



LIVING STANDARDS MEASUREMENT SURVEY LSMS 2005 - ALBANIA

Name of enumerator		Code
Name of field supervisor		Code
Name of data entry operator		Code
Latitude	Longitude	

District	
Municipality/Commune	
Census EA No.	Name of Household Head

Approved by the Institute of Statistics, Statistical Law Nr.9180, date 05.02.2004.
The information collected will be used only for statistical purposes and is strictly confidential.

LSMS PSU	HH No.
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SECTION 1: CONTROL SHEET

SECTION 1

	DATE	BEGIN	END	STATUS	REMARKS
VISIT_1					
VISIT_2					
VISIT_3					

Status codes
 1. Complete
 2. Incomplete, must return

DATA ENTRY OPERATOR FLAGGED INCONSISTENCIES IN SECTION 1

MODULE	
1	
2	
3	
4	
5	
6	
7	

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SECTION A: INFORMATION FOR THE ROSTER SHEET

PERSON INTERVIEWED: PREFERABLY THE HEAD OF THE HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A "PRINCIPAL RESPONDENT" TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

RESPONDENT: _____ ID CODE:

1-3. I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling.

* First, I would like to have the names of all the members of your immediate family, who normally live and eat their meals together in this dwelling. Start with the head of the household, wife/husband of household head, his/her children in order of age.

WRITE DOWN THE NAME IN CAPITAL LETTERS, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

* Please give me the names of any other persons related to the head of the household or to his/her wife/husband, together with their families, who normally live and eat their meals here.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

* Please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live and eat their meals here. For instance, tenants, lodgers, servants or other persons who are not relatives.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

* Are there any other persons not now present but who normally live and eat their meals here? For example, any person studying somewhere else or who is on vacation or who is visiting other people.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

* Are there any other persons who slept here last night but do not normally live here?

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-9 AND CLASSIFY THE PERSON ACCORDINGLY IN Q.10. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

4-10. Now I would like to have some information about each of the persons you mentioned.

10. CLASSIFY WHETHER EACH PERSON IS A PRESENT HOUSEHOLD MEMBER ACCORDING TO THE FOLLOWING: LOOK AT THE ANSWER TO QUESTION 9 (NUMBER OF MONTHS THIS PERSON WAS ABSENT FROM THE HOUSEHOLD)

* ALL PERSONS ALIVE FOR WHOM THE ANSWER IS 11 MONTHS OR LESS ARE CLASSIFIED AS PRESENT HOUSEHOLD MEMBERS: DECEASED INDIVIDUALS ARE NEVER CLASSIFIED AS HOUSEHOLD MEMBERS: LODGERS ARE NOT CLASSIFIED AS HOUSEHOLD MEMBERS: HIRED WORKERS AND SERVANTS, IF THEY HAVE THEIR OWN FAMILY IN A DIFFERENT PLACE, ARE ALSO NOT CLASSIFIED AS HOUSEHOLD MEMBERS:

GUESTS WHO HAVE COME TO VISIT FOR 6 OR MORE MONTHS ARE CLASSIFIED AS PRESENT MEMBERS OF HOUSEHOLD.

MODULE 1: HOUSEHOLD ROSTER

PART A: HOUSEHOLD MEMBERS AND PARENTS

I D C O D E	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	NAMES OF HOUSEHOLD MEMBERS: MAKE A COMPLETE LIST OF ALL CONCERNED BEFORE GOING TO QUESTIONS 4-11 WHEN COMPLETED THIS SHEET, COPY THE PERTINENT INFORMATION ON THE HH MEMBER FLAP AT BACK	SEX: MALE 1 FEMALE 2	RELATIONSHIP TO HEAD: HEAD 1 SPOUSE/PARTNER 2 CHILD/ADOPTED CHILD 3 GRANDCHILD 4 NIECE/NEPHEW 5 FATHER/MOTHER 6 SISTER/BROTHER 7 SON/DAUGHTER-IN-LAW 8 BROTHER/SISTER-IN-LAW 9 GRANDFATHER/MOTHER 10 FATHER/MOTHER-IN-LAW 11 OTHER RELATIVE 12 NOT RELATED 13	DATE OF BIRTH: CALCULATE PERSON'S AGE, ASK THE RESPONDENT TO CONFIRM IT IN QUESTION 5 DAY MONTH YEAR	How old is [NAME]? WRITE ONLY YEARS IF 12 YEARS OR OLDER WRITE YEARS AND MONTHS IF < 12 YEARS IF < 12 YEARS (>>9)	What is the present marital status of [NAME]? MARRIED 1 DIVORCED/ SEPARATED 2 LIVING TOGETHER 3 WIDOWER 4 >>9 SINGLE 5 >>9	Does the spouse/partner of [NAME] live in this household now? YES 1 NO 2 >>9	Copy the ID CODE of the spouse/ partner of [NAME].	For how many months during the past 12 months (since MONTH/YEAR) has he/she been away from this household? CUMULATED MONTHS	Household Member Present? (11 MONTHS AWAY OR LESS) YES 1 NO 2
NAME										
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

MODULE 1: HOUSEHOLD ROSTER

PART A: HOUSEHOLD MEMBERS AND PARENTS

	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
I D C O D E	Does the natural mother of [NAME] live in this household now?	Copy the ID CODE of the mother of [NAME].	What is the highest educational level achieved by the mother of [NAME]?	Is the mother of [NAME] still living?	How old was the mother of [NAME] when she died?	What is the age of the mother of [NAME]?	Does the natural father of [NAME] live in this household now?	Copy the ID CODE of the father of [NAME].	What is the highest educational level achieved by the father of [NAME]?	Is the father of [NAME] still living?	How old was the father of [NAME] when he died?	What is the age of the father of [NAME]?
			NONE, OR SOME PRIMARY	1					NONE, OR SOME PRIMARY	1		
			COMPLETED PRIMARY 4 YEARS	2					COMPLETED PRIMARY 4 YEARS	2		
			COMPLETED PRIMARY 7/8 YEARS	3					COMPLETED PRIMARY 7/8 YEARS	3		
			SOME SECONDARY GENERAL	4					SOME SECONDARY GENERAL	4		
			COMPLETED SECONDARY	5					COMPLETED SECONDARY	5		
			SOME VOCATIONAL SCHOOL	6					SOME VOCATIONAL SCHOOL	6		
			COMPLETED VICATIONAL SCHOOL	7					COMPLETED VICATIONAL SCHOOL	7		
			SOME UNIVERSITY	8					SOME UNIVERSITY	8		
			COMPLETED UNIVERSITY DEGREE	9	YES 1>>16	>>17		YES 1	>>NEXT PERSON	COMPLETED UNIVERSITY DEGREE	9	YES 1>>22
	YES 1			NO 2			NO 2>>19			NO 2		
	NO 2 >>13		DK						DK			
		ID CODE			AGE	AGE		ID CODE			AGE	AGE

01												
02												
03												
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11												
12												
13												
14												
15												

MODULE 2: EDUCATION

CHILDREN 3-5 YEARS

PART A: PRESCHOOL, CHILDREN 3-5 YEARS

I D C O D E	R E S P O N D E N T I D	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
		Is [NAME] currently attending preschool?	Why is [NAME] not attending preschool?	What type of preschool is this?	How many hours per week does [NAME] attend preschool?	How much do you pay per month?	Did your household have to provide to the school and the teacher money and gifts in kind or services (in the last month)?	(if in-kind, please estimate value of gift - examples of in-kind contributions are flowers, chocolates, fuel, construction material, etc)			
			NONE AVAILABLE 1 TOO YOUNG 2 TOO EXPENSIVE 3 TOO FAR 4 NOT GOOD QUALITY CARE 5 PREFER TO KEEP AT HOME 6 NO NEED 7 OTHER (SPECIFY) 8	PUBLIC 1 PRIVATE 2 RELIGIOUS 3	HOURS	OLD LEKS					
		YES 1 >>3 NO 2	(->NEXT PERSON)								
01											
02											
03											
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11											
12											
13											
14											
15											

MODULE 2: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(12)	(13)	(14)	(15)	(16)	(17)	(18)
	How old were you when you completed your last year of full-time education whether at school or university?	IS [NAME] 18 YEARS OLD OR LESS?	Do you intend to return to school?	What is the name of the last school you attended??	In what grade are you currently enrolled? In which level?		Is the school you are currently enrolled in public or private?
		YES 1 NO 2 >>NEXT PERSON	YES 1 NO 2	>>NEXT PERSON	FOR OFFICE CODING	"8 or 9 YEARS" SCHOOL 1: 1-9 SECONDARY GENERAL 2: 1-4 VOCATIONAL 2-3 YEARS 3: 1-3 VOCATIONAL 4/5 YEARS 4: 1-5 UNIVERSITY- ALBANIA 5: 1-6 UNIVERSITY- ABROAD 6: 1-6 POST-GRADUATE- ALBANIA 7: 1-5 POST-GRADUATE- ABROAD 8: 1-5	PUBLIC 1 PRIVATE - RELIGIOUS 2 PRIVATE-NON RELIGIOUS 3
	AGE IN YEARS			SCHOOL NAME	LOCATION	CODE	LEVEL GRADE
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

MODULE 2: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(19)			(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
	What is the name of the school you are currently attending?			How far away from this dwelling is the school you are currently attending ?	Do you usually stay in another location closer to your school during the school term?	How long does it take you to travel to your school from your home or the location you usually stay in during the school term?		How do you generally go to school?	How much did you spend on average each month on transportation ? (if separate from tuition)	Did the school supply the <u>required text books</u> for your classes in this academic year?	Did you household pay anything for these text books supplied by the school for this academic year?	Did your household buy any <u>supplementary text books</u> for your use in class for this academic year?
	IF SCHOOL LOCATION IS ABROAD, WRITE 999 >> 29			IF LESS THAN 1 KM REPORT TENTHS				WALK 1 >>26 BICYCLE 2 >>26 ANIMAL 3 >>26 CAR 4 BUS, MINIBUS 5 TRAIN 6 OTHER(SPECIFY) 7		YES, ALL REQUIRED 1 YES, SOME REQUIRED 2 NO, NONE 3 >>28	YES 1 NO 2	YES 1 NO 2
	SCHOOL NAME	LOCATION	CODE	KM	YES 1 NO 2	TIME ONE WAY	HOURS	MINUTES	OLD LEKS			
01												
02												
03												
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15												

RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

MODULE 2: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)
	How much has your household spent on your education in the current academic YEAR for: (IF HOUSEHOLD CANNOT SEPARATE COSTS, PUT THE TOTAL IN COLUMN 37) School fees and tuition? (include annual tuition and fees even if not paid in full yet)	Uniforms	Textbooks: Authorized text books for classes. Supplementary text books.		Other educational materials (pens, exercise books, etc.)	Meals and/or lodging?	School excursions?	Other expenses	Total (exclude transportation if reported separately)	Have you received any private tutoring during this academic year?	In how many subjects have you received tutoring during this academic year?	Who is tutoring you? IF MORE THAN ONE TUTOR, REFER TO THE MAIN TUTOR	How often have you been receiving tutoring in the <u>past month</u> ?
	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	YES 1 NO 2 >>45			DAILY 1 SEVERAL TIMES A WEEK 2 OWN TEACHER 1 AT LEAST ONCE A WEEK 3 OTHER TEACHER 4 IN SCHOOL 2 ONCE IN THE MONTH 5 OTHER TUTOR 3 HAVE NOT RECEIVED FRIEND/RELATIVE 4 IN THE PAST MONTH 6
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02													
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13													
14													
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RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

MODULE 2: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)
	Are you paying for the tutoring?	How much are you paying per hour?	How much have you spent per month on average for this tutoring in the current academic year?	Did your household have to provide to school and teacher money and gifts in kind or services in the current academic year? (if in-kind, please estimate value of gift - examples of in-kind contributions are flowers, chocolates, fuel, construction material, ...)				Have you been absent from school one or more days in the past 4 weeks?	How many days of school have you missed in the past 4 weeks?	Why did you miss school for this time? IF MORE THAN ONE REASON, LIST REASON FOR MISSING THE MOST DAYS	Are you currently receiving a scholarship or subsidy to support your education?	What is the value of the scholarship or subsidy received for the current academic year?	How much time <u>per day</u> have you spent on homework over the past 4 weeks, on average?
	YES 1 NO 2 >>45	IF MORE THAN ONE PRICE, TAKE AVERAGE						YES 1 NO 2 >>52		BAD WEATHER 1 NO INTEREST 2 AGRICULTURAL WORK 3 OTHER WORK 4 SCHOOL TOO FAR 5 POOR TEACHING 6 POOR FACILITIES 7 OWN ILLNESS 8 FAMILY ILLNESS/ DEATH 9 MOVED 10 SAFETY 11 OTHER (SPECIFY) _____ 12	YES 1 NO 2 >> 54		NONE 1 LESS THAN 30' 2 30' - 1 HOUR 3 1-2 HOURS 4 2-3 HOURS 5 3-4 HOURS 6 > 4 HOURS 7
		OLD LEKS	OLD LEKS	CASH OR IN-KIND YES 1 NO 2	OLD LEKS	SERVICE YES 1 NO 2	NUMBER OF HOURS		NUMBER OF DAYS				OLD LEKS
01													
02													
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RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

MODULE 2: EDUCATION

PART C: PARENTAL OPINIONS

I D C O D E	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	DOES THIS HOUSEHOLD HAVE A CHILD 12 YEARS OF AGE OR YOUNGER, OR A CHILD 18 YEARS OR LESS WHO IS IN SCHOOL?	ASK THE FOLLOWING QUESTIONS TO THE MOTHER, IF POSSIBLE. IF NOT POSSIBLE, ASK THE FATHER. PUT ID CODE OF THE RESPONDENT BELOW	ASK FOR CHILDREN 12 YEARS OR LESS: In the past month, how often have you or another adult in the household read with (NAME)?	ASK FOR CHILDREN 18 YEARS OR LESS WHO ARE ATTENDING SCHOOL: In the past month, how often have you or another adult in the household helped (NAME) with school homework? IF NO CHILD ATTENDING SCHOOL >>13	How important is it to you for (NAME) to gain educational qualifications?	Would you personally like (NAME) to go to College or University?	How likely do you think it is that (NAME) will go to College or University?
			DAILY OR ALMOST DAILY 1	DAILY OR ALMOST DAILY 1			
			SEVERAL TIMES PER WEEK 2	SEVERAL TIMES PER WEEK 2			
			ONCE PER WEEK 3	ONCE PER WEEK 3			
			ONCE EVERY TWO WEEKS 4	ONCE EVERY TWO WEEKS 4	VERY IMPORTANT 1	YES 1	VERY LIKELY 1
			ONCE IN THE MONTH 5	ONCE IN THE MONTH 5	QUITE IMPORTANT 2	NO 2	QUITE LIKELY 2
	YES 1		DID NOT READ IN THE PAST MONTH 6	DID NOT HELP IN THE PAST MONTH 6	NOT VERY IMPORTANT 3	DON'T KNOW/ UNDECIDED 3	NOT VERY LIKELY 3
	NO 2 >>13				NOT AT ALL IMPORTANT 4		NOT AT ALL LIKEY 4
		ID CODE					

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MODULE 2: EDUCATION

PART C: PARENTAL OPINIONS

I D C O D E	(8)	(9)	(10)	(11)	(12)
	Overall how satisfied are you with (NAME's) school??	What are the main reasons you are dissatisfied with this school? GIVE THE 3 FIRST REASONS BY ORDER OF IMPORTANCE	Does your child's school have a Parent Teacher Association or other means for parents to be involved in school activities?	Do you take part in the PTA or other school activities?	If the school had a PTA or other ways to take part in school activities, how likely is it that you would get involved?
		TOO EXPENSIVE 1			VERY LIKELY 1
		SCHOOL TOO FAR AWAY 2			QUITE LIKELY 2
		POOR TEACHING 3			NOT VERY LIKELY 3
		POOR CLASSROOM EQUIPMENT/DESKS/,,, 4			NOT AT ALL LIKEY 4
		POOR BUILDING FACILITIES(ROOF, TOILETS, ...) 5		YES 1	DON'T KNOW 5
		LACK OF TEXTBOOKS 6		NO 2	
		CLASS TOO LARGE 7			
		VERY SATISFIED 1 >>10	CHILD DOESN'T ENJOY 8	YES 1	
	QUITE SATISFIED 2 >>10	OTHER (SPECIFY _____) 9	NO 2 >>12		
	NOT VERY SATISFIED 3		DON'T KNOW DK >>12		
	NOT AT ALL SATISFIED 4				
		FIRST SECOND THIRD		>>NEXT CHILD	>>NEXT CHILD

(13)
How many books do you have at home?
NONE 1
1 to 10 2
11 to 50 3
51 to 100 4
101 TO 200 5
MORE THAN 200 6
>>NEXT MODULE

01						
02						
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14						
15						

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MODULE 3: COMMUNICATION

INTERNET							MOBILE PHONES								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
I D C O D E	Have you/[NAME] ever used the Internet?	Do you/[NAME] have an E-mail address (such as Hotmail, Yahoo, etc)?	Where do you/[NAME] mainly use the Internet?	What is the main purpose for which you/[NAME] use the Internet?	For how long have you/[NAME] been using the Internet?	Have you/[NAME] used the Internet in the past month?	How much have you/[NAME] spent in the last month for using the Internet in internet cafes and other locations outside your dwelling?	Does anyone in this household use a mobile phone?	Are you/[NAME] the primary user of a mobile phone?	When did you/[NAME] acquire the phone?	What is the company providing the service?	Is this phone used for personal, for business, or for both personal and business?	Do you/[NAME] use prepaid cards?	How much was the total cost for last month either in prepaid or by bill?	Who paid or will pay for the phone costs last month?
			WORK 1	E-MAIL 1							VODAFONE 1	PERSONAL 1			MYSELF/FAMILY 1
			SCHOOL 2	WORK 2	1-6 MONTHS 1							AMC 2	BUSINESS 2		EMPLOYER 2
			HOME 3	ENTERTAINMENT 3	6-12 MONTHS 2							OTHER 3	BOTH PERSONAL AND BUSINESS 3		OTHER (Specify) 3
			INTERNET 4	INFORMATION 4	1-2 YEARS 3										
	YES 1		CAFE 4	COMMUNICATION 5	MORE THAN 2 YEARS 4	YES 1							YES 1		
	NO 2>>NEXT PERSON	YES 1	OTHER (Specify) 5	OTHER (Specify) 6		NO 2 >> NEXT PERSON							NO 2		
		NO 2									YEAR				OLD LEKS
	01							01							
	02							02							
	03							03							
	04							04							
	05							05							
	06							06							
	07							07							
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10							10								
11							11								
12							12								
13							13								
14							14								
15							15								

MODULE 4: LABOUR

PART A: LABOUR FORCE PARTICIPATION

I D C O D E	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		During the past 7 days, have you worked (at least one hour) for someone who is not a member of your household, for example, a public or private enterprise or company, an NGO or any other individual?	During the past 7 days, have you worked (at least one hour) on a farm owned or rented by you or a member of your household, whether in cultivating crops or in other farm maintenance tasks, or have you cared for livestock belonging to you or a member of your household?	During the past 7 days, have you worked (at least one hour) on your own account or in a business enterprise belonging to you or someone in your household, for example, as a trader, shop-keeper, barber, dressmaker, carpenter, taxi driver, car wash, etc.?	CHECK THE ANSWERS TO QUESTIONS 2, 3 AND 4. (WORKED IN LAST 7 DAYS)	Although you reported no work in the past 7 days, have you done any occasional job such as sold goods in the street, helped someone for his business, sold some homemade products, washed cars, repaired cars, etc. during this period?	Do you have a permanent/ long term job (even though you did not work in the last 7 days) from which you were temporarily absent?	What is the main reason that you did not work in the last 7 days although you have a job?	During the past 4 weeks, have you tried in any way to find a job or start your own business?
		YES NO	1 YES 2 NO	1 YES 2 NO	1 ANY YES 1 >>PART B 2 ALL NO 2	YES 1 >>PART B NO 2	YES 1 NO 2 >>9	OWN ILLNESS 1 MATERNITY LEAVE 2 HOUSEHOLD MEMBER SICK 3 HOLIDAYS 4 STRIKE/SUSPENSION 5 TEMPORARY WORK LOAD REDUCTION 6 CLOSURE 7 BAD WEATHER 8 SCHOOL EDUC/TRAINING 9 OTHER (SPECIFY) _____ 10 (>>PART B)	YES 1 >>12 NO 2

01									
02									
03									
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07									
08									
09									
10									
11									
12									
13									
14									
15									

MODULE 4: LABOUR

PART A: LABOUR FORCE PARTICIPATION

I D C O D E	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
		What is the main reason you did not look for a job in the last 4 weeks? (MOST IMPORTANT REASON)	Did you begin this status as [READ STATUS FROM Q10] less than 12 months ago?	What kind of efforts did you put into finding a job? (MOST IMPORTANT WAY)	How long have you looked for a job?	If you were offered a job, are you ready to start working within the following 2 weeks?	Are you currently registered in the Labor Office?	Did you begin this status of not working less than 12 months ago?
		STUDENT/PUPIL 1						
		HOUSEWIFE 2						
		IN RETIREMENT 3						
		HANDICAPPED 4						
		IN MILITARY SERVICE 5		THROUGH LABOUR OFFICE 1	IF LESS THAN 1 MONTH, WRITE "0"			
		HAVE ALREADY FOUND A JOB WHICH WILL START LATER 6 >>12		THROUGH FRIENDS/RELATIVES 2				
		AWAITING RECALL BY EMPLOYER 7 >>14		RESPONDED TO MEDIA AD 3				
		WAITING FOR BUSY SEASON 8 >>14		PUT AD IN PAPER 4				
	DO NOT WANT TO WORK 9 >>15	YES 1 >>GRID, PART D	EMPLOYER CONTACTED YOU 5					
	BELIEVE THAT I DO NOT HAVE ANY CHANCE TO GET A JOB. 10 >>13	NO 2 >> NEXT PERSON	CONTACTED EMPLOYER 6					
	OTHER (SPECIFY) _____ 11 >>14	IF LAST PERSON >> MODULE 5	TRIED TO START OWN BUSINESS 7					
			TOOK PART IN TEST FOR JOB 8			YES 1	YES 1	
			OTHER (SPECIFY) _____ 9			NO 2	NO 2	IF LAST PERSON >> MODULE 5
				MONTHS				

01							
02							
03							
04							
05							
06							
07							
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MODULE 4: LABOUR

PART B: OVERVIEW LAST 7 DAYS

This is to determine main job in past 7 days or to list permanent job if someone is temporarily absent from work.

A C T I V I T Y C O D E	I D C O D E	(1)	(2)	(3)	(4)	(5)	(6)					
		What is your occupation (list each different job if you have worked in more than one job in past 7 days) USE ONE LINE PER JOB/ACTIVITY, REPEAT THE ID ON ALL LINES FOR DIFFERENT ACTIVITIES PERFORMED BY THE SAME PERSON IF YOU HAVE A PERMANENT JOB FROM WHICH YOU ARE TEMPORARILY ABSENT, WRITE OCCUPATION IN THIS COLUMN AND PUT CODE 1 IN Q6	For how many days in the last 7 days did you do this work?	For how many hours in the last 7 days did you do this work?	How many weeks in the last 12 months did you do this activity?	Did you do any other work in the last 7 days, or did you have any other job from which you were temporarily absent?	CHECK FOR FIRST AND SECOND HIGHEST ANSWERS TO Q.3 (HOURS WORKED IN LAST 7 DAYS) FOR THIS INDIVIDUAL. (IF THIS INDIVIDUAL REPORTED ONLY ONE ACTIVITY, MARK IT AS CODE 1.)					
								FOR OFFICE CODING	DAYS PER WEEK	HOURS PER WEEK	# OF WEEKS	ACTIVITY FOR WHICH ANSWER TO Q.3 IS HIGHEST. 1
									WRITTEN DESCRIPTION	CODE		YES 1>>NEXT LINE NO 2
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												

I D C O D E	(1) FOR EACH PERSON, LOOK AT THE ANSWERS TO QUESTION 6 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 1 IN THAT QUESTION	(2) What is the main economic activity of the enterprise you're working on or of your own business?	(3) Where was this job?	(4) Now I would like to ask you about your job as [READ OUT OCCUPATION FROM QUESTION 1]. Where did you carry out most of your work?	(5) How many hours per week do you <u>usually</u> work in this job?
	OCCUPATION	CODE	WRITTEN DESCRIPTION	CODE	HOURS
			SEE CODES ABOVE	FARM OWNED OR RENTED BY HOUSEHOLD MEMBER 1 OTHER FARM 2 YOUR HOME 3 OTHER HOME 4 VEHICLE 5 FROM DOOR TO DOOR 6 IN THE STREET, NON-FIXED PLACE 7 IN THE STREET, FIXED PLACE 8 FIXED BUILDING (OFFICE/ FACTORY.) 9 DISTRICT 1-36 10 ABROAD 81-87 11 IN A MARKET OTHER (SPECIFY) _____	IF 40 HOURS OR MORE >> 7
FOR OFFICE CODING			FOR OFFICE CODING		
01					
02					
03					
04					
05					
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08					
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10					
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12					
13					
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15					

MODULE 4: LABOUR

PART C: MAIN AND SECONDARY JOB

I D C O D E	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
	<p>How much is your usual NET payment or earning? What period of time does this payment cover? (consider time of last 12 months; if you have started the job less than 12 months ago, consider the average since the beginning)</p>											
	<p>Did you receive bonuses (such as New Year bonus..) in this work during the last 12 months?</p>											
	<p>How much was your last bonus?</p>											
	<p>How many months usually pass between bonus payments in this job?</p>											
	<p>Did you receive any payment/ earnings from this work in any other form during the last 12 months?(meals, tips, transport, clothes?)</p>											
	<p>What is the value of those in-kind payments/earnings in the last 12 months?</p>											
	<p>When did you start this job?</p>											
	<p>How do you get to the workplace for this main job?</p>											
	<p>How far is the workplace from this dwelling (one way)?</p>											
<p>How long does it take you/[NAME] to walk to the workplace from this dwelling (one way, in minutes).</p>												
<p>CHECK QUESTION 6 IN PART B. DID THE INDIVIDUAL REPORT MORE THAN ONE KIND OF WORK IN THE PAST 7 DAYS?</p>												
<p>WRITE DISTANCE IN KM WITH ONE DECIMAL PLACE (EXAMPLE: 3.1). IF WORKPLACE IS NOT FIXED, AVERAGE OVER LAST 7 DAYS</p>												
<p>IF WORKPLACE IS NOT FIXED, AVERAGE OVER LAST 7 DAYS</p>												
<p>IF [MONTH/YEAR] AT Q.21 IS BEFORE [05/ 2004] >> 38</p>												
<p>IF [MONTH/YEAR] AT Q.21 IS [05/ 2004] OR AFTER >> GRID</p>												
<p>YES 1 NO 2</p>												
<p>TIME UNIT (DO NOT INCLUDE MATERNITY LEAVE)</p>												
<p>MONTH 1 15 DAYS 2 WEEKLY 3 DAILY 4</p>												
<p>YES 1 NO 2 >>19</p>												
<p>YES 1 NO 2 >>21</p>												
<p>OLD LEKS TIME OLD LEKS MONTHS LEKS MO YR KILOMETERS MINUTES</p>												

01												
02												
03												
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I D C O D E	(26) SECOND JOB: FOR THIS PERSON, LOOK AT THE ANSWERS TO QUESTION 6 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 2 IN THAT QUESTION (SECONDARY OCCUPATION IN THE LAST 7 DAYS).	(27) What is the main economic activity of the enterprise you're working on or of your own business?	(28) Is this job ...	(29) In this work were you... <p style="text-align: center;">(READ ALL RESPONSES)</p>
	FOR OFFICE CODING	FOR OFFICE CODING	SEASONAL 1	AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1
			OCCASIONAL 2	A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM
			TEMPORARY 3	BUSINESS ENTERPRISE 2 >>31
			PERMANENT/ LONG-TERM 4	AN EMPLOYER 3 >>31
				A WORKER ON OWN ACCOUNT 4 >>31
				UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM
				BUSINESS ENTERPRISE 5 >>37

	OCCUPATION	CODE	WRITTEN DESCRIPTION	CODE		
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

MODULE 4: LABOUR

PART C: MAIN AND SECONDARY JOB

I D C O D E	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	
	Is your employer for this work... (READ ALL RESPONSES)	How much was your last NET payment or earning? (IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?) What period of time does this payment/earning cover?		How much is your usual NET payment or earning? What period of time does this payment/earning cover? (consider time of last 12 months; if you have started the job less than 12 months ago, consider the average since the beginning)		During the past 12 months, did you receive any payment/earning for this work in any other form (meals, tips, transport, clothes)?		What is the value of those in-kind payments/earnings in the last 12 months?	Is [MONTH/YEAR] at Question 21 [05/2004](May 2004) or after?	CHECK FOR NON-FARM ENTERPRISE ACTIVITY: DID THE INDIVIDUAL HAVE AT LEAST ONE JOB AS AN EMPLOYER OR SELF-EMPLOYED IN THE NON-AGRICULTURAL PRIVATE SECTOR ? [CHECK (IF Q7=3 OR 4 AND Q2 NOT AGRICULTURE) OR (IF Q29=3 OR 4 AND Q 27 NOT AGRICULTURE)] YES 1 NO 2 >>NEXT PERSON, PART A, OR IF LAST PERSON >>MODULE 5
	THE GOVERNMENT, PUBLIC SECTOR OR ARMY	1	TIME UNIT	TIME UNIT						
	A PRIVATE COMPANY OR ENTERPRISE	2	MONTH	MONTH	1					
	PUBLIC WORKS PROGRAM	3	15 DAYS	15 DAYS	2					
	A STATE-OWNED ENTERPRISE	4	WEEKLY	WEEKLY	3					
	AN NGO OR HUMANITARIAN ORGANIZATION	5	DAILY	DAILY	4	YES 1		YES 1 >> GRID, PART D		
A PRIVATE INDIVIDUAL	6				NO 2 >>37		NO 2			
		OLD LEKS	TIME UNIT	OLD LEKS	TIME		OLD LEKS			

01									
02									
03									
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MODULE 4: LABOUR

GRID: EMPLOYMENT STATUS HISTORY FROM NOW BACK TO MAY 2004

PART D: EMPLOYMENT GRID

I'd like to ask you a few questions about your employment status starting from now back to May 2004, that is regarding employment, unemployment or time spent retired or looking after your family

As we need to get as complete a picture as possible I'd like you to tell me about any spells you may have had in or out of employment, even if those were just a few days when you were waiting to take up another job.

I'll start by recording your current spell which you described previously.

Then:

(Ask Question 1): Can you look at Showcard D please and tell me which of the descriptions comes closest to what you were doing (in the last 12 months) immediately before the spell already described?

(Ask Question 2): On what date did you start doing that?

(Ask Question 3): IF EMPLOYMENT IS REPORTED (codes 01, 02 or 03) ASK OCCUPATION (COL 3), ACTIVITY OF WORKING UNIT (COL 4) and COL 5 AND 6.

Continue with Questions 1-3 until the date reported is before [05/ 2004] (May 2004)

ENTER ID CODE for this person Name _____

(1) Spell No.	(2) Status Code from Card D	(2) Date spell began		(3) If employment (codes 01 - 03) Enter Occupation	OCCUPATION CODE	(4) If employment (codes 01 - 03) Enter Activity of working unit	INDUSTRY CODE	(5) In this job were you... (READ ALL RESPONSES)	(6) Was your employer for this job... (READ ALL RESPONSES)
		MONTH	YEAR						
1								AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1	THE GOVERNMENT, PUBLIC SECTOR OR ARMY 1
2								A PAID WORKER IN A HOUSEHOLD	A PRIVATE COMPANY OR ENTERPRISE 2
3								FARM OR NONFARM BUSINESS 2 (>>NEXT SPELL)	PUBLIC WORKS PROGRAM 3
4								AN EMPLOYER 3 (>>NEXT SPELL)	A STATE-OWNED ENTERPRISE 4
5								A WORKER ON OWN ACCOUNT 4 (>>NEXT SPELL)	A NGO OR HUMANITARIAN ORGANIZATION 5
6								UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 5 (>>NEXT SPELL)	A PRIVATE INDIVIDUAL 6
7									>> NEXT SPELL. IF LAST SPELL >>7

(7) After last spell: CHECK FOR NON-FARM ENTERPRISE ACTIVITY:
 DURING THE LAST 12 MONTHS DID THIS INDIVIDUAL HAVE AT LEAST ONE JOB AS AN EMPLOYER OR SELF-EMPLOYED IN THE NON-AGRICULTURAL PRIVATE SECTOR?
 [CHECK IF Q5=3 OR 4 AND Q4 NOT AGRICULTURE.] _____

YES 1 _____
 NO 2 _____

>>NEXT PERSON, PART A, OR IF LAST PERSON >>MODULE 5

SHOWCARD D

- 01 Paid employment - full-time**
- 02 Paid employment - part-time**
- 03 Self employed (full or part time)**
- 04 Unemployed / Looking for work**
- 05 Retired from work altogether**
- 06 Looking after family or home**
- 07 In full-time education / student**
- 08 Long-term sick or disabled**
- 09 On maternity leave**
- 10 Military service**
- 11 Something else**

MODULE 5: NON-FARM BUSINESS

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
CHECK Q38 ON PAGE 21 (LABOUR MODULE) . IS THERE A "1" FOR ANY PERSON?	CHECK Q7 ON EVERY PAGE OF THE LABOUR GRID (PAGES -). IS THERE A "1" FOR ANY PERSON?	Does anyone is this household operate a shop, a store, a bar, a restaurant?	Does anyone is this household operate a trading business or sell anything or offer a service in the street or in a market? Such as selling cigarettes, or other items, shoe shining, etc?	Does anyone is this household operate a business or service in a shop or from their home, such as carwash, mechanic, carpenter, seamstress, barber, auto repair, or similar?	Does anyone is this household drive a taxi or offer trucking services, or moving services, or similar?	Does anyone is this household operate a professional office or offer professional sevices from home or from an office or business? For example, doctor, accountant, lawyer, translator, private tutor, midwife, etc.?	Does anyone is this household process and sell something from your agriculture activities, such as producing raki or cheese for sale?	Does anyone is this household operate any other business, even if it is a small business run from home or on the street?
YES	1 YES	1 YES	1 YES	1 YES	1 YES	1 YES	1 YES	1 YES
NO	2 NO	2 NO	2 NO	2 NO	2 NO	2 NO	2 NO	2 NO

RESPONDENT: HEAD OF HOUSEHOLD

MODULE 5: NON-FARM BUSINESS

NUMBER OF BUSINESS	(10)		(11)	(12)	(13)	(14)	(15)	(16)	(17)		(18)
	What kind of economic activity does/did this business operate?		Who in the household owns this business?	Who in the household manages this business or is the most familiar with it?	How many months during the past year did you operate this business?	Where do you operate the business?	How many years and months has this business been in existence?		What was the main source of start-up capital for this business? CAN LIST UP TO THREE		Did this business operate during the past month?
	PROBE TO DETERMINE THE MAIN ECONOMIC ACTIVITY OF THE BUSINESS LIST ALL BUSINESSES BEFORE GOING ON TO QUESTION 11		IF MORE THAN ONE OWNER LIST THE MAIN OWNER	IF CO-MANAGERS, ASK THE QUESTIONS TO ONE OF THE MANAGERS. WRITE THE ID CODE OF THE MANAGER WHO IS ANSWERING THE FOLLOWING QUESTIONS ABOUT THE BUSINESS.		HOME, INSIDE THE RESIDENCE 1 HOME, OUTSIDE THE RESIDENCE 2 INDUSTRIAL SITE 3 TRADITIONAL MARKET 4 COMMERCIAL DISTRICT SHOP 5 ROADSIDE 6 OTHER FIXED PLACE 7 NOT FIXED PLACE 8			REMITTANCES FROM FAMILY OR FRIENDS ABROAD 1 GIFT FROM FAMILY/FRIENDS ALBANIA 2 LOAN FROM FAMILY/FRIENDS ABROAD 3 LOAN FROM FAMILY/FRIENDS ALBANIA 4 SALE OF ASSETS OWNED 5 PROCEEDS FROM ANOTHER BUSINESS 6 OWN SAVINGS FROM WORK ABROAD 7 OWN SAVINGS FROM ALBANIA 8 BANK LOAN 9 LOAN FROM MONEY LENDER 10 INHERITED 11		
FULL WRITTEN DESCRIPTION		CODE	OWNER ID CODE	ID CODE OF RESPONDENT	MONTHS		YEARS	MONTHS	OTHER (SPECIFY...)	12	YES 1 >>20 NO 2
1											
2											
3											
4											
5											

MODULE 5: NON-FARM BUSINESS

	(19)	(20)	(21)	(22)	(23)	(24)						(25)	(26)	(27)					
NUMBER OF BUSINESS	Why was the business not in operation during the past month?	How many household members were engaged in this business in the past month?	How many employees were there who are <u>not</u> household members in the past month?	How many hours per week does each employee <u>who is not a household member</u> work on average?	What were the total sales last month?	What were the business costs last month in the following categories?						Over the past month, did you earn a profit, have a loss, or just break even?	What was the amount you earned as <u>PROFIT</u> from this business over the past month?	What was the amount you <u>LOST</u> from this business over the past month?					
	LACK OF MATERIALS OR SPARE PARTS 1														IF "0" >>23	HOURS PER WEEK	OLD LEKS	Salaries, wages	Purchase of goods for reselling
	ENERGY DISRUPTION 2					HAD A LOSS 2 >>27													
	SEASONAL BUSINESS 3					BROKE EVEN 3 >>NEXT BUSINESS													
	EARNED TOO LITTLE 4																		
	ILLNESS 5																		
	BAD WEATHER 6																		
>>NEXT BUSINESS																			
1																			
2																			
3																			
4																			
5																			

MODULE 6: MIGRATION

PART A: INTERNAL MIGRATION OF HOUSEHOLD

I D	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
	Prior to the current residence, has [NAME] ever lived in a different municipality in Albania?	Which district and municipality/comuna did [NAME] move from?		In what year did [NAME] move to the current residence?		Prior to this residence in [MUNICIPALITY/ COMUNA], did [NAME] live in a different municipality/ comuna in Albania?	In which district and municipality did [NAME] live before [MUNICIPALITY/COMUNA COL. 4]?		In what year did [NAME] move from [MUNICIPALITY/ COMUNA COL. 10] to [MUNICIPALITY/COMUNA COL.4]?		Prior to this residence in [MUNICIPALITY//COMUNA col. 10], did [NAME] live in a different municipality/ comuna in Albania?	In which district and municipality/comuna did [NAME] live before [MUNICIPALITY//COMUNA COL. 10]?					
	YES 1 NO 2 >>23	SEE DISTRICT CODES ABOVE ALBANIAN 01-36 DISTRICTS		IF YEAR IS BEFORE 1990 >> 23		YES 1 NO 2 >>23	SEE DISTRICT CODES ABOVE ALBANIAN 01-36 DISTRICTS		IF YEAR IS BEFORE 1990 >> 23		YES 1 NO 2 >>23	SEE DISTRICT CODES ABOVE ALBANIAN 01-36 DISTRICTS					
		DISTRICT	CODE	MUNICIPALITY/ COMUNA	CODE		DISTRICT	CODE	MUNICIPALITY/ COMUNA	CODE		DISTRICT	CODE	MUNICIPALITY/ COMUNA	CODE		CODE
01																	
02																	
03																	
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15																	

D MEMBERS

	(18)
	In what year did [NAME] move from [MUNICIPALITY/COMUNA COL. 16] to [MUNICIPALITY/COMUNA COL.10]?
I D	
	IF YEAR IS BEFORE 1990 >> 23

01	
02	
03	
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14	
15	

I D	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
	In which district and municipality/comuna did [NAME] live in 1990?				In which district and municipality/comuna, or country, was [NAME] born?				What were you doing in January 1, 1990? If you were under 15 years of age in 1990, what were you doing when you turned 15 years of age?	What was your main occupation?
	SEE DISTRICT CODES ABOVE				SEE DISTRICT AND COUNTRY CODES ABOVE				WORKING 1	
	ALBANIAN DISTRICTS	01-36			ALBANIAN DISTRICTS	01-36			UNEMPLOYED 2 >>NEXT PERSON	
					COUNTRIES	81-87			STUDENT 3 >>NEXT PERSON	
	DISTRICT	CODE	MUNICIPALITY/COMUNA	CODE	DISTRICT	CODE	MUNICIPALITY/COMUNA	CODE	HOUSEWIFE 4 >>NEXT PERSON	
									IN RETIREMENT 5 >>NEXT PERSON	
									HANDICAPPED 6 >>NEXT PERSON	
									MILITARY 7 >>NEXT PERSON	
									OTHER (SPECIFY ___) 8 >>NEXT PERSON	
										WRITTEN DESCRIPTION
01										
02										
03										
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MODULE 6: MIGRATION

PART B: INTERNATIONAL MIGRATION OF HOUSEHOLD MEMBERS

MOST RECENT MIGRATION EPISODE

I D C O D E	(1)	(2)	(3)	(4)		(5)	(6)	(7)		(8)	(9)	(10)	(11)		(12)	(13)	(14)														
	Now we will talk about migration to another country. Did you migrate abroad for a total time of at least a month since January 1, 2004? (EXCLUDE FAMILY VISITS)	Have you migrated abroad for at least one month at any other time since the year you turned 15? (EXCLUDE FAMILY VISITS)	Did you travel abroad for a reason besides migration, since January 1, 2004?	What country did you go to on this visit?	How long did you remain away during this visit?	Do you have legal residence for [COUNTRY]?	In what year and month did you most recently migrate abroad for at least one month?	How long did you remain away during this most recent migration episode?	What was the most important reason you migrated abroad during this most recent migration episode?	What country and city did you go to?		MARK YEAR, DURATION AND COUNTRY OF THIS MOST RECENT MIGRATION EPISODE ON YELLOW MIGRATION GRID <table border="1"> <tr> <td>GREECE</td> <td>81</td> </tr> <tr> <td>ITALY</td> <td>82</td> </tr> <tr> <td>GERMANY</td> <td>83</td> </tr> <tr> <td>OTHER IN EUROPE</td> <td>84</td> </tr> <tr> <td>USA</td> <td>85</td> </tr> <tr> <td>CANADA</td> <td>86</td> </tr> <tr> <td>OTHER</td> <td>87</td> </tr> </table>						GREECE	81	ITALY	82	GERMANY	83	OTHER IN EUROPE	84	USA	85	CANADA	86	OTHER	87
										GREECE	81																				
ITALY	82																														
GERMANY	83																														
OTHER IN EUROPE	84																														
USA	85																														
CANADA	86																														
OTHER	87																														
YES 1 >>7 NO 2	YES 1 >>7 NO 2	YES 1 NO 2 >>NEXT PERSON	GREECE 81 ITALY 82 GERMANY 83 OTHER IN EUROPE 84 USA 85 CANADA 86 OTHER (Specify) 87	NUMBER MONTHS	YES 1 NO 2 >>NEXT PERSON	YEAR MONTH	NUMBER MONTHS	TO WORK/LOOK FOR WORK 1 TO JOIN FAMILY/TO MARRY 2 MOVING WITH FAMILY 3 HEALTH 5 STUDY 6 SECURITY 7 TO MAINTAIN RESIDENCY 8 OTHER 9	COUNTRY	CODE	CITY	CODE																			
01																															
02																															
03																															
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15																															

MODULE 6: MIGRATION

PART B: INTERNATIONAL MIGRATION OF HOUSEHOLD MEMBERS

MOST RECENT MIGRATION EPISODE (CONT'D)

	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)			
	Why did you choose to migrate to [COUNTRY]?	Did you enter legally	Did you obtain legal residence during this migration episode?	Did you find work or start work during this last migration episode?	Was this job prearranged before leaving?	What was your main occupation during this last migration episode?		Were you working legally in [COUNTRY] during this most recent migration episode?	Who provided information on where to go and/or how to find work during this most recent migration episode? (MAIN SOURCE)	What was the main source of funding of this migration episode?			
I D C O D E	TO JOIN HOUSEHOLD MEMBER	1								SALE OF HOME	1		
	HAD CONTACTS- RELATIVES	2	[COUNT]						FAMILY/RELATIVES IN ALBANIA	1	SALE OF LAND	2	
	HAD CONTACTS - FRIENDS	3							FAMILY/RELATIVES ABROAD	2	SALE OF OTHER ASSETS	3	
	CONTACTS, ACQUAINTANCES	4							FRIENDS IN ALBANIA	3	SAVINGS	4	
	CLOSE DISTANCE, EASY TO REACH	5							FRIENDS ABROAD	4	ASSISTANCE FROM FAMILY MEMBERS ABROAD	5	
	EASIER TO GET VISA	6							PREVIOUS PERSONAL EXPERIENCE	5	ASSISTANCE FROM FAMILY MEMBERS IN ALBANIA	6	
	WON USA VISA LOTTERY	7							NEIGHBOURS	6	LOAN FROM RELATIVE	7	
	STUDIES	8							TV, RADIO, NEWSPAPER OR BOOK	7	LOAN FROM FRIEND	8	
	PERSONAL EXPERIENCE	9						YES	1	INTERNET	8	LOAN FROM OTHER	9
	UNABLE TO PROCEED TO INTENDED DESTINATION	10						NO	2	OTHER	9	OTHER (specify)	10
	GRABBED OPPORTUNITY	11											
	HAD WORK/JOB ARRANGED	12											
	I DID NOT DECIDE; I MOVED WITH FAMILY	13	YES 1	YES 1	YES 1	YES 1							
	OTHER (specify) _____	14	NO 2	NO 2	NO 2	NO 2							
						WRITTEN DESCRIPTION	CODE						

01										
02										
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MODULE 6: MIGRATION

PART B: INTERNATIONAL MIGRATION OF HOUSEHOLD MEMBERS

MOST RECENT MIGRATION EPISODE (CONT'D)				FIRST MIGRATION ABROAD					
(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)
Was your spouse/partner living with you during your stay abroad?	Is your spouse/partner Albanian?	Were any of your children living with you during your stay abroad?	Why did you return to Albania? COULD NOT GET RESIDENCE 1 COULD NOT GET WORK PERMIT 2 PERMIT EXPIRED 3 NO INTENTION TO STAY 4 ACCUMULATED ENOUGH MONEY 5 SEASONAL WORK 6 GOT EXPELLED 7 FAMILY REASONS 8 HOMESICK 9 TO ATTEMPT LEGALIZATION OF HOUSE OR LAND 10 OTHER (specify) 11	Are you planning to migrate again, within the next year? YES 1 NO 2 >>31 DK 3 >>31	To which country? GREECE 81 ITALY 82 GERMANY 83 OTHER IN EUROPE 84 USA 85 CANADA 86 OTHER (Specify) 87	Did you migrate abroad for at least a month on another occasion, after having turned 15? (EXCLUDE FAMILY VISITS) YES 1 NO 2 >> NEXT PERSON	In what year was the first time you ever migrated abroad, after having turned 15?		How long did you remain away that first migration? NUMBER MONTHS
YES 1 NO, LIVED IN THIS HOUSEHOLD 2 NO, LIVED ELSEWHERE IN ALBANIA 3 NO, LIVED ELSEWHERE ABROAD 4 NOT MARRIED AT THE TIME 5 OTHER (specify) 6	YES 1 NO 2	YES 1 NO, LIVED IN THIS HOUSEHOLD 2 NO, LIVED ELSEWHERE IN ALBANIA 3 NO, LIVED ELSEWHERE ABROAD 4 NO CHILDREN AT THE TIME 5 OTHER (specify) 6							
					COUNTRY CODE		YEAR MONTH		
01									
02									
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08									
09									
10									
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15									

MODULE 6: MIGRATION

PART B: INTERNATIONAL MIGRATION OF HOUSEHOLD MEMBERS

FIRST MIGRATION ABROAD (CONT'D)

	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)
	What was the most important reason you migrated abroad in that first migration episode?	What country and city did you go to on this first migration episode?			Why did you choose to migrate to [COUNTRY]?	Did you enter legally into that country?	Did you obtain legal residence during this first migration episode?	Did you find work or start work during this first migration episode?	Was this job prearranged before leaving?	What was your main occupation during this first migration episode abroad?	WRITTEN	CODE
I D C O D E	TO START WORK/LOOK FOR WORK	1	GREECE	81	TO JOIN HOUSEHOLD MEMBER	1						
	TO JOIN FAMILY/TO MARRY	2	ITALY	82	HAD CONTACTS- RELATIVES	2						
	MOVING WITH FAMILY	3	GERMANY	83	HAD CONTACTS - FRIENDS	3						
	HEALTH	5	OTHER EUROPE	84	CONTACTS, ACQUAINTANCES	4						
	STUDY	6	USA	85	CLOSE DISTANCE, EASY TO REACH	5						
	SECURITY	7	CANADA	86	EASIER TO GET VISA	6						
	TO MAINTAIN RESIDENCY	8	OTHER	87	WON USA VISA LOTTERY	7						
	OTHER	9			STUDIES	8						
					PERSONAL EXPERIENCE	9						
					UNABLE TO PROCEED TO INTENDED DESTINATION	10						
				GRABBED OPPORTUNITY	11							
				HAD WORK/JOB ARRANGED	12							
				I DID NOT DECIDE; I MOVED WITH FAMILY	13	YES 1	NO 2	YES 1	NO 2	YES 1	NO 2	
				OTHER (specify)	14	NO 2	NO 2	NO 2	>> 48	NO 2	NO 2	
		COUNTRY	CODE	CITY	CODE							
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

MODULE 6: MIGRATION

PART B: INTERNATIONAL MIGRATION OF HOUSEHOLD MEMBERS

FIRST MIGRATION ABROAD (CONT'D)

	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)
I D C O D E	Were you working legally in [COUNTRY] during the first migration episode?	Who provided information on where to go and/or how to find work during this first migration episode? (MAIN SOURCE)	What was the main source of funding of this first migration episode?	Was your spouse/partner living with you during your stay abroad?	Were any of your children living with you during your stay abroad?	Why did you return to Albania?	From this first time you migrated abroad until your last migration episode in [YEAR], did you migrate abroad some other time? To where?	Did you acquire a legal residency permit during at least one of these intermediate migration episodes abroad?	In what year did you first acquire this legal residency?
		FAMILY/RELATIVES IN ALBANIA 1	SALE OF HOME 1			COULD NOT GET RESIDENCE PERMIT 1	[PLEASE MARK ALL RELEVANT YEARS, COUNTRIES AND DURATIONS ON THE YELLOW MIGRATION GRID]		
		FAMILY/RELATIVES ABROAD 2	SALE OF LAND 2	YES 1	YES 1	COULD NOT GET WORK PERMIT 2			
		FRIENDS IN ALBANIA 3	SAVINGS 4	NO, LIVED IN THIS HOUSEHOLD 2	NO, LIVED IN THIS HOUSEHOLD 2	PERMIT EXPIRED 3			
		FRIENDS ABROAD 4	ASSISTANCE FROM FAMILY MEMBERS ABROAD 5	NO, LIVED ELSEWHERE IN ALBANIA 3	NO, LIVED ELSEWHERE IN ALBANIA 3	NO INTENTION TO STAY 4			
		PREVIOUS PERSONAL EXPERIENCE 5	ASSISTANCE FROM FAMILY MEMBERS IN ALBANIA 6	NO, LIVED ELSEWHERE ABROAD 4	NO, LIVED ELSEWHERE ABROAD 4	ACCUMULATED ENOUGH MONEY 5			
		NEIGHBOURS 6	MEMBERS IN ALBANIA 6	NO, LIVED ELSEWHERE ABROAD 4	NO, LIVED ELSEWHERE ABROAD 4	SEASONAL WORK 6			
		TV, RADIO, NEWSPAPER OR BOOK 7	LOAN FROM RELATIVE 7	NOT MARRIED AT THE TIME 5	NO CHILDREN AT THE TIME 5	GOT EXPELLED 7			
		YES 1	LOAN FROM FRIEND 8	LOAN FROM OTHER 9	LOAN FROM OTHER 9	FAMILY REASONS 8			
		NO 2	INTERNET 8	OTHER (specify) 10	OTHER (specify) 6	HOMESICK 9			
		OTHER 9			OTHER (specify) 10	YES 1			
						NO 2 >>NEXT PERSON	NO 2 >>NEXT PERSON	YEAR	
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

MODULE 6: MIGRATION

PART C: CHILDREN LIVING AWAY MIGRATION HISTORY

L I N E N U M B E R	R E S P O N D E N T I D	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)			
		Please list your spouse, if he or she is no longer living in the household, and all the children 15 years old and over who are no longer living in this household. (Include all children of head and/or spouse.)	Age	Gender	What is the highest grade [NAME] has completed in school? In which level?	If [NAME] obtained university or post graduate degree, in which country obtained?	Does [NAME] speak Italian now? In 1990?	Does [NAME] speak Greek now? In 1990?	Does [NAME] speak English now? In 1990?	In which year did [NAME] leave the household?	What was [NAME] doing when he or she left the household?					
					NONE 0 >>8		ALBANIA 80		IF [NAME] WAS LESS THAN 15 YEARS OLD IN 1990, ASK FOR THE INFORMATION AT AGE 15			WORKING 1				
					"8-9 YEARS" SCHOOL 1 1-9 >>8		GREECE 81					UNEMPLOYED 2 >>15				
					SECONDARY GENERAL 2 1-4 >>8		ITALY 82					STUDENT 3 >>15				
					VOCATIONAL 2/3 YEARS 3 1-3 >>8		GERMANY 83					HOUSEWIFE 4 >>15				
					VOCATIONAL 4/5 YEARS 4 1-5 >>8		OTHER EUROPE 84		YES, 1	YES, 1	YES, 1	IN RETIREMENT 5 >>15				
					UNIVERSITY 5 1-6		USA 85		YES, SOME 2	YES, SOME 2	YES, SOME 2	HANDICAPPED 6 >>15				
		MALE 1			POST-GRADUATE 6 1-5		CANADA 86		NO 3	NO 3	NO 3	MILITARY 7 >>15				
		FEMALE 2					OTHER (specify) 87					OTHER 8 >>15				
		YEARS			LEVEL	GRADE	COUNTRY	CODE	NOW	1990	NOW	1990	NOW	1990	YEAR	
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																

MODULE 6: MIGRATION

PART C: CHILDREN LIVING AWAY MIGRATION HISTORY

LINE NUMBER	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)
	WRITTEN DESCRIPTION	CODE	DISTRICT COUNTRY	CODE	MUNICIPALITY/COMUNA CITY	CODE	YEAR	Did [NAME] enter legally into [COUNTRY]?	Does [NAME] have legal residence in [COUNTRY]?	Is [NAME] currently working in [COUNTRY]?	What is the current main occupation of [NAME]?	Written Description	CODE	Is [NAME] living with their spouse/partner abroad?	Is the spouse/partner Albanian?
	What was the main occupation of [NAME], at the time of leaving the household?		Where does [NAME] currently live? If in Albania, then ask for district and municipality/comuna. If abroad, country and place.				In what year did [NAME] move abroad to [COUNTRY]?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2 >>26			Is [NAME] working legally in this country?	Is [NAME] living with their spouse/partner abroad?	Is the spouse/partner Albanian?
			SEE DISTRICT AND COUNTRY CODES ABOVE				IF [NAME] HAS MIGRATED MORE THAN ONCE, YEAR SHOULD REFER TO CURRENT EPISODE							YES 1 NO, LIVES IN THIS HOUSEHOLD 2 NO, LIVES ELSEWHERE IN ALBANIA 3 NO, LIVES ELSEWHERE ABROAD 4 NOT MARRIED 5 >>30 OTHER (specify) _____ 6	YES 1 NO 2
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

MODULE 6: MIGRATION

PART C: CHILDREN LIVING AWAY MIGRATION HISTORY

L I N E N U M B E R	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
	Is [NAME] living with any of their children abroad?	How many of [NAME's] children speak Albanian?	Is the year [NAME] moved to [COUNTRY] (COL 19) the same as the year [NAME] left the household (COL 11)?	Did [NAME] migrate abroad on another occasion, previous to this current episode?	To which country and city did [NAME] migrate on the occasion <u>before the present migration</u> ?				In what year did that migration episode to [COUNTRY] begin?	How long did [NAME] remain away during that migration episode?	Did [NAME] migrate abroad on yet another previous occasion?	To which country and city did [NAME] migrate on that occasion?				In what year did that migration episode to [COUNTRY] begin?
	YES 1															
	NO, LIVE IN THIS HOUSEHOLD 2 >>30				GREECE 81							GREECE 81				
	NO, LIVE ELSEWHERE IN ALBANIA 3 >>30				ITALY 82							ITALY 82				
	NO, LIVE ELSEWHERE ABROAD 4	ALL 1			GERMANY 83							GERMANY 83				
	NO CHILDREN 5 >>30	SOME 2			OTHER EUROF 84							OTHER EUROPE 84				
	OTHER (specify) 6	NONE 3	YES 1 >>50	YES 1	USA 85						YES 1	USA 85				
		DO NOT KNOW 4	NO 2	NO 2 >>45	CANADA 86						NO 2 >>45	CANADA 86				
					OTHER 87							OTHER 87				
					COUNTRY	CODE	CITY	CODE	YEAR	No. months		COUNTRY	CODE	CITY	CODE	YEAR
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																

L I N E N U M B E R	REMITTANCES												CONTACT	
	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	
	How long did [NAME] remain away during that migration episode?	Did [NAME] reside in any other municipality/comuna in Albania after leaving the home of parents?	If so, in which district and municipality/comuna did [NAME] move to?			Did [NAME] remit to this household, in cash at any point during the last year?	Value of all remittances in cash during the last year		Did [NAME] remit to this household, in kind, at any point during the last year?	Value of all remittances in kind during the last year		Did [NAME] send back money to the family for [NAME's] own use, such as investing in a business, building or remodeling a house, etc in the past year?	For what use did [NAME] send the money to the family ?	When was the last time someone in the household communicated with [NAME]?
No.months	YES 1 NO 2 >>50	DISTRICT	CODE	MUNICIPALITY/ COMUNA	CODE	YES 1 NO 2 >>52	CURRENCY	AMOUNT	YES 1 NO 2 >>54	CURRENCY	AMOUNT	YES 1 NO 2 >>56	INVESTMENT IN THEIR OWN BUSINESS BUILDING OR REMODELING A HOUSE OTHER (specify) _____	IN LAST WEEK IN LAST MONTH IN LAST 6 MONTHS IN LAST YEAR CANT REMEMBER
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														

CONTACT (Cont'd)										
(57)	(58)	(59)	(60)	(61)	(62)					
By what means of communication?	If we wanted to contact [NAME], what would be the best way?	What is the email address for [NAME]?	What is the telephone or cell phone number for [NAME]?	What is the mailing address for [NAME]?	IF PERSON UNWILLING TO PROVIDE ANY OF THE CONTACT INFORMATION ...					
L I N E N U M B E R	IN PERSON, ALBANIA 1	ENUMERATOR TO EXPLAIN WHY WISH TO CONTACT.	LIST COUNTRY CODE, AREA CODE [IF NECESSARY] AND NUMBER	LIST HOUSE NUMBER, STREET, CITY, ZIPCODE AND COUNTRY	IF REFUSE, THEN MARK 99	Would you be willing to assist us in a short telephone interview with [NAME]? (ENUMERATOR EXPLAINS MODALITY AND INCENTIVE				
	IN PERSON, ABROAD 2					IF REFUSE, OR NO EMAIL ADDRESS THEN MARK 99	IF REFUSE, OR NO TELEPHONE NUMBER, THEN MARK 99	>>NEXT CHILD LIVING OUTSIDE OF HOUSEHOLD, PAGE 37		
	BY PHONE 3									
	BY EMAIL 4									
	BY MAIL 5									
	THROUGH OTHER PEOPLE 6					EMAIL 1 TELEPHONE 2				YES 1
	OTHER 7					MAIL 3				NO 2
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

MODULE 6: MIGRATION

PART C: CHILDREN LIVING AWAY MIGRATION HISTORY

FOR CHILDREN LIVING NOW IN ALBANIA (Cont'd)				REMITTANCES			
L I N E N U M B E R	(76)	(77)	(78)	(79)	(80)	(81)	(82)
	Was [NAME] living with any of their children abroad during this migration episode?	What is [NAME's] activity status here in Albania?	What is the current main occupation of [NAME] here in Albania?	Did [NAME] remit to this household, in cash at any point during the last year?	Value of all remittances in cash during the last year	Did [NAME] remit to this household, in kind, at any point during the last year?	Value of all remittances in kind during the last year
	YES 1						
	NO, LIVED IN THIS HOUSEHOLD 2	WORKING 1					
	NO, LIVED ELSEWHERE IN ALBANIA 3	UNEMPLOYED 2 >>79 STUDENT 3 >>79					
	NO, LIVED ELSEWHERE ABROAD 4	HOUSEWIFE 4 >>79 IN RETIREMENT 5 >>79					
	NO CHILDREN AT THAT TIME 5	HANDICAPPED 6 >>79 MILITARY 7 >>79		YES 1		YES 1	
	OTHER (specify) 6	OTHER 8 >>79		NO 2 >>81		NO 2 >>NEXT CHILD, P 37	
			WRITTEN CODE		CURRENCY AMOUNT		CURRENCY AMOUNT
	01						
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

>>NEXT CHILD LIVING OUTSIDE OF HOUSEHOLD, PAGE 37

MODULE 6: MIGRATION

PART D: SIBLINGS OF HEAD AND SPOUSE

ASK HOUSEHOLD HEAD:									
(1) In 1990, did you have any relatives living abroad?	YES 1 <input type="checkbox"/> NO 2 >>3 <input type="checkbox"/>								
(2) In which countries were they living? LIST UP TO 3 COUNTRIES	<table border="1"> <thead> <tr> <th>NAME OF COUNTRY</th> <th>CODE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	NAME OF COUNTRY	CODE						
NAME OF COUNTRY	CODE								
(3) In 1990, did you have any family friends living abroad?	YES 1 <input type="checkbox"/> NO 2 >>5 <input type="checkbox"/>								
(4) In which countries were they living? LIST UP TO 3 COUNTRIES	<table border="1"> <thead> <tr> <th>NAME OF COUNTRY</th> <th>CODE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	NAME OF COUNTRY	CODE						
NAME OF COUNTRY	CODE								
(5) How many living brothers and sisters do you have?	NUMBER <input type="text"/>								
(6) Of these brothers and sisters, how many live abroad?	NUMBER <input type="text"/>								

ASK SPOUSE (IF NONE LEAVE BLANK):									
(7) In 1990, did you have any relatives living abroad?	YES 1 <input type="checkbox"/> NO 2 >>9 <input type="checkbox"/>								
(8) In which countries were they living? LIST UP TO 3 COUNTRIES	<table border="1"> <thead> <tr> <th>NAME OF COUNTRY</th> <th>CODE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	NAME OF COUNTRY	CODE						
NAME OF COUNTRY	CODE								
(9) In 1990, did you have any family friends living abroad?	YES 1 <input type="checkbox"/> NO 2 >>11 <input type="checkbox"/>								
(10) In which countries were they living? LIST UP TO 3 COUNTRIES	<table border="1"> <thead> <tr> <th>NAME OF COUNTRY</th> <th>CODE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	NAME OF COUNTRY	CODE						
NAME OF COUNTRY	CODE								
(11) How many living brothers and sisters do you have?	NUMBER <input type="text"/>								
(12) Of these brothers and sisters, how many live abroad?	NUMBER <input type="text"/>								

(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
ASK ALL THE QUESTIONS FIRST TO THE HOUSEHOLD HEAD, AND THEN TO THE SPOUSE OF THE HOUSEHOLD HEAD. IF NO SPOUSE, LEAVE THE SECOND SECTION BLANK Please list the first name of up to SEVEN brothers and sisters for both the head of the household and the spouse. Begin with those brothers and sisters living abroad.	Gender	Age	In which country does [NAME] currently live? INDICATE THE COUNTRY IN WHICH [NAME] SPENT THE MOST TIME DURING THE PAST YEAR	Does [NAME] have legal residence in [COUNTRY]?	How many years has [NAME] lived in [COUNTRY]?	If [NAME] lives in Albania, has [NAME] ever migrated ABROAD for more than one month and returned?	To which country did [NAME] go the last time that [NAME] migrated abroad for more than one month?	Does [NAME] have any adult children that live abroad?
	MALE 1		ALBANIA 80 >>19	IF LESS THAN 1 YEAR, WRITE "0"			ALBANIA 80	YES, IN...
	FEM 2		GREECE 81				GREECE 81	ITALY 1
			ITALY 82				ITALY 82	GREECE 2
			GERMANY 83				GERMANY 83	IN BOTH ITALY AND GREECE 3
			OTHER EUROPE 84				OTHER EUROP 84	ITALY/ OTHER 4
			USA 85				USA 85	GREECE/OTHER 5
			CANADA 86				CANADA 86	OTHER 6
			OTHER 87		YES 1	>>NEXT PERSON	OTHER 87	NO 7
					NO 2			DONT KNOW DK
		YEARS	COUNTRY CODE	YEARS		COUNTRY CODE		

Head of Household								
1								
2								
3								
4								
5								
6								
7								
Spouse								
1								
2								
3								
4								
5								
6								
7								

Has this household, or any member of this household, suffered any one of the following serious misfortunes?

CIRCLE THE CORRESPONDING YEAR OR YEARS OF THE SHOCK. IF NOT SUFFERED, THEN CIRCLE "NO".

TYPE OF SHOCK	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
DISPOSSESSION OF LAND	NO																	
UNEXPECTED DEATH OF INCOME EARNER	NO																	
UNEXPECTED DEATH OF NON INCOME EARNER	NO																	
SERIOUS ILLNESS	NO																	
IMPRISONMENT OF INCOME EARNER	NO																	
JOB LOSS	NO																	
HOUSE DESTROYED/BURNED	NO																	
FLOOD DAMAGE	NO																	
PYRAMID SCHEME	NO																	
OTHER (SPECIFY)	NO																	
OTHER (SPECIFY)	NO																	
OTHER (SPECIFY)	NO																	
OTHER (SPECIFY)	NO																	
OTHER (SPECIFY)	NO																	
OTHER (SPECIFY)	NO																	

SEROUS ILLNESS IS DEFINED AS MORE THEN 3 MONTHS WITHOUT WORKING, OR 3 MONTHS IN THE HOSPITAL

MODULE 7: SUBJECTIVE POVERTY

RESPONDENT NAME _____

CODE

(1)	How satisfied are you with your current financial situation?	
	FULLY SATISFIED 1	
	RATHER SATISFIED 2	
	LESS THAN SATISFIED 3	<input type="text"/>
	NOT AT ALL SATISFIED 4	
	DON'T KNOW ND	
	REFUSE TO ANSWER JP	
(2)	Do you feel that your financial situation in the past 3 years has ...	
	IMPROVED A LOT 1	
	SOMEWHAT IMPROVED 2	
	REMAINED THE SAME 3	
	SOMEWHAT DETERIORATED 4	<input type="text"/>
	DETERIORATED A LOT 5	
	DON'T KNOW ND	
	REFUSE TO ANSWER JP	
(3)	Do you think that in the next 12 months your financial situation will be ...	
	IMPROVED A LOT 1	
	SOMEWHAT IMPROVED 2	
	REMAIN THE SAME 3	
	SOMEWHAT DETERIORATED 4	<input type="text"/>
	DETERIORATED A LOT 5	
	DON'T KNOW ND	
	REFUSE TO ANSWER JP	
(4)	What is the minimum monthly household income that you, in your circumstances, consider to be absolutely minimal? That is to say the absolute minimum to provide adequate food, housing and other basic necessities?	
		OLD LEKS <input type="text"/>
(5)	What is your current (take home) monthly household income?	
		OLD LEKS <input type="text"/>
(6)	Would you consider the current level of food consumption of your family as:	
	MORE THAN ADEQUATE 1	
	JUST ADEQUATE 2	
	LESS THAN ADEQUATE 3	<input type="text"/>
	DON'T KNOW ND	
	REFUSE TO ANSWER JP	
(7)	Would you consider the current level of expenditures of your family for food and other basic necessities like clothing and housing as:	
	MORE THAN ADEQUATE 1	
	JUST ADEQUATE 2	
	LESS THAN ADEQUATE 3	<input type="text"/>
	DON'T KNOW ND	
	REFUSE TO ANSWER JP	

MODULE 7: SUBJECTIVE POVERTY

(8)	How concerned are you about being able to provide yourself and your family with food and basic necessities in the next 12 months?															
	<table style="width: 100%; border-collapse: collapse;"> <tr><td>VERY CONCERNED</td><td style="text-align: right;">1</td></tr> <tr><td>A LITTLE CONCERNED</td><td style="text-align: right;">2</td></tr> <tr><td>NOT CONCERNED AT ALL</td><td style="text-align: right;">3</td></tr> <tr><td>NOT TOO CONCERNED</td><td style="text-align: right;">4</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">ND</td></tr> <tr><td>REFUSE TO ANSWER</td><td style="text-align: right;">JP</td></tr> </table>	VERY CONCERNED	1	A LITTLE CONCERNED	2	NOT CONCERNED AT ALL	3	NOT TOO CONCERNED	4	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input style="width: 80px; height: 20px;" type="text"/>		
VERY CONCERNED	1															
A LITTLE CONCERNED	2															
NOT CONCERNED AT ALL	3															
NOT TOO CONCERNED	4															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(9)	Imagine a 10-step ladder where on the bottom, the FIRST step, stand the poorest people, and on the highest step, the TENTH, stand the rich. On which step are you today?															
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	<input style="width: 80px; height: 20px;" type="text"/>				
1	2	3	4	5	6	7	8	9	10							
	Now please think of your situation in 1990. On which step of the ladder were you in 1990?	<input style="width: 80px; height: 20px;" type="text"/>														
(10)	How satisfied in general are you with your current life?															
	<table style="width: 100%; border-collapse: collapse;"> <tr><td>FULLY SATISFIED</td><td style="text-align: right;">1</td></tr> <tr><td>RATHER SATISFIED</td><td style="text-align: right;">2</td></tr> <tr><td>LESS THAN SATISFIED</td><td style="text-align: right;">3</td></tr> <tr><td>NOT AT ALL SATISFIED</td><td style="text-align: right;">4</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">ND</td></tr> <tr><td>REFUSE TO ANSWER</td><td style="text-align: right;">JP</td></tr> </table>	FULLY SATISFIED	1	RATHER SATISFIED	2	LESS THAN SATISFIED	3	NOT AT ALL SATISFIED	4	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input style="width: 80px; height: 20px;" type="text"/>		
FULLY SATISFIED	1															
RATHER SATISFIED	2															
LESS THAN SATISFIED	3															
NOT AT ALL SATISFIED	4															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(11)	Do you feel that your life in general in the past 3 years has ...															
	<table style="width: 100%; border-collapse: collapse;"> <tr><td>IMPROVED A LOT</td><td style="text-align: right;">1</td></tr> <tr><td>SOMEWHAT IMPROVED</td><td style="text-align: right;">2</td></tr> <tr><td>REMAINED THE SAME</td><td style="text-align: right;">3</td></tr> <tr><td>SOMEWHAT DETERIORATED</td><td style="text-align: right;">4</td></tr> <tr><td>DETERIORATED A LOT</td><td style="text-align: right;">5</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">ND</td></tr> <tr><td>REFUSE TO ANSWER</td><td style="text-align: right;">JP</td></tr> </table>	IMPROVED A LOT	1	SOMEWHAT IMPROVED	2	REMAINED THE SAME	3	SOMEWHAT DETERIORATED	4	DETERIORATED A LOT	5	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input style="width: 80px; height: 20px;" type="text"/>
IMPROVED A LOT	1															
SOMEWHAT IMPROVED	2															
REMAINED THE SAME	3															
SOMEWHAT DETERIORATED	4															
DETERIORATED A LOT	5															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(12)	Do you think that in the next 12 months your life in general will be ...															
	<table style="width: 100%; border-collapse: collapse;"> <tr><td>IMPROVED A LOT</td><td style="text-align: right;">1</td></tr> <tr><td>SOMEWHAT IMPROVED</td><td style="text-align: right;">2</td></tr> <tr><td>REMAINING THE SAME</td><td style="text-align: right;">3</td></tr> <tr><td>SOMEWHAT DETERIORATED</td><td style="text-align: right;">4</td></tr> <tr><td>DETERIORATED A LOT</td><td style="text-align: right;">5</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">ND</td></tr> <tr><td>REFUSE TO ANSWER</td><td style="text-align: right;">JP</td></tr> </table>	IMPROVED A LOT	1	SOMEWHAT IMPROVED	2	REMAINING THE SAME	3	SOMEWHAT DETERIORATED	4	DETERIORATED A LOT	5	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input style="width: 80px; height: 20px;" type="text"/>
IMPROVED A LOT	1															
SOMEWHAT IMPROVED	2															
REMAINING THE SAME	3															
SOMEWHAT DETERIORATED	4															
DETERIORATED A LOT	5															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(13)	What is currently the aspect of your life that concerns you the most?															
	<table style="width: 100%; border-collapse: collapse;"> <tr><td>MONEY</td><td style="text-align: right;">1</td></tr> <tr><td>JOB SECURITY</td><td style="text-align: right;">2</td></tr> <tr><td>HEALTH</td><td style="text-align: right;">3</td></tr> <tr><td>SAFETY</td><td style="text-align: right;">4</td></tr> <tr><td>OTHER (SPECIFY) _____</td><td style="text-align: right;">5</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">ND</td></tr> <tr><td>REFUSE TO ANSWER</td><td style="text-align: right;">JP</td></tr> </table>	MONEY	1	JOB SECURITY	2	HEALTH	3	SAFETY	4	OTHER (SPECIFY) _____	5	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input style="width: 80px; height: 20px;" type="text"/>
MONEY	1															
JOB SECURITY	2															
HEALTH	3															
SAFETY	4															
OTHER (SPECIFY) _____	5															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(14)	In the next 12 months, the largest share of your income will come from:															
	<table style="width: 100%; border-collapse: collapse;"> <tr><td>WORK IN THE PUBLIC SECTOR</td><td style="text-align: right;">1</td></tr> <tr><td>WORK IN THE PRIVATE SECTOR</td><td style="text-align: right;">2</td></tr> <tr><td>OWN BUSINESS</td><td style="text-align: right;">3</td></tr> <tr><td>OWN FARM</td><td style="text-align: right;">4</td></tr> <tr><td>STATE/LOCAL GOVERNMENT BENEFIT PAYMENT</td><td style="text-align: right;">5</td></tr> <tr><td>CHARITABLE SOURCES</td><td style="text-align: right;">6</td></tr> <tr><td>OTHER (SPECIFY) _____</td><td style="text-align: right;">7</td></tr> </table>	WORK IN THE PUBLIC SECTOR	1	WORK IN THE PRIVATE SECTOR	2	OWN BUSINESS	3	OWN FARM	4	STATE/LOCAL GOVERNMENT BENEFIT PAYMENT	5	CHARITABLE SOURCES	6	OTHER (SPECIFY) _____	7	<input style="width: 80px; height: 20px;" type="text"/>
WORK IN THE PUBLIC SECTOR	1															
WORK IN THE PRIVATE SECTOR	2															
OWN BUSINESS	3															
OWN FARM	4															
STATE/LOCAL GOVERNMENT BENEFIT PAYMENT	5															
CHARITABLE SOURCES	6															
OTHER (SPECIFY) _____	7															

DISTRICT AND COUNTRY CODES

CODE	DISTRICTS
01	BERAT
02	BULQIZE
03	DELVINE
04	DEVOLL
05	DIBER
06	DURRESI
07	ELBASANI
08	FIER
09	GRAMSH
10	GJIROKASTER
11	HAS
12	KAVAJE
13	KOLONJE
14	KORCE
15	KRUJE
16	KUCOVE
17	KUKES
18	KURBIN
19	LEZHE
20	LIBRAZHD
21	LUSHNJE
22	MALSI E MADHE
23	MALLAKASTER
24	MAT
25	MIRDITE
26	PEQIN
27	PERMET
28	POGRADEC
29	PUKE
30	SARANDE
31	SKRAPAR
32	SHKODER
33	TEPELENE
34	TIRANE
35	TROPOJE
36	VLORE

COUNTRIES	CODE
GREECE	81
ITALY	82
GERMANY	83
OTHER IN EUROPE	84
USA	85
CANADA	86
OTHER	87

SECTION 2

Enumerator: Please fill this page during your second visit to the household:

You already know that this survey may continue as a panel. This means that the households surveyed this year may be interviewed again in the future years. We have to keep in contact with these households. Since the household may move from this dwelling, please ask them for contact information during your second visit.

This study is a panel one. This requires a continuous collection of information in the coming years.

For this reason we may wish to contact you again in the coming year..

Would it be possible to do so?

Some information will help us contact you in the future:

Phone number of the family:

Cellular number of a member of the household:

And would it also be possible to have an alternative address or telephone of a relative number to contact you in case of move or change of address? This could be a friend, a relative or neighbor.

Information on another household that we could contact in case of move

Name:

Address:

Phone number:

Cellular number:

SECTION 2

	DATE	BEGIN	END	STATUS	REMARKS
VISIT_1					
VISIT_2					
VISIT_3					

Status codes

- 1. Complete
- 2. Incomplete, must return

I D C O D E	R E S P O N D E N T	CHRONIC ILLNESS / DISABILITY					SUDDEN ILLNESS		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		Does [NAME] suffer from a chronic illness or disability that has lasted more than 3 months (including severe depression)?	How long has [NAME] had this illness or disability? IF MORE THAN ONE ILLNESS/DISABILITY REFER TO THE MOST SERIOUS ONE IF LESS THAN 12 MONTHS WRITE THE MONTHS, FOR ONE YEAR OR MORE WRITE ONLY YEARS	Has this chronic illness or disability been diagnosed by a professional?	From which chronic illness or disability is [NAME] mainly affected?	Does [NAME] currently take medication for this chronic illness/disability?	How many days during the last month has [NAME] been unable to carry out [NAME]'s usual activities because of this illness or disability?	During the last 4 weeks has [NAME] had any (sudden) illness or injury? (such as flu, diarrhea, a fracture, etc..)	What type of illness or injury did [NAME] have? IF MORE THAN ONE, REFER TO THE MOST SERIOUS
		YES 1 NO 2 >>7	MONTHS YEARS	YES 1 NO 2 >>6	INFECTIOUS DISEASES 1 DISEASES OF BLOOD AND BLOOD-PRODUCING ORGANS 2 DISEASES OF RESPIRATORY ORGANS 3 TUMORS 4 DISEASES OF DIGESTIVE ORGANS 5 DISEASES OF URINARY-GENITAL SYSTEM 6 ENDOCRINE DISEASES 7 PSYCHIC DISORDERS 8 BONES AND CONNECTIVE TISSUE DISEASE 9 NERVOUS SYSTEM AND SENSE ORGAN DISEASES 10 CONGENITAL ABNORMALITIES 11 OTHER DISABILITY 12	YES 1 NO 2	IF NONE, WRITE "0" DAYS	YES 1 NO 2 (>>10)	COLD/FLU 1 LUNG 9 STOMACH 2 SKIN ILLNESS 10 DIARRHEA 3 STD 11 EAR/NOSE/THROAT 4 BROKEN BONE 12 LIVER 5 OTHER TRAUMA 13 KIDNEY PROBLEMS 6 PREGNANCY/DELIVERY 14 HEADACHE 7 OTHER ILLNESS 15 HEART 8

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MODULE 9: HEALTH

PART A: GENERAL HEALTH STATUS

	HEALTH CONDITION			PUBLIC AMBULATORY										
	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			(17)			
I D C O D E	How many days during the last 4 weeks has [NAME] been unable to carry out [NAME's] usual activities because of this (sudden) illness or injury? IF NONE, WRITE "0" DAYS	How would you rate [NAME]'s health condition?	Compared with [NAME] health one year ago, would you say that his/her health now is: MUCH BETTER NOW SOMEWHAT BETTER ABOUT THE SAME SOMEWHAT WORSE MUCH WORSE NOT APPLICABLE BECAUSE CHILD LESS THAN 1 YEAR OLD	During the past 4 weeks, did you visit any public ambulatory (ambulanca) to obtain outpatient health care? YES 1 NO 2 >>24	How many times did you make outpatient visits to a public ambulatory during the past 4 weeks? TIMES	Were you / [NAME] satisfied with the care you received? YES, VERY SATISFIED 1 >>16 YES, SATISFIED 2 >>16 NO, NOT SATISFIED 3	Why were you / [NAME] not satisfied with the care? POOR QUALITY OF CARE 1 POOR QUALITY/ KNOWLEDGE OF TREATING DOCTOR 2 NO SPECIALISTS 3 NO DIAGNOSTIC/LAB FACILITIES 4 NO DRUGS AVAILABLE 5 UNFRIENDLY TREATMENT 6 AMBULANCA NOT CLEAN 7 LONG WAITING HOURS 8 TOO EXPENSIVE 9 OTHER (SPECIFY) _____ 10	How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to the public ambulatory during the past 4 weeks? EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT OLD LEKS	What was the value of any gifts (money, food, services) made to the medical staff of public ambulatory during the past 4 weeks ? IF NO GIFTS PAID WRITE "0", (>>19) OLD LEKS					
							VERY GOOD 1			1	1	1	1	1
							GOOD 2			2	2	2	2	2
							AVERAGE 3			3	3	3	3	3
							POOR 4			4	4	4	4	4
							VERY POOR 5			5	5	5	5	5
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I D C O D E							HOSPITAL OUTPATIENT					
	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	
	The gift in any case(s) was:	Were any medicines prescribed during these visits, even if purchased elsewhere?	How much did you pay for these medicines?	What kind of discount did you receive for the medicines that were prescribed?	How much did you pay, either in money or in kind for laboratory work (e.g. X-rays, blood tests, ...)?	How much did you pay, either in money or in-kind, for transport (related with visits)?	During the past 4 weeks, did you //[NAME] visit a hospital to obtain outpatient health care?	How many times did you //[NAME] make outpatient visits to a hospital during the past 4 weeks?	Were you //[NAME] satisfied with the care you received?	Why were you //[NAME] not satisfied with the care?	How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to the hospital during the past 4 weeks?	
	REQUESTED OR EXPECTED VOLUNTARY	1 YES 1 2 NO 2 >>22		NONE 1 PARTIAL 2 FULL (RECEIVED FREE) 3			YES 1 NO 2 >>36		YES, VERY SATISFIED 1>>28 YES, SATISFIED 2>>28 NO, NOT SATISFIED 3	POOR QUALITY OF CARE 1 POOR QUALITY/KNOWLEDGE OF TREATING DOCTOR 2 NO SPECIALISTS 3 NO DIAGNOSTIC/LAB FACILITIES 4 NO DRUGS AVAILABLE 5 UNFRIENDLY TREATMENT 6 HOSPITAL NOT CLEAN 7 LONG WAITING HOURS 8 TOO EXPENSIVE 9 OTHER (SPECIFY) 10	EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT OLD LEKS	
		OLD LEKS		OLD LEKS	OLD LEKS		TIMES			OLD LEKS		
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I D C O D E								PRIVATE DOCTOR				
	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
	What was the value of any gifts (money, food, services) made to the medical staff of the hospital during the past 4 weeks ?	The gift in any case(s) was:	Were any medicines prescribed during these visits, even if purchased elsewhere?	How much did you pay for these medicines?	What kind of discount did you receive for the medicines that were prescribed?	How much did you pay, either in money or in kind for laboratory work (e.g. X-rays, blood tests, ...)?	How much did you pay, either in money or in-kind, for transport (related with visits)?	During the past 4 weeks, did you visit any private doctor to obtain outpatient health care?	How many times did you make outpatient visits to a private doctor during the past 4 weeks?	How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to a private doctor during the past 4 weeks?	What was the value of any gifts (money, food, services) made to the private doctor and staff during the past 4 weeks ?	The gift in any case(s) was:
	IF NO GIFTS PAID WRITE "0", (>>31)	REQUESTED OR EXPECTED VOLUNTARY	1 YES 1 2 NO 2 >>34	OLD LEKS	NONE 1 PARTIAL 2 FULL (RECEIVED FREE) 3	OLD LEKS	OLD LEKS	YES 1 NO 2 >>44	TIMES	EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, (>>41)	REQUESTED OR EXPECTED 1 VOLUNTARY 2
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I D C O D E	PRIVATE NURSE / PARAMEDIC/ PRIVATE MIDWIFE										POPULAR DOCTOR		
	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)
	How much did you pay, either in money or in kind, for all medicines prescribed during these visits, even if purchased elsewhere?	How much did you pay, either in money or in kind for the laboratory?	How much did you pay, either in money or in kind, for transport?	During the past 4 weeks, did you visit any private nurse, private paramedic or private trained midwife to obtain outpatient health care?	How many times did you make outpatient visits to private nurse, private paramedic or private trained midwife during the past 4 weeks?	How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to the private medical provider during the past 4 weeks? EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	What was the value of any gifts (money, food, services) made to the medical provider during the past 4 weeks ? PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, (>>49)	The gift in any case(s) was: REQUESTED OR EXPECTED 1 VOLUNTARY 2	How much did you pay, either in money or in kind, for all medicines prescribed during these visits, even if purchased elsewhere?	How much did you pay, either in money or in kind for the laboratory?	How much did you pay, either in money or in kind for transport?	During the past 4 weeks, did you visit any popular doctor/alternative medicine provider to obtain outpatient health care?	How many times did you make outpatient visits to a popular doctor/alternative medicine provider during the past 4 weeks?
OLD LEKS	OLD LEKS	OLD LEKS	YES 1 NO 2 >>52	TIMES	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	YES 1 NO 2 >>60	TIMES	
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MODULE 9: HEALTH

PART A: GENERAL HEALTH STATUS

I D C O D E	POPULAR DOCTOR / ALTERNATIVE MEDICINE PROVIDER						OWN PURCHASED DRUGS		HOSPITAL STAY IN LAST 12 MONTHS			
	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)
	How much did you pay, either in money or in kind, for all costs associated with these outpatient visits to a popular doctor/alternative medicine provider during the past 4 weeks?	What was the value of any gifts (money, food, services) made to the popular doctor/ alternative medicine provider during the past 4 weeks ?	The gift in any case(s) was:	How much did you pay, either in money or in kind, for all medicines prescribed during these visits, even if purchased elsewhere?	How much did you pay, either in money or in kind for the laboratory?	How much did you pay, either in money or in kind for transport?	During the past 4 weeks, did you purchase, any other medicine without a prescription for treating any health problem?	How much did you pay for all drugs purchased on your own without prescription in the past 4 weeks?	During the past 12 months, have you stayed in a hospital or maternity hospital or a private clinic, in Albania or abroad?	On how many occasions have you been admitted to hospital/clinic in the past 12 months?	How many days did you spend in a hospital over the last 12 months ?	Where is the hospital located ?
	EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, (>>57)	REQUESTED OR EXPECTED 1 VOLUNTARY 2	OLD LEKS	OLD LEKS	OLD LEKS	YES 1 NO 2 >>62	OLD LEKS	YES 1 NO 2 >>74	TIMES	DAYS	TIRANA 1 ALBANIA-THIS DISTRICT 2 ALBANIA-OTHER DISTRICT 3 GREECE 4 TURKEY 5 ITALY 6 OTHER 7
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I D C O D E								DENTIST VISIT IN LAST 12 MONTHS		
	(66)	(67)	(68)	(69)	(70)	(71)	(72)	(73)	(74)	(75)
	Were you /[NAME] satisfied with the care you received?	Why were you /[NAME] not satisfied with the care?	How much did you pay, either in money or in kind, for all costs related to these hospital stays during the last 12 months?(declare in value all payments made in kind)	What was the value of any gifts (money, food, services) made to the hospital staff during the past 12 months ?	The gift in any case(s) was:	How much did you pay, either in money or in-kind, for all medicines prescribed during these hospital stays, including those purchased and consumed elsewhere?	How much did you pay, either in money or in kind for laboratory work?	How much did you pay, either in money or in-kind, for transport?	During the last 12 months have you visited a dentist?	How many times have you been to a dentist in the past 12 months?
	POOR QUALITY OF CARE 1 POOR QUALITY/KNOWLEDGE OF TREATING DOCTOR 2 NO SPECIALISTS 3 NO DIAGNOSTIC/LAB FACILITIES 4 NO DRUGS AVAILABLE 5 UNFRIENDLY TREATMENT 6 HOSPITAL NOT CLEAN 7 LONG WAITING HOURS 8 YES, VERY SATISFIED 1 >>68 YES, SATISFIED 2 >>68 NO, NOT SATISFIED 3	TOO EXPENSIVE 9 OTHER (SPECIFY) 10	EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, (>>71)	REQUESTED OR EXPECTED 1 VOLUNTARY 2				YES 1 NO 2 >>82	
			OLD LEKS	OLD LEKS		OLD LEKS	OLD LEKS	OLD LEKS		TIMES
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MODULE 9: HEALTH

PART A: GENERAL HEALTH STATUS

I D C O D E							HEALTH LICENSE		MEASLES		
	(76)	(77)	(78)	(79)	(80)	(81)	(82)	(83)	(84)	(85)	(86)
	How much did you pay, either in money or in-kind, for all costs of these visits to a dentist during the last 12 months?(Declare in value all payments in kind)	What was the value of any gifts (money, food, services) made to the dental staff during the past 12months ?	The gift in any case(s) was:	How much did you pay, either in money or in kind, for all medicines prescribed by the dentist, during the last 12 months?	How much did you pay, either in money or in kind for the laboratory?	How much did you pay, either in money or in-kind, for transport?	Do you have a health license?	What is the status of your license?	IS THIS PERSON 16 YEARS OLD OR LESS?	Have you/ [NAME] been vaccinated for measles?	Why not?
	EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, THEN (>>79)	REQUESTED OR EXPECTED 1 VOLUNTARY 2			YES 1 NO 2 >>84	NORMAL 1 WAR INVALID 2 INVALID 3 CHILDREN 0-1 4 OTHER 5	YES 1 NO 2 >>87	YES 1 >>87 NO 2 INTEND TO VACCINATE 3 >>87 DON'T KNOW DK >>87	DON'T THINK IT IS NECESSARY 1 TOO FAR TO GO FOR VACCINATION 2 TOO EXPENSIVE 3 DON'T TRUST SAFETY OF VACCINATION 4 HAS NOT BEEN OFFERED TO ME 5 CHILD ALREADY HAD MEASLES 6 OTHER REASON SPECIFY _____ 7	
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I D C O D E	SMOKING									
	(87)	(88)	(89)	(90)	(91)	(92)	(93)	(94)	(95)	(96)
	IS THIS PERSON 10 YEARS OLD OR OLDER?	Have you ever smoked on a daily basis?	At what age did you start smoking on a daily basis?	Do you smoke on a daily basis currently?	How many years ago did you stop smoking?	How many cigarettes do you smoke per day (daily average over the past month)? IF SMOKE OTHER THAN CIGARETTES, PLEASE SPECIFY QUANTITY AND TYPE IN A COMMENT	Does your father live in this household?	Did /does your father smoke (on a daily basis for more than one year)?	Does your mother live in this household?	Did /does your mother smoke (on a daily basis for more than one year)?
			LESS THAN 15 YRS			1 TO 5 CIGARETTES				
	YES 1		15 TO 20 YRS			6 TO 10				
	NO 2 >> NEXT PERSON	YES 1	20 TO 30 YRS	YES 1 >>92	>>93	LESS THAN A PACK				
		NO 2 >>93	OVER 30 YRS	NO 2		ONE PACK				
						ONE TO TWO PACKS		YES 1		YES 1
						TWO PACKS	YES 1 >>95	NO 2	YES 1 >>NEXT PERSON	NO 2
					YEARS	MORE THAN 2 PACKS	NO 2	DON'T KNOW DK	NO 2	DON'T KNOW DK
01										
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(1)	During the last 12 months, finding the money to pay for health care for the members of your family has been ... VERY DIFFICULT _____ 1 DIFFICULT _____ 2 NOT DIFFICULT _____ 3 >>3 NO-ONE HAS NEEDED ANY HEALTH CARE _____ 4 >>7	<input style="width: 50px; height: 20px;" type="text"/>
(2)	Over the last year has it been necessary to do any of the following in order to raise money to pay for health care for members of your family? (CHECK ALL THAT APPLY) BORROW MONEY _____ SELL FARM ANIMAL _____ SELL PRODUCTS _____ SELL VALUABLES _____ OTHER (SPECIFY) _____	<input style="width: 50px; height: 20px;" type="text"/>
(3)	In the past 12 months, how many times has someone in your household been ill but you delayed seeking help (or did not seek help at all)? NONE _____ 1 >>5 ONCE _____ 2 TWICE _____ 3 THREE TIMES _____ 4 FOUR TIMES OR MORE _____ 5	<input style="width: 50px; height: 20px;" type="text"/>
(4)	What was the reason for delaying/not seeking help? THOUGHT THEY WOULD GET BETTER WITHOUT SEEKING HELP _____ 1 THOUGHT THEY WOULD GET BETTER USING TRADITIONAL HERBS _____ 2 THOUGHT THEY WOULD GET BETTER USING PHARMACEUTICALS THEY ALREADY HAD AT HOME _____ 3 DID NOT ASK FOR GETTING HELP AS COULD NOT AFFORD TO PAY _____ 4 IT WAS TOO FAR _____ 5 OTHER(SPECIFY) _____ 6	<input style="width: 50px; height: 20px;" type="text"/>
(5)	In the past 12 months, how many times has someone in your household been referred to the hospital but not gone? NONE _____ 1 >>7 ONCE _____ 2 TWICE _____ 3 THREE TIMES _____ 4 FOUR TIMES OR MORE _____ 5	<input style="width: 50px; height: 20px;" type="text"/>
(6)	What was the reason for not going to the hospital? THOUGHT THAT THINGS WOULD GET BETTER _____ 1 UNABLE TO AFFORD TREATMENT _____ 2 UNABLE TO GET TO WHERE SERVICES WERE AVAILABLE _____ 3 REFERRED TO ANOTHER HOSPITAL _____ 4 DISTRUST OF THE HEALTH PERSONNEL _____ 5 IT WAS TOO FAR _____ 6 OTHER (SPECIFY) _____ 7	<input style="width: 50px; height: 20px;" type="text"/>
(7)	Has anyone in your household ever been refused health services? YES _____ 1 NO _____ 2 >>9	<input style="width: 50px; height: 20px;" type="text"/>
(8)	What was the reason for this refusal? COULD NOT AFFORD TO PAY _____ 1 UNABLE TO GET TO WHERE SERVICES WERE AVAILABLE _____ 2 SERVICES ONLY PROVIDED TO RESIDENTS OF PARTICULAR REGIONS _____ 3 UNABLE TO GET REFERRAL FOR SPECIALITY SERVICES _____ 4 OTHER (SPECIFY) _____ 5	<input style="width: 50px; height: 20px;" type="text"/>
(9)	Are any members of your family entitled to purchase medicines at a discount? YES _____ 1 NO _____ 2 (>>NEXT MODULE)	<input style="width: 50px; height: 20px;" type="text"/>
(10)	Have they always been able to exercise this right when medicines are needed? And if not, why not? YES, ALWAYS ABLE TO EXERCISE THIS RIGHT _____ 1 NO, BECAUSE THEY CANNOT GET THE DOCUMENTS NEEDED TO EXERCISE THIS RIGHT DUE TO THE BUREAUCRATIC PROBLEMS _____ 2 NO, BECAUSE OF A SHORTAGE OF THESE MEDICINES _____ 3 NO, BECAUSE DOCTORS ARE RELUCTANT TO PRESCRIBE THESE MEDICINES _____ 4 NO, BECAUSE EVEN WITH A DISCOUNT IT IS STILL DIFFICULT TO AFFORD THEM _____ 5 OTHER (SPECIFY) _____ 6	<input style="width: 50px; height: 20px;" type="text"/>

MODULE 10: FERTILITY

(1) HAS ANY WOMAN IN THE HOUSEHOLD GIVEN BIRTH TO A CHILD IN THE LAST THREE YEARS?

YES 1
NO 2 (>> MODULE 11)

--

Now we will talk about the health of all your children born in the last three years starting with your last child. We will talk about one child at a time. Please give this information even if your child has died.

L I N E N U M B E R	(2)	(3)	(4)	(5)			(6)	(7)	(8)	(9)	(10)	
	ID CODE OF MOTHER FROM HOUSEHOLD ROSTER	NAME OF THE LAST (NEXT LAST) BORN CHILD	WRITE CHILD'S ID CODE FROM HOUSEHOLD ROSTER. WRITE "0" IF THE CHILD IS DEAD OR DOES NOT LIVE IN THE HOUSEHOLD	DATE OF BIRTH OF CHILD:			While you were pregnant with [NAME] did you go for prenatal consultations? YES 1 >>8 NO 2	Why did you not go for prenatal consultations with a medical professional during your pregnancy? NO NEED 1 TOO EXPENSIVE 2 CLINIC/DOCTOR TOO FAR 3 NO TRANSPORTATION 4 STAFF NOT FRIENDLY 5 CARE POOR QUALITY 6 INCONVENIENT HOURS 7 LONG WAITING TIMES 8 PREFER TRADITIONAL CARE 9 OTHER (SPECIFY) 10 >>11	How many times did you go for prenatal consultations during your pregnancy?	During what period of your pregnancy was your <u>first</u> prenatal visit? 0-13 WEEKS 1 14-28 WEEKS 2 AFTER 28 WEEKS 3	Who did you see for consultations?	
				WRITE THE DATE OF BIRTH AS REGISTERED IN MATERNITY HOSPITAL	DAY	MONTH					YEAR	DOCTOR 1 MIDWIFE 2 TRADITIONAL MIDWIFE 3 POPULAR DOCTOR 4 RELATIVE OR OTHER 5
ID CODE	NAME	ID CODE	DAY	MONTH	YEAR			TIMES			FIRST	SECOND
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												

MODULE 11: CHECK FORM FOR FOOD DIARY

Please go over each page of the food diary that you left with the respondent on your first visit, checking that amounts, prices, and "will be consumed in" are filled in for each item purchased, or that the self-consumed, or food eaten outside the home are properly filled in.

PLEASE NOTE: For each product that the household has written will be consumed in "more than 1 month", please ask the household and then write exactly how many months. For instance, if the household has bought white beans and they say it will last for 4 months, ask the household how long until it is consumed, and write the answer, for instance, 4 months, to the right of the row for the white beans.

(1) Did the respondent fill in all 14 days of the food diary?

YES	1	
NO	2 >>WRITE COMMENT BELOW TO EXPLAIN	

(2) Did the respondent note any problems or confusion in filling out the food booklet?

YES	1 >>WRITE COMMENT BELOW TO EXPLAIN	
NO	2	

(3) Were there any instances that the amounts, units or prices were not filled in?

YES	1	
NO	2 >>5	

(4) Were you able to help the respondent fill in the amounts, units and prices?

YES	1	
NO	2 >>WRITE COMMENT BELOW TO EXPLAIN	

(5) Please ask the questions at the back of the food diary, first the section on staple foods, then the section on bread. Did you complete these sections with the respondent?

YES	1	
NO	2 >>FILL THE SECTIONS OUT NOW	

(6) Please note anything that the respondent mentioned - any special circumstances (away unexpectedly, family member ill, etc) or anything else that can help to explain the answers in the food diary...

COMMENTS:

	(1) In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	(2) Have the members of your household bought any [ITEM] in the last 30 days ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household YES..PUT an X	(3) How much did your household spend in the last 30 days ?
CODE		NO..>NEXT ITEM	OLD LEKS
1	Cosmetics and personal care products (soap, shampoo, toothpaste, toilet paper, cosmetics, etc.)		
2	Personal care services (hairdressing salons, barbers, beauty shops, etc.)		
3	Household supplies & cleaning products (soap, washing powder, detergents, cleaning products, garbage bags, paper napkins, aluminum foil, matches, candles, lamp wicks, etc.)		
4	Articles for cleaning (brooms, scrubbing brushes, dust pans, sponges, floorcloths, etc.)		
5	Domestic services (paid staff in private service such as child care, babysitting, cooks, cleaners, drivers, gardeners, etc)		
6	Laundry and dry cleaning		
7	Fuels and lubricants for personal vehicles (diesel, gas/petrol, alcohol and two-stroke mixtures; lubricants, brake and transmission fluids, etc)		
8	Passenger transport by road (bus, minibus, taxi,etc) or railway (EXCLUDE expenses to travel to school and health care facilities)		
9	Internet (connection costs or paid to internet cafes) and postal service expenses		
10	Pet food, pet supplies and services		
11	Entertainment (cinema, theaters, opera houses, concert halls, circuses, amusement parks, sports events, gym or fitness center admission, etc.)		
12	Cigarettes, tobacco, cigars		
13	Alcoholic beverages (beer, wine, cognac, fernet, raki, whiskey, etc.)		
14	Newspapers and magazines		
15	Other (specify)		

	(1) In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	(2) Have the members of your household bought any [ITEM] in the last 6 months ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise. YES..PUT an X	(3) How much did your household spend in the last 6 months ?
CODE		NO..>>NEXT ITEM	OLD LEKS
CLOTHING, FOOTWEAR			
16	Women's clothing		
17	Men's clothing		
18	Children's clothing		
19	Women's footwear		
20	Men's footwear		
21	Children's footwear		
22	Tailoring expenses		
23	Cloth and sewing/knitting supplies		
HOUSEHOLD ARTICLES			
24	Dishes (crocery, cutlery, glassware)		
25	Household linens (sheets, towels, blankets, tablecloths, etc.)		
26	Non-electric kitchen utensils and articles (stewpots, frying pans, containers, waste bins, baskets, etc.)		
27	Household hand tools (hammers, screwdrivers, spanners, pliers) and accessories (hinges, handles, locks, curtain rails, etc)		
28	Small electrical accessories (power sockets, switches, electric bulbs, wiring flex, torches, hand-lamps, electric batteries for general use,etc.)		
BOOKS, FILM, HOBBIES, SERVICES			
29	Books and stationary including dictionaries, encyclopedias,etc (EXCLUDE text books and all school supplies)		
30	Films, cameras and film developing		
31	Sports and hobby equipment, toys of all kinds, and their repair. (Includes musical instruments, video games, cassettes and CD's, gardening plants and supplies for ornamental gardens and balconies, etc.)		
32	Services (Fees for legal and notary services, accounting fees, payment for ID certificates, birth certificates, photocopies, etc.)		
33	Charges for bank services or money transfer (money orders, etc.)		

	(1) In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	(2) Have the members of your household bought any [ITEM] in the last 12 months ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.	(3) How much did your household spend in the last 12 months ?
CODE	YES..PUT an X NO>>NEXT ITEM		OLD LEKS
34	Services for maintenance and repair of personal vehicles, and accessories and spare parts.		
35	Services for maintenance and repair of dwelling (carpentry, plumbers, electricians, painters, decorators,etc)		
36	Home improvements (additions, renovations, to home)		
37	Small electric items and appliances (radio, walkman, clock, coffee maker, blender, mixer, etc.)		
38	Other personal effects (jewelry, glasses, watches, umbrellas, etc.)		
39	Personal effects for travel (suitcases, travel bags, hand-bags,etc)		
40	Excursion, holiday (including travel expenses and lodging) EXCLUDE school excursions.		
41	Air or sea travel (excluding for holiday/excursion above)		
42	Payment for part-time courses (computer, language, professional) EXCLUDE expenditures for private tutoring reported in the Education Module.		
43	Insurance (for dwelling, vehicle or personal)		
44	Other taxes (vehicle tax, radio and TV, etc.)		
45	Marriage gifts, birth gifts and funeral gifts (traditional)		
46	Costs for ceremonies (marriage, birth, funeral, etc.)		
47	Gifts/ payments to relatives (not living in household) including child support and alimony		
48	Gifts/payments to non-relatives		
49	Donations to church/mosque/ non-profit institution		
50	Gambling losses		
51	Other (specify __)		

MODULE 13: DWELLING, UTILITIES AND DURABLE GOODS

PART A: DESCRIPTION OF DWELLING

(1) DWELLING TYPE:

SINGLE FAMILY HOUSE	1
DWELLING IS A BUILDING WITH UP TO 15 APARTMENTS	2
DWELLING IS A BUILDING WITH MORE THAN 15 APARTMENTS	3
OTHER (SPECIFY) _____	4

(2) WHAT IS THE MAJOR CONSTRUCTION MATERIAL OF THE EXTERIOR WALLS?

BRICKS, STONES	1
PRE-FABRICATED	2
WOOD	3
MUD	4
ETERNIT, TIN	5 (>>4)
OTHER (SPECIFY) _____	6

(3) WHAT IS THE BUILDING OUTSIDE APPEARANCE?

PLASTERED	1
PARTIALLY PLASTERED	2
NOT PLASTERED	3

(4) WHAT IS THE CONDITION OF THE DWELLING UNIT?

VERY GOOD CONDITION	1
APPROPRIATE FOR LIVING	2
INAPPROPRIATE FOR LIVING	3
UNDER CONSTRUCTION	4

(5) Time of construction of the dwelling?

BEFORE 1945	1	CODE	<input type="text"/>
1945-1960	2		
1961-1980	3		
1981-1990	4		
AFTER 1990	5	YEAR	<input type="text"/>
(IF AFTER 1990, REPORT YEAR)			

(6) How long has your household lived in this dwelling?
IF LESS THAN ONE YEAR, WRITE "0" YEARS

(7) What is the area of your dwelling ? (including living room and accessory rooms)

LESS THAN 40 SQ. METRES	1
40-69 SQ. METRES	2
70-99 SQ. METRES	3
100-130 SQ. METRES	4
MBI 130 SQ. METRES	5
DON'T KNOW/NOT SURE	ND

(8) Number of rooms that your family occupy :
(excluding the kitchen, balconies, corridors)

(9) Number of rooms used for business :
(Write zero if no rooms are used for business)

(10) What type of toilet does your dwelling have ?

WC INSIDE THE HOUSE	1
TWO OR MORE WC INSIDE	2
WC OUTSIDE, WITH PIPING	3
WC OUTSIDE, WITHOUT PIPING	4
OTHER (SPECIFY) _____	5

(11) Does your dwelling have the following?
(CHECK BOX IF "YES")

SEPARATE KITCHEN	<input type="checkbox"/>
SEPARATE BATH/SHOWER	<input type="checkbox"/>
BALCONY OR TERRACE	<input type="checkbox"/>
PANTRY	<input type="checkbox"/>
ATTIC	<input type="checkbox"/>
GARAGE	<input type="checkbox"/>
ELEVATOR	<input type="checkbox"/>

(12) Does your dwelling have any of the following problems?
(CHECK BOX IF "YES")

DWELLING TOO SMALL	<input type="checkbox"/>
DWELLING TOO DARK	<input type="checkbox"/>
INADEQUATE HEATING	<input type="checkbox"/>
LEAKING ROOF	<input type="checkbox"/>
DAMP WALLS, FLOOR OR BASEMENT	<input type="checkbox"/>
WINDOWS/ DOORS IN BAD CONFITION	<input type="checkbox"/>
POLLUTION FROM INDUSTRY OR TRAFFIC	<input type="checkbox"/>

MODULE 13: DWELLING, UTILITIES AND DURABLE GOODS

PART A: DESCRIPTION OF DWELLING

(13) How far is the dwelling from the nearest..... ?
(Walking, one way) MINUTES

PRIMARY SCHOOL		
AMBULATORY/DOCTOR		
BUS/ MINIBUS STOP		

(14) What is the ownership of this building?

OWNER	1 >>18	
OWNER WITH A MORTGAGE ON DWELLING	2 >>18	
RENTED FROM A PRIVATE INDIVIDUAL	3	
RENTED FROM THE STATE	4	
LIVE FOR FREE	5 >>16	
OTHER (SPECIFY _____)	6	

(15) How much is your monthly rent ? OLD LEKS PER MONTH

DON'T KNOW	ND	
REFUSED TO ANSWER	JP	

(16) Do you pay any building maintenance fees ?
(Do not include money spent for renovations and decorating.)

YES	1	
YES, BUT INCLUDED ALREADY IN THE RENTAL PRICE	2 >> 37	
NO	3 >> 37	

(17) How much do you pay monthly for the building maintenance? OLD LEKS PER MONTH

DON'T KNOW	ND	
REFUSED TO ANSWER	JP	
>>37		

(18) Did you buy or build this dwelling and inhabit it after Jan 1, 2004?

YES	1	
NO	2 >>24	

(19) What month and year did you begin to inhabit this dwelling?
MUST BE AFTER JAN 2004

	MONTH	YEAR
--	-------	------

(20) Did you buy this dwelling already built or did your household build it or hire people to build it?

BOUGHT IT ALREADY BUILT	1 >>22	
BOUGHT IT PARTIALLY BUILT	2	
BUILT IT OR HAD IT BUILT	3	
DON'T KNOW	ND >>22	
REFUSED TO ANSWER	JP >>22	

(21) What portion of the building was done by your family members and what portion by hired companies or tradespersons?

		% BY FAMILY	
DON'T KNOW	ND	% BY HIRED COMPANIES/PERSONS	
REFUSED TO ANSWER	JP		

(22) How much did you pay, or will you pay in total for the dwelling? (either purchase price, or cost of building, including the land)

		OLD LEKS	
DON'T KNOW	ND		
REFUSED TO ANSWER	JP		

(23) What percentage of the amount paid for the dwelling came from remittances from relatives abroad or from money earned by family members abroad?

		%	
DON'T KNOW	ND		
REFUSED TO ANSWER	JP		

(24) Did you renovate this dwelling or make substantial improvements to it since Jan 1, 2004?

YES	1	
NO	2 >>26	

(25) What percentage of the amount paid for the renovation or improvements came from remittances from relatives abroad or from money earned by family members abroad?

		%	
DON'T KNOW	ND		
REFUSED TO ANSWER	JP		

(CHECK IF REPORTED COST OF RENOVATIONS/ REPAIRS ON LINE 36, PAGE 64)

MODULE 13: DWELLING, UTILITIES AND DURABLE GOODS

PART A: DESCRIPTION OF DWELLING

Questions regarding ZZRP:

(26) Does your household have an ownership certificate for the dwelling (trulli) from the ZRPP (Real Estate Registration Office)?

YES	1 >>30	
NO, BUT THE PROCESS IS UNDER WAY	2	
NO	3	

(27) What legal documents do you have to confirm ownership of the dwelling, either for the building or trulli (meaning the land is buildable)?
(CHECK BOX IF "YES")

NO DOCUMENTS	<input type="checkbox"/>
TAPI FROM BEFORE 1990	<input type="checkbox"/>
TAPI FROM AFTER 1990	<input type="checkbox"/>
SALE CONTRACT, NOT NOTARIZED	<input type="checkbox"/>
SALE CONTRACT, NOTARIZED	<input type="checkbox"/>
GIFT, NOT NOTARIZED	<input type="checkbox"/>
GIFT, NOTARIZED	<input type="checkbox"/>
INHERITANCE, NOT NOTARIZED	<input type="checkbox"/>
INHERITANCE, NOTARIZED	<input type="checkbox"/>
COURT DECISION	<input type="checkbox"/>
SALE CONTRACT FROM MUNICIPAL OFFICE (FOR APTS, AFTER 92)	<input type="checkbox"/>
DECISION FROM COMPENSTAION COMMISSION FOR PROPERTIES	<input type="checkbox"/>
OTHER (SPECIFY _____)	<input type="checkbox"/>
DONT KNOW	<input type="checkbox"/>
REFUSE TO ANSWER	<input type="checkbox"/>

(28) Have you been to the ZRPP (Real Estate Registration Office) to try to get information, or do you have a claim in process?

YES, HAVE VISITED THE OFFICE	1 >>30	
YES, HAVE A CLAIM UNDERWAY	2 >>30	
NO	3	

(29) What is the main reason you have never applied for a certificate from the ZRPP?

DO NOT KNOW HOW TO COMPLETE APPLICATION	1	
NOT NECESSARY TO APPLY BECAUSE HOUSEHOLD OWNS DWELLING	2	
NOT NECESSARY TO APPLY BECAUSE HOUSEHOLD		
DOES NOT WANT TO SELL DWELLING	3	
DIFFICULT TO PROVE OWNERSHIP	4	
PROBLEM WITH OWNERSHIP	5	
TO EXPENSIVE TO PAY FOR REGISTRATION	6	
BIG QUEUE, TOO LONG TO WAIT	7	
OTHER REASON (SPECIFY _____)	8	

>> 37

(30) How easy was it to get the proper information and the required documents from the ZZRP office?

VERY EASY	1	
QUITE EASY	2	
NOT TOO EASY	3	
NOT AT ALL EASY	4	
COULD NOT GET	5	

(31) How long did the registration process take, or if you have not finished, how long since you began the process?

REGISTER WEEKS AND MONTHS

WEEKS	MONTHS

(32) How much did you pay to get your certificate, or if you do not yet have it, how much have you paid so far?
Please include formal and informal payments.

OLD LEKS

(33) From your experience, how well does the process work for registration at ZRPP?

VERY WELL	1	
QUITE WELL	2	
NOT TOO WELL	3	
PROCESS IS NOT GOOD AT ALL	4	

(34) Did any of the following create difficulty for you in obtaining the ownership certificate, or in making the application?
(CHECK BOX IF "YES")

DO NOT KNOW HOW TO COMPLETE APPLICATION	<input type="checkbox"/>
ZRPP OFFICE TOO FAR AWAY	<input type="checkbox"/>
DIFFICULT TO PROVE OWNERSHIP	<input type="checkbox"/>
PROBLEM WITH OWNERSHIP	<input type="checkbox"/>
TO EXPENSIVE TO PAY FOR REGISTRATION	<input type="checkbox"/>
BIG QUEUE, TOO LONG TO WAIT	<input type="checkbox"/>
OTHER (SPECIFY _____)	<input type="checkbox"/>

MODULE 13: DWELLING, UTILITIES AND DURABLE GOODS

PART A: DESCRIPTION OF DWELLING

(35) Were you successful in obtaining the certificate from ZRPP?

YES	1 >>37	<input type="text"/>
NOT YET, BUT EXPECT TO RECEIVE	2 >>37	
NOT YET, DO NOT KNOW OUTCOME	3 >>37	
NO	4	

(36) What is the main reason you were not successful at ZRPP?

DO NOT KNOW HOW TO COMPLETE APPLICATION	1	<input type="text"/>
DIFFICULT TO PROVE OWNERSHIP	2	
PROBLEM WITH OWNERSHIP	3	
REFUSE TO PAY FOR REGISTRATION	4	
BIG QUEUE, TOO LONG TO WAIT	5	
OTHER (SPECIFY _____)	6	

DWELLING IN 1990:

(37) We would like to ask you several questions about the dwelling you lived in in January 1990.

NAME OF RESPONDENT	ID CODE OF RESPONDENT
_____	<input type="text"/>

(38) What was the type of dwelling you lived in in January 1990?

SINGLE FAMILY HOUSE	1	<input type="text"/>
DWELLING IS A BUILDING WITH UP TO 15 APARTMENTS	2	
DWELLING IS A BUILDING WITH MORE THAN 15 APARTMENTS	3	
OTHER (SPECIFY _____)	4	

(39) How many rooms did the household that you lived in in January 1990 occupy?
(excluding the kitchen, balconies, corridors)

NUMBER OF ROOMS

(40) How many household members lived in the dwelling in January 1990?

NUMBER OF MEMBERS

(41) What was the main source of water used by your household in 1990?

RUNNING WATER INSIDE THE DWELLING	1	<input type="text"/>
RUNNING WATER OUTSIDE THE DWELLING	2	
PUBLIC TAP	3	
WATER TRUCK	4	
SPRING OR WELL	5	
RIVER, LAKE, POND OR SIMILAR	6	
OTHER (SPECIFY _____)	7	

(42) What type of toilet did your dwelling have in 1990 ?

WC INSIDE THE HOUSE	1	<input type="text"/>
TWO OR MORE WC INSIDE	2	
WC OUTSIDE, WITH PIPING	3	
WC OUTSIDE, WITHOUT PIPING	4	
OTHER (SPECIFY _____)	5	

MODULE 13: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

(1) What is the main source of water used by this household ?

RUNNING WATER INSIDE THE DWELLING	1
RUNNING WATER OUTSIDE THE DWELLING	2
PUBLIC TAP	3
WATER TRUCK	4 >> 4
SPRING OR WELL	5 >> 4
RIVER, LAKE, POND OR SIMILAR	6 >> 4
OTHER (SPECIFY) _____	7 >> 4

(2) Do you have water continuously ?

YES	1 >> 5
NO	2

(3) How many hours in a day, on average, did dwelling receive water during last week?
(from the main source in Question 1) HOURS

(4) Why is water from the public system not your main source of water?

NOT AVAILABLE	1
BROKEN DOWN/NOT FUNCTIONING	2
TOO UNRELIABLE	3
TOO EXPENSIVE	4
POOR QUALITY OF WATER	5
OTHER (SPECIFY) _____	6

(5) In your opinion, the quality of this main source of water is ...

GOOD FOR DRINKING	1 >>7
NOT GOOD FOR DRINKING BUT GOOD FOR OTHER USES	2
NOT GOOD FOR ANY OTHER USE	3

(6) Which water source does your household use for drinking?

RUNNING WATER INSIDE THE DWELLING	1
RUNNING WATER OUTSIDE THE DWELLING	2
PUBLIC TAP	3
WATER TRUCK	4
SPRING OR WELL	5
RIVER, LAKE, POND OR SIMILAR	6
BOTTLED WATER	7 >>8
OTHER (SPECIFY) _____	8

(7) Do you regularly boil water used for drinking?

YES	1
NO	2

(8) How far is closest spring or well? (in minutes walking one way)
(ASK EVERYONE REGARDLESS OF SOURCE OF WATER USED)

LESS THAN 5 MINUTES	1
6-15 MINUTES	2
16-30 MINUTES	3
31-60	4
MORE THAN 1 HOUR	5
DON'T KNOW	ND

(9) How far is the closest public tap ? (in minutes walking one way)
(ASK EVERYONE REGARDLESS OF SOURCE OF WATER USED)

LESS THAN 5 MINUTES	1
6-15 MINUTES	2
16-30 MINUTES	3
31-60	4
MORE THAN 1 HOUR	5
DON'T KNOW	ND

(10) Does your dwelling have a water storage tank?

YES	1
NO	2

(11) What source of heating does your household mainly use?

ELECTRICITY	1
WOOD	2
GAS	3
OIL, PETROL	4
COAL	5
NONE/NO HEATING	6
CENTRAL HEATING	7
OTHER (SPECIFY) _____	8

(10B) How much are your average monthly water expenses?

	WINTER	SUMMER
OLD LEKS PER MONTH		

MODULE 13: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

(12) For what purposes does your household use electricity? (check all that apply)

LIGHTING	<input type="checkbox"/>
HEATING/COOLING/AIR CONDITIONING	<input type="checkbox"/>
COOKING	<input type="checkbox"/>
WATER HEATING	<input type="checkbox"/>
OTHER ELECTRIC APPLIANCES	<input type="checkbox"/>
NONE, DWELLING HAD NO CONNECTION TO PUBLIC ELECTRICITY SYSTEM >>26	<input type="checkbox"/>

(13) Does this dwelling have its own electricity meter?

SHARED	1	<input type="checkbox"/>
INDIVIDUAL	2 >> 15	<input type="checkbox"/>
NO METER	3 >> 15	<input type="checkbox"/>

(14) How many families are connected to the meter?

(15) How frequently is energy supply interrupted in your area?

NEVER	1 >> 17	<input type="checkbox"/>
SEVERAL TIMES A MONTH	2	<input type="checkbox"/>
SEVERAL TIMES A WEEK	3	<input type="checkbox"/>
EVERY DAY	4	<input type="checkbox"/>

(16) How many hours per day on average has electricity been cut in the last month?

HOURS

(17) Compared to last year, has electricity service ...

IMPROVED	1	<input type="checkbox"/>
STAYED SAME	2	<input type="checkbox"/>
WORSENERD	3	<input type="checkbox"/>
DON'T KNOW	ND	<input type="checkbox"/>
REFUSE TO ANSWER	JP	<input type="checkbox"/>

(18) Approximately how much electricity did your household consume last month?

UP TO 100 KWH	1	<input type="checkbox"/>
101-200 KWH	2	<input type="checkbox"/>
201-300 KWH	3	<input type="checkbox"/>
301-400 KWH	4	<input type="checkbox"/>
401-500 KWH	5	<input type="checkbox"/>
MORE THAN 500 KWH	6	<input type="checkbox"/>
DON'T KNOW	ND	<input type="checkbox"/>
REFUSED TO ANSWER	JP	<input type="checkbox"/>

(19) Do you have a contract with KESH?

YES	1	<input type="checkbox"/>
NO	2	<input type="checkbox"/>

(20) During the past 12 months, have you ever paid an electricity bill?

YES	1	<input type="checkbox"/>
NO	2 >>23	<input type="checkbox"/>

(21) How much was your last electric bill?

DON'T KNOW	ND	OLD LEKS <input type="checkbox"/>
REFUSED TO ANSWER	JP	<input type="checkbox"/>

(22) How many months did this payment cover?

NUMBER OF MONTHS

(23) Does your household have any electricity arrears (kamat)?

YES	1	<input type="checkbox"/>
NO	2 >>27	<input type="checkbox"/>

(24) What is the total amount of arrears your household owes?

DON'T KNOW	ND	OLD LEKS <input type="checkbox"/>
REFUSED TO ANSWER	JP	<input type="checkbox"/>

(25) How old are these arrears?

FROM LAST 3 MONTHS	1	<input type="checkbox"/>
4-6 MONTHS	2	<input type="checkbox"/>
7-12 MONTHS	3	<input type="checkbox"/>
MORE THAN A YEAR	4	<input type="checkbox"/>
DON'T KNOW/ CAN'T REMEMBER	ND	<input type="checkbox"/>

>>27

MODULE 13: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

(26) Why is your dwelling not connected to the electricity supply system?

AREA NEVER ELECTRIFIED	1
NETWORK NOT WORKING	2
DWELLING NEVER CONNECTED TO THE SYSTEM	3
DISCONNECTED BECAUSE DID NOT PAY BILLS	4
OTHER (SPECIFY)	5

(27) Which is the main alternative energy source you use for lighting?

GENERATOR	1
KEROSENE LAMPS	2
CANDLES OR FLASHLIGHTS	3
OTHER (SPECIFY)	4
NONE	5

(28) Does your household use gas?

YES	1
NO	2 >>31

(29) What does your household use gas for?
(CHECK ALL THAT APPLY)

LIGHTING	<input type="checkbox"/>
HEATING	<input type="checkbox"/>
COOKING	<input type="checkbox"/>
OTHER APPLIANCES	<input type="checkbox"/>

(30) How much do you pay in average in one month for gas?
OLD LEKS

(31) Has your household used any of the following for heating or lighting in the past 12 months. If so, how much have you spent on average per month? OLD LEKS PER MONTH

IF DID NOT USE WRITE "0"

	WINTER	SUMMER
FIREWOOD		
COAL		
OIL/KEROSENE		
DIESEL FUEL		
OTHER (SPECIFY)		

(32) Does your household have a phone line inside dwelling?

YES	1
NO	2 >>36

(33) During the past 12 months, did your household pay for a telephone inside the dwelling?
DO NOT INCLUDE MOBILE PHONES, PHONE CARDS OR AMOUNTS PAID TO OTHERS FOR USING PHONE

YES	1
NO	2 >>36

(34) How much was the last payment?
OLD LEKS

(35) How many months did this last payment cover?
MONTHS

(36) Does your household own a computer or a PC?

YES	1
NO	2 >>PART C

(37) Does this computer have an Internet connection?

YES	1
NO	2 >>PART C

(38) Which company provides the Internet service?

ALBTELEKOM	1
ABISSNET	2
ICC	3
OTHER (SPECIFY)	4

(39) Are you satisfied with the quality of this service?

YES	1
NO	2

(40) Do you pay for this Internet connection service?

YES	1
NO	2 >>PART C

(41) How much in total did you pay or will you pay for the Internet service for the last month?
OLD LEKS

MODULE 14: SOCIAL ASSISTANCE

		FIRST MEMBER OF HOUSEHOLD								SECOND MEMBER
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
SOURCE	In the last 12 months, has any member of your household received any payment from the following sources? ASK QUESTION 1 AND 2 FOR EACH SOURCE BEFORE PROCEEDING	How many members of the household received benefit from [SOURCE]?	Who is the first member of your household who received income from this source? COPY ID CODE OF PERSON FROM ROSTER	When did you start receiving this assistance?	How much did you receive last payment ?	How many months did this payment refer to ?	Are you currently owed any payment (arrears)?	What is the total amount of arrears owed?	How old are these arrears?	Did any other member of your household receive income from this source?
	YES 1 NO 2 ->NEXT SOURCE			MONTH YEAR	OLD LEKS	MONTHS	YES 1 NO 2 >>10	OLD LEKS	1-3 MONTHS 1 4-6 MONTHS 2 7-12 MONTHS 3 > 1 YEAR 4	YES 1 NO 2 ->NEXT SOURCE
1	"Ndimhe Ekonomike"									
2	Old-age pension - Urban									
3	Old-age pension- Rural									
4	Supplementary pension									
5	Disability pension- Urban									
6	Disability pension- Rural									
7	Special merit pension									
8	Survivor pension - Urban									
9	Survivor pension- Rural									
10	Unemployment benefit									
11	Benefits for war veterans									
12	Maternity benefits (include salaries received during maternity leaves)									
13	Social care/services for elderly, disabled, ...									
14	Illness Benefits (1-6 months)									
15	Other _____(specify)									

MODULE 15: OTHER INCOME

(1)		(2)	(3)
INCOME SOURCE		In the last 12 months, did your household, or any of its members, receive any payment, in cash or in other forms, from the following sources?	How much did your household receive in total in the last 12 months from [SOURCE], including the value of any gift or payment in the form of goods?
		YES 1	
		NO 2 (>>NEXT SOURCE)	OLD LEKS
Remittances/ Gifts			
1	Remittances/ gifts from relatives abroad - DO NOT INCLUDE REMITTANCES FROM SPOUSE/ OR HH HEAD'S AND SPOUSE'S OWN CHILDREN (ALREADY COLLECTED IN MIGRATION MODULE)		
2	Gifts from relatives in Albania - DO NOT INCLUDE REMITTANCES FROM HH HEAD'S AND SPOUSE'S OWN CHILDREN (ALREADY COLLECTED IN MIGRATION MODULE)		
3	Gifts from other persons (including gifts for a ceremony)		
4	Gift/ aid from institutions		
Rental Income			
5	Land other than agricultural land		
6	Apartment, house		
7	Shops, stores, etc		
8	Car, truck, other vehicles		
Revenue from sale of assets			
9	Sale of real estate (house, land...)		
10	Sale of durable goods of the household		
11	Other sale of assets		
Other income			
12	Inheritance		
13	Lottery or gambling winnings		
14	Other income (____)		
15	Other income (____)		

MODULE 16: SOCIAL CAPITAL

GROUPS AND NETWORKS

(1) I would like to start by asking you about the groups or organizations, networks, associations to which you or any member of your household belong. These could be formally organized groups or just groups of people who get together regularly to do an activity or talk about things. Look at the list beside. Of how many such groups are you or any one in your household a member?

IF NONE >>6

(2) Of all these groups to which you or members of your household belong, which are the most important to your household?

INSERT THE LETTERS FROM THE LIST AT RIGHT
ALLOW UP TO 3 RESPONSES

Order of Importance:	Most	Second	Third

(3) Thinking about the members of the most important group, are most of them of the same....

A. RELIGION	
B. GENDER	
C. ETHNIC OR ETHNIC-LINGUISTIC BACKGROUND	

YES	1
NO	2

(4) Do members of the most important group mostly have the same...

A. OCCUPATION	
B. EDUCATIONAL BACKGROUND OR LEVEL	

YES	1
NO	2

(5) Does this group work with or interact with similar groups outside the village/neighborhood?

NO	1
YES, OCCASIONALLY	2
YES, FREQUENTLY	3

(6) About how many close friends do you have these days? These are people you feel at ease with, can talk to about private matters, or call on for help.

(7) Let's suppose that suddenly you need to borrow a small amount of money [RURAL: enough to pay for expenses for your household for one week; URBAN: equal to about one week's wage], are there people beyond your immediate household and close relatives to whom you could turn?

YES	1
PROBABLY YES	2
I DON'T KNOW	3
PROBABLY NOT	4
DEFINITELY NOT	5

- GROUPS OR ORGANIZATIONS FOR QUESTIONS 1 to 5:**
- A. Farmer/fisherman association
 - B. Irrigation related association
 - C. Traders or Business association
 - D. Professional association (doctors, teachers,)
 - E. Trade unions
 - F. Neighborhood/village council of dignitaries
 - G. Religious or spiritual groups
 - H. Political group or movement
 - I. Cultural association
 - J. Association for environment protection
 - K. Association for water supply
 - L. Association for the consumers' protection
 - M. Sports group
 - N. Youth groups
 - O. NGO
 - P. Ethnic-based community group
 - Q. Veterans associations
 - R. Other groups (specify) _____

MODULE 16: SOCIAL CAPITAL

TRUST AND SOLIDARITY

(8) Generally speaking, would you say that most people can be trusted or that you have to be very careful in dealing with people?

PEOPLE CAN BE TRUSTED	1	<input type="text"/>
YOU HAVE TO BE VERY CAREFUL	2	

(9) In general, do you agree or disagree with the following statements?

A. Most people in this village/ neighborhood are willing to help if you need it.

B. In this village/ neighborhood, there are people who want to take advantage (in Albanian: to profit) from you.

AGREE STRONGLY	1
AGREE SOMEWHAT	2
NEITHER AGREE OR DISAGREE	3
DISAGREE SOMEWHAT	4
DISAGREE STONGLY	5

(10) How much do you trust...

A. Local government officials

B. Central government officials

COMPLETELY	1
SOMEWHAT	2
NEITHER TRUST OR DISTRUST	3
NOT MUCH	4
NOT AT ALL	5

(11) If you don't have direct benefit from a community project that has benefits for many others in the village/neighborhood, would you contribute in time or money to the project?

A. TIME

WILL CONTRIBUTE IN TIME	1	<input type="text"/>
WILL NOT CONTRIBUTE IN TIME	2	

B. MONEY

WILL CONTRIBUTE IN MONEY	1	<input type="text"/>
WILL NOT CONTRIBUTE IN MONEY	2	

COLLECTIVE ACTION AND COOPERATION

(12) In the past year did you or any one in your household participate in any communal activities, in which people came together to do some work for the benefit of the community?

YES	1	<input type="text"/>
NO	2 >> 14	

(13) How many times in the past year?

NUMBER

(14) If there was a water supply problem, for instance, in this community, how likely is it that people will cooperate to try to solve the problem?

VERY LIKELY	1	<input type="text"/>
SOMEWHAT LIKELY	2	
NEITHER LIKELY NOR UNLIKELY	3	
SOMEWHAT UNLIKELY	4	
VERY UNLIKELY	5	

INFORMATION AND COMMUNICATION

(15) On average, how many times do you make or receive a phone call in an "ordinary" day?

IF NO PHONE, WRITE NA

(16) What are your three main sources of information about what the government is doing (such as reforms in the health system, electricity supply, European integration & stabilization, etc)?

TAKING WITH RELATIVES, FRIENDS AND NEIGHBORS	1	<input type="text"/>	FIRST SOURCE
COMMUNITY BULLETIN BOARDS	2		
COMMUNITY OR LOCAL NEWSPAPERS	3		
NATIONAL NEWSPAPER	4		
RADIO	5	<input type="text"/>	SECOND SOURCE
TELEVISION	6		
GROUPS OR ASSOCIATIONS	7		
BUSINESS OR WORK ASSOCIATES	8		
COMMUNITY LEADERS	9	<input type="text"/>	THIRD SOURCE
AN AGENT OF THE GOVERNMENT	10		
NGOs	11		
INTERNET	12		

MODULE 16: SOCIAL CAPITAL
SOCIAL COHESION AND INCLUSION

(17) There are often differences in characteristics between people living in the same village/neighborhood. For example, differences in wealth, income, social status, ethnic or ethnic-linguistic background. There can also be differences in religious or political beliefs, or there can be differences due to age or sex. To what extent do any such differences divide your village/neighborhood?

TO A VERY GREAT EXTENT	1	<input type="text"/>
TO A GREAT EXTENT	2	
NEITHER GREAT NOR SMALL EXTENT	3	
TO A SMALL EXTENT	4	
TO A VERY SMALL EXTENT	5	

(18) Do any of these differences cause problems?

YES	1	<input type="text"/>
NO	2 >> 21	

(19) Which are the two differences that most often cause problems (classify by the importance)?

DIFFERENCES IN EDUCATION	1	<input type="text"/>	FIRST DIFFERENCE
DIFFERENCES IN LANDHOLDING	2		
DIFFERENCES IN WEALTH/MATERIAL POSSESSIONS	3		
DIFFERENCES IN SOCIAL STATUS	4		
DIFFERENCES BETWEEN MEN AND WOMEN	5		
DIFFERENCES BETWEEN YOUNGER AND OLDER GENERATIONS	6	<input type="text"/>	SECOND DIFFERENCE
DIFFERENCES BETWEEN LONG-TERM AND RECENT RESIDENTS	7		
DIFFERENCES IN POLITICAL PARTY AFFILIATIONS	8		
DIFFERENCES IN RELIGIOUS BELIEFS	9		
DIFFERENCES IN ETHNIC OR LINGUISTIC BACKGROUND	10		
OTHER DIFFERENCES Specify _____	11		

(20) Have these problems ever led to violence?

YES	1	<input type="text"/>
NO	2	

(21) How many times in the past month have you got together with people to have food or drinks, either in home or in a public place?

[IF 0 >> 23]

(22) Were any of these people...

A. OF DIFFERENT ETHNIC OR ETHNIC-LINGUISTIC BACKGROUND	<input type="text"/>
B. OF DIFFERENT ECONOMIC STATUS	<input type="text"/>
C. OF DIFFERENT SOCIAL STATUS	<input type="text"/>
D. OF DIFFERENT RELIGIOUS GROUPS	<input type="text"/>
YES	1
NO	2

(23) In general, how safe from crime and violence do you feel when you are alone at home?

VERY SAFE	1	<input type="text"/>
SOMEWHAT SAFE	2	
NEITHER SAFE NOR UNSAFE	3	
SOMEWHAT UNSAFE	4	
VERY UNSAFE	5	

EMPOWERMENT AND POLITICAL ACTION

(24) In general, how happy do you consider yourself to be?

VERY HAPPY	1	<input type="text"/>
SOMEWHAT HAPPY	2	
NEITHER HAPPY NOR UNHAPPY	3	
SOMEWHAT UNHAPPY	4	
VERY UNHAPPY	5	

(25) Do you feel that you have a lot of rights that give you the power to change the course of your life? Rate yourself on a 1 to 5 scale, where 1 means having no rights and being totally unable to change your life, and five means having many rights and full control over your life.

NO RIGHTS, TOTALLY POWERLESS	1	<input type="text"/>
VERY FEW RIGHTS, ALMOST POWERLESS	2	
SOME RIGHTS, SOMEWHAT POWERLESS	3	
MOST RIGHTS, MOSTLY POWERFUL	4	
ALL RIGHTS, VERY POWERFUL	5	

(26) In the past year, how often have people in this village/neighborhood got together to jointly petition government officials or political leaders for something benefiting the community?

NEVER	1	<input type="text"/>
ONCE	2	
A FEW TIMES (LESS OR EQUAL TO 5)	3	
MANY TIMES (MORE THAN 5)	4	

(27) Lots of people find it difficult to get out and vote or they consider it quite useless. Did you vote in the last general elections or local elections?

YES	1	<input type="text"/>
NO	2	

MODULE 17 - IDENTIFICATION OF AGRICULTURE HOUSEHOLD

P L O T C O D E	(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	
	Does your household own any agricultural land?	During this cropping season (Oct 2004-Oct 2005), will any member of your household cultivate crops or harvest forest products, on any land owned by your household or any land rented or borrowed?	Please tell me about each plot of land owned by your household or any agricultural plot rented or loaned from another household this cropping season (October 2004- October 2005). Please describe or give me the name of each plot.	What is the area of the plot?	What kind of land is this? Is it currently being used to grow annual crops or tree crops, or is it forest land, pasture land or water surface?	What crops are you growing/will you grow on this plot during this cropping season?		Does anyone in your household own any livestock, poultry, beehives, or engage in aquaculture?	How many animals, poultry, beehives, or farmed fish does your household own at present?	
YES 1 >>3 NO 2	YES 1 NO 2 >>7				ANNUAL CROP LAND 1 TREE CROP LAND 2 FOREST 3 >>NEXT PLOT PASTURE 4 >>NEXT PLOT POND 5 >>NEXT PLOT OTHER (SPECIFY) _____ 6	MAIN CROP	2ND CROP	YES 1 NO 2>>END	TYPE	NUMBER
		NAME OF PLOT	SQUARE METRES							
1									Cows	
2									Pigs	
3									Sheep/goats	
4									Poultry	
5									Horses	
6									Donkeys, Mules	
7									Oxen	
8									Beehives	
9									Rabbits	
10									Fish (aquaculture)	
11										
12										

DISTRICT AND COUNTRY CODES

CODE	DISTRICTS
01	BERAT
02	BULQIZE
03	DELVINE
04	DEVOLL
05	DIBER
06	DURRESI
07	ELBASANI
08	FIER
09	GRAMSH
10	GJIROKASTER
11	HAS
12	KAVAJE
13	KOLONJE
14	KORCE
15	KRUJE
16	KUCOVE
17	KUKES
18	KURBIN
19	LEZHE
20	LIBRAZHD
21	LUSHNJE
22	MALSI E MADHE
23	MALLAKASTER
24	MAT
25	MIRDITE
26	PEQIN
27	PERMET
28	POGRADEC
29	PUKE
30	SARANDE
31	SKRAPAR
32	SHKODER
33	TEPELENE
34	TIRANE
35	TROPOJE
36	VLORE

	CODE
GREECE	81
ITALY	82
GERMANY	83
OTHER IN EUROPE	84
USA	85
CANADA	86
OTHER	87

Crop Codes

1	Wheat
2	Maize
3	Rye, theker
4	Other cereals
5	Potatoes
6	White beans
7	Forage
8	Tobacco
9	Sugar beet
10	Sunflowers seed
11	Soyabeans
12	Oil and aromatic crops
13	Tomatoes
14	Pepper
15	Cucumber
16	Cabbages
17	Watermelon
18	Melons

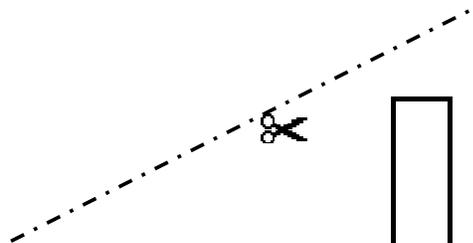
19	Onion
20	Other vegetables
21	Apples
22	Pears
23	Plums
24	Cherries
25	Figs
26	Dates
27	Walnut
28	Oranges
29	Lemons
30	Other fruit
31	Olives
32	Grape
33	Nursery (units)
34	Other _____
35	Other _____
36	Other _____

1 Hectare: 10,000 square meters

1 Dynym: 1000 square meters

1 Quintal: 100 kg

1 Ton: 1000 kg



		NAMES OF VALID HOUSEHOLD MEMBERS	I D C O D E

			01
			02
			03
			04
			05
			06
			07
			08
			09
			10
			11
			12
			13
			14
			15