

CONFIDENTIAL

Republic of Montenegro

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**HOUSEHOLD SURVEY
IN MONTENEGRO, 2004**

Household ID Code:

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Interviewer Code:

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Date: _____

1. Municipality _____
2. Settlement _____
3. Address _____
4. Phone number _____
5. Head of the Household _____

Note: Data Relates to April 2004

Name of Data entry person _____

SECTION 1: HOUSING AND DURABLE GOODS

(TO BE COMPLETED BY THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE MEMBER)
RESPONDENT ID CODE _____ (to be added additionally)

1. **What type of the dwelling you are living in?**

Own accommodation (proof of ownership)	1
Rented accommodation	2
With relatives/friends	3
Collective accommodation	4
Specialized institution	5
Family settlements	6
Social institutions	7
Unknown	8

2. **In what kind of accommodation does your family live?**

House.....	1
Studio.....	2
One bedroom apartment	3
Two-bedroom apartment	4
Three-bedroom apartment.....	5
4 or more bedroom apartment	6
Special room (in house or apartment)	7→ 4
Non-housing (dormitory)	8→ 4
Barracks.....	9
Tent.....	10

3. **What age is your house/apartment?** _____ years 999. Don't know

4. **How much is rent for this house/apartment/room?** _____ Eur monthly → 6 999. Don't pay the rent

5. **If you were to pay rent, how much would the rent be?** _____ Eur monthly → 6 999. Don't know

6. **What is the square meterage of the living space in your house/apartment/room?** _____ m²

7. **Does your house/apartment/room have [...]?**

7a. Electricity.....	1. Yes	2. No → 7c
7b. Is the electricity connection legal?	1. Yes	2. No
7c. Telephone.....	1. Yes	2. No
7d. Central heating....	1. Yes	2. No

8. **What is the main source of drinking water for members of you household?**
 - piped water*
 - 1. piped into dwelling → 9a
 - 2. piped into yard/plot → 9a
 - 3. public tap → 9c
 - water from open well*
 - 4. open well in dwelling → 10a
 - 5. open well in yard/plot → 10a
 - 6. open public well → 9c
 - water from covered well of borehole*
 - 7. protected well in dwelling → 10a
 - 8. protected well in yard/plot → 10a
 - 9. protected public well → 9c
 - surface water*
 - 10. spring → 9c
 - 11. river/stream → 9c
 - 12. pond/lake → 9c
 - 13. dam → 9c
 - 14. rainwater → 10a
 - 15. tanker truck → 10a
 - 16. bottled water → 10a
 - 17. other (specify) _____ → 10a

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9a. How often and for how long do you experience cuts in water supply?

In the **dry** season: For how long (on average) 1. hours 2. days
..... How often 1. daily 2. weekly 3. monthly
7. Never
8. Rarely

9b In the **rain** season: For how long (on average) 1. hours 2. days
..... How often 1. daily 2. weekly 3. monthly
7. Never
8. Rarely

→ 10

9c. How long does it take you to go there, get water, and come back?

_____ minutes

10. (If HH experiences water supply shortages (9a/9b), otherwise move to 12)

How do you meet your water needs during period of water shortage?

- 1. tanker truck
- 2. rainwater
- 3. well water
- 4. purchasing bottle water
- 5. other _____

10a How do you rate the quality of your drinking water?

- 1. excellent → 11
- 2. good → 11
- 3. fair/normal → 11
- 4. poor
- 5. don't know → 11

10b What measures does your household take to improve drinking water quality?

- 1. boiling
- 2. purchasing bottled water
- 3. use of filters
- 4. other (specify) _____

11. What kind of toilet facilities does your household have?

- 1. flush to sewage system
- 2. flush to septic tank
- 3. no flush with waterproof septic tank
- 4. latrine
- 5. no facility/bush/field/river
- 6. other (specify) _____

12. Do you share these facilities with other households?

1. Yes 2. No

13. Do you use [...] to heat your home?

a. Electricity..... 1. Yes 2. No → b

14. Are you planning to use [...] next year?

1. Yes 2. No

Usual monthly electricity bill for last winter (2003):

_____ Eur monthly 999. I don't get the bill

Expected usual monthly electricity bill for this summer:

_____ Eur monthly 999. I don't get the bill

- b. Wood..... 1. Yes 2. No 1. Yes 2. No
- c. Gas..... 1. Yes 2. No 1. Yes 2. No
- d. Lignite coal..... 1. Yes 2. No 1. Yes 2. No
- e. Stone (Black) Coal..... 1. Yes 2. No 1. Yes 2. No
- f. Brown (Black) Coal..... 1. Yes 2. No 1. Yes 2. No
- g. Fuel oil/diesel 1. Yes 2. No 1. Yes 2. No
- h. Other type of heating 1. Yes 2. No 1. Yes 2. No

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Id.	8b.	9.	10a.	10b.	11.	12.		13.
	What is the main reason [...] is not in school now, or why did [...] stop at his/her level? (see for possible answers on the bottom of the page)	What is [...] current social status? 1. Live unmarried with someone 2. Married 3. Widow 4. Divorced 5. Single 6. Separated 7. Under 15 years old	Does [...] 's mother live in this household? ID code on roster of mother (see question no 1.) 51: Not in household/ live separates 52: Deceased	Does [...] 's father live in this household? ID code on roster of father (see question no 1.) 51: Not in household/ live separates 52: Deceased	What was [...]’s primary activity during the past week? 1. Working/helping to earn income 2. Seeking employment 3. Attending school 4. At home, not working 5. Retired 6. Under 6 years old 7. Sick/disabled 8. Other, specify	Where was [...] born? 1. Montenegro (municipality) → SECTION 3 2. Serbia (municipality) 3. Kosovo (municipality) 4. Foreign (country) 5. Ex Yugoslavia (municipality)		In what year did you move to Montenegro?
	Code	Code	ID	ID	Code	Code	Munic/Country	Years
1								
2								
3								
4								
5								
6								
7								
8.								
9.								
10.								

Possible answers for question 8b:

1. Too young to attend	5. Found appropriate job	9. Lack of documentation	13. Tradition
2. Lack of motivation	6. Didn't pass entry exam or did poorly in last level	10. Problems with language	14. Unconformity of the environment
3. Unable to pay costs of education (fees, transport)	7. Started family work or intends to do so	11. Legal problems	15. Distance from school
4. Need to work for income	8. Judged to be sufficiently educated	12. Marriage	16. Other, describe

Id.	9.	10.	11.	12.	13.	13a.	14.	15.	16.
	In one week, how many cigarettes do you smoke? (number of cigarettes, not packet)	Do you do physical exercise or play sports? 1. Yes 2. No → 13	Do you exercise or play sports every week? 1. Yes 2. No	How many days do you exercise or play sports in a typical week?	Have you ever heard about diseases that can be transmitted through sexual intercourse? 1. Yes 2. No → 15	If yes, for which one? (look on the bottom of the page, Q13)	What can people do to protect themselves from these diseases? (can circle more than one, Q14)	Are you covered by health insurance either directly or through another member of your household? 1. Yes → 17 2. No	Why don't you have health insurance? (Specify) → 19
	Num. of cigarettes	Code	Code	Days	Code	Code	Code	Code	Code
1									
2									
3									
4									
5									
6									
7									
8.									
9.									
10.									

Q13. What disease have you heard of (can circle more than one):

1. Syphilis
2. Gonorrhea
3. Aids
4. Genital warts/condylomata
5. Other
6. Cannot remember names

Q14: Protection from diseases that can be transmitted through sexual intercourse (circle all that apply):

1. Have only one sex partner/reduce number of sex partners
2. Abstinence
3. Use condoms
4. Avoid sex with prostitutes
5. Seek medical treatment
6. Don't know
7. Other

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Id.	23.	24.	25.	25a.	25b.	26.	27.
	How many days did you stop your usual activities because of this condition?	If you work, how many days of work missed because of this condition?	During the last 30 days have you consulted with health practitioner or visited a health facility? 1. Yes 2. No →25b	If yes, which provider? 1. Hospital with referral from another facility/health provider 2. Hospital without referral from another facility/health provider 3. Health house 4. Ambulant 5. Midwife 6. Nurse 7. Private doctor 8. Health facility abroad 9. Other →26	If no, why not? 1. No need 2. Minor disorder, I treated it on my own 3. Minor disorder, I did not treat it 4. Too far 5. Poor service 6. Too expensive 7. No health insurance 8. Other, specify → 57	Did you make a prior appointment for this consultation? 1. Yes 2. No	How far is the place of consultation?
	Days	Days	Code	Code	Code	Code	Kilometers
1							
2							
3							
4							
5							
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10							
.							

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Id.	28.		29.	30.	31.	32.	33.
	Hours	Minutes	Minutes	Code	Code	Code	Code
	How long did you wait for consultation after arrival to the consultation place?		How long did the actual examination/consultation last (in minutes)?	Were you satisfied with the consultation? 1. very satisfied → 32 2. satisfied → 32 3. so so 4. not satisfied 5. very dissatisfied	Reasons for dissatisfaction (circle all that apply) 1. Too long waiting time 2. Health personnel did not spend enough time with the patient 3. Health personnel did not fully explain the treatment 4. Other, specify	Who paid for consultation? 1. Paid by you 2. Paid by another person in MN (relative, friend etc.) 3. Paid by a friend or relative from abroad 4. Covered by health insurance →34 5. Humanitarian organization 6. Other	Why? 1. Not covered by health insurance 2. I don't have health insurance 3. Better service in private sector 4. Other reason (specify)
1							
2							
3							
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9.							
10							
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Id.	34.	35.	36.	37.	38.	39.	40.
	Code						
1							
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7							
8.							
9.							
10							

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Id.	41. What kind of provider did you visit next (in the last 30 days)? 1. Hospital with referral from another facility/health provider 2. Hospital without referral from another facility/health provider 3. Health house 4. Ambulant 5. Midwife 6. Nurse 7. Private doctor 8. Health facility abroad 9. Other	42. Did you make a prior appointment for this consultation? 1. Yes 2. No	43. How far is the place of consultation ?	44. How long did you wait for consultation after arrival to the consultation place?	45. How long did the actual examination/consultation last (in minutes)?	46. Were you satisfied with the consultation? 1. very satisfied → 48 2. satisfied → 48 3. so so 4. not satisfied 5. very dissatisfied	47. Reasons for dissatisfaction (circle all that apply) 1. Too long waiting time 2. Health personnel did not spend enough time with the patient 3. Health personnel did not fully explain the treatment 4. Other, specify	48. Who paid for consultation (circle all that apply)? 1. Paid by you 2. Paid by another person in MN (relative, friend etc.) 3. Paid by a friend or relative from abroad 4. Covered by health insurance →50 5. Humanitarian organization	49. Reasons for dissatisfaction (circle all that apply) 1. Too long waiting time 2. Health personnel did not spend enough time with the patient 3. Health personnel did not fully explain the treatment 4. Other, specify	
	Code	Code	Kilometers	Hours	Min.	Minutes	Code	Code	Code	Code
1										
2										
3										
4										
5										
6										
7										
8.										
9.										
10.										

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Id.	50.	51.	52.	53.	54.	55.	56.
	Did the doctor prescribe medicines? 1. Yes 2. No → 56	Did you obtain prescribed medicines? 1. Yes, from public pharmacy → 54 2. Yes, from private pharmacy 3. No → 53	Why did you use private pharmacy instead of public pharmacy (circle all that apply)? 1. drugs not available in public pharmacy 2. private pharmacy closer/convenient 3. better service in private pharmacy 4. other reason (specify) → 54	Why did you not obtain the prescribed medicines (circle all that apply)? 1. No need (drugs not consider health condition serious enough) 2. Too busy 3. Could not afford the cost 4. Other reason (specify) → 56	Who paid for prescribed medicines? 1. Paid by you 2. Paid by another person in MN (relative, friend etc.) 3. Paid by a friend or relative from abroad 4. Covered by health insurance →56 5. Humanitarian organization 6. Other	Why? 1. Not covered by health insurance 2. I don't have health insurance 3. Better service in private sector 4. Other reason (specify)	Did you have another visit (in last 30 days)? 1. Yes 2. No
	Code	Code	Code	Code	Code	Code	Code
1							
2							
3							
4							
5							
6							
7							
8.							
9.							
10.							

For respondents age 15+

Id.	57.	58.	59.	60.	61.	62.	63.
	<p>Are you satisfied with the current health care service?</p> <p>1. very satisfied 2. moderately satisfied 3. somewhat satisfied 4. unsatisfied</p>	<p>What changes can be made to improve health care (circle all that apply)?</p> <p>1. shorter waiting periods to see doctor or nurse 2. reduce costs paid by patient 3. better availability of prescription drugs paid by insurance 4. choice of personal doctor (general practitioner) 5. more respect shown to patients by health practitioners 6. other, specify</p>	<p>Do you believe that (public) primary health care in Montenegro in past five years has:</p> <p>1. greatly improved 2. slightly improved 3. no change at all 4. deteriorated slightly 5. deteriorated greatly 6. no opinion</p>	<p>Have you been informed of the government's health care reforms?</p> <p>1. very aware 2. moderately aware 3. somewhat aware 4. not sure</p>	<p>Why do you think the government is launching health care reforms (circle all that apply)</p> <p>1. to better care for people of Montenegro 2. to save money 3. to raise local health care to the standards of other EU countries 4. to satisfy doctors, nurses and other health care providers' demands 5. other, specify</p>	<p>Are you satisfied with the government's management of health care reform?</p> <p>1. yes, very satisfied 2. yes, somewhat satisfied 3. no, could be done better 4. no, not at all 5. don't know or no opinion</p>	<p>Who provides you with the most information about health care in Montenegro?</p> <p>1. my doctor or nurse 2. family or friends 3. the media 4. government institutions 5. politicians 6. no one 7. other</p>
	Code	Code	Code	Code	Code	Code	Code
1							
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3							
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10							

SECTION 4A. EMPLOYMENT AND MAIN JOB

(to be completed by household members 15+ years or proxy respondent unable to answer for themselves)

Id.	0.	1.	2.	3.	4.	5.
	Interviewer note: Id no of person answering if proxy	During the previous week, did you work, or were you involved in any gainful activity, for money or in-kind compensation (at least one hour)? 1. Yes → 4 2. No	Though you did not work in the previous week, do you have a job? 1. Yes 2. No → SECTION 4C	Why you did not work last week on the job that you have? 1. Have new job, but haven't started yet 2. On administrative/forced leave 3. Bad weather, not the season for my work 4. Bankruptcy, liquidated closure of enterprise 5. Strike 6. Retraining by employer 7. Temporary unable to work, on a sick leave 8. Illness, injury 9. Maternity leave 10. Annual vacation 11. Unpaid leave for personal reasons 12. Other, specify	What area is your main job connected with? SEE CODES AT BOTTOM	Where do you perform that work-job? 1. Office/factory 2. Farm 3. Home 4. In the field “door to door” 5. Vehicle 6. Street, flea market 7. Other
Id .	Code	Code	Code	Code	Code	Code
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7						
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9.						
10.						

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Codes for Question 4</i></p> <ul style="list-style-type: none"> 1. Agriculture, hunting, forestry 2. Fishing 3. Mining and stone quarrying 4. Manufacturing 5. Water, eclectic and gas supply | <ul style="list-style-type: none"> 6. Construction 7. Wholesale and retail trade, repair 8. Hotels and restaurant 9. Transport, storage and communication 10. Financial intermediation 11. Real estate and renting activities | <ul style="list-style-type: none"> 12. Public administration Army or Police 13. Education 14. Health or social work 15. Crafts and services 16. Humanitarian organizations, NGO etc.. 17. Communal services 18. Other, specify |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

SECTION 4A. EMPLOYMENT AND MAIN JOB

Ib.	6.	7.	8.	9.							10.		11.
	What is your employment status at your main job? 1. Employee 2. Self-employed 3. Owner/co-owner of a business with paid labor 4. Owner of business with no paid labor 5. Unpaid family worker → SECTION 4B	How many paid employees are working in your establishment (Including you and excluding unpaid family workers)?	What is your status on that job? 1. Full time job 2. Working on contract 3. Full time job, but no insurance paid 4. Part time job 5. Seasonal job 6. Periodical job	M	T	W	T	F	S	S	Are you ready to work more hours per week in primary job? 1. Yes 2. No	INTERVIEWER NOTE: RESPONDENT IS EMPLOYEE OR SELF-EMPLOYED (See Question 6) 1. Employee→12 2. Self-employed →17	
	Code	Number	Code	h	h	h	h	h	h	h	Code	h	
1													
2													
3													
4													
5													
6													
7													
8.													
9.													
10.													

Note: Number of working hours should be entered (h).

SECTION 4A. EMPLOYMENT AND MAIN JOB
EMPLOYEES -MAIN JOB (see question 6)

Id.	12.	13.	14.		15.	16.				
	What is the type of ownership of the company in which you perform your main job? 1. Private registered 2. Private non registered 3. Public 4. Mixed 5. Cooperative	Is your wage registered? 1. Yes 2. Yes, but not in total amount 3. No	Do you receive regular wage? 1. Yes 2. No, late payments (to indicate how many months the payments are late)		What was your total (net) income from this job in the last month? (excluding job-related allowances) 1. Income not paid 777. Refused to answer	What is the monthly amount of job-related allowances (cash or value of in-kind) not included in this income? Enter 999 for don't know Enter 0 for none 1. Income not paid				
						Hot meals	Transportation	Housing	Clothes	Other benefits -maternity leave - sick leave - other
	Code	Code	Code	Months	Eur	Eur	Eur	Eur	Eur	Eur
1										
2										
3										
4										
5										
6										
7										
8.										
9.										
10.										

→ 4B SECTION

SECTION 4A. EMPLOYMENT AND MAIN JOB
SELF-EMPLOYED MAIN JOB (see question 6)

Id.	17.	18.	19.	20.	21.	22.
	How are you recording your business activities? 1. Have books, run by accountant 2. Have an income and expenditure ledger (for entrepreneur) 3. Only notebook, for personal records 4. Nothing	How did you register your company? 1. AD 2. DOO 3. KD 4. OD 5. Not registered	Do you receive regularly wage? 1. Yes 2. No → 20	Is your wage registered? 1. Yes 2. Yes, but not in total amount 3. No	How much honoraria did you receive in the last 12 months? 1. Honoraria not paid Enter 0 if received none.	How many unpaid family workers work in your business?
	Code	Code	Code	Code	Eur / Code	Number
1						
2						
3						
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8.						
9.						
10.						

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Id.	23.	24.	25.	26.	27.
	What was your net income in the last month from this business? _____ EUR 777. Refused to answer 999. Don't know	What was your gross income in the last month from this business? _____ EUR 777. Refused to answer 999. Don't know	What was the amount of tax that your business paid last year? _____ EUR 777. Refused to answer 999. Don't know	In the last month did you consume some of the goods that you produce and what is the approximate value of this? 1. Yes, value: _____ EUR 2. No 3. Did not produce goods	Are you planning to pursue a new private business activity in the near future 1. Yes 2. No
	Eur / Code	Eur / Code	Eur / Code	Eur / Code	
1					
2					
3					
4					
5					
6					
7					
8.					
9.					
10.					

SECTION 4B. SECONDARY JOB
SELF-EMPLOYED SECONDARY JOB (see question 5)

Id.	12.	13.	14.	15.	16.	17.	18.
	How are you recording your business activities? 1. Have books, run by accountant 2. Have an income and expenditure ledger (for entrepreneur) 3. Only notebook, for personal records 4. Nothing	How did you register your company? 1. AD 2. DOO 3. KD 4. OD 6. Not registered	Do you receive regular wage? 1. Yes 2. No → 16	Is your wage registered? 1. Yes 2. Yes, but not in total amount 3. No → 16	How much honoraria did you receive in the last 12 months? 1. Honoraria not paid Enter 0 if received none.	How many unpaid family workers work in your business?	What was your net income in the last month from this business? _____ Eur 777. Refused to answer 999. Don't know
	Code	Code	Code	Code	Eur / Code	Number	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Br.	19.	20.	21.	22.
	What was your gross income in the last month from this business? _____ EUR 777. Refused to answer 999. Don't know	What was the amount of tax that your business paid last year? _____ EUR 1. I didn't pay the tax 777. Refused to answer 999. Don't know	In the last month did you consume some of the goods that you produce and what is the approximate value of this? 1. Yes, value: _____ EUR 2. No 3. Did not produce goods	Are you planning to pursue a new private business activity in the near future? 1. Yes 2. No
	Eur/Code	Eur/Code	Eur/Code	Code
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SECTION 6: OTHER HOUSEHOLD INCOME SOURCES

(TO BE COMPLETED BY THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE MEMEBR)

Respondent ID code:

I. Family Material Support (Gov. Assistance)

- | | |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Is your family included in FMS? | 1. Yes
2. No → 4 |
| 2. In what year did your family become registered in FMS? | □□□□ (state the year) |
| 3. What amount did your family receive from FMS in the last installment and when it was? | _____ Eur in last installment → 7 |
| 4. If no, has your family applied for FMS? | 1. Yes, → 6
2. No |
| 5. If no, why not? | 1. We are well provided for
2. Not aware of such legal right existence
3. We are not informed about how to apply
4. Administrative procedure is too complicated
5. I know that I don't fulfill the conditions
6. Other _____ (INTERVIEWER WRITE IN REASON) |
| → 11 | |
| 6. If yes, why is your family not receiving it? | 1. I was rejected
2. My benefit expired
3. Other _____ (INTERVIEWER WRITE IN REASON) |
| 7. Do you consider FMS to be fair? | 1. Yes → 9
2. No |
| 8. If no, why not? | 1. Very strict legal conditions
2. Very often in FMS are included families that are not poor
3. Other _____ (INTERVIEWER WRITE IN REASON) |

II. Child Allowance Programme

- | | |
|------------------------------------------------------------------------------------------|-------------------------------|
| 9. Is your family included in CA? | 1. Yes
2. No, → 11 |
| 10. What amount did your family receive from CA in the last installment and when it was? | _____ Eur in last installment |

III. Legal Obligation to Support Someone

- | | |
|-----------------------------------------------------------------------------|---------------------------------------|
| 11. Does anyone in this household have legal obligation to support someone? | 1. Yes → _____ Eur per month
2. No |
| 12. Is anyone in this household supported by someone by legal obligation? | 1. Yes → _____ Eur per month
2. No |

IV. Other social programmes

- | | |
|-----------------------------------------------------------|------------------------------------------------------------------------------|
| 13. Is your family included in one off momentary support? | 1. Yes, but not received yet
1a. Yes _____ Euros in last 12 months, 2. No |
| 14. Is your family included in other person care? | 1. Yes, but not received yet
1a. Yes _____ Euros in last 12 months, 2. No |
| 15. Help for getting some special medication? | 1. Yes, but not received yet
1a. Yes _____ Euros in last 12 months, 2. No |
| 16. Is your family included in other social programmes? | 1. Yes, but not received yet
1a. Yes _____ Euros in last 12 months, 2. No |

V. TRANSFERS IN CASH

- | | |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 17. How much cash did your household receive in the last month from relatives or friends in Montenegro? | _____ Euros in last month |
| 18. How much cash did your household receive in the last month from relatives or friends in Serbia? | _____ Euros in last month |
| 19. How much cash did your household receive in the last month from relatives or friends abroad? | _____ Euros in last month, _____ (fulfill the country) |
| 20. How much cash did your household receive in the last month from Non-profit organizations? | _____ Euros in last month |

VI. TRANSFERS IN KIND

21. What is the value of in-kind transfers your household received in the last month from Government? _____ Euros in last month
22. What is the value of in-kind transfers your household received in the last month from other households? _____ Euros in last month
23. What is the value of in-kind transfers your household received in the last month from humanitarian organizations? _____ Euros in last month

VII. OTHER INCOME

24. What was the interest income the household earned in the past 12 months? _____ Euros in last 12 month
25. What was the dividend income from corporations that the household earned in the past 12 months? _____ Euros in last 12 month
26. What was the income from rental of other property that the household earned in the past 12 months? _____ Euros in last 12 month
27. What was the income from rental of agricultural land that the household earned in the past 12 months? _____ Euros in last 12 month
28. What other income did the household earn in the past 12 months aside from income from social programmes, work income and other income listed above? _____ Euros in last 12 month
29. What was the income from used public goods and natural resources? _____ Euros in last 12 month

VIII. SELLING ASSETS

30. Did your household sell any assets in the past 12 months (such as buildings, land, jewelry or valuables, machinery, cars or furniture, major appliances)?
1. Yes
2. No → SECTION 7
31. How much did your household make from selling [...] in the past 12 months?
- a. housing or land _____ Euros in last 12 month
- b. machinery or equipment _____ Euros in last 12 month
- c. cars _____ Euros in last 12 month
- d. furniture and durables (and appliances) _____ Euros in last 12 month
- e. other assets _____ Euros in last 12 month

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PART II: NON-FOOD ITEM EXPENDITURES

Interviewer note: exclude expenditures primarily for business

Code	Item	Eur	
Personal items (last month)			
		Bought	Received
101	Toilet soap		
102	Shampoos, conditioners, oils and gels for hair care		
103	Hand cream		
104	Face cream, cosmetics		
105	Deodorant and perfume		
106	Toothpaste and toothbrush		
107	Toilet paper and female hygiene pads		
108	Baby diapers		
109	Razor blades, paste, soap, shaving foam		
110	Hair cut		
111	Books (except school textbooks)		
112	Newspaper and magazines		
113	Mobile phone		
114	Internet		
115	Mail service (includes PTT)		
116	Other personal items		
Utilities (last month)			
202	Amount spent on: Fuel oil and other fuels (except for vehicle fuels)		
203	Gas		
204	Electricity		
205	Water and sewerage maintenance		
206	Waste/Rubbish collection		
207	Telephone		
208	Wood		
209	Coal		

Code	Item	Eur	
Transport expenditures (last month)			
301	Gas and oil for vehicles		
302	Automobile tyres		
303	Vehicle parts and car repair		
304	Parking		
305	Other equipment and vehicle related expenditures		
306	Taxi		
307	Buses		
308	Trains		
309	Other transport expenditures		
Other household monthly expenditures (last month)			
401	Video cassettes		
402	Discs (CD and cassettes (audio and video), purchase and renting)		
403	Electronic games, game boy, sega, play station /purchase and renting		
404	Laundry detergents, softeners etc.		
405	Detergents for dishes (hand and machine) and products for care		
406	Floor-care products, furniture-care products, bathroom-care products, window-care products		
407	Other cleaning and care products and flat hygiene articles		
408	Pet food and expenses		
409	Other Monthly expenditure		

201	Do you have any utilities debts (water, electricity, garbage)? 1. Yes 2. No
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Montenegro ISSP Household Survey

Code	Item	Eur	
Household items (Last 3 months)			
		Bought	Received
501	Large furniture items		
502	Other small home furnishings		
503	Lighting equipment of all kinds (chandeliers, lamps...)		
504	Home decoration products		
505	Home repairs		
506	Kitchen equipment: dishes, glasses cutlery (except appliances)		
507	Small appliances (mixer, toaster, coffee grinder, hairdryer, iron ...)		
508	Major appliances (refrig, tv, stove)		
509	Bed linen (sheets, covers, pillowcases...)		
510	Other household textiles (towels, curtains, carpeting, etc...)		
Clothes and Footwear (last 3 months)			
601	Men clothing		
602	Men footwear (sandals, shoes, athletic shoes and boots)		
603	Women clothing		
604	Women footwear (sandals, shoes, athletic shoes and boots)		
605	Children clothing		
606	Children footwear (sandals, shoes, athletic shoes and boots)		
607	Leather goods (bags, suitcases, traveling bags, purses, gloves etc.)		
608	Footwear care kits		
609	Tailoring services		

Code	Item	Eur
Health care(last 3 months)		
701	Dentist (excluding medicines and transportation costs)	
702	Doctor (excluding medicines and transportation costs)	
703	Hospital (excluding medicines and transportation costs)	
704	Other health service provider (excluding medicines and transportation costs)	
705	Prescribed medicines	
706	Other medicines	
707	Optical equipment	
708	Transportation costs	
709	Other health expenditures	
Other expenditures (last 3 months)		
801	Sports equipment	
802	Photography expenditures (including film processing)	
803	Toys	
804	Sewing equipment	
805	Music Instruments and accessories	
806	Tickets for concerts, cinemas, theatres, museums, galleries	
807	Tickets for games/matches	
808	Membership fees	
809	Air travel	
810	Holidays (Traveling, vacations – accommodation, hotel, transport, pocket money)	
811	Presents	
812	Child care	
813	Prize games, lotteries, bingo, bookmaking	
814	Watches, wristwatches, wall clocks , jewelry	

SECTION 8: ADDITIONAL QUESTIONS

(TO BE COMPLETED BY THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE MEMEBR)

Respondent ID code: _____

I Agriculture

1. Does your household own any kind of agricultural land? 1. Yes [] [] [] [] m²
2. No
2. Does your household cultivate any kind of agricultural land? 1. Yes [] [] [] [] m², owned; Yes, [] [] [] [] m², not owned
2. No
3. Does your household own any livestock? 1. Yes 2. No →6
4. How many [...] does your household own?
a. Horses [] []
b. Cows [] []
c. Sheep [] []
d. Pigs [] []
e. Poultry [] []
f. Other livestock [] []
5. In 2003, did you sell any fresh animal products (milk, cheese, eggs...)? 1. Yes [] [] [] [] [] [] EUR (annual income)
2. No
6. How much was your estimated net income from agriculture activities in 2003? 1. [] [] [] [] [] EUR per month (on average)
2. Everything produced was used for personal consumption
3. Don't know
4. Have no income from agriculture
7. Do you plan to be more involved in agricultural activities in the future? 1. Yes 2. No → 9
8. 9. If the answer is YES, why? 1. Only/significant income source 4. Have no choice
2. One of copying mechanisms 5. Long term perspective in agricultural business
3. Hobby 6. Other, describe _____

II General Perception of Environmental Quality

9. Does the household feel that environmental quality is a treat to their health? 1. Yes 2. No →12
10. Please rank the following problems according to their impact on your household's welfare: [1-biggest concern; 2- second biggest concern; ...]
1. Lack of regular garbage collection —
2. Garbage dumps along the roads or rivers/illegal dumps —
3. Pollution of drinking water —
4. Pollution of rivers —
5. Pollution of the sea —
6. Pollution of beaches —
7. Air pollution from automobiles —
8. Air pollution from industry (includes factory, power plants) —
9. Noise —
10. Deforestation —
11. Floods/torrents —
12. Other: _____ —
11. Has [biggest concern] become worse over last two years? 1. Yes 2. No

III Fuelwood Consumption

12. Do you use fuelwood for heating purposes? 1. Yes 2. No →15a
- 12a. If yes, how much did you use during the October-March period? [] [] [] m³
- 12b. Has your household's consumption of fuelwood increase since last year (02/03 winter) 1. Yes 2. No
13. Are you engaged in wood cutting?
1. yes, public forest lands
2. yes, own private forest lands
3. no → 14
- 13a. How much did you cut during the 2003? [] [] [] m³
- 13b. Did you sell any? 1. Yes, how much? [] [] [] m³, for EUR per m³ (on average)
2. No
14. How much wood did you purchase for the October-March period? [] [] [] m³

14a. What price did you pay for the wood? [] [] [] EUR/m3

IV Non-Wood Forest Products

15a. Does your household collect **mushrooms** in the forest? 1. Yes 2. No →15b
 How much did you collect last season? [] [] [] [] kg
 Did you sell any of the mushrooms you collected? 1. Yes 2. No→15b
 If yes, how much? [] [] [] [] kg, for how much [] [] [] EUR/kg (on average)

15b. Does your household collect **berries** in the forest? 1. Yes 2. No →15c
 How much did you collect last season? [] [] [] [] kg
 Did you sell any of the berries you collected? 1. Yes 2. No→15c
 If yes, how much? [] [] [] [] kg, for how much [] [] [] EUR/kg (on average)

15c. Does your household collect **medical plants** in the forest? 1. Yes 2. No →16a
 How much did you collect last season? [] [] [] [] kg
 Did you sell any of the medical plants you collected? 1. Yes 2. No →16a
 If yes, how much? [] [] [] [] kg, for how much [] [] [] EUR/kg (on average)

V Fishing

16a. Does your household **fish in the river/lake**? 1. Yes 2. No →16b
 If yes, how much did you catch last month? [] [] [] [] kg
 Did you sell any of the fish you collected? 1. Yes 2. No →16b
 If yes, how much? [] [] [] [] kg, for how much [] [] [] EUR/kg (on average)

16b. Does your household **fish in the sea**? 1. Yes 2. No →17
 If yes, how much did you catch last month? [] [] [] [] kg
 Did you sell any of the fish you collected? 1. Yes 2. No →17
 If yes, how much? [] [] [] [] kg, for how much [] [] [] EUR/kg (on average)

VI Garbage disposal

17. What do you do to dispose your waste? (circle all that apply)
1. Waste is collected on the level of municipality
 2. Waste disposed on the anticipated place in your settlement
 3. Illegal dumps
 4. Trash incinerating
 5. Landfill trash
 6. Waste disposal near your house
 7. Throwing out in the sea or river
 8. Uncontrolled disposal in direct neighborhood
 9. Other.....specify

VII Flood damage

18. Has any of your home ever been damaged by floods/torrents? 1. Yes 2. No →19
 18a. If yes, in what year? _____
 18b. How much was the material damage? _____ EUR
 19. Has your property ever been damaged by drought, flood, hail etc.?

(If households has no property go to question →20)

1. Yes 2. No → 20
- 19a. Has your field ever been damaged by:
- | | | |
|-------------------------|--------------------------------------|-------|
| 1. drought | 1. Yes, in what year ____, _____ EUR | 2. No |
| 2. flood/torrent | 1. Yes, in what year ____, _____ EUR | 2. No |
| 3. hail | 1. Yes, in what year ____, _____ EUR | 2. No |
| 4. other, specify _____ | 1. Yes, in what year ____, _____ EUR | 2. No |
20. Has the road that connects your city/village with the main road, been damaged by floods or landslides in last two years? 1. Yes 2. No →**END**
- 21a. Was it repaired meanwhile? 1. Yes 2. No