

22	What is the legal status of this dwelling? Owned/co-owned outright by a household member.....1 Under privatization by household member.....2 Tenancy right holder.....3»37 Renter.....4»37 Temporary occupant.....5»37 Uses free of charge (on loan from relatives or friends)...6»36 Illegal occupant (in abandoned house or flat.....7»36 Emergency lodging, collective center for refugees, DPs....8»36 Other.....9»37	<input style="width: 40px; height: 20px;" type="text"/>
23	Did you obtain this dwelling through a swap with another household? YES.....1 NO.....2	<input style="width: 40px; height: 20px;" type="text"/>
24	Did anyone in this household borrow money to purchase/privatize this dwelling? Yes, to purchase.....1 Yes, to build.....2 Yes, to purchase on installment...3 No.....4 >>30	<input style="width: 40px; height: 20px;" type="text"/>
25	From what person or institution was money borrowed to purchase/privatize this dwelling? Government housing fund.....1 Private Bank.....2 Employer.....3 Landlord.....4 Relative.....5 Other individual.....6 NGO.....7 Other institution.....8	<input style="width: 40px; height: 20px;" type="text"/>

26	In what year was this money borrowed? YEAR <input style="width: 40px; height: 20px;" type="text"/>	
27	What was the total amount borrowed? KM <input style="width: 40px; height: 20px;" type="text"/>	
28	How much is still owed? KM <input style="width: 40px; height: 20px;" type="text"/>	
29	Who borrowed for this dwelling? [INTERVIEWER WRITE IN THE IDCODE OF THE BORROWER]	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
30	Did any household member use vouchers to purchase/privatize this dwelling? YES.....1 NO.....2»33	<input style="width: 40px; height: 20px;" type="text"/>
31	Which household members used vouchers? [INTERVIEWER WRITE IN THE IDCODES OF ANY PERSON WHO USED VOUCHERS]	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
32	What was the value of the vouchers used? KM <input style="width: 40px; height: 20px;" type="text"/>	
33	Does any member of the household have a title or other legal document showing ownership of this dwelling? YES.....1 NO.....2»35	<input style="width: 40px; height: 20px;" type="text"/>

MODULE 2: HOUSING
PART B1: OWNERSHIP STATUS PRIMARY RESIDENCE EXPENDITURES

34	Which household member holds title? [INTERVIEWER WRITE IN THE IDCODES OF HOUSEHOLD MEMBER WHO HOLDS TITLE] IDCODE	<input type="text"/> <input type="text"/> <input type="text"/>
35	Can you or other member of the household sell this dwelling: Yes, without limitations.....1 Yes, but with some limiations...2 No.....3 [»39]	<input type="text"/>
36	If you had to pay rent for this dwelling, how much would you have to pay a month? [»39]	KM <input type="text"/>
37	Who is the owner of this dwelling? Private person or group.....1 Enterprise.....2 Public institutions (municip)..3 Military flat.....4 Unknown.....5 Other.....6	<input type="text"/>
38	What is the monthly rent paid by this household for this dwelling unit? KM	<input type="text"/>

39	How much did your household spend on the following in the last month? KM															
	Common Rooms Fees..... Electricity.....	<input type="text"/> <input type="text"/>														
	Piped Gas (network)..... Hot water.....	<input type="text"/> <input type="text"/>														
	District Heat..... Solid waste disposal.....	<input type="text"/> <input type="text"/>														
	Telephone, (include mobiles, internet)..... TV and radio subscriptions.....	<input type="text"/> <input type="text"/>														
	House or flat insurance..... Land occupation fee.....	<input type="text"/> <input type="text"/>														
40	How much did your household spend on the following in the last month and in the worst winter month?															
		<table border="1"> <thead> <tr> <th data-bbox="1529 807 1691 895">LAST MONTH KM</th> <th data-bbox="1691 807 1827 895">WINTER MONTH KM</th> </tr> </thead> <tbody> <tr> <td data-bbox="1529 895 1691 967"><input type="text"/></td> <td data-bbox="1691 895 1827 967"><input type="text"/></td> </tr> <tr> <td data-bbox="1529 967 1691 1038"><input type="text"/></td> <td data-bbox="1691 967 1827 1038"><input type="text"/></td> </tr> <tr> <td data-bbox="1529 1038 1691 1110"><input type="text"/></td> <td data-bbox="1691 1038 1827 1110"><input type="text"/></td> </tr> <tr> <td data-bbox="1529 1110 1691 1182"><input type="text"/></td> <td data-bbox="1691 1110 1827 1182"><input type="text"/></td> </tr> <tr> <td data-bbox="1529 1182 1691 1254"><input type="text"/></td> <td data-bbox="1691 1182 1827 1254"><input type="text"/></td> </tr> <tr> <td data-bbox="1529 1254 1691 1326"><input type="text"/></td> <td data-bbox="1691 1254 1827 1326"><input type="text"/></td> </tr> </tbody> </table>	LAST MONTH KM	WINTER MONTH KM	<input type="text"/>											
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	Gas in containers.....															
	Oil, liquid fuels.....															
	Coal.....															
	Firewood.....															
	Water and sewerage.....															
	Electricity.....															
	Piped gas, (network).....															

MODULE 2: HOUSING
PART B2: OWNERSHIP AND PURPOSE OF SECONDARY RESIDENSE

41	<p>Does anyone in this household own another building or house?</p> <p>YES.....1</p> <p>NO.....2 >>PART C</p>	<input style="width: 40px; height: 20px;" type="text"/>
42	<p>For which purchase is this dwelling used?</p> <p>Summer or vacation house.....1</p> <p>Part year residence.....2</p> <p>Rental property.....3</p> <p>In use by family members free of charge.....4</p> <p>Illegally occupied by other person (refugee, dp, other)....5</p> <p>Not used, significantly destroyed.....6</p> <p>Not used due to other reasons....7</p> <p>Other.....8</p>	<input style="width: 40px; height: 20px;" type="text"/>
43	<p>If you could sell this second dwelling today, what could you sell it for?</p>	<p>KM</p> <input style="width: 40px; height: 20px;" type="text"/>

MODULE 2: HOUSING
PART C: DURABLE GOODS

44. How many of the following items does your household own?

[INTERVIEWER: WITH THIS QUESTION, DETERMINE WHICH DURABLES THE HOUSEHOLD HAS. WRITE FOR EACH ITEM THE NUMBER OF PIECES THEN PROCEED WITH QUESTION 45-48.]

ITEM	CODE	PIECES
Stove	201	
Washer	202	
Dryer	203	
Dishwasher	204	
Refrigerator	205	
Freezer	206	
Microwave	207	
Vacuum cleaner	208	
Sewing machine	209	
Ironing roller	210	
Satellite dish	211	
TV	212	
Video player	213	
Video camera	214	
Stereo, CD play.	215	
Radio cassette	216	
PC	217	
Accordion	218	
Piano	219	
Bicycle	220	
Motorcycle	221	
Car	222	
Van, jeep	223	

	45	46	47	48
I T E M	[INTERVIEWER: LIST ALL THE ITEMS IDENTIFIED IN QUESTION 44, THEN ASK QUESTIONS 46-48 FOR EACH ITEM. WRITE DOWN ONLY DESCRIPTION OF ITEMS WHERE THERE IS MORE THAN ONE. FOR OTHERS WRITE ONLY CODE.]	How many years ago did you acquire this [ITEM]?	Did you purchase it or receive it as a gift or for payment of services, find in flat or acquire in other way? Purchase.....1 Payment for service...2 Gift.....3 Other.....4 >>Next Item	According to current prices, what do you think you could get if you sold it?
	DESCRIPTION	CODE	YEAR	KM

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MODULE 3: EDUCATION
PART A: CHILD CARE AND KINDERGARTEN

FOR CHILDREN BETWEEN 0 AND 7 YEARS OF AGE

I D C O D E	1 [INTERVIEWER: WRITE IDCODE OF PERSON WHO GIVES ANSWER FOR CHILD]	2. Does [NAME] attend any kindergarten or preschool program, either public or private? Yes, public...1>>5 Yes, private...2>>5 Yes, religious.3>>5 Yes, firm-run.4>>5 No, in primary school.....5>>14 No.....6	3. Why does [NAME] not attend kindergarten or preschool programs? TOO YOUNG.....1 TOO EXPENSIVE..2 TOO FAR.....3 NO TRANSPORT....4 LOW QUALITY.....5 PREFER TO HAVE AT HOME.....6 NO NEED.....7 OTHER.....8	4. Who takes care of [NAME] during the week? Household member in home.....1 >>NEXT MOD Non-house- hold member in our home...2>>6 Non-house- hold member elsewhere.....3	5. What is the distance to the kindergarten where [NAME] is taken care of? IF < 1 WRITE 0	6. How many hours a week does [NAME] spend there?	7. How much do you pay per month for taking care of [NAME]? IF NOTHING WRITE ZERO	8. Did you make any informal, cash or in- kind, payments for this care, and if yes, how much? IF NOTHING WRITE ZERO IN COLUMN >>NEXT MODULE
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MODULE 3: EDUCATION
PART B: GENERAL EDUCATION

FOR PERSONS 7 AND OLDER AND CHILDREN UNDER 7 IF THEY ARE IN PRIMARY SCHOOL

ID C O D E	9. IS THIS PERSON ANSWERING FOR HIM OR HERSELF?	10. INTERVIEWE R: WRITE ID CODE OF PERSON PROVIDING INFORMATIO N.	11. How many years of kindergarten or pre-school did you attend?	12. Have you ever attended school?	13. Can you read and write with understanding short, simple sentences in your everyday life?	14. What is highest level (grade/years) of education you have completed?	15. What is your area of specialization?	16. What is the highest diploma you have obtained?	17. Did you attend school in the last academic year, 2000- 2001?	18. What type of school did you attend in the last academic year, 2000- 2001?
	YES . 1 >> 11 NO... 2		IF NEVER ATTENDED WRITE 0	YES . 1 >> 14 NO... 2	YES, EASILY . 1 YES, WITH DIFFICULTY . . 2 NO..... 3	PRIMARY..... 1 >> 16 SECOND.COMP. 2 RELIG. SCH. 3 ART SCHOOL... 4 NORMAL SCH. 5 SECOND.TECH. 6 VOCATIONAL... 7 JUNIOR COLL. 8 UNIVERSITY . . 9 POST GRAD... 10	GENERAL... . . 1 EDUCATION 2 ARTS & HUMANITIES . . 3 SOC. SCIENCE, ECON., LAW... 4 SCIENCE... 5 TECHN. INDUST. CONSTRUCT... 6 AGRICULTURE . . 7 HEALTH & SOC. PROTECTION... 8 SERVICES 9 OTHER..... 10	NO DIPLOMA..... 1 PRIMARY SCHOOL CERTIFICATE... 2 SECOND. SCHOOL CERTIFICATE . . . 3 JUNIOR COLLEGE . . 4 UNDERGRADUATE DIPLOMA..... 5 MASTER OF SCIENCE..... 6 DOCTOR OF SCIENCE..... 7	YES . 1 NO... 2 >> 27	PUBLIC..... 1 PRIVATE... 2 RELIG..... 3
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MODULE 3: EDUCATION
PART B: GENERAL EDUCATION

I D C O D E	19. What is the distance between your home and school?			20. How much time does it take to travel to the school you are presently attending?		21. How much do you spend for transportation to school each week?		22. During the previous academic year (2000-2001) how much did your household spent on your education for for: IF NOTHING, WRITE 0 IF RESPONDENT CANNOT SEPARATE ALL COSTS, PUT THE AMOUNTS FOR THOSE THAT CAN IDENTIFY IN THE APPROPRIATE COLUMNS AND THE TOTAL FOR ALL OTHER COSTS IN COLUMN I. IF INFORMANT CANNOT SEPARATE ANY COSTS PUT TOTAL IN COLUMN I					23. How much has your household paid in the last school year (2000-2001) for repairs, mainenance, improve classroom <div style="border: 1px solid black; padding: 2px;">IF NOTHING WRITE 0</div>			24. Did anyone from outside your household, such as relative, friend, pay any of your education costs during the last 12 months? <div style="border: 1px solid black; padding: 2px;">YES . . 1 NO . . . 2 >>27</div>	
	ONE WAY TIME																
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MODULE 3: EDUCATION
PART B: GENERAL EDUCATION

I D C O D E	25. Who paid partly or completely your education costs during the last 12 months? RELATIVE FROM BiH.....1 RELATIVE FROM ABROAD.....2 HUMANITARIAN ORGANIZATION...3 OTHER COUNTRY GOVERNMENT...4 COMPANY STIPEND.....5 POLITICAL PARTY STIPEND.....6 CREDIT.....7 NEIGHBOR/FRIEND.....8 OTHER.....9 <div style="border: 1px solid black; padding: 5px; width: fit-content;">If more then one source state the most important one</div>	26. In total, how much has this person(s) contributed to payment of your education costs during the last 12 months?	27. Are you presently attending school (school year 2001-2002)? <div style="border: 1px solid black; padding: 2px;">YES..1>>30 NO.....2</div>	28. Do you intend to continue your education? <div style="border: 1px solid black; padding: 2px;">YES..1>> NEXT MODULE NO.....2</div>	29. Why did you stop your education? <div style="border: 1px solid black; padding: 2px;">FINISHED.....1 TOO EXPENSIVE..2 NO INTEREST...3 AGRIC.WORK....4 OTHER JOB.....5 SCHOOL TOO FAR.6 NO TEACHER....7 NO TEACHING MATERIALS....8 SCHOOL CLOSED..9 ILLNESS.....10 DISPLACED.....11 SECURITY.....12 HARASSMENT....13 LANGUAGE.....14 OTHER.....15 >> NEXT MODULE</div>	30. Is this the same school you attended in the last school year (2000-2001)? <div style="border: 1px solid black; padding: 2px;">YES..1>>35 NO.....2</div>	31. What type of school are you attending? <div style="border: 1px solid black; padding: 2px;">PUBLIC... 1 PRIVATE.2 RELIG....3</div>
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MODULE 3: EDUCATION
PART B: GENERAL EDUCATION

I D C O D E	32. How far is your school from your house?		33. How much time does it take to travel to the school your are presently attending? ONE WAY TIME		34. How much do you spend for transportation to school each week?		35. What grade are you in? PRIMARY..... 1 SECOND .COMP . 2 RELIG. SCH. 3 ART SCHOOL... 4 NORMAL SCH. 5 SECOND .TECH. 6 VOCATIONAL... 7 JUNIOR COLL. 8 UNIVERSITY. . 9 POST GRAD... 10 >>NEXT MODULE	
	KM	HOURS	MINUTES	VALUE IN KM	LEVEL	YEAR/ GRADE		

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MODULE 4: HEALTH
PART A: USE OF HEALTH CARE SERVICES
INDIVIDUALS 15 YEARS AND OLDER ARE RESPONDING FOR THEMSELVES
MOTHERS/GUARDIANS FOR CHILDREN UNDER 15.

I D C O D E	1. Is person answering for him or herself?	2. INTERVIEWE R, WRITE ID CODE OF PERSON RESPONDING	3. Do you have health insurance?	4. Do you have some chronic disease?	5. Which disease? 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	6. During previous 4 weeks, did you visit a general practioner at an ambulanta or DZ to get health care services? YES, AMBULANTA .1 YES, DZ..... .2 NO..... 3>>12	7. During previous 4 weeks, how many times did you visit a general practioner at the ambulanta or DZ to get health care services?	8. How much in you pay in monetary costs associated with these visits to the ambulanta or DZ during the last 4 weeks? DO NOT INCLUDE DRUGS. DO NOT INCLUDE TRANSPORT COSTS. DO NOT INCLUDE GIFTS. DO NOT INCLUDE LAB- ORATORY TEST COSTS.	9. How much did you pay in money or in kind all drugs prescribed in the ambulanta or DZ during those visits, even if purchased elsewhere?	10. How much did you pay in money or in kind transport cost associated with those visits to ambulanta or DZ?		
	YES..1>>3 NO...2		YES..1 NO...2	YES..1 NO...2 >>6	RANKING							
	IDCODE				1	2	3	TIMES	AMOUNT IN KM	VALUE MONEY	IN KM GOODS	AMOUNT MONEY
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**MODULE 4: HEALTH
PART A: USE OF HEALTH CARE SERVICES**

I D C O D E	11. How much did you pay in money or in kind for laboratory tests associated with those visits to the ambulanta or DZ?	12. INTERVIEWER: IS THIS PERSON: <div style="border: 1px solid black; padding: 5px;"> UNDER AGE 15.....1 >>13 FEMALE AGES 15-49..2 >> 20 MALE 15 AND OLDER..3 >> 27 WRITE ANSWER THEN FOLLOW SKIP PATTERN </div>	13. During previous 4 weeks did [NAME] visit a pediatrician to obtain health care services from him/her?	14. Where did [NAME] visit this pediatrician?	15. During previous 4 weeks, how many times did [NAME] visit this pediatrician?	16. How much did you pay in monetary costs associated with these visits of [NAME] to pediatrician in the last 4 weeks? DO NOT INCLUDE DRUG COSTS. DO NOT INCLUDE TRANSPORT COSTS. DO NOT INCLUDE GIFTS. DO NOT INCLUDE LABORATORY TEST.	17. How much did you pay in money or in kind all drugs prescribed during [NAME's] visits for the pediatrician, even if purchased elsewhere?		18. How much did you pay in money or in kind transport cost associated with [NAME's] visits to the pediatrician?		19. How much did you pay in cash costs of laboratory tests related to [NAME's] visits to the pediatrician? >> 27
	VALUE IN KM	CATEGORY CODE	YES... 1 NO.....2 >>27	AMBULANTA. 1 DZ..... 2 HOSPITAL.. 3 PRIVATE..... 4	TIMES	VALUE IN KM	AMOUNT		AMOUNT		VALUE IN KM
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**MODULE 4: HEALTH
PART A: USE OF HEALTH CARE SERVICES**

I D C O D E	20. During the previous 12 months, did you visit a gynecologist to obtain health care services? YES... 1 NO.....2 >>27	21. Where did you visit this gynecologist? AMBULANTA . 1 DZ..... 2 HOSPITAL . 3 PRIVATE..... 4	22. During the previous 12 months, how many times did you visit a gynecologists to obtain health care services? TIMES	23. How much did you pay in money health services obtained from this gynecologist during your last visit? DO NOT INCLUDE DRUGS. DO NOT INCLUDE TRANSPORT COSTS. DO NOT INCLUDE GIFTS. DO NOT INCLUDE LABORATORY TEST COSTS. AMOUNT	24. How much did you pay in money or in kind all drugs prescribed during your last visit to the gynecologist? AMOUNT IN KM MONEY GOODS	25. How much did you pay in money or in kind transport cost associated with this visit to the gynecologist? AMOUNT IN KM MONEY GOODS	26. How much did you pay in cash for laboratory cost associated with the visit to the gynecologist? VALUE IN KM	27. During previous 12 months, did you visit any dentist to obtain health care services from him/her? YES... . 1 NO..... 2 >>3 3	28. Where did you visit this dentist? AMBULANTA . 1 DZ..... 2 HOSPITAL . 3 PRIVATE..... 4

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MODULE 4: HEALTH
PART A: USE OF HEALTH CARE SERVICES

I D C O D E	29. During previous 12 months, how many times did you visit the dentist?	30. How much did you pay in monetary costs for your last visit to the dentist? DO NOT INCLUDE DRUGS. DO NOT INCLUDE TRANSPORT COSTS. DO NOT INCLUDE GIFTS. DO NOT INCLUDE LABORATORY TEST COSTS.	31. How much did you pay in money or in kind for all drugs prescribed during this last visit to the dentist, even if purchased elsewhere?	32. How much did you pay in money or in kind transport cost associated with this visit to the dentist?	33. During previous 4 weeks did you visit any other doctor to obtain health care services from him/her? YES... . 1 NO..... 2 >> 40	34. Where did you visit this other doctor? AMBULANTA . 1 DZ..... . 2 HOSPITAL . . 3 PRIVATE..... 4	35. During previous 4 weeks, how many times did you visit this other doctor?	36. How much did you pay in money costs associated with those visits to the other doctor? DO NOT INCLUDE DRUGS. DO NOT INCLUDE TRANSPORT COSTS. DO NOT INCLUDE GIFTS. DO NOT INCLUDE LABORATORY TEST	37. How much did you pay in money or in kind all drugs prescribed during those visits to the other doctor even if purchased elsewhere?
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**MODULE 4: HEALTH
PART A: USE OF HEALTH CARE SERVICES**

I D C O D E	38. How much did you pay in money or in kind transport cost associated with those visits to other doctor?		39. How much did you pay in cash costs of laboratory tests related to visits to the other doctor?		40. During previous 4 weeks did you visit any private nurse, paramedic, midwife to obtain health care services?		41. Where did you visit this private nurse, paramedic, midwife?		42. During previous 4 weeks, how many times did you visit this private nurse, paramedic, midwife?		43. How much did you pay in monetary costs during the previous 4 weeks for costs associated with your visit to the private nurse, paramedic, midwife? DO NOT INCLUDE DRUGS. DO NOT INCLUDE TRANSPORT COSTS. DO NOT INCLUDE GIFTS . DO NOT INCLUDE LABORATORY COSTS.		44. How much did you pay in money or in-kind for all drugs prescribed during these visits to the nurse, paramedic, or midwife , even if purchased elsewhere?		45. How much did you pay in money or in kind transport cost associated with those visits to the nurse, paramedic or midwife?		46. During previous 4 weeks did you use any of the following alternative medical services? YES, PHYSICAL THERAPIST 1 CHIROPRACTOR..... 2 YES, HERBALIST. . 3 YES, HOME NURSE. 4 OTHERS..... 5 NONE..... 6 >> 51		
	VALUE IN KM		VALUE IN KM						TIMES		VALUE IN AMOUNT		VALUE IN KM		VALUE IN KM				
	MONEY	GOODS	VALUE IN KM								VALUE IN AMOUNT		MONEY	GOODS	MONEY	GOODS			
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**MODULE 4: HEALTH
PART A: USE OF HEALTH CARE SERVICES**

I D C O D E	47. During previous 4 weeks how many times did you use such services?	48. During the previous 4 weeks, how much did you pay in monetary costs for such services? DO NOT INCLUDE DRUGS. DO NOT INCLUDE TRANSPORT COSTS. DO NOT INCLUDE GIFTS . DO NOT INCLUDE LABORATORY COSTS.	49. How much did you pay in money or in kind transport cost associated with those visits to such institution/individual?		50. How much did you pay in money or in kind for all drugs prescribed by such institution/individual even if purchased elsewhere		51. Did you purchase any drugs on your own without receipt for health problems during last 4 weeks? YES... 1 NO... 2>>54	52. How much did you pay for all drugs purchased on your own initiative during previous 4 weeks?	53. Who assisted you in paying your health care costs during the previous 4 weeks? NO ONE..... 1 RELATIVE FROM BiH..... 2 RELATIVE OUT OF BiH..... 3 HUMANITARIAN ORGANIZATION.... 4 NEIGHBOR/FRIEND... 5 OTHER .. 6			54. During last 12 month, did you stay in hospital or spa? YES...1 NO... 2>>61	55. How many days did you spend in hospital or spa during last 12 months?	56. How many times were you admitted to the hospital or spa during last 12 months?
	TIMES	VALUE IN KM	VALUE IN KM		VALUE IN KM			VALUE IN KM	RANK			DAYS	TIMES	
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**MODULE 4: HEALTH
PART A: USE OF HEALTH CARE SERVICES**

I D C O D E	57. How much in monetary costs did you pay for the hospital/ spastays in the last 12 months? DO NOT INCLUDE TRANSPORT COSTS DO NOT INCLUDE COSTS REIMBURSED BY HEALTH INSURANCE	58. How much did you pay in money or in kind all drugs prescribed during those stays in hospital/spa even if purchased elsewhere?	59. How much did you pay in money or in kind transport cost associated with those stays in hospital/spa?	60. Who assisted you to pay all or part of health care costs, for your stay in hospital or spa during previous 12 months? NO ONE..... 1 RELATIVE FROM BiH..... 2 RELATIVE OUT OF BiH..... 3 HUMANITARIAN ORGANIZATION.... 4 NEIGHBOR/FRIEND5 OTHER6	61. During the previous 4 weeks, did you need medical services but you did not obtain them? YES.... 1 NO..... 2 >> PART B	62. What was the main reason you did not obtain them? MINOR DISORDER, I TREATED IT ON MY OWN... 1 MINOR DISORDER, DID NOT TREAT IT..... 2 NO HEALTH INSURANCE..... 3 TOO FAR..... 4 INSTITUTION CLOSED.....5 POOR SERVICE..... 6 TOO EXPENSIVE..... 7 OTHER (WRITE _____) 8	
		VALUE IN KM		VALUE IN KM			
	VALUE IN KM	MONEY	GOODS	MONEY	GOODS		

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**MODULE 4: HEALTH
PART B: HEALTH STATUS**

	1. During previous 4 weeks how many days you did not perform your usual daily activities	2. Has your health activity limited your ability to perform vigorous activities such as lifting heavy objects, running, or participation in strenuous sports?	3. Has your health limited your doing moderate activities such as moving a table or carrying groceries?	4. Has your health limited your walking uphill?	5. Has your health limited your from walking one hundred meters?	6. Has your health limited your from bending, lifting, or stooping?	7. Has your health limited your eating, dressing, bathing, or using the toilet?	8. How many cigarettes did you smoke in last 7 days?	9. During previous week, including today, how many times did you feel low in energy, slowed down?	10. During previous week, including today, how many times did you accuse yourself for different things?	11. During previous week, including today, how many times did you start easily weeping	12. During previous week, including today, how many times did you feel lost of appetite?
DAYS		NO..... . 1 YES, <3 MONHS...2 YES, >3 MONTHS . 3	NO..... . 1 YES, <3 MONHS...2 YES, >3 MONTHS . 3	NO..... . 1 YES, <3 MONHS...2 YES, >3 MONTHS . 3	NO..... . 1 YES, <3 MONHS...2 YES, >3 MONTHS . 3	NO..... . 1 YES, <3 MONHS...2 YES, >3 MONTHS . 3	NO..... . 1 YES, <3 MONHS...2 YES, >3 MONTHS . 3	FOR NON-SMOKERS WRITE 0 NUMBER OF CIGARETTES	NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	NOT AT ALL.....1 A LITTLE..2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	NOT AT ALL.....1 A LITTLE..2 QUITE A BIT.....3 EXTREMELY OFTEN.....4

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**MODULE 4: HEALTH
PART B: HEALTH STATUS**

NOTE THIS LAST QUESTION IS ON PAGE 23 IN ORIGINAL VERSION

I D C O D E	13. During previous week, including today, how many times did you have problems falling asleep or sleeping? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	14. During previous week, including today, how many times did you feel hopeless in terms of future? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	15. During previous week, including today, how many times did you feel melancholic? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	16. During previous week, including today, how many times did you feel lonely? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	17. During previous week, including today, how many times did you think about ending your life? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	18. During previous week, including today, how many times did you feel as if you were captured or trapped? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	19. During previous week, including today, how many times did you feel that you worried too much about different things? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	20. During previous week, including today, how many times did you feel that you were not interested for your surroundings? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	21. During previous week, including today, how many times did you feel that everything was an effort? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	22. During previous week, including today, how many times did you feel worthless? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	23. During previous week, including today, how many times did you constantly recall most painful events you experienced during the war? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4	24. During previous week, including today, did you constantly have nightmares? NOT AT ALL.....1 A LITTLE.2 QUITE A BIT.....3 EXTREMELY OFTEN.....4
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MODULE 5: LABOR

FOR ALL PERSONS AGE 15 AND OVER

I D C O D E	1. DOES THE PERSON RESPOND FOR HIM OR HERSELF?	2. WRITE RESPONDENT' S ID CODE.	3. Which one of the following best describes your activity status?	4. During the previous week, did you work, do any income earning activity (at least one hour)?	5. Though you are (supporting family member, pensioner, housewife, unemployed, student) during the previous week, did you work for any cash or in-kind payment or family benefit (at least 1 hour)?	6. Though you did not work previous week, do you have a job to go back to?
	YES...1>>3 NO...2	ID CODE	Employed by employer(in private or public sector).....1 Carrying out independent activity, profession (has own business, shop, farm, free profession).....2 Work based on engagement contract, author contract.....3 Seasonal worker4 ----- Supporting member in family enterprise, shop, farm.....5 Housewife6 Student7 Pensioner8 Unemployed (couldn't find job, don't want to work).....9 ----- Military service10 Incapable to work11	YES...1 >>8 NO...2 >>6	YES...1 >>8 NO...2 >>33	YES...1 NO...2 >>33
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MODULE 5: LABOR

		MAIN JOB				
I D C O D E	7. Why you did not work previous week? ECONOMIC AND GENERAL REASONS You got job/,but haven't started yet.....1 'In waiting list.'.....2 Bad weather, technical and other impediments....3 Enterprise doesn'tt work because of war and other difficulties.....4 Bankruptcy, liquidation, closuer of enterprise..5 Strike.....6 Education, training7 PERSONAL REASONS Illness, injury, temporary unable to work.....8 Maternity leave.....9 Annual vacation.....10 Unpaid leave for personal reasons.....11 Taking care of familiiy member.....12 Other.....13	8. What is your occupation in your main job?	9. What is main activity of the unit in u in which you work??			
			DO NOT FILL IN CODE- FOR OFFICE USE ONLY	DO NOT FILL IN CODE- FOR OFFICE USE ONLY		
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MODULE 5: LABOR

I D C O D E	<p>10. 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>>14 Owner/co-owner of "small business" which employs workers..3 Owner/co-owner of "small business" which doesn't employ workers.....4>>14 Farmer on own farm.....5 Entrepreneur in free profession.....6</p> <p>-----</p> <p>Work for employer in private sector.....7>>12 Work in public enterprise, institution, organization.....8>>12 Unpaid supporting family member.....9>>12 Work for international organization.....10>>12</p> <p>-----</p> <p>Do other activity, such as sale of agric. and other products, provide house, intellectual & other services. .11>>14</p>	<p>11. How many workers work for you (do not include supporting family members)?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>WRITE NUMBER OF WORKERS</p> <p>>> 14</p> </div>	<p>12. How did you start doing your current job?</p> <p>You responded to an ad.....1 Through Employment Bureau....2 Employer himself contacted you.....3 You put ad in a paper.....4 You had stipend.....5 Through acquaintance, relative, friend.....6 You contacted employer....7 Family business, farm needed support8</p>	<p>13. What is the number of employees in the enterprise, shop, institution, farm where you work?</p> <p>1-10 1 11-20 2 21-50 3 51-100 4 101-200 5 201-500 6 501and up..... 7</p>	<p>14. Where is your usual work place?</p> <p>At home.....1 In firm out of home.....2 At market place.3 By cell.phon....4 On farm.....5 Moving.....6 Other.....7</p>

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MODULE 5: LABOR

I D C O D E	<p>15. How long have you been doing your current job?</p> <p>LESS THAN 6 MONTHS..1 7 MONTHS TO 1 YEAR.....2 1 TO 3 YEARS.....3 3 TO 5 YEARS4 5 TO 10 YEARS5 10 TO 20 YEARS6 > 20 YEARS.....7</p>	<p>16. 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 Pensioner10 Other11</p>	<p>17. How many hours do you usually work in your main job per week?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>WRITE NUMBER OF HOURS</p> <p>IF 40 OR 42 HOURS >>19</p> </div>	<p>18. Why do you usually work more or less than 40/42 hours?</p> <p>YOU WORK MORE Regular office hours are more than 40/42 hours.....1 You usually work overtime.....2 Other.....3</p> <p>YOU WORK LESS Regular office hours are less than 40/42 hours.....4 Illness, invalidity, other.....5 You cannot find full-time job.....6 Education, training.....7 Maternity leave, with shortened office hours8 Partly retired.....9 You do not want to work onger.....10</p>	<p>19. How many hours did you work last week?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>FOR PERSONS WHO WERE ABSENT FROM WORK, BUT HAVE JOB WRITE '0'</p> </div>
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MODULE 5: LABOR

I D C O D E	20. Which of the listed benefits do you receive at your work? (for persons absent from work, would receive if they worked)			21. What is the amount of your usual monthly NET salary or earning at your main job?	22. What was the amount of your last paid salary or earning?	23. When did your receive your last salary?	24. For which period is it?		25. Was it all in cash or a part in-kind?	26. How much was paid in-kind? (estimated amount in KM)	27. During the previous week, besides your main job, did you have any other job for which you were paid in cash or in-kind?
	A. Salary or part of one YES... 1 No... 2	B. Health Insurance YES... 1 No... 2	C. Pension Insurance YES... 1 No... 2	KM	KM	MONTH	YEAR	MONTH	YEAR	CASH..... 1 >>27 IN-KIND... 2 >>27 BOTH..... 3	KM
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MODULE 5: LABOR

		PERSONS LOOKING FOR JOB			
I D C O D E	40. What was the main reason that you did not look for job during previous 4 weeks?	41. For how long have you been looking for job or trying to start own business?	42. During previous 4 week, in which way did you look for job or try to start own business?	43. 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?	44. Why wouldn't you be able to start?
	YOU FOUND JOB1 YOU EXPECTED TO GET BACK TO THE SAME JOB-SAME EMPLOYER.....2 WAITING TO START OWN BUSINESS.....3 FAMILY, PERSONAL, HEALTH REASONS..4 THINK NO ADEQUATE JOB FOR YOU.....5 YOU ATTENDED REGULAR OR EXTRAORDINARY EDUCATION.....6 YOU ARE AWAITING RETIREMENT.....7 WAITING FOR SEASON.....8 OTHER.....9	} >>43 <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">WRITE NUMBER OF MONTHS, IF LESS THAN 1 MONTH WRITE '0'</div>	You registered with Employment Bureau...1 You appliled to adds.....2 You enquired with friends, relatives, acquaintance.s.....3 You contaced directly employer.....4 You were looking for location, business premises, equipment, finance.....5 You registered wiht student or youth agency.....6 You enquired with Employment Bureau.....7 You did not do anything.....8	YES.....1 >> 45 NO.....2	FAMILY, PERSONAL, HEALTH REASONS ...1 REGULAR EDUCATION .2 OBLIGATIONS AT CURRENT JOB3 TRAINING.....4 MILITARY SERVICE...5
	MILITARY SERVICE, MOBILIZATION...10 >>45		MONTHS		
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MODULE 5: LABOR

I D C O D E	45. Are you registered with Employment Bureau?	46. Which of the following benefits do you have from the Employment Bureau?		
	YES...1 NO...2 >>NEXT MODULE	A. Cash benefit YES... 1 NO . . .2	B. Health Insurance YES... 1 NO . . .2	C. Pension Insurance YES... 1 NO . . .2
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MODULE 6: CREDIT

FOR ALL HOUSEHOLD MEMBERS 15 AND OLDER

I would now like to ask you about whether you have borrowed any money or goods or obtained funds that you must repay from family, friends or institutions.

PERSON ID YES 1 (>3) NO 2	1 IS THIS PERSON ANSWERING FOR HER OR HIMSELF?	2 [INTERVIEWER: COPY THE ID CODE OF PERSON PROVIDING THE INFORMATION]	3 In the last 12 months, how many times did you borrow or obtain funds that you had to (have to) repay from: (Include all loans made this year, even if already repaid). <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> IF NONE WRITE 0 </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> INTERVIEWER: IF THERE IS ZERO IN ALL COLUMNS >> 6 </div>						4 In total, during the last 12 months, how much did you borrow from all of these sources?	5 In total, including previous loans, how much do you owe to all sources?	6 When did you most recently borrow money or obtain funds that need(ed) to be repaid? [IF PERSON SAYS THAT NEVER BORROWED MONEY WRITE IN 99 9999 AND »10. IF MOST RECENT LOAN IS OLDER THAN 12 MONTHS, WRITE DATE AND »10]	
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MODULE 6: CREDIT

P E R S O N I D	<p>7 Where precisely did you obtain this most recent loan?</p> <p>GOV'T AGENCY.....1 AGR. DEVE. BANK.....2 OTHER NAT'L BANK....3 COMMERCIAL BANK....4 CREDIT UNION.....5 OTHER COOPERAT.....6 NGO.....7 FOREIGN BANK.....8 PAWNSHOP.....9 ENTERPRISE FUND...10 LANDLORD.....11 EMPLOYER.....12 RELATIVE.....13 FRIEND.....14 OTHER INDIVIDUAL..15 OTHER INSTITUTION..16</p>	<p>8 What was the main reason for borrowing or obtaining this loan?</p> <p>FARM INPUTS.....1 BUY HEAVY EQUIP.....2 BUY OTHER EQUIP.....3 BUY ANIMALS.....4 BUY AGR. LAND.....5 OTHER AG. COSTS.....6 BUY INPUTS/WORK CAPITAL...7 LAND/BUILD/EQUIP.....8 EXPENSES.....9 CONSUMPTION NEEDS.....10 RECONSTRUCTION OF DWELLING11 PURCHASE DWELLING.....12 RELIG/WED/BURY).....13 CONSUMER DURABLES.....14 ONLENDING.....15 REPAY LOANS.....16</p>	<p>9 How much did you borrow in this most recent loan?</p>	<p>10 During the last 12 months did you try to borrow money from any person or institution and were refused?</p> <p>YES..1 NO...2 »12</p>	<p>11 Who turned you down?</p> <p>GOV'T AGENCY.....1 AGR. DEVE. BANK..2 OTHER NAT'L BANK.3 COMMERCIAL BANK..4 CREDIT UNION.....5 OTHER COOPERAT..6 NGO.....7 FOREIGN BANK.....8 PAWNSHOP.....9 ENTERPRISE FUND.10 LANDLORD.....11 EMPLOYER.....12 RELATIVE.....13 FRIEND.....14 OTHER INDIV.....15 OTHER INSTIT...16</p> <p>»NEXT MODULE</p>	<p>12 CHECK THE ANSWERS TO QUESTION 6. DID THE PERSON OBTAIN A LOAN IN THE PAST 12 MONTHS?</p> <p>YES....1 » NEXT MOD NO.....2</p>	<p>13 Why did you not attempt to borrow money in the last 12 months? [WRITE UP TO THREE ANSWERS IN ORDER OF IMPORTANCE]</p> <p>NO NEED.....1 BELIEVED WOULD BE REFUSED.....2 TOO EXPENSIVE....3 INADEQUATE COLLATERAL.....4 DO NOT LIKE TO BE IN DEBT.....5 DO NOT KNOW ANY LENDER.....6 OTHER.....7</p>
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MODULE 7: VOUCHER/CERTIFICATE

FOR ALL PERSONS

Now I would like to ask you about your vouchers or certificates.

PERSON ID	1 Have you ever had a right to have a voucher/certificate?	2 What was the total nominal amount of the voucher that you actually received from the government? (including any appealed amount)	3 Which transactions have you made with your voucher / certificate during the past 12 months?			4 For how much did you sell your voucher / certificate?			5 What is the current nominal value of voucher that you have left after these transactions?		
	YES....1 NO.....2 »NEXT MODULE DON'T KNOW...3 »NEXT MODULE	(WRITE AMOUNT IN KM AND NUMBER OF POINTS. IF NOTHING IN ONE OR BOTH COLUMNS WRITE '0' IN RESPECTIVE(S) COLUMN(S). IF '0' IN BOTH COLUMNS »NEXT MODULE)	SALE.....1 PURCHASE.....2 GIVE AS PRESENT.....3 PURCHASE DWELLING.....4 INVESTING IN FUNDS FOR PRIVATIZATION.....5 INVESTING IN A FIRM..6 OTHER.....7 NO TRANSACTIONS.....8 >> NEXT MODULE (WRITE -- IN EMPTY COLUMNS. IF ANY RESPONSE >>4 OTHERWISE >>5)			(IF NOMINAL AMOUNT IS ONLY IN KM YOU WRITE '0' IN COLUMN FOR POINTS. IF NOMINAL AMOUNT IS ONLY IN POINTS YOU WRITE '0' IN COLUMN FOR NOMINAL AMOUNT IN KM.)			(YOU WRITE AMOUNT IN KM AND NUMBER OF POINTS. [IF NOTHING WRITE '0'] »NEXT MODULE)		
	NO ANSWER...4	CERTIFICATE KM	VOUCHER POINTS	RESPONSES 1 2 3			NOMINAL VALUE CERTIFICATE KM	VOUCHER POINTS	SELLING VALUE OF CERTIF KM	SELLING VALUE OF VOUCHER KM	KM POINTS
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MODULE 8: MIGRATION

ALL PERSONS OF 15 AND OVER

I D C O D E	1. Were you born in the territory of Bosnia and Herzegovina? YES.....1 NO, IN ANOTHER EX-YU REPUBLIC..2 >>5 NO, IN ANOTHER COUNTRY.....3 >>5	2. In which municipality and settlement were you born? MUNICIPALITY SETTLEMENT		3. Your birth place is: VILLAGE.....1 CITY2 SUBURB.....3	4. Have you lived CONTINUOUSLY in this settlement since you were born? YES.....1 >> NEXT MODULE NO.....2	5. Where did you live just before the war (April 1992) TERRITORY OF BiH.....1 NO, IN OTHER EX-YU REPUBLIC.....2 >>7 NO, IN ANOTHER COUNTRY.....3 >>7	6. In which municipality and settlement did you live just before the war (April 1992)? MUNICIPALITY SETTLEMENT	

1								
2								
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MODULE 9: SOCIAL ASSISTANCE

FOR ALL HOUSEHOLD MEMBERS

I D C O D E	1 IS THIS PERSON ANSWERIN G FOR HIM OR HERSELF?	2 INTERVIE WER: WRITE ID CODE OF PERSON PROVIDIN G THE INFORMATI ON.	3. Are you eligible to receive any of the following pensions. If answer is YES , how much do you receive per month for each one? <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%; text-align: center;">READ THE NAME OF EACH PENSION, IF THE ANSWER IS NO, WRITE 2 AND SKIP TO THE NEXT PENSION TYPE. IF THE ANSWER IS YES, WRITE 1 AND THEN WRITE IN AMOUT THE PERSON RECEIVES FOR THAT PENSION TYPE.</div>								4. In the last 12 months , have you received any of the following allowances:: <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%; text-align: center;">READ ALL THREE CATEGORIES. IF RESPONDENT ANSWERS NO , >> 6</div>			5. In the last twelve months what is the total value of these allowances that you have received?	6. In the last twelve months , have you received any services from a Center for Social Work, (not including cash benefits)? <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%; text-align: center;">>> MODULE 3, NEXT PERSON "+" COLUMN A, MODULE 1, IF IT IS LAST PERSON, >> MODULE 10</div>
	Yes....1 >>3 No....2		IDCODE	A. Old Age Pension		B. Disability Pension		C. Survivors Pension		D. War Veteran's Pension		A. Permanent Allowance	B Temporary Allowance	C.Carer's Allowance	KM
	Eligible?	How much per month?	Eligible?	How much per month?	Eligible?	How much per month?	Eligible?	How much per month?	What level of disability do you have?	Yes . 1 No... 2	Yes . 1 No... 2	Yes . 1 No... 2	Yes . 1 No... 2	Yes . 1 No... 2	Yes . 1 No... 2
	KM		KM		KM		KM	LEVEL							

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2															
3															
4															
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7															
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9															
10															
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12															
13															
14															
15															

MODULE 10: END OF FIRST VISIT

TO BE ASKED OF HEAD OF HOUSEHOLD OR MAIN INFORMANT ONLY

1. Is anyone in this household engaged in agriculture, either planting crops or with fruit trees or forest land, raising livestock, even if it is only in a small amount? YES... 1 NO.....2>>3	2. [INTERVIEWER, WRITE THE ID CODES OF THOSE RESPONSIBLE FOR AGRICULTURAL ACTIVITIES.]		3. During the past 12 months, did anybody from your household try to earn money, formally or informally, through self-employment or to perform any non-agricultural activity which provides goods and services (e.g. crafts, construction, repair, processing and sale of own products) or did anybody try to open a shop or to perform trade, formally or informally, but was unsuccessful? YES... 1 NO.....2>>6	4. What were the reasons why you did not start such a non-agricultural activity? BETTER EARNING IN ANOTHER BUSINESS.....1 LACK OF CAPITAL.....2 LACK OF OWN SKILL.....3 LACK OF RAW-MATERIAL.....4 LACK OF CLIENTS.....5 LACK OF LABOR FORCE.....6 DIFFICULTIES IN OBTAINING ALL LEGAL DOCUMENTS.....7 OTHER REASONS.....8 FOR ANSWERS 1-6 OR 8 >> 6		
	IDCODE	IDCODE		RANK		
			1.	2.	3.	

MODULE 10: END OF FIRST VISIT

TO BE ASKED OF HEAD OF HOUSEHOLD OR MAIN INFORMANT ONLY

<p>5. What were the primary problems?</p> <p>COMPLEX PROCEDURES LEVEL OF: MUNICIPALITY..... 1 CANTON..... 2 ENTITY..... 3</p> <p>COSTS AND DURATION OF PROCEDURES AT THE LEVEL OF: MUNICIPALITY 4 CANTON 5 ENTITY..... 6 OTHER..... 7</p>			<p>6. During the last 12 months have you or any member of your household had your own business, either formal or informal or been self-employed in any activity excluding agriculture?</p> <p>YES... 1 NO... 2 >>9</p>		<p>7. In what type of activities were you or members of your household engaged?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>TRADE..... 1 SERVICES..... 2 PRODUCTION..... 3 OTHER..... 4</p> </div>			<p>8. Who were (are) the persons responsible for each of these activities?</p>		<p>9. INTERVIEWER: WHEN ALL PERSONS HAVE BEEN INTERVIEWED, CHECK IF ANY HOUSEHOLD MEMBERS IN MODULE FIVE (LABOR ACTIVITIES): QUESTION 10, GAVE RESPONSES 1,2,3,4,6, 11.</p> <p>YES... 1 NO... 2 >>END OF FIRST VISIT</p>		<p>10. WRITE THE ID CODES OF ALL PERSONS WHO ARE SELF-EMPLOYED OR RUNNING THEIR OWN BUSINESS:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>IF ALL PERSONS HAVE BEEN INTERVIEWED (MODULES 3-9), FINISH OF FIRST INTERVIEW: THANK REpondENTS AND INFORM THEM OF THE DATE AND PURPOSE OF YOUR NEXT VISIT.</p> </div>		
RANK			DESCRIPTION OF ACTIVITY			CODE		IDCODE		IDCODE				
1.	2.	3.												

MODULE 11: HOUSEHOLD CONSUMPTION
PART A: DAILY EXPENSES

I would like to ask you some questions about your household's consumption.

Order number	1. During the last 7 days , did you or any of your household members purchase any of the following items:		2. What is the value of [ITEM] purchased in the last 7 days ?
	YES...1 NO...2 >> NEXT ITEM		KM
	1.	Tobacco, cigarettes, cigars	
	2.	Newspaper and magazines	
	3	Lottery games payments and similar	
	4.	Parking	
5	Hairdresser and barber's services		

3. During last 7 days how many meals did your household members have outside of your house?		4. What is the value of [MEAL] eaten outside the home during the last 7 days
IF NOTHING WRITE 0 >> NEXT MEAL		KM
NUMBER OF MEALS		
Breakfast (include number and value of breakfasts employed person has at work)		
Lunch		
Dinner		
Snacks, drinks (including alcohol)		

MODULE 11: CONSUMPTION
PART B1: FOOD CONSUMPTION

F O O D C O D E	1	<p>During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?</p>		2	<p>How much per month, on average, did your household consume purchased [ITEM] during the last twelve months?</p>		3	<p>How much, on average per month, did you spend on [ITEM] during the last 12 months?</p>		4	<p>How much did you consume of [ITEM] from own production in the last 12 months?</p>		5	<p>What was the value of the [ITEM] consumed in the last year (last 12 months) from your own production?</p>		6	<p>What is the total value of [ITEM] consumed that you received as gifts during the last 12 months?</p>					
	<p>ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-6 FOR ALL CONSUMED FOOD ITEMS.</p>		<p>YES...1 NO... 2 >>NEXT ITEM</p>		<p>IF NONE, WRITE 0 >> 4</p>		<p>IF NONE, WRITE 0 >> 6</p>		<p>IF NONE, WRITE 0, >>NEXT ITEM</p>													
					QUANTITY			KM			QUANTITY			KM			KM					
					A - FOOD PRODUCTS																	
					I BREAD AND CEREALS																	
			01 Rice		KG																	
			02 Other cereals (maize, wheat, rye, barley, oats)		KG																	
			03 Wheat flour (all types)		KG																	
			04 Other types of flour (maize, rye, etc.)		KG																	
			05 Bread, toast and all types of rolls		KG																	
			06 Pasta (macaroni, noodle, spaghetti, grated dough, vermicelli, rolled-out dough, bread crumbs, cake biscuits, etc.)		KG																	
			07 Other cereals-based food products (biscuits, pastries, danish, pies, pizza, ceral, etc)		KG																	
				II MEAT																		
		08 Beef, baby-beef, veal (fresh, chilled, frozen)		KG																		
		09 Pork (fresh, chilled, frozen)		KG																		
		10 Mutton, lamb, goat-meat (fresh, chilled, frozen)		KG																		
		11 Poultry (fresh, chilled, frozen)		KG																		
		12 Other products of animal origin (innards, rabbits, game and meat products)		KG																		

MODULE 11: CONSUMPTION
PART B: FOOD CONSUMPTION

F O O D C O D E	1 During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?		2 How much per month, on average, did your household consume purchased [ITEM] during the last twelve months?	3 How much, on average per month, did you spend on [ITEM] during the last 12 months?	4 How much did you consume of [ITEM] from own production in the last 12 months?	5 What was the value of the [ITEM] consumed in the last year (last 12 months) from your own production?	6 What is the total value of [ITEM] consumed that you received as gifts during the last 12 months?
	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-8 FOR ALL CONSUMED FOOD ITEMS. </div> YES...1 NO... 2 >>NEXT ITEM		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF NONE, WRITE 0 >> 4 </div>		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF NONE, WRITE 0 >> 6 </div>		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF NONE, WRITE 0, >>NEXT ITEM </div>
			QUANTITY	KM	QUANTITY	KM	KM
	III FISH						
	13.	Fresh water and sea fish (fresh, chilled, frozen)	KG				
	14.	Other fish-based products	KG				
	IV MILK, CHEESE AND EGGS						
	15.	Fresh milk	LT				
	16.	Yogurt, sour milk, kefir	LT				
	17.	Sour cream	LT				
	18.	Cream cheese	KG				
	19.	White (fat) cheese (Travnik, Sjenica, Edamer, etc.)	KG				
	20.	Eggs (poultry eggs and powdered eggs) piece	UN				
	V EDIBLE OIL AND FAT						
	21.	Butter	KG				
	22.	Margarine, rendered butter	KG				
	23.	Edible oil (sunflower, olive, maize, etc.)	LT				
	24.	Other animal origin fat (pig fat, suet, lard, cracklings, raw bacon)	KG				

MODULE 11: CONSUMPTION
PART B: FOOD CONSUMPTION

F O O D C O D E	1	2	3	4	5	6
	During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)? ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-8 FOR ALL CONSUMED FOOD ITEMS. YES...1 NO... 2 >>NEXT ITEM	How much per month, on average, did your household consume purchased [ITEM] during the last twelve months? IF NONE, WRITE 0 >> 4	How much, on average per month, did you spend on [ITEM] during the last 12 months?	How much did you consume of [ITEM] from own production in the last 12 months? IF NONE, WRITE 0 >> 6	What was the value of the [ITEM] consumed in the last year (last 12 months) from your own production?	What is the total value of [ITEM] consumed that you received as gifts during the last 12 months? IF NONE, WRITE 0, >>NEXT ITEM
	VI SUGAR, JAM, HONEY, SYRUPS, CHOCOLATE AND CONFECTIONARY					
25	Sugar (refined, non-refined, crystal and cubes) KG					
26	Jam, marmalade, preserves, jelly, KG					
27	Natural and artificial honey KG					
28	Chocolate for cooking or eating KG					
29	Other confectionary (bonbons, candies, ice-cream, chewing gum, taffies)					
	VII OTHER FOOD PRODUCTS					
30	Baby formula					
31	Sauces and seasoning (mustard, mayonnaise, ketchup, vegeta, black pepper, chile)					
32	Vinegar LT					
33	Salt KG					
34	Soup concentrate KG					
35	Other products (baking soda, pudding, dry cream powder, vanilla sugar, fruit extract)					
	B - SOFT DRINKS					
	I COFFEE, TEA, COCOA					
36	Coffee (caffeinated and decaf), roasted or ground, instant, coffee extracts and substitutes KG					
37	Tea (and other herbal beverages)					
38	Powdered cocoa and chocolate (with sugar and sugar-free) KG					

PART B: FOOD CONSUMPTION

F O O D C O D E	1	During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?	2	How much per month, on average, did your household consume purchased [ITEM] during the last twelve months?	3	How much, on average, per month, did you spend on [ITEM] during the last 12 months?	4	How much did you consume of [ITEM] from own production in the last 12 months?	5	What was the value of the [ITEM] consumed in the last year (last 12 months) from your own production?	6	What is the total value of [ITEM] consumed that you received as gifts during the last 12 months?
		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-8 FOR ALL CONSUMED FOOD ITEMS. </div> YES...1 NO... 2 >>NEXT ITEM	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF NONE, WRITE 0 >> 4 </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF NONE, WRITE 0 >> 6 </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF NONE, WRITE 0, >>NEXT ITEM </div>							
			QUANTITY	KM	QUANTITY	KM	QUANTITY	KM	QUANTITY	KM	QUANTITY	KM
	II MINERAL WATER, SOFT DRINKS AND JUICES											
39	Mineral water	LT										
40	Soft drinks (lemonade, Coke, Sprite, Fanta, etc.)	LT										
41	Fruit syrups, juices and drink concentrates (cedevita)	LT										
	A - ALCOHOLIC DRINKS											
	I BRANDY AND LIQUEUR											
42	Strong alcohol drinks (brandy - all types, liqueur, cognac, vodka, rum, whisky, etc.)	LT										
	II WINE											
43	Wine - all types	LT										
	III BEER											
44	Beer (all types of beer such as bright, dark and alcohol-free beer)	LT										

MODULE 11: CONSUMPTION

PART B2: SEASONAL PRODUCTS: FRUITS AND VEGETABLES

F O O D C O D E	1	During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?													
	<div style="border: 1px solid black; padding: 5px; width: fit-content;">ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-8 FOR ALL CONSUMED FOOD ITEMS.</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;">YES...1 NO... 2 >>NEXT ITEM</div>		2	How many months in the past 12 months did your household purchase [ITEM]?	3	What quantity of [ITEM] do you usually buy in one of the months that you purchase [ITEM]?	4	How much do you usually spend for [ITEM] in one of the months that you purchase [ITEM]?	5	How many months in the past 12 months did your household consume [ITEM] that you grew or produced at home?	6	How much did you consume of [ITEM] from own production in a typical month?	7	What was the value of the [ITEM] consumed in a typical month from your own production?	8
			IF NONE, WRITE 0 >> 5	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8	IF NONE, WRITE 0 >> 8
			MONTHS	QUANTITY	KM	MONTHS	QUANTITY	KM	KM	MONTHS	QUANTITY	KM	KM	KM	KM
		A - SEASONAL PRODUCTS													
		I FRUIT													
45		Fresh citrus fruit (lemon, orange, tangerine, grapefruit, kiwi)	KG												
46		Banana	KG												
47		Apple	KG												
48		Pear	KG												
49		Grape	KG												
50		Stone fruit (peach, apricot, plum, cherry, sour cherry, olive.)	KG												
51		Other fruit (strawberry, raspberry, blackberry, currant, blueberry, melon and water melon)	KG												
52		Nuts, almonds, chestnuts, peanuts	KG												
53		Dry fruit	KG												

MODULE 11: CONSUMPTION

PART B2: SEASONAL PRODUCTS: FRUITS AND VEGETABLES

F O O D C O D E	1	During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?							
		<div style="border: 1px solid black; padding: 5px; width: fit-content;">ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-8 FOR ALL CONSUMED FOOD ITEMS.</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 150px;">YES...1 NO... 2 >>NEXT ITEM</div>							
			2	3	4	5	6	7	8
		How many months in the past 12 months did your household purchase [ITEM]?	What quantity of [ITEM] do you usually buy in one of the months that you purchase [ITEM]?	How much do you usually spend for [ITEM] in one of the months that you purchase [ITEM]?	How many months in the past 12 months did your household consume [ITEM] that you grew or produced at home?	How much did you consume of [ITEM] from own production in a typical month?	What was the value of the [ITEM] consumed in a typical month from your own production?	What is the total value of [ITEM] consumed that you received as gifts during the last 12 months ?	
			IF NONE, WRITE 0 >> 5		IF NONE, WRITE 0 >> 8			IF NONE, WRITE 0, >>NEXT ITEM	
			MONTHS	QUANTITY	KM	MONTHS	QUANTITY	KM	KM
		II VEGETABLES							
	54	Fresh leaf vegetable (lettuce, spinach, common beet, dandelion leaves)	KG						
	55	Cabbage-like vegetable (cabbage, cauliflower, kale, Brussel sprouts)	KG						
	56	Tomato	KG						
	57	Green pepper	KG						
	58	Cucumber, kg	KG						
	59	Peas, green beans, kg	KG						
	60	Dried beans, kg	KG						
	61	Carrot, kg	KG						
	62	Onions, kg	KG						
	63	Garlic, kg	KG						
	64	Potatoes, kg	KG						
	65	Other types of fresh vegetable (spices, egg plant, zucchini, red beet, radish, musk-mallow, mushrooms, etc.)	KG						
	66	Processed, preserved, dried vegetable and pickles	KG						

MODULE 11: HOUSEHOLD CONSUMPTION
PART C1: MONTHLY EXPENDITURES ON NON-FOOD PRODUCTS

N U M B E R	1. During last 30 days months , did your household buy, spend money or receive as a gift any of the following products: (exclude all products purchased for further processing or sale in your household business)	YES.....1 NO.....2 >>NEXT ITEM	2. What is the value of [PRODUCT] purchased during the last 30 days ?	3. What is the value of [PRODUCT] received as a gift during the last 30 days ?
			KM	KM
1.	Urban Transport -including passes and individual tickets, (bus, tram, trolley, minibus, taxi)			
2.	Household Cleaning Products (detergents and soaps for washing clothes, detergents for dishes, detergents and products for bathroom, products for cleaning furniture, etc.)			
3	Cosmetics and products for personal hygiene (all types of cosmetics, shampoos and other products for hair, bath soap, and toothpaste, etc.)			
4	Fuel and lubricants (oil of all kinds, diesel, gasoline, lubricants, antifreeze, etc.)			

MODULE 11: HOUSEHOLD CONSUMPTION
PART C2: NON-FOOD PRODUCTS, ANNUAL

O R D E R N O .	4. During last 12 months , did your household buy, spend money or receive as a gift any of the following products: (exclude all products purchased for further processing or sale in your household business)	5. What is the value of [PRODUCT] purchased during the last 12 months ?	6. What is the value of [PRODUCT] received as a gift during the last 12 months ?
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> [INTERVIEWER: ASK QUESTION 4 FOR ALL PRODUCTS, PROCEED WITH QUESTIONS 5 AND 6 FOR THOSE HAVING RESPONSE 1 IN QUESTION 4] </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto; text-align: center;"> YES.....1 NO.....2 >>NEXT ITEM ↓ </div>		
1.	Clothes fabric (artificial, natural fibers, hand made material, or natural-artificial fiber blend), sewing and knitting kits		
2.	Men's clothing		
3.	Women's clothing		
4.	Children's clothing		
5.	Clothing sewing and repair		
6.	Dry cleaning, washing and dyeing of clothing		
7.	Men's footwear		
8.	Women's footwear		
9.	Children's footwear		
10.	Footwear repair and cleaning		
11.	Furniture		
12.	Carpets and other floor coverings		
13.	Repair of furniture and floor coverings		
14.	Household textile (upholstery fabric, slipcovers, bed linens (comforters and covers), curtains, tableclothes, towels, kitchen towels, shopping bags, bedspread, etc.)		
15.	Main household appliances (washing machine, dishwasher, stove, refrigerator, vacuum cleaner, etc.)		
16.	Small household appliances (coffee grinder, mixer, hairdryer, fryer, etc.)		
17.	Repair of household appliances		
18.	Dishware, pots and pans, cutlery		
19.	Main tools and equipment		
20.	Small tools and accessories		
21.	Household cleaning supplies (broom, sponge, garbage bags, needles, nails, lightbulbs, candles, rope, hangers, saranwrap, etc)		
22.	Assistance in house (window cleaning, carpet cleaning, daily help, painters, etc.)		
23.	Personal Transport Means (cars, vans, bicycles, boats, etc)		

MODULE 11: HOUSEHOLD CONSUMPTION
PART C2: NON-FOOD PRODUCTS, ANNUAL

O R D E R N O .	4. During last 12 months , did your household buy, spend money or receive as a gift any of the following products: (exclude all products purchased for further processing or sale in your household business)	5. What is the value of [PRODUCT] purchased during the last 12 months ?	6. What is the value of [PRODUCT] received as a gift during the last 12 months ?
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> [INTERVIEWER: ASK QUESTION 4 FOR ALL PRODUCTS, PROCEED WITH QUESTIONS 5 AND 6 FOR THOSE HAVING RESPONSE 1 IN QUESTION 4] </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto; text-align: center;"> YES.....1 NO.....2 >>NEXT ITEM ↓ </div>		
24	Transport means maintenance (Except parking costs) (Registration, including obligatory and special car insurance, oil changing, filters, carwashing etc.)		
25	Public transport (inter-city, etc.)		
26	PTT services (except fixed and cellular phone subscription) (letters, postcards, stamps, telegrams, purchase phones, fax machines, mobiles, telephone cards, internet costs)		
27	Sound and picture recording and reproduction equipment (radio cassette machine, walkman, tv, VCR, record player, microphone, etc.)		
28	Photographic, cinematography equipment and optical equipment (video camera, cameras, film etc.)		
29	Data procession equipment (PC, printers, calculaters, typewriter, etc.)		
30	Sound and picture recording equipment (video tapes, diskettes, CDs, cassettes)		
31	Repair of audio-visual, photographic devices and data processing equipment		
32	Recreation and culture durable goods (musical instrument, sport equipment, camping equipment, small boats, sail boat, kayak, canoe etc.)		
33	Repair of recreation and culture durable goods		
34	Equipment for sport, recreation and playing in open area (playing cards, chess set, toys of all kinds, record albums, small sports equipment, equip. for hunting and fishing, beach equipments, barbecues and similar)		
35	Pets and care (Dogs, cats, birds, fish, hamster, etc. food, equipment & vet. services)		
36	Flowers (soil, pots, vases, seeds, christmas tree, christmas decorations, etc.)		
37	Recreation and culture related services (tickets for theater, cinema, concerts and sporting events, renting movies, film deleloping, renting sport equipment and use of sport facilities,)		
38	Excursion, vacations, etc. including transport, accommodation and food during vacation (exclude school excursions)		
39	Personal care services (except hairdresser/barber) (beauty salon, sauna, massage, manicure, etc.)		
40	Purchase of personal care devices/ products, excluding cosmetics (razors and shavers, nail files, scissors, tweezers, etc.)		

MODULE 11: HOUSEHOLD CONSUMPTION
PART C2: NON-FOOD PRODUCTS, ANNUAL

O R D E R N O .	<p>4. During last 12 months, did your household buy, spend money or receive as a gift any of the following products: (exclude all products purchased for further processing or sale in your household business)</p>	<p>5. What is the value of [PRODUCT] purchased during the last 12 months?</p>	<p>6. What is the value of [PRODUCT] received as a gift during the last 12 months?</p>
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> [INTERVIEWER: ASK QUESTION 4 FOR ALL PRODUCTS, PROCEED WITH QUESTIONS 5 AND 6 FOR THOSE HAVING RESPONSE 1 IN QUESTION 4] </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> YES.....1 NO.....2 >>NEXT ITEM ↓ </div>	KM
41	Other personal property (watches, jewelry, handbags, suitcases, umbrellas, glasses, pipes, strollers, etc.) and repair		
42	Insurance services (property and persons and vehicle)		
43	Financial services (bank services, advisory services)		
44	Other services (different membership fees, religious fees, civil association fees, etc.)		
45	Expenses related to disputes (lawyer's services, fines, court expenses)		
46	Gifts in cash and charity contributions (contributions to sick people, humanitarian organizations, etc.)		
47	Special events and ceremonies (weddings, funerals, memorials, etc.)		
48	Losses, (financial, theft of wallet, cars, property, and gambling, etc.)		

MODULE 12: NON-AGRICULTURAL HOUSEHOLD BUSINESSES AND ACTIVITIES
PART A: ESTABLISHMENT OF NON-AGRICULTURAL HOUSEHOLD BUSINESS OR ACTIVITY

INTERVIEWER: DOES EITHER QUESTION 6 OR 9 IN MODULE 10 HAVE A YES ANSWER? YES..1
 NO....2 >> **NEXT MODULE**



FOR PERSONS RESPONSIBLE FOR BUSINESS OR ACTIVITY

E N T E R P R I S E C O D E	1. FOR EACH HOUSEHOLD BUSINESS OR ECONOMIC ACTIVITY, WRITE THE ID CODES OF THE PERSON MOST RESPONSIBLE OR MOST KNOWLEDGEABLE ABOUT THE ACTIVITY.	2. FOR EACH HOUSEHOLD BUSINESS OR ECONOMIC ACTIVITY, WRITE THE DESCRIPTION OF THE ACTIVITY AND CODE. TRADE.....1 SERVICES.....2 PRODUCTION.....3 OTHER.....4	3. WRITE IDCODE OF PERSON RESPONDING FOR EACH BUSINESS OR ACTIVITY. COLLECT ALL INFORMATION ON THE FIRST BUSINESS OR HOUSEHOLD ACTIVITY , PARTS B-G. THEN COLLECT THE INFORMATION FOR THE SECOND BUSINESS ACTIVITY . CONTINUE UNTIL ALL BUSINESSES ARE COMPLETED. IF IT IS NOT POSSIBLE TO TALK TO THE PERSON MOST FAMILIAR WITH THE BUSINESS OR ACTIVITY, TRY TO COME BACK AT A LATER DATE TO TALK WITH THIS PERSON.	4. ARE THERE MORE THAN THREE BUSINESSES OR ECONOMIC ACTIVITIES? YES.1 >> USE ADDITIONAL QUESTIONNAIRE TO COLLECT DATA ON THESE ADDITIONAL ACTIVITIES NO....2
	IDCODE	DESCRIPTION	CODE	IDCODE
1				
2				
3				

MODULE 12: NON-AGRICULTURAL HOUSEHOLD BUSINESSES AND ACTIVITIES
PART B: GENERAL INFORMATION

TO BE ANSWERED BY THE BEST INFORMED PERSON

E N T E R P R I S E C O D	5. I would like to ask you about your business [READ ANSWER TO Q.2]. How long have you been doing this business?		6. Where does this business take place? HOUSE, PERMANENT RESIDENT PLACE...1 SHOP.....2 KIOSK.....3 OUTDOOR/INDOOR MARKET.....4 OTHER PERMANENT PLACE.....5 STREET.....6 MOVING.....7	7. Are you or any of your household members the sole owner of the whole business? YES .1 >>10 NO...2	8. In how many other households do owners live?	9. What share of profit stays in this household, does not go to the other owners of the business?	10. Did this enterprise operate during the last 7 days? YES .1 NO...2 >>13
	YEAR	MONTH					
1							
2							
3							

MODULE 12: NON-AGRICULTURAL HOUSEHOLD BUSINESSES AND ACTIVITIES
PART C: LABOR

TO BE ANSWERED BY THE BEST INFORMED PERSON

E N T R P R I S E C O D E	11. How many persons who are not members of your household, were engaged in this business, during last 7 days?	12. How many of them were paid in cash or in-kind?	13. How many months were you personally engaged in this activity in the past 12 months?	14. Was anybody from your household engaged in this business during last 12 months?	15. Please, list names of all the other household members who were engaged in this business during last 12 months?	16. WRITE ID CODES FOR ALL PERSONS LISTED IN Q.15	17. How many persons who are not members of your household, were engaged in this business, during last 12 months?	18. How many of them were paid in cash or in-kind?
	IF 0, »13			YES...1 NO....2 >>17	IF MORE THAN 6 PERSONS, LIST 6 MOST IMPORTANT		IF 0, »19	
	NUMBER	NUMBER	NUMBER		NAME	ID CODE	NUMBER	NUMBER

1								
2								
3								

MODULE 12: NON-AGRICULTURAL HOUSEHOLD BUSINESSES AND ACTIVITIES
PART D: REVENUES AND INPUTS

TO BE ANSWERED BY THE BEST INFORMED PERSON

E N T R P R I S E C O D E	19. INTERVIEWER: CHECK QUESTION 10:: IS THE ANSWER: YES1 NO.... 2 >>21	20. How many days did your business operate in last 7 days?	21. During last 12 months, how many months did your business operate?	22. During the months when your business operated, how many days did you usually work per month?	23. During an average month in which your business operated, how much money did it earn from selling products or services? (I.e. total cash and in-kind value of all goods and services you obtained before deducting any of your business or household expenses.	24. In a months with average sales, how much in total did you spend on inputs (labor force, raw material, transport, el. Power, water, fuel, rent of premises, maintenance, taxes, registration fee, insurance, etc., including any paid in kind)?
		DAY	MONTHS	DAYS	AMOUNT	AMOUNT

1						
2						
3						

MODULE 12: NON-AGRICULTURAL HOUSEHOLD BUSINESSES AND ACTIVITIES
PART E: CAPITAL ASSETS

PART F: PROBLEMS

ENTERPRISE	25. Now I would ask you about your fixed assetst (i.e. equipment, buildings, vehicles, tools, etc) you use in your business/ Does your enterprise own [ITEM]	26. If you wanted to sell this [ITEM], how much could you get today for it?	27. During last 12 months, did this enterprise purchase any fixed assets (like mentioned ones)?
	<div style="border: 1px solid black; padding: 2px; width: fit-content;">IF LAST ITEM »27</div> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> YES...1 NO... 2>> NEXT ITEM </div> <div style="text-align: center;">↓</div>	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> »NEXT ITEM IF LAST ITEM »27 </div>	YES . . 1 NO . . . 2
		AMOUNT	

28. What are the main problems that you had with your business in the last 12 months? LOW EARNINGS... 1 LACK OF CAPITAL..... 2 LACK OF OWN SKILL..... 3 LACK OF RAW MATERIALS...4 LACK OF CLIENTS..... 5 LACK OF LABOR FORCE. . . . 6 DIFFICULTY TO OBTAIN ALL LEGAL DOCUMENTS . . 7 BLACK MARKET..... 8 OTHER REASONS..... 9						
<div style="border: 1px solid black; padding: 2px; display: inline-block;">NEXT ENTERPRISE, PART B</div>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">RANK</td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">1.</td> <td style="text-align: center;">2.</td> <td style="text-align: center;">3.</td> </tr> </table>		RANK		1.	2.	3.
	RANK					
1.	2.	3.				

1	Land			
	Buildings			
	Equipment and machines			
	Furniture			
	Small and large tools			
	Big vehicles (trucks, cars, boats, etc)			
	Small vehicles (bicycles, wheel barrow)			
	Other fixed assets			
2	Land			
	Buildings			
	Equipment and machines			
	Furniture			
	Small and large tools			
	Big vehicles (trucks, cars, boats, etc)			
	Small vehicles (bicycles, wheel barrow)			
	Other fixed assets			
3	Land			
	Buildings			
	Equipment and machines			
	Furniture			
	Small and large tools			
	Big vehicles (trucks, cars, boats, etc)			
	Small vehicles (bicycles, wheel barrow)			
	Other fixed assets			

MODULE 13: AGRICULTURAL ACTIVITIES
PART A1: LAND USE

1. [INTERVIEWER: WRITE RESPONDENT IDCODE]

YES..1
 NO...2 >> PART
 A2

2. During the agricultural season 2000-2001 did any member of your household use or cultivate any agricultural land, irrespectively of ownership?(include: arable land, pastures, forest and water surface)

P L O T C O D E	3. Please list all plots of land that any member of your household used or cultivated. Describe or give the name of each plot. ASK THIS QUESTION FOR ALL PLOTS, THEN ASK Q. 4 -13 FOR EACH PLOT.	4. What is the area of the plot? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> SQUARE. METERS .1 ARS.....2 DUNUMS..3 HECTARE.4 ACRES....5 </div>	5. What land category is it? ARABLE LAND.....1 >>7 ORCHARD.....2 >>7 VINEYARD.....3 >>7 MEADOW.....4 >>7 PASTURE.....5 >>8 FOREST.....6 >>8 WATER SURFACE...7 >>8 ECONOMIC YARD...8 >>8 FALLOW AND UNCULTIVATED LAND.....9	6. If it is fallow or uncultivated land, what is the main reason? Crop rotation.....1 Lack of: -Cash to purchase inputs....2 -Inputs.....3 -Labor.....4 -Equipment.....5 Profits.....6 Mines.....7 Ownership Dispute.....8 Other reasons.....9	7. Was this plot irrigated or watered during the 2000-2001 season? YES. 1 NO. . 2	8. What is the status of this plot? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> OWNED CO-OWNED.1 RENTED.....2 >>12 TAKEN TO USE.....3 >>12 </div>
	PLOT NAME	AMOUNT	UNIT CODE		>>8	

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

MODULE 13: AGRICULTURAL ACTIVITIES
PART A2: OWNED LAND BY HOUSEHOLD BUT NOT USED

1. During the agricultural season 2000-2001, did your household rent out or give to another household to use owned land by your household, or did you own land that you cannot access?

YES..1
 NO...2 >> **PART B1**

P L O T C O D E	2. Please list each plot belonging to your household which you rented out or gave to another household to use or that you cannot access. Describe or list the name of each plot.	3. Which household member owns this plot? WRITE IDCODE OF OWNER FROM MODULE 1	4. What is the area of this plot? SQUARE METERS .1 ARS.....2 DUNUMS .3 HECTARE .4 ACRES... 5	5. What land category is it? Is it now used to grow crops, or is it forestland, pasture or water surface? ARABLE LAND.....1 ORCHARD..... 2 VINEYARD..... 3 MEADOW..... 4 PASTURE..... 5 FOREST..... 6 WATER SURFACE... 7 ECONOMIC YARD... 8 FALLOW AND UNCULTIVATED... 9	6. How did your household obtain this land? INHERITED... 1 BOUGHT..... 2 GIVEN BY MUNICIPAL TO USE... 3 >>8 RETURNED THROUGH RESTITUTION PROCESS... 4 OTHER..... 5 >>8	7. If you wanted to sell this plot today, how much could you get for it?	8. How many years have passed since you stopped using this plot?	9. What type of use contract or arrangement is made with its user? RENT..... 1 CROPSHARE... 2 FREE OF CHARGE... 3 EXCHANGE... 4 ILLEGALLY OCCUPIED... 5 OTHER 6 IF ANSWER 3,4,5 OR 6 >>NEXT PLOT	10. How much money did or will you get from the land user for its use during 2000-2001 season? IF NO CASH PAYMENTS WRITE 0	11. How much did or will you get from the land user in kind for land use during 2000-2001 season? IF NO IN-KIND PAYMENT WRITE 0	PLOT NAME	AMOUNT	UNIT CODE	AMOUNT KM	NUMBER OF YEARS	AMOUNT KM	AMOUNT KM

16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	

MODULE 13: AGRICULTURAL ACTIVITIES
PART B2: CROP PRODUCTION AND USE

1. Did any member of your household grow any crop during the 2000-2001 agricultural season? YES...1
 NO...2 >>PART D

C R O P C O D E	2. During agricultural season 2000-2001, did you grow any [CROP]? [INTERVIEWER: ASK FOR ALL CROPS, Q.2, THAN ASK Qs 3-12 FOR EACH CROP WITH ANSWER YES..1 YES . 1 NO . . 2 >>NEXT CROP	3. How much land was under [CROP]? SQUARE. METERS . 1 ARS..... 2 DUNUMS . . 3 HECTARE . 4 ACRES.... 5	4. How much [CROP] did your household harvest during 2000-2001 season? Kilogram... 1 Ton..... 2 Sack 30kg.. 3 Sack 50 kg. 4 Sack 100kg. 5 IF NO,WRITE 0 >>NEXT ROW	5. How much of the [CROP] harvested in 2000-2001 did you sell? Kilogram... 1 Ton..... 2 Sack 30kg.. 3 Sack 50 kg. 4 Sack 100kg. 5 IF NO,WRITE	6. On average, what price did you get for the [CROP] you sold? Kilogram... 1 Ton..... 2 Sack 30kg.. 3 Sack 50 kg. 4 Sack 100kg. 5	7. How much [CROP] did you lose because of insects, rodents, rots or any other problem after harvesting? Kilogram... 1 Ton..... 2 Sack 30kg.. 3 Sack 50 kg. 4 Sack 100kg. 5 IF NONE WRITE	8. How much of [CROP] harvested in 2000-01 was used to pay workers or make other in-kind payments? Kilogram... 1 Ton..... 2 Sack 30kg.. 3 Sack 50 kg. 4 Sack 100kg. 5 IF NONE WRITE	9. How much of [CROP] harvested during 2000-01 season was used as animal feed? Kilogram... 1 Ton..... 2 Sack 30kg.. 3 Sack 50 kg. 4 Sack 100kg. 5 IF NONE WRITE	10. How much of [CROP] was used to produce food products for sale? Kilogram... 1 Ton..... 2 Sack 30kg.. 3 Sack 50 kg. 4 Sack 100kg. 5 IF NONE WRITE 0	11. How much of [CROP] harvested in 2000-01 season was left for own household consumption? Kilogram... 1 Ton..... 2 Sack 30kg.. 3 Sack 50 kg. 4 Sack 100kg. 5 IF NONE WRITE 0	12. How much [CROP] harvested during 2000-01 season was given as a gift? Kilogram... 1 Ton..... 2 Sack 30kg.. 3 Sack 50 kg. 4 Sack 100kg. 5 IF NONE WRITE 0									
	CROP NAME	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	PRICE KM	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT

Crops																					
1	Winter wheat																				
2	Spring wheat																				
3	Maize																				
4	Barley																				
5	Oat																				
6	Rye																				
7	Other cereals																				
8	Potato																				
9	Bean																				
10	Pea																				
11	Vetch																				
12	Other legumes																				
13	Sugar beet																				
14	Soybean																				
15	Sunflower																				
16	Rape																				
17	Tobacco																				
18	Cabbage																				
19	Cauliflower																				
20	Kale																				

**MODULE 13: AGRICULTURAL ACTIVITIES
PART B2: CROP PRODUCTION AND USE**

C R O P C O D E	2. During agricultural season 2000-2001, did you grow any [CROP]? [INTERVIEWER: ASK FOR ALL CROPS, Q.2, THAN ASK Qs 3-12 FOR EACH CROP WITH ANSWER YES..1 YES..1 NO..2 >>NEXT CROP	3. How much land was under [CROP]? SQUARE . METERS .1 ARS.....2 DUNUMS . .3 HECTARE.4 ACRES....5	4. How much [CROP] did your household harvest during 2000-2001 season? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5	5. How much of the [CROP] harvested in 2000-2001 did you sell? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5	6. On average, what price did you get for the [CROP] you sold? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5	7. How much [CROP] did you lose to insects, rodents, rot or any other problem after harvesting? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5	8. How much of [CROP] harvested in 2000-01 was used to pay workers or make other in-kind payments? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5	9. How much of [CROP] harvested during 2000-01 season was used as animal feed? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5	10. How much of [CROP] was used to produce food products for sale? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5	11. How much of [CROP] harvested in 2000-01 season was left for own household consumption? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5	12. How much [CROP] harvested during 2000-01 season was given as a gift? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5									
	CROP NAME	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	PRICE KM	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT

CROPS, CONT.

21	Spinach																				
22	Lettuce																				
23	Other leafy ve.																				
24	Melon																				
25	Water melon																				
26	Cucumber																				
27	Squash																				
28	Strawberry																				
29	Raspberry etc																				
30	Green Pepper																				
31	Tomato																				
32	Eggplant																				
33	Feferoni																				
34	Carrot																				
35	Garlic																				
36	Onion																				
37	Red beet																				
38	Radish																				
39	Other roots																				

**MODULE 11: AGRICULTURAL ACTIVITIES
PART B2: CROP PRODUCTION AND USE**

C R O P C O D E	2. During agricultural season 2000-2001, did you grow any [CROP]? [INTERVIEWER: ASK FOR ALL CROPS, Q.2, THAN ASK Qs 12 FOR EACH CROP WITH ANSWER YES..1 YES..1 NO..2 >>NEXT CROP	3. How much land was under [CROP]? SQUARE. 1 METERS. 1 ARS.....2 DUNUMS..3 HECTARE.4 ACRES....5	4. How much [CROP] did your household harvest during 2000-2001 season? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5 IF NO,WRITE 0 >>NEXT ROW	5. How much of the [CROP] harvested in 2000-2001 did you sell? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5 IF NO,WRITE 0	6. On average, what price did you get for the [CROP] you sold? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5	7. How much [CROP] did you lose to insects, rodents, rot or any other problem after harvesting? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5 IF NONE WRITE 0	8. How much of [CROP] harvested in 2000-01 was used to pay workers or make other in-kind payments? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5 IF NONE WRITE 0	9. How much of [CROP] harvested during 2000-01 season was used as animal feed? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5 IF NONE WRITE 0	10. How much of [CROP] was used to produce food products for sale? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5 IF NONE WRITE 0	11. How much of [CROP] harvested in 2000-01 season was left for own household consumption? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5 IF NONE WRITE 0	12. How much [CROP] harvested during 2000-01 season was given as a gift? Kilogram...1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5 IF NONE WRITE 0									
	CROP NAME	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	PRICE KM	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT

PERMANENT PLANTINGS, ORCHARDS, VINEYARDS

40	Apple																				
41	Pear																				
42	Plum																				
43	Cherry																				
44	Sour cherry																				
45	Peach																				
46	Apricot																				
47	Quince																				
48	Nut																				
49	Citrus																				
50	Other trees (olive etc)																				
51	Wine grape																				
52	Table grape																				
	PASTURES																				
53	Natural mead.																				
54	Natural past.																				
55	Alfalfa																				
56	Clover																				
57	Grass/clover																				
58	Other																				

MODULE 13: AGRICULTURAL ACTIVITIES
PART C2: INPUTS AND INVESTMENTS- FERTILIZERS AND PESTICIDES

1. Did your household use any fertilizers or pesticides during the 2000-2001 season?

YES . . 1
 NO . . . 2 >> C3

<p>2. Did your household use any of the following fertilizers or pesticides in the 2000-2001 agricultural season?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> YES....1 NO.....2 >>NEXT ROW </div>	<p>3. How much of [PRODUCT] did your household use in the 2000 - 2001 season?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> KILO.....1 LITRE.....2 TON.....3 SACK 30K...4 SACK 50K.. 5 SACK 100K.6 </div>	<p>4. How much of [PRODUCT] did your household buy during the 2000 - 2001 season?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> KILO.....1 LITRE.....2 TON.....3 SACK 30K...4 SACK 50K.. 5 SACK 100K.6 </div>	<p>5. How much did your household pay for [PRODUCT] bought during the 2000-01 season?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> IF NOTHING WRITE 0 </div>	<p>6. Did you obtain any [PRODUCT] in any other way?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> YES . 1 NO . . 2 >> NEXT ROW </div>	<p>7. In what manner?</p> <p>HUMANIT. ORG..... 1 NGO.....2 GOVERN. ORG..... 3 RELATIVES..... 4 EMPLOYER..... 5 CREDIT 6 COOPERAT..... 7 OTHER..... 8</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> WRITE THE MAIN SOURCE </div>	
TYPE OF FERTILIZER AND PESTICIDE	QUANTITY	UNIT CODE	AMOUNT	UNIT CODE	AMOUNT KM	WRITE THE MAIN SOURCE

1. Mineral fertilizer						
1.1 Mixture MPK						
1.2. Nitrogen CAN						
1.3. Other mineral fert.						
2 Natural fertilizer						
2.1. Stable manure						
2.2. Compost						
3. Pesticides						
3.1 Insecticide						
3.2. Fungicide						
3.3 Herbicide						

MODULE 13: AGRICULTURAL ACTIVITIES
PART C3: INPUTS AND INVESTMENTS- FUEL AND ENERGY

1. Did your household use any fuel during 2000-2001 season? YES..1
 NO...2 >> PART C4

<p>2. Did your household use any of the following fuels or energy sources for agriculture in the 2000-2001 agricultural season?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> YES... 1 NO..... 2 >> NEXT ROW </div> <p style="text-align: center;">↓</p> <p style="text-align: center;">FUEL</p>	<p>3. How much of [FUEL] did your household use in total during 2000-2001 season?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> LITRE.....1 kW.....2 KG.....3 TON.....4 </div>	<p>4. How much of [FUEL] did your household buy during 2000-2001 season?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> LITRE.....1 kW.....2 KG.....3 TON.....4 </div>	<p>5. How much did your household pay for bought [FUEL] during 2000-2001 season?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> IF NOTHING WRITE 0 </div>	<p>6. Did your household obtain [FUEL] in any other way ?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> YES . 1 NO . . 2 >> NEXT ROW </div>	<p>7. In what manner?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> HUMANIT ORG... . 1 NGO.....2 GOVERN. ORG..... 3 RELATIVES..... . 4 EMPLOYER..... . 5 CREDIT 6 COOPERATIVE.....7 OTHER..... . 8 </div>
QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	AMOUNT KM	WRITE MAIN SOURCE

1. Lubricants							
2. Liquid fuel							
3. Electric power							
4. Other							

MODULE 13: AGRICULTURAL ACTIVITIES
PART C4: INPUTS AND INVESTMENT-LABOR

1. Did your household hire any labor during 2000-2001 season?

YES . 1
 NO . . 2 >> C5

2. Did you hire labor for any of the following work during the 2000 - 2001 agricultural season?		3. How many paid workers did you have?	4. How many work days did you pay in total?	5. What was average daily wage in cash?	6. Did you pay workers in kind?	7. What was the main form of in-kind payment?
YES... 1 NO..... 2 >>NEXT ROW					YES . . 1 NO . . 2 >>NEXT ROW	MEALS..... 1 %OF CROPS... 2 LODGING..... 3 TRANSPORT... 4 OTHER..... 5
CODE	TYPE OF WORK	NUMBER OF WORKERS	NUMBER OF DAYS	AMOUNT KM		WRITE MAIN TYPE

1.	Soil prepeparation					
2.	Sowing and planting					
3.	Input preparation					
4.	Weeding and moulding					
5.	Spraying					
6.	Watering					
7.	Harvesting					
8.	Mowing					
9.	Other					

MODULE 13: AGRICULTURAL ACTIVITIES
PART C5: INPUTS AND INVESTMENT-MACHINERY

1. Did you hire any machinery during 2000-2001 season? YES..1
 NO..2 >> **PART D**

<p>2. During the 2000-2001 season did you hire machinery for:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> YES...1 NO.....2>>NEXT ROW </div>	<p>3. Who did these works?</p> <p>Private enterp. from village..... 1 Private. Enterp. from region..... 2 Cooperative3 Other.....4</p>	<p>4. How many working hours did you pay in total?</p>	<p>5. How much was the average fee per hour in cash?</p>	<p>6. Did you pay operators in kind?</p> <p>YES..1 NO...2 >>NEXT ROW</p>	<p>7. What was main form of in kind payment?</p> <p>MEALS.....1 %OF CROPS.....2 FUEL.....3 OTHER.....4</p>
CODE	TYPE OF WORK	NUMBER OF HOURS	AMOUNT KM		WRITE MAIN TYPE

1.	Plowing					
2.	Harrowing					
3.	Other cultivation (disc harrowing, etc)					
4.	Sowing and planting					
5.	Harvesting					
6.	Mowing					
7.	Transport					
8.	Other					

MODULE 13: AGRICULTURAL ACTIVITIES
PART D1: LIVESTOCK

1. Did any of your household members have livestock, poultry bees or fish during last 12 months? YES...1 NO...2 >> PART E

C O D E	2. Did your household possess any of listed animals during last 12 months? FIRST ASK Q. 2. FOR ALL ANIMALS, THEN Q. 3 -22 FOR EACH ANIMAL		3. How many [TYPE] does your household possess today?	4. If you wanted to sell today one of [TYPE] how much could you get for it?	5. How many [TYPE] did you sell during last 12 months?	6. How much did your household get during last 12 months from sale of [TYPE]?	7. How many [TYPE] did your household eat during last 12 months?	8. How many [TYPE] were lost or died during last 12 months?	9. How many of your [TYPE] did you give as a gift during last 12 months?	10. How many [TYPE] did your household buy and pay for during last 12 months?	11. How much in total did you pay [TYPE] bought during last 12 months?	12. How many [TYPE] did your household purchase on credit during last 12 months?	13. What was the total value of [TYPE] bought on credit during last 12 months?	14. How much of the credit used to buy [TYPE] did you repay during last 12 months?
	TYPE OF ANIMAL	YES...1 NO...2 >> NEXT ROW	NUMBER OF HEADS/UNIT	AMOUNT KM	NUMBER OF HEADS/UNIT	AMOUNT KM	NUMBER OF HEADS/UNIT	NUMBER OF HEADS/UNIT	NUMBER OF HEADS/UNIT	NUMBER OF HEADS/UNIT	AMOUNT KM	NUMBER OF HEADS/UNIT	AMOUNT KM	AMOUNT KM
			IF NONE, WRITE 0 >> 5		IF NONE, WRITE 0 >> 7	INCLUDE VALUE OF IN KIND PAYMENTS	IF NONE, WRITE 0	IF NONE, WRITE 0	IF NONE, WRITE 0	IF NONE, WRITE 0 >> 12	INCLUDE VALUE OF IN KIND PAYMENTS	IF NONE, WRITE 0 >> NEXT ROW		
1	Calf													
2	Heifer													
3	Dairy cow													
4	Breeding bull													
5	Ox													
6	Horse													
7	Donkey													
8	Mule and hinny													
9	Pig													
10	Sheep													
11	Goat													
12	Chicken													
13	Other poultry													
14	Rabbits													
15	Bee hives													
16	Fish, kg													

MODULE 13: AGRICULTURAL ACTIVITIES
PART D1: LIVESTOCK, cont

C O D E	(CONTINUED)	15.	16.	17.	18.	19.	20.	21.	22.
		How many [TYPE] were born during last 12 months?	How many [TYPE] did your household receive as a gift during last 12 months?	Who gifted you these animals? HUMANIT. ORG..1 GOVERNMENT. ORG..2 NGO.....3 RELATIVES.....4 ENTERPRISE.....5 EMPLOYER.....6 COOPERATIVE...7 OTHER.....8	For how many of your [TYPE] did you use veterinary services during last 12 months?	Did you have to pay these services?	How much did you pay?	Did your household sell any fresh products from your [TYPE] during last 12 months?	How much did you get from sales of these products from your [TYPE] during last 12 months?
			IF NONE, WRITE 0 >>18		IF NONE, WRITE 0 >>21	YES..1 NO...2 >> 21	IF NONE, WRITE 0	EXCLUDE PRODUCT USED FOR FAMILY BUSINESS YES...1 NO..2 >>NEXT ROW	INCLUDE VALUE OF IN KIND PAYMENTS
	TYPE OF ANIMAL	NUMBER OF HEAD/UNIT	NUMBER OF HEAD/UNIT	MAIN SOURCE	NUMBER OF HEAD/UNIT		AMOUNT KM		AMOUNT KM
1	Calf								
2	Heifer								
3	Dairy cow								
4	Breeding bull								
5	Ox								
6	Horse								
7	Dunkey								
8	Mule and hinny								
9	Pig								
4	Sheep								
5	Goat								
6	Chicken								
13	Other poultry								
14	Rabbits								
15	Bee hives								
16	Fish , kg								

MODULE 13: AGRICULTURAL ACTIVITIES
PART D2: ANIMAL FEED

1. Did any of your household members buy or obtain in any other way any animal feed during last 12 months?

YES...1
 NO...2 >>PART E

C O D E	2	3	4	5	6	7	8		
	Which of the following animal feed did you use during the last 12 months? FIRST ASK Q. 2 FOR AL TYPES OF FEED, THEN Q. 3-8 FOR EACH ITEM BEFORE GOING TO NEXT ITEM YES... 1 NO..... 2>>NEXT ROW	How much animal feed did your household use in total during last 12 months? Kilogram.....1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5	How much animal feed did you household buy in the last 12 months? Kilogram.....1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5 IF NONE, WRITE 0 >>6	How much did your household pay for bought animal feed ?	How much animal feed did you provide from your own production during the last 12 months? Kilogram.....1 Ton.....2 Sack 30kg..3 Sack 50 kg.4 Sack 100kg.5 IF NONE, WRITE 0 >>7	Did your household obtain animal feed in any other way during last 12 months? YES.. 1 NO.. 2>> NEXT ROW	In which way did you obtain animal feed? HUMANIT. ORG..1 NGO.....2 GOVERNMENT ORG.3 RELATIVES.....4 EMPLOYER.....5 CREDIT.....6 COOPERATIVE.....7 OTHER.....8		
	FEED TYPE	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	AMOUNT KM	QUANTITY	UNIT CODE	WRITE MAIN SOURCE

1	Hay								
2	Green forage								
3	Maize, cereals								
4	Concentrate								
5	Silage								
6	Bran								
7	Fodder beet								
8	Others								

MODULE 13: AGRICULTURAL ACTIVITIES
PART E: FARM CAPITAL ASSETS

E Q U I P M E N T C O D E	1. Does your household possess any of the following equipment or machinery, either owned outright or co-owned? FIRST ASK Q. 1. FOR ALL ITEMS, THEN Q. 2 -10 FOR EACH ITEM, BEFORE GOING TO NEXT ONE YES . . 1 NO . . . 2 >> NEXT ROW	2. How many [TYPE] does your household own outright? DO NOT INCLUDE EQUIPMENT CO-OWNED WITH ANOTHER HOUSEHOLD	3. Does your household possess any [TYPE] co-owned with another household? YES . 1 NO . . 2 >>6	4. How many [TYPE] does your household co-own with another household?	5. What share of [TYPE] belongs to your household? IF MORE THAN ONE ITEM AND IF SHARE IS DIFFERENT, GIVE AVERAGE	6. What is the average age of [TYPE]. FOR ALL EQUIPMENT, BOTH OWNED AND CO-OWNED. IF MORE THAN ONE UNIT, GIVE AVERAGE AGE		7. How did your household obtain [TYPE]. BOUGHT.....1 INHERITED.....2 GIFT3 HUMANIT.ORG.4 NGO.....5 GOV.ORG.....6 RELATIVES.....7 CREDIT.....8 OTHER.....9		8. If you wanted to sell one of your [TYPE] how much money could you get for it? IF MORE THAN ONE ITEM ASK AVERAGE VALUE. WRITE TOTAL VALUE OF CO-OWNED ITEMS	9. Did your household rent out any of [TYPE] during 2000-2001 season? YES . 1 NO . . 2 >>NEXT ROW	10. How much did your household earn from renting [TYPE] during 2000-2001 season?
	TYPE OF AGRIC. EQUIPMENT	NUMBER	NUMBER	PERCENTAGE	NUMBER YEAR	FIRST	SECOND	AMOUNT IN KM	AMOUNT KM			
1	Moto-cultivator											
2	Small tractor (<40 KS)											
3	Big tractor (>40 KS)											
4	Plough											
5	Disc harrow											
6	Harrow											
7	Seeder											
8	Digger											
9	Fertilizer spreader											
10	Sprayer											
11	Mower											
12	Hay tedder											
13	Hay bailer											
14	Combine harvester											
15	Thresher											
16	Corn crusher											
17	Silage equipment											
18	Water pump											
19	Irrigation system											
20	Truck											
21	Trailer (for truck)											
22	Milking Machine											
23	Lacto-freezer											
24	Incubator											