

Enumeration district code: **Code number of household:**

1. Demographics

CODE	Name and family name	Presence in household during past 12 months (in months)	Date of birth
1.	Head of the family:		
2.			
3.			
4.			
5.			
6.			
7.			
8.			

- Always write down the head of the household first. Other family members should follow in order of age.
- The number under which the household member is listed in this household roster represents the code of the family member and it must be used as the reference to a household member until the very end of the survey.
- For HH members who are working abroad give the information only about the demography. Other qnr are not fulfilled.

<i>Put the changing in no. of household members in previous year</i>	<i>No.</i>
Members who are born	
Members who died	
Members who came to household	
Members who went from household	

1. Basic Demographic data			Household members (follow the sequence from the first page)								→
			Head	2	3	4	5	6	7	8	
A1	Gender	Male	1	1	1	1	1	1	1	1	A2
		Female	2	2	2	2	2	2	2	2	
A2	Relationship to the household head	Head of the household	1	-	-	-	-	-	-	-	A3
		Husband/wife, spouse	-	2	2	2	2	2	2	2	
		Child of the head/spouse	-	3	3	3	3	3	3	3	
		Son/daug. in law of head/spouse	-	4	4	4	4	4	4	4	
		Grandchild of head/spouse	-	5	5	5	5	5	5	5	
		Parents of head/spouse	-	6	6	6	6	6	6	6	
		Other relative	-	7	7	7	7	7	7	7	
		Other non-relative	-	8	8	8	8	8	8	8	
A3	Marital status *For all children under 18, for marital status mark single	Legitimate marriage	1	1	1	1	1	1	1	1	A4
		Common law marriage	2	2	2	2	2	2	2	2	
		Single*	3	3	3	3	3	3	3	3	
		Divorced	4	4	4	4	4	4	4	4	
		Widowed	5	5	5	5	5	5	5	5	
A4	What was your place of residence before 1991 ?	Serbia, Montenegro	1	1	1	1	1	1	1	1	A5
		BIH	2	2	2	2	2	2	2	2	
		Croatia	3	3	3	3	3	3	3	3	
		Kosovo and Metohija	4	4	4	4	4	4	4	4	
		Other	5	5	5	5	5	5	5	5	
A5	What is your current residential status?	Montenegrin/Serbian citizenship	1	1	1	1	1	1	1	1	A7
		IDP	2	2	2	2	2	2	2	2	A6
		Refugee	3	3	3	3	3	3	3	3	
A6	Your status regarding the FRY citizenship	Applied for citizenship	1	1	1	1	1	1	1	1	A7
		Got the citizenship, but not the official papers (ID...)	2	2	2	2	2	2	2	2	
		Planning to apply for citizenship	3	3	3	3	3	3	3	3	
		Don't plan to apply	4	4	4	4	4	4	4	4	
A7	Presence in household	Permanent	1	1	1	1	1	1	1	1	→ B1
		Attends school & resides elsewhere	2	2	2	2	2	2	2	2	
		Works & resides elsewhere	3	3	3	3	3	3	3	3	
		Military service	4	4	4	4	4	4	4	4	
		Serving sentence	5	5	5	5	5	5	5	5	
		Hospital treatment	6	6	6	6	6	6	6	6	
		Attends school abroad	7	7	7	7	7	7	7	7	
		Works abroad	8	8	8	8	8	8	8	8	
		Temporary absence (holiday, travel...)	9	9	9	9	9	9	9	9	

2. Education of household members			Household members (follow the sequence from the first page)								→	
			Head	2	3	4	5	6	7	8		
B1	Finished school*	No schooling	1	1	1	1	1	1	1	1	B2	
		Unfinished elementary	2	2	2	2	2	2	2	2		2
		Elementary school	3	3	3	3	3	3	3	3		3
		Vocational school 1-2 years	4	4	4	4	4	4	4	4		4
		Secondary, 3 years & school for skilled workers	5	5	5	5	5	5	5	5		5
		Second, 4 years & school for highly skilled workers	6	6	6	6	6	6	6	6		6
		Gymnasium	7	7	7	7	7	7	7	7		7
		Post secondary	8	8	8	8	8	8	8	8		8
		University	9	9	9	9	9	9	9	9		9
		M.S. degree, specialization	10	10	10	10	10	10	10	10		10
		Doctorate	11	11	11	11	11	11	11	11		11
B2	Current additional school	Courses (Language, computers, driving...)	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	B4
		Seminars	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	
		Training (crafts, pre qualifications)	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	
		None of the above	4 ↓	4 ↓	4 ↓	4 ↓	4 ↓	4 ↓	4 ↓	4 ↓	4 ↓	B3
B3	Reason for absence of schooling	Finished the desired school/degree	1	1	1	1	1	1	1	1	1	B4
		Not interested	2	2	2	2	2	2	2	2	2	
		Doesn't have means, conditions	3	3	3	3	3	3	3	3	3	
		Illness	4	4	4	4	4	4	4	4	4	
		Plans further education	5	5	5	5	5	5	5	5	5	
		Other	6	6	6	6	6	6	6	6	6	
B4	Can you say you are skilled in	English or some other language	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	B5
		Work on computer	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	
		Driving the car (with license)	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	1- Yes 2 -No	

* For respondents who are in process of schooling at present, mark last finished school.

3. Employment status of household members			Household members (follow the sequence from the first page)								
			Head	2	3	4	5	6	7	8	
B5	How would you describe your working activity?	Employed (officially)	1	1	1	1	1	1	1	1	U1-U6
		Works, but not officially employed	2	2	2	2	2	2	2	2	
		Employer (owner/co owner of the company or store)	3	3	3	3	3	3	3	3	
		Individual farmer	4	4	4	4	4	4	4	4	
		Freelancer, lawyer, artist	5	5	5	5	5	5	5	5	
		Helping member of the household	6	6	6	6	6	6	6	6	
		Other who perform working activities	7	7	7	7	7	7	7	7	
		Unemployed, looking for job	8	8	8	8	8	8	8	8	
		Stopped working because of military service or serving sentence	9	9	9	9	9	9	9	9	
		Retired	10	10	10	10	10	10	10	10	
		Income from property, rent, dividends	11	11	11	11	11	11	11	11	
		Other personal income (soc. programs, alimony...)	12	12	12	12	12	12	12	12	
		Housewife	13	13	13	13	13	13	13	13	
		Child, pupil, student	14	14	14	14	14	14	14	14	
		Unable to perform working activities	15	15	15	15	15	15	15	15	
		Other who don't perform working activities	16	16	16	16	16	16	16	16	

Please rate on the scale from 1 to 5 your satisfaction with the services of following institutions:

	Institutions	Do not use the services of this institution	Dissatisfied	Pretty dissatisfied	Neither satisfied nor dissatisfied	Pretty satisfied	Satisfied
U1	Outpatient dpt, health center	NU	1	2	3	4	5
U2	Hospital	NU	1	2	3	4	5
U3	Municipality	NU	1	2	3	4	5
U4	Court	NU	1	2	3	4	5
U5	Center for social work	NU	1	2	3	4	5
U6	Primary school	NU	1	2	3	4	5

Can you estimate distance (in kilometers) between your place of residence (apartment, house) and the closest:

* If the distance is for example 200m, write in kilometers – 0.2km

Institution	Estimated distance (KM)*
K1 Cultural institution for the adults (theatre, cinema, library, civic center)	
K2 Cultural institution for children (theatre, cinema, library, children's center)	
K3 Park, playground for children	
K4 Various sport objects (sport terrains, swimming pools, halls)	

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2. Housing & Durable Goods

General information on the dwelling				
S1	What kind of a dwelling unit do you live in at present?	An apartment in the building		1
		An apartment in the house with several apartments		2
		A house		3
		A space not intended for living		4
S2	When (approximately) was your dwelling built?	_____ (write down the year)		
S3	How many rooms are there in the dwelling ? (more than 6 m ²)	_____		
S4	What is the useful floor space of the dwelling (m ²) ? (Part used by your household)	_____		
S5	Does the dwelling have the following amenities?	1. Separate kitchen	Yes 1	No 2
		2. Bathroom within the dwelling (shower, tube)	1	2
		3. Toilet within the dwelling	1	2
		4. Balcony or loggia	1	2
S6	Do you have a garden plot which you use in agricultural purposes?	1. Yes	2. No	
S7	Do you have any complaints about your dwelling?	1. Yes ↓	2. No → S9	
S8	If yes, what of the following:		Yes	No
		Not enough space	1	2
		Noise from neighbors or from outside	1	2
		Insufficiency of daylight and warmth	1	2
		Humidity	1	2
		Leaking roof	1	2
		Rotten walls, floors	1	2
		Rot in window frames and doors	1	2
		Heavy traffic or industrial pollution	1	2
S9	Is your dwelling equipped with the following installations ?	Elevator is frequently out of order	1	2
		Electricity	1	2
		Water supply	1	2
		Sewerage	1	2
		Gas	1	2
		Central/ etage heating	1	2
		Telephone	1	2
		Cable or satellite TV	1	2
		Interphone/videophone	1	2
S10	Are there any auxiliary rooms in your dwelling?	Security system (doors, alarm)	1	2
		Basement/ cellar	1	2
		Attic	1	2
S11	What is the dwelling used for?	Garage	1	2
		For residence	1	2
		For business*	1	2
		For renting	1	2

Mark "Yes" in all the cases where residence room is used for some activities which bring profit. For example, tailor who sews in the apartment, programmer who works on the PC in the apartment, craftsman who repairs cars in the house yard, etc...

S12	What is your status regarding the dwelling?	Owner	1	S14
		« Protected tenant»	2	
		Paying guest (rents out part of the apartment)	3	S13
		Rents out whole apartment	4	
		Lives with no charge in the house one doesn't own	5	S14

S13	If you rent the dwelling or you pay dwelling expenses to someone, what is the monthly rent?	_____ (Dinars)	
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Information on expenses for the maintenance of housing					
S14	How much were your household expenses for previous month for: ²	1. Telephone		din	
		2. Mobile phone (sum for all household members)		din	
		3. Common utilities (water supply, garbage disposal, central heating...)		din	
		4. Electricity ³	Single-tariff	_____ kwh	din
			Double-tariff		din
			Higher tariff	_____ kwh	
Lower tariff	_____ kwh				
5. Gas (enter amount in dinars)		din			
S15	Do you have any outstanding bills for: (Estimate total amount of debt)		Months	Value	
		1. Telephone		din	
		3. Common utilities (water supply, garbage disposal, central heating, building maintenance)		din	
		3. Electricity (enter both in KW and amount in dinars)		din	
		4. Building maintenance (common space and lifts maintenance ...)		din	
		5. Gas		din	
S16	Have you been granted a discount for previous month bill for:	Common utilities	1. Yes	2. No	
		Electricity	1. Yes	2. No	
S16 a	During 2002, have you received fuel as humanitarian aid?	1. Yes 2. No			
S17	Which type of heating do you use (Multiply answer)?	1. Central heating Monthly expenses (from common utilities bill)		1. Yes ____ din 2. No →	
		2. Heating on electricity ³ Average monthly expenses	1. Yes ↓	2. No →	
			Single-tariff	_____ kwh	din
			Double-tariff		din
			Higher tariff	_____ kwh	
		Lower tariff	_____ kwh		
		3. Solid fuels (coal, fire wood) Total expenses for last heating season		1. Yes ____ din 2. No →	
4. Gas Total expenses for last heating season		1. Yes ____ din 2. No →			
5. Liquid fuels (heating/crude oil) Total expenses for last heating season		1. Yes ____ din 2. No →			
S18	Did you have necessary repair expenses (electrician, plumber) in the last month?	1. Yes	S19		
		2. No	S20		
S19	If yes, sum up the total figure (both for material and work)	_____ (Din)			
S20	Did you have major investments (construction, carpentry, painting...) in the dwelling in the last 12 months?	1. Yes	S21		
		2. No	S22		
S21	Sum up the total figure you paid for investments in the last 12 months:	_____ (Din)			

2 - If the bills are issued for three or six months period, divide it by three or six and give the monthly expenditure (For example, if the water supply bill is 300 dinars for six months, then monthly expenditure for water is 50 dinars)

3 - Average monthly expenditure for electricity should be written down in corresponding row for single-tariff or double-tariff electricity meter as may apply to the household.

If the household has a double-tariff electricity meter ask respondent to check the electricity bill or to evaluate consumption of KWH from lower and higher tariff, and total billed amount in Dinars.

Information on secondary residences (besides the one you live in)			
S22	Is your household in possession of one or more secondary residences (besides the one you live in)?	1. Yes	S23
		2. No	S26
S23	How many secondary dwellings do you possess?	_____	
S24	What is the useful floor space of the secondary residence/s? (If there are more residences, put the total space area)	_____ m ²	
S25	Estimate total <i>yearly expenditure</i> for your secondary residence/s:	_____ (EUR)	

Durable goods		if there are more than one, questions refers to the for most recently bought item	
S26. Which of the following items does your household own?	S27. Number of pieces	S28. How old is your (item)?	S30. According to current market prices, what amount do you think you could get if you sold it? (in EUR)
1. Stove			
2. Washer			
3. Air conditioner			
4. Dishwasher			
5. Refrigerator			
6. Freezer			
7. "Combined" refrigerator (with freezer)			
8. Microwave			
9. Vacuum cleaner			
10. Ironing roller			
11. Satellite dish			
12. TV			
13. Video recorder			
14. Video camera			
15. Stereo, CD player			
16. Radio cassette			
17. PC			
18. Motorcycle			
19. Car			
20. Van, jeep			

* For household appliances more than 30 year of age, don't estimate market price

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3. Social programs

Remarks:

- ✓ *All respondents answer to this section (if they use social programs or not)!*
- ✓
- ✓ *There is additional column marked as «total household» where answer is entered if whole household is program recipient. That is always the case for MOP, and in other programs, recipients can be individuals or total household. Ask the respondent who is the recipient, and mark the answer in that column. It is important not to double the answers (if you write down the answer for individual do not write it down for total household)!*

During previous month, did you receive any of the following
(If you received , please write down amount in Dinars)

→ Social programs page 1			Household members								Total household	
			Head	2	3	4	5	6	7	8		
SP1	1. Attendance and assistance allowance	Yes (Amount)										SP2
		No	2	2	2	2	2	2	2	2		
	2. Veterans and disabled persons protection	Yes (Amount)										
		No	2	2	2	2	2	2	2	2		
	3. Protection for civil victims of war	Yes (Amount)										
		No	2	2	2	2	2	2	2	2		
	4. MOP	Yes (Amount)										
		No									2	
	5. Humanitarian aid	Yes (Amount)										
		No									2	
	6. One time municipal assistance in cash	Yes (Amount)										
		No	2	2	2	2	2	2	2	2		
	7. Child allowance	Yes (Amount)										
		No	2	2	2	2	2	2	2	2		
	8. New birth allowance	Yes (Amount)										
		No	2	2	2	2	2	2	2	2		
	9. Allowance for mothers	Yes (Amount)										
		No	2	2	2	2	2	2	2	2		
	10. Alimony	Yes (Amount)										
		No	2	2	2	2	2	2	2	2		

NOTE: Particular social, that is, social assistance must be entered in column pertaining to person who receives this assistance, except soc.program # 4 and 5 where the assistance should be entered in column "Total household"

→ Social programs page3			Household members								Total household	
			Head	2	3	4	5	6	7	8		
SP9	During previous 12 months, have you applied for humanitarian aid?		1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes		SP11
			2. No	2. No	2. No	2. No	2. No	2. No	2. No	2. No		SP10
SP10	Why haven't you applied for humanitarian aid?	1. I didn't need it	1	1	1	1	1	1	1	1		SP11
		2. I wasn't informed such program existed	2	2	2	2	2	2	2	2		
		3. I don't know how to apply	3	3	3	3	3	3	3	3		
		4. Administrative procedure is too complicated	4	4	4	4	4	4	4	4		
		5. I know I don't meet the criteria	5	5	5	5	5	5	5	5		
		6. The aid is received without applying	6	6	6	6	6	6	6	6		
SP11	During previous 12 months, have you received humanitarian aid?		1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes		SP12
			2. No	2. No	2. No	2. No	2. No	2. No	2. No	2. No		
SP12	During previous 12 months, have you applied for one time municipal assistance in cash?		1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes		SP14
			2. No	2. No	2. No	2. No	2. No	2. No	2. No	2. No		SP13
SP13	Why haven't you applied for one time municipal assistance in cash?	1. I didn't need it	1	1	1	1	1	1	1	1		SP14
		2. I wasn't informed such program existed	2	2	2	2	2	2	2	2		
		3. I don't know how to apply	3	3	3	3	3	3	3	3		
		4. Administrative procedure is too complicated	4	4	4	4	4	4	4	4		
		5. I know I don't meet the criteria	5	5	5	5	5	5	5	5		
		6. Other	6	6	6	6	6	6	6	6		
SP14	During previous 12 months, have you received one time municipal assistance in cash?		1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes		SP15
			2. No	2. No	2. No	2. No	2. No	2. No	2. No	2. No		
SP15	During previous 12 months, have used services of Social Care Center?		1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes		→
			2. No	2. No	2. No	2. No	2. No	2. No	2. No	2. No		

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4. Health

1. Health status			Household members									
			Head	2	3	4	5	6	7	8		
H1	Has doctor told you about having chronic disease?		Yes No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	H2 H3
H2	What is your main chronic disease?	1	Hypertension	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	H3
		2	Cardiovascular (angina pectoris, history of AM)	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	
		3	Cerebrovascular diseases (history of CVI)	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No		
		4	Asthma and chronic obstructive pulmonary diseases	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No		
		5	Cancer	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No		
		6	Diabetes mellitus	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No		
		7	Ulcer	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No		
		8	Neurosis, depression, psychosis	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No		
		9	Diseases that lead to permanent body impairment /invalidity (motion, sensor, neurological)	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No		
		10	Other	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No		
H2.1	Does it restrict you in performing daily activities?		1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	H2.2	
H2.2	Do you regularly get therapy for your chronic disease?		1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	H3	
H3	Does any household member belong to group with special needs (mentally handicapped)?		1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	H4	
H4	Did you have any acute symptom, diseases or injury in last month?		Yes No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	H5 HD1	
H5	What is your main chronic disease?	1	Acute respiratory disease (bronchitis, pneumonia)	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	HD 1
		2	Diarrhea	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	
		3	Headache	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	
		4	Chest pain	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	
		5	Low back pain	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	
		6	Insomnia	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	
		7	Injury	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	
		8	Other	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	1. Yes 2.No	

2.	Outpatient health care services (state institutions), last month		Household members								
			Head	2	3	4	5	6	7	8	
HD1	Have you visited doctor in state institutions during last month?	Yes No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	HD2 HP1
HD2	Whom of these doctors have you paid visit to?	General practitioner/ Specialist in general/occupational medicine	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	HD3
		Pediatrician	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	
		Gynecologist	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	
		Specialized physician in other field of medicine	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	
HD3	How many times have you visited the doctor?										HD4
HD4	Have you used and paid, and how much the following health services? Write down the amount in Dinars if service was paid for, <u>2 – DIDN'T USE</u> or <u>3 – DIDN'T PAY</u>										
1	Participation for doctor visits and/or nurses interventions		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	→ HP1
2	Full price (according to price list of health institution) for doctor visits and/or nurses interventions without referral		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
3	drugs and medical (disposable) materials ordained during the visit		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
4	laboratory tests, X-rays, ultrasound		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
5	Participation for prescribed drugs		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
6	full price for prescribed drug		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
7	assistive devices (orthopedic footwear, wheelchairs, corrective eye-glasses, contact lenses, hearing aids, prosthetic devices)		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
8	transport cost		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
9	How much did you pay for medical stuff, either in cash or in kind, on their request? <u>Wasn't requested (2)</u> <u>Didn't pay (3)</u>		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
10	How much did you pay for gifts (total estimated value in Dinars) to medical stuff, either in cash or in kind?		2 – Not given	2 – Not given	2 – Not given	2 – Not given	2 – Not given	2 – Not given	2 – Not given	2 – Not given	
11	How much out of all costs was reimbursed to you by Insurance company in the past month? Including: reimbursements related to earlier requests <u>No reimbursement requested (2)</u> <u>No payment (3)</u>		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	

4. Health

3. Outpatient health care services (private institutions), last month			Household members								
			Head	2	3	4	5	6	7	8	
HP1	Did you use <u>during last month</u> the services of private health service?		Yes	1	1	1	1	1	1	1	HP2
			No	2	2	2	2	2	2	2	HZ1
HP2	Which of these services have you used?	Visits to the doctors (or by the doctors at home)	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	HP3
		Visits to the laboratories/ radiology clinics	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	
		Nurse or physiotherapist home visits	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	
		Other	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	
HP3	How many times have you obtained private health services?										HP4
HP4	Have you used and paid, and how much the following health services rendered by private doctors? Write down the amount in Dinars if service was paid for, <u>2 – DIDNT USE</u> or <u>3 – DIDN'T PAY</u>										
2	visit to private doctor		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	→ HZ1
3	drugs and medical (disposable) materials ordinated during the visit		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
4	laboratory tests, X-rays, ultrasound		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
6	prescribed drugs		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
7	assistive devices (orthopedic footwear, wheelchairs, corrective eye-glasses, contact lenses, hearing aids, prosthetic devices)		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
8	transport cost		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
11	How much out of all costs was reimbursed to you by Insurance company in the past month? Including: reimbursements related to earlier requests. No reimbursement requested (2) No payment (3)		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	

4. Health

4.	Dental health care services, state institutions (last month)		Household members								
			Head	2	3	4	5	6	7	8	
HZ1	Have you visited dentist in the state institution <u>last month</u> ?	Yes	1	1	1	1	1	1	1	1	HZ2
		No	2	2	2	2	2	2	2	2	HS1
HZ2	How many times have you visited state dentist?										HZ4
HZ4	Have you used and how much did you pay for the following dental services? Write down the amount in Dinars if service was paid for, 2 – DIDNT USE or 3 – DIDN'T PAY										
1	participation for dentists examination and intervention										→ HS1
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
2	full price for dentists examination and intervention										
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
3	drugs and other material ordinated during the intervention										
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
4	laboratory analysis and x-rays										
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
5	participation for prescribed drugs										
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
6	full price for prescribed drugs										
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
7	Orthodontic aids (bridges, crowns, braces.										
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
8	transport cost										
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
9	How much did you pay for medical stuff, either in cash or in kind, on their request? Wasn't requested (2) Didn't pay (3)										
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
10	How much did you pay for gifts to medical stuff, either in cash or in kind? (Total estimated value in Dinars)										
		2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	
11	How much out of all costs was reimbursed to you by Insurance company in the past month? Including: reimbursements related to earlier requests No reimbursement requested (2) No payment (3)										
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	

4. Health

5.	Visits to private dentist office (last month)		Household members								
			Head	2	3	4	5	6	7	8	
HS1	Have you visited private dentist <u>last month</u> ?	Yes	1	1	1	1	1	1	1	1	HS2
		No	2	2	2	2	2	2	2	2	HA1
HS2	How many times have you visited private dentist?										HS4
HS4	Have you used and how much did you pay for the following dental services? Write down the amount in Dinars if service was paid for, <u>2 – DIDNT USE</u> or <u>3 – DIDN'T PAY</u>										
1	examination and intervention at dentist										→ HA1
			2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
3	drugs and other material ordinated during the intervention										
			2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
4	laboratory analysis, X-rays										
			2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
5	prescribed drugs										
			2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
7	Orthodontic aids (bridges, crowns, braces.										
			2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
8	transport cost										
			2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
11	How much out of all costs was reimbursed to you by Insurance company in the past month? Including: reimbursements related to earlier requests No reimbursement requested (2) No payment (3)										
			2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	

6.	Self–protection, self-medication and alternative medicine services (last month)		Household members								
			Head	2	3	4	5	6	7	8	
Did you use and how much you paid, <u>2 – DIDNT USE</u> or <u>3 – DIDN'T PAY</u>											
HA1	Total expenses for drugs and medical supplements (vitamins, minerals, medicinal herbs, etc.)?										HA2
			2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
HA2	Total expenses for other medical supplies (bandages, plasters, thermometers, hot water bottles, etc.)?										HA3
			2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
HA3	Alternative medical Services (chiropractor, acupuncture, herbalist)?										HB1
			2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	

7.	Hospital health care services (last 12 months) (including stationary rehabilitation)		Household members								
			Head	2	3	4	5	6	7	8	
HB1	Did you stay in hospital in last 12 months?	Yes	1	1	1	1	1	1	1	1	HB2 HI3
		No	2	2	2	2	2	2	2	2	
HB2	In which type (by ownership) of hospital you stayed in?	State	1	1	1	1	1	1	1	1	HB3 HI 1
		State and private	2	2	2	2	2	2	2	2	
		Private	3	3	3	3	3	3	3	3	
HB3	How many times did you stay in the hospital?										HB4
HB4	Have you used and how much did you pay for the following health services? Write down the amount in Dinars if service was paid for, 2 – DIDNT USE or 3 – DIDN'T PAY										
1	How much did you pay participation for stay and services in state hospital?										→
3	drugs during your stay in hospital (includes prescribed drugs on dismissal)		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
3.a	drugs you brought to the hospital		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
3.b	disposable materials during your stay in hospital (surgical materials, implants, etc)		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
3.c	disposable materials you brought to the hospital (surgical materials, implants, etc)		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
4	laboratory analysis and X rays during your stay in hospital		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
7	orthopedic devices you brought to the hospital		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
8	Transport costs		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
8.a	Accommodation and similar costs		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
9	How much did you pay for medical stuff, either in cash or in kind? ON THEIR REQUEST Wasn't requested (2) Didn't pay (3)		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
10	Gifts to medical stuff, either in cash or in kind (Total estimated value in Dinars ON OWN INITIATIVE		2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	
10.a	donation for the hospital		2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	2 – not given	
11	How much out of all costs was reimbursed to you by Insurance company No reimbursement requested (2) No payment (3)		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	

4. Health

8. Medical treatment in private hospital and abroad (last 12 months)		Household members								→
		Head	2	3	4	5	6	7	8	
HI1	How much did you pay hospital treatment in private hospital									HI2
HI2	How much did you pay for medicines prescribed in private hospital? <u>didn't use</u> (2) <u>didn't pay</u> (3)									HI3
		2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	
HI3	Have you received medical treatment abroad?	Yes No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	HI4 HR1
HI4	Have you used and how much did you pay for the following health services abroad? Write down the amount in Dinars if service was paid for.									
1	total for medical treatment abroad (Doesn't include transport costs) (in EUR) 2 - HAVEN'T PAID									→
		2- Haven't paid	2- Haven't paid	2- Haven't paid	2- Haven't paid	2- Haven't paid	2- Haven't paid	2- Haven't paid	2- Haven't paid	
8	How much did you pay for transport costs? (in EUR) 2 - HAVEN'T PAID									
		2- Haven't paid	2- Haven't paid	2- Haven't paid	2- Haven't paid	2- Haven't paid	2- Haven't paid	2- Haven't paid	2- Haven't paid	
11	How much did you receive from insurance company for medical expenses of treatment abroad?									
	No reimbursement requested (2) No payment (3)	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 3	

9. Access to health services		Household members								→
		Head	2	3	4	5	6	7	8	
HR1	If you haven't used health services in the last month, what was the main reason? ** <u>Only ONE main REASON</u>	No need	1	1	1	1	1	1	1	HR1
		Minor disorder, I treated it on my own	2	2	2	2	2	2	2	
		Minor disorder, I didn't treat it	3	3	3	3	3	3	3	
		Too far	4	4	4	4	4	4	4	
		Poor service	5	5	5	5	5	5	5	
		Too expensive	6	6	6	6	6	6	6	
		No health insurance	7	7	7	7	7	7	7	
		Other	8	8	8	8	8	8	8	
HR2	Has anyone assisted you in paying health care costs in previous 12 months? Circle the answer and write down the (estimated) amount in Dinars	Relative/friend from Serbia	1							→
		Relative/friend from abroad	2							
		Humanitarian organization	3							
		State/company assistance	4							
		Other	5							
		Paid expenses individually	6							

**NOTE: Question HR1: ask only those who did not use the services of any health service during the preceding month

4. Health

10. Information about consumption of tobacco and alcohol			Household members								
			Head	2	3	4	5	6	7	8	
HP1	Do you smoke?	Yes, every day	1	1	1	1	1	1	1	1	HA1
		Occasionally	2	2	2	2	2	2	2	2	
		No	3	3	3	3	3	3	3	3	
HA1	Do you consume alcoholic drinks?	Never	1	1	1	1	1	1	1	1	HO1
		Several times a year	2	2	2	2	2	2	2	2	
		2 – 3 times a month	3	3	3	3	3	3	3	3	
		Once a week	4	4	4	4	4	4	4	4	
		2 – 3 times a week	5	5	5	5	5	5	5	5	
		Every day	6	6	6	6	6	6	6	6	
11. Health insurance			Household members								
			Head	2	3	4	5	6	7	8	
HO1	Do the household members have health insurance, and what type of insurance?	No health insurance	1	1	1	1	1	1	1	1	HO2
		Has health insurance based on employment/	2	2	2	2	2	2	2	2	
		Has health insurance based on pension	3	3	3	3	3	3	3	3	
		Has health insurance based on employment of other household member	4	4	4	4	4	4	4	4	
		Has health insurance based on unemployment	5	5	5	5	5	5	5	5	
HO2	Did household members have health insurance in 2002?	Yes	1	1	1	1	1	1	1	1	→
		No	2	2	2	2	2	2	2	2	
12. Information about handicaps			Household members								
			Head	2	3	4	5	6	7	8	
I1	How good is your hearing? (radio and TV)	Good (as everyone else)	1	1	1	1	1	1	1	1	I2
		Impaired (must step up tone)	2	2	2	2	2	2	2	2	
		Can't hear at all	3	3	3	3	3	3	3	3	
I2	How good is your eyesight?	Good (as everyone else)	1	1	1	1	1	1	1	1	I3
		Impaired (without glasses, contact lenses)	2	2	2	2	2	2	2	2	
		Can't see at person at 4 m distance)									
I3	How do you move?	Moves without any difficulty	1	1	1	1	1	1	1	1	→
		Needs aids	2	2	2	2	2	2	2	2	
		In wheelchair	3	3	3	3	3	3	3	3	
		Bed-ridden	4	4	4	4	4	4	4	4	

If any household member has some form of handicap or mental handicap ask the following questions:

I4	Was your handicap confirmed by some medical commission which made a corresponding decision?	Commission for categorization	1	1	1	1	1	1	1	→
		Disablement commission	2	2	2	2	2	2	2	
		Commission for home care	3	3	3	3	3	3	3	

Enumeration district code:

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Code number of household:

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5.1. Daily consumption of foods, drinks and tobacco

(FOR SEVEN DAYS PERIOD)

Source: 1 – Bought in the shop 2 –Own production 3 – Received as a gift

Household nutrition			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
1	CEREALS AND WHEAT PRODUCTS	Unit	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source
1	White bread	Gr Loaf																					
2	Semi-white bread	Gr Loaf																					
3	Whole meal, rye, integral bread	Gr Loaf																					
4	Baked goods	Gr Piece																					
5	Other kinds of bread	Gr Loaf																					
6	Wheat and rye flour and semolina	Gr																					
7	Maize flour and maize	Gr																					
8	Flour products and paste prod.	Gr																					
9	Other cereals	Gr																					
10	Rice	Gr																					
11	Frozen pastry	Gr																					
12	Yeast	Gr																					
2	FRESH VEGETABLES AND PRODUCTS		Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source
1	Potatoes	Kg																					
2	Beans	Kg																					
3	Onions, garlic and leek	Kg Bunch																					
4	Carrot, greens, celery, beet	Kg Bunch																					
5	Cabbage, kale, escarole, broccoli	Kg																					
6	Spinach, mangle fresh and frozen	Kg																					
7	Cucumber	Kg Piece																					

* If you prepared amount of food to be consumed for several days, write down all you prepared in the column for that day, regardless of the number of days you consumed it

			Source:			1 – Bought in the shop			2 –Own production			3 – Received as a gift											
2 VEGETABLES			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
Cont			Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source
8	Tomatoes (fresh)	Kg																					
		Piece																					
9	Peppers (fresh frozen and dry)	Kg																					
		Piece																					
10	Lettuce	Kg																					
		Piece																					
11	Peas, string beans, fresh and frozen	Kg																					
12	Mushrooms, fungus	Kg																					
13	Other fresh vegetables	Kg																					
14	Pickled vegetables	Kg																					
15	Manufactured (ketchup, canned)	Kg																					
3 FRESH FRUIT AND FRUIT PRODUCTS			Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source
1	Apple	Kg																					
		Piece																					
2	Pear	Kg																					
		Piece																					
3	Cherries and sour cherries	Kg																					
4	Apricot and peach	Kg																					
5	Plum	Kg																					
6	Grapes	Kg																					
7	Other fresh fruit	Kg																					
8	Orange, lemon, tangerine	Kg																					
		No																					
9	Other citrus fruit, bananas, pineapple	Kg																					
		No																					
10	Walnut, hazelnut and almond	Kg																					
11	Dried fruit, plums, figs	Kg																					
12	Jam, stewed fruit, marmalade	Kg																					
			Source:			1 – Bought in the shop			2 –Own production			3 – Received as a gift											

Household nutrition			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
4 FRESH MEAT AND MEAT PRODUCTS			Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source
1	Beef	Kg																					
2	Baby beef	Kg																					
3	Veal	Kg																					
4	Pork	Kg																					
5	Piglet meat	Kg																					
6	Mutton and goat	Kg																					
7	Lamb and kid	Kg																					
8	Poultry	Kg																					
9	Other fresh meat and offal	Kg																					
10	Dried and cooked bacon	Kg																					
11	Dried meat – boneless	Kg																					
12	Dried meat – with bones	Kg																					
13	Salami and sausages – various kinds	Kg																					
14	Hot dogs, bratwurst	Kg																					
15	Other sausage products	Kg																					
16	Canned meat and meat products	Kg																					
5 FRESH FISH AND FISH PRODUCTS			Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source
1	Fresh and frozen freshwater fish	Kg																					
2	Fresh and frozen salt-water fish	Kg																					
3	Fish products	Kg																					
6 FATS			Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source
1	Pig fats, leaf fat, suet	Kg																					
2	Edible oil	L																					
3	Other vegetable fats	Kg																					
4	Margarine	Gr																					

Source:

1 – Bought in the shop

2 –Own production

3 – Received as a gift

[illegible]

IF YOU ARE NOT ABLE TO ESTIMATE DAILY CONSUMPTION OF SOME ARTICLE (DUE TO SMALL QUANTITIES), WRITE DOWN THE CONSUMPTION OF THIS ARTICLE FOR THE WHOLE WEEK. Example: Weekly consumption: salt 100gr, 2,2 Dinars, bought.

Source: 1 – Bought in the shop 2 – Own production 3 – Received as a gift

Household nutrition			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
9 Drinks			Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source
1	Wine	L																					
2	Beer	Bottle 0.5l																					
		Bottle 0.33l																					
		Bottle 1.5l																					
3	Brandy (Rakija)	L																					
4	Other alcoholic drinks	L																					
5	Mineral water, carbonated/non-carbonated	L																					
6	Carbonated and non-carbonated soft drinks	L																					
7	Natural fruit juices	L																					
10 Smoking			Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source	Quantity	Dinars	Source
1	Cigarettes	Piece.																					
2	Tobacco	Gr.																					
11 Food and drinks outside the household			Dinars			Dinars			Dinars			Dinars			Dinars			Dinars			Dinars		
1	Food at work																						
2	Food in restaurant																						
3	Drinks at work																						
4	Drinks in restaurant																						

5.2. Monthly purchases in the household

(PAY ATTENTION TO THE TIME PERIOD QUESTIONS REFER TO)

All things bought on credit or in several monthly payments are marked full price in the time they were bought (regardless of the number of payments or time period)

1. Clothes and leather goods (last 3 months)			Exact amount, amount paid or estimated total value (Dinars)			
			Shops, department stores, shopping centers, boutiques, kiosks	Green market or from some person	Own production	Received as a gift
1	Woolen, synthetic, silk and cotton fabrics	1				
2	Wool for knitting (synthetic, cotton, combined)	2				
3	Overcoat, mackintosh, jacket	3				
4	Men's suits, sets (jacket and trousers / jacket and skirt)	4				
5	Other ready-made clothing, skirts, blouses, shirts, gowns, trousers	5				
6	Leather clothes	6				
7	Knitwear (pullovers, caps, shawls, gloves etc.)	7				
8	Underwear, pajamas	8				
9	Hosiery	9				
10	Leather goods (bags, suitcases, traveling bags, purses, gloves etc.)	10				
11	Other clothing articles	11				

2. Footwear (last 3 months)			Exact amount, amount paid or estimated total value (Dinars)			
			Shops, department stores, shopping centers, boutiques, kiosks	Green market or from some person	Own production	Received as a gift
1	Men's sandals, shoes and boots	1				
2	Lady's sandals, shoes and boots	2				
3	Children's sandals, shoes and boots	3				
4	Athletic shoes	4				
5	Slippers	5				
6	Rubber boots and other footwear	6				
7	Footwear care kits	7				
8	Other footwear	8				

3. Personal hygiene and household cleaning products (last month)		Exact amount, amount paid or estimated total value (Dinars)		
		Shops, department stores, shopping centers, boutiques, kiosks	Green market or from some person	Received as a gift
1	Toilet soap and laundry soap	1		
2	Toilet paper and female hygiene pads	2		
3	Baby diapers	3		
4	Toothpaste and toothbrush	4		
5	Creams, powders and makeup	5		
6	Razor blades, paste, soap, shaving foam	6		
7	Shampoos, conditioners, oils and gels for hair care	7		
8	Laundry detergents, softeners etc.	8		
9	Detergents for dishes (hand and machine) and products for care	9		
10	Floor-care products, furniture-care products, bathroom-care products, window-care products	10		
11	Other cleaning and care products and flat hygiene articles	11		

4. Textile goods and small household furnishings (Last 3 months)		Exact amount, amount paid or estimated total value (Dinars)			
		Shops, department stores, shopping centers, boutiques, kiosks	Green market or from some person	Own production	Received as a gift
1	Carpets and floor coverings	1			
2	Mattress, pillow, quilt etc.	2			
3	Blankets and bedspreads	3			
4	Bed linen (sheets, covers, pillowcases...)	4			
5	Curtains, drapes etc.	5			
6	Other textiles for households	6			
7	Dishes and porcelain, glass and ceramic products	7		-	
8	Metal dishes and cutlery	8			
9	Plastic dishes and cutlery	9			
10	Small appliances (mixer, toaster, coffee grinder, hairdryer, iron ...)	10			
11	Lighting equipment of all kinds (chandeliers, lamps...)	11			
12	Flat decoration products	12			
13	Other small home furnishings	13			

4. 1 Furniture (last year)		Exact amount, amount paid or estimated total value (Dinars)			
		Shops, department stores, shopping centers, boutiques, kiosks	Green market or from some person	Own production	Received as a gift
1	Room and kitchen furniture (purchase and repair)	1			

5. Expenditures for sport, entertainment and culture related services (last month)		Exact amount, amount paid or estimated total value (Dinars)		
		Shops, department stores, shopping centers, boutiques, kiosks	Green market or from some person	Received as a gift
1	Professional and popular books (except textbooks)	1		
2	Toys for children	2		
3	Electronic games, game boy, sega, play station /purchase and renting	3		
4	Newspapers and magazines	4		
5	CD and cassettes (audio and video), purchase and renting	5		
6	Film developing and making of photographs, tapes for cameras	6		
7	Sport equipment (bicycle, rackets, balls, hunting and fishing equipment)	7		
8	Musical instruments	8		
8a	Food, medicaments and other expenditures for pets	8a		
Expenditures for sport, entertainment and culture		Amount (Dinars)		
9	Tickets – cultural events	9		
10	Tickets – sport events	10		
13	Use of terrains for sports, swimming pools, recreation, gyms etc.	13		
14	Radio, TV, cable TV, satellite TV subscription	14		
15	Internet subscription	15		
16	Traveling, vacations - accommodation, hotel, transport, pocket money	16		
17	Entertainment centers (video games, automats, flippers, Luna park,	17		
18	Prize games, lotteries, bingo, bookmaking	18		
19	Extraordinary expenses (business escort, massage)	19		

6. Services (last 3 months)		Price (Dinars)
1	Sewing, cleaning and care about clothes	1
2	Repair and maintenance of shoes	2
3	Making and care of household textiles	3
4	Household cleaning and hygiene	4
5	Child care	5
6	Hair care, face care and body care (hairdresser, cosmetician, pedicure etc.)	6
7	Private, individual classes (mathematics, English, computers etc.)	7

7. Automobile and other vehicles (non-agricultural) (last 3 months)		Exact amount, amount paid or estimated total value (Dinars)			
		Shops, department stores, shopping centers, boutiques, kiosks	Green market or from some person	Own production	Received as a gift
1	Automobile and other non-agricultural vehicles – purchase	1			
2	Automobile tires	2		-	
3	Vehicle parts	3			
4	Car repair	4			
5	Vehicle care (car wash and lubrication)	5	-		
6	Storing and parking of vehicles	6			
7	Fuels and lubricants for vehicles	7		-	
8	Other equipment and vehicle related expenditures	8			
9	Technical check and registration	9			
10	Insurance of vehicles – basic, with registration	10			

8. Valuables – jewelry (last 3 months)		Exact amount, amount paid or estimated total value (Dinars)			
		Shops, department stores, shopping centers, boutiques, kiosks	Green market or from some person	Own production	Received as a gift
1	Watches, wristwatches, wall clocks , jewelry			-----	

9. Insurance (total amount for all household members) (past month)		Amount (Dinars)	
1	Life	1	
2	Flat, house	2	
3	Home appliances	3	
4	Automobile, motor, motorcycle – full coverage	4	
5	Harvest, crops	5	
6	Agricultural machines	6	

Taxes and contributions, payments and saving (past month)		Amount (Dinars)	
1	Taxes (for house, flat, summer cottage etc.)	1	
2	Voluntary tax	2	
3	Customs dues	3	
4	Payments (individual) of pension and disablement insurance	4	
5	Court and administrative fees	5	
6	Solidarity resources	6	
7	Fines for traffic violations and other violations	7	
8	Lawyer's services	8	
9	Repayment of credits, loans	9	
10	Repayment of debts to other persons who borrowed money	10	
11	Membership in social and political organizations, religious communities	11	
12	Saving deposits	12	
13	Custom/tradition-related costs (birthdays, weddings, funerals etc.)	13	
14	Alimony, financial support for the relatives	14	
15	Expenditure for help, gifts, donations	15	
16	Purchase of bonds	16	
17	Informal payments (bribery), health and education excluded	17	

11. Transport and PTT (past month)		Amount (Dinars)	
1	Inter-city transport	1	
2	Urban transport – passes and tickets	2	
3	PTT charges, postages	3	

Family income in last 3 months			Amount in Dinars	
1	Savings, loans, insurance lotteries	Interest on savings	1	
2		Saving deposits and old savings	2	
3		Debenture bonds	3	
4		Life insurance and property insurance	4	
5		Lotteries, bookmaking	5	
6		Selling bonds	6	
7		Dividends	7	
8	Inheritance, family, friends, humanitarian aid	Inheritance	8	
9		Help and presents from relatives in the country	9	
10		Help and presents from relatives abroad	10	
11		Humanitarian aid (total amount)	11	
12	Incomes from property, renting, selling....	Incomes from renting business/office space	12	
13		Incomes from selling real-estate business/office space	13	
14		Incomes from renting real-estate as housing space	14	
15		Incomes from selling real-estate as housing space	15	
16		Renting out agricultural land	16	
17		Selling agricultural land	17	
18		Selling jewelry and valuables	18	
19		Selling cars and agricultural machinery	19	
20		Selling furniture and durables	20	
21		Incomes from renting non durable goods (buses, trucks, non agricultural machinery)	21	
22		Other incomes (not registered so far. Which ones?)	22	

BM1. According to your opinion, what is the absolute minimal monthly amount, needed for your household to cover basic existential needs?

_____ din. 2. Doesn't know

BM2 How would you describe current financial status of your household?

1. Very bad 2 . Bad 3 . Neither good nor bad 4. Good 5. Very good 6. Doesn't know

Code:

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Code number of household:

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6. Education

***Remark: Codes given to the respondents at the beginning (in Demography section) are entered in the header row.
It is important that the respondent has the same code in the whole questionnaire .***

→	Kindergarten, pre-school		Household members, children under 7 years of age (enter respondent ID code)					→
D1	Who is answering in behalf of the child?	Mother	1	1	1	1	1	D1
		Father	2	2	2	2	2	
		Grandmother/grandfather	3	3	3	3	3	
		Guardian	4	4	4	4	4	
		Other	5	5	5	5	5	
D2	Does the child attend kindergarten or pre-school?	Public kindergarten	1	1	1	1	1	→D6
		Private kindergarten	2	2	2	2	2	
		Religious kindergarten	3	3	3	3	3	
		No	4	4	4	4	4	→D3
D3	If not, why?	The child is too small	1	1	1	1	1	D4
		The service is too expensive	2	2	2	2	2	
		Too far away	3	3	3	3	3	
		Low quality of services	4	4	4	4	4	
		No need/prefers to stay home	5	5	5	5	5	
		Other	6	6	6	6	6	
D4	Do you pay the person taking care of the child during the week?	Yes	1	1	1	1	1	→D5
		No	2	2	2	2	2	→D10
D5	Monthly amount paid for care about children? (Total amount in Dinars for each child)							D10
D6	How many days a week does the child spend in the kindergarten?							D7
D7	How many hours a day does the child spend in the kindergarten?							D8
D8	Monthly amount paid for the kindergarten? (Total amount in Dinars for each child)							D9
D9	Monthly amount paid for transport of children to the kindergarten? (Total amount in Dinars for each child)							D10
D10	(If the child is above 36 months of age) Does the child attend organized classes (private classes) 4 or more classes a week? (Languages, music, sport....)	Yes	1	1	1	1	1	D11
		No	2	2	2	2	2	S1
D11	Monthly amount paid for organized classes/private classes? (Total amount in Dinars for each child)							S1

→	Elementary school children, secondary school children			Household members, children between 7 and 20 years of age (enter respondent's ID code)					→
S1	Which school child is attending at present	Elementary school		1	1	1	1	1	S2
		Vocational school -1- year		2	2	2	2	2	
		Vocational school -2- years		3	3	3	3	3	
		Secondary – 3 years and school for skilled workers		4	4	4	4	4	
		Secondary – 4 years and school for highly skilled workers		5	5	5	5	5	
		Secondary art school (music, ballet) -4 years		6	6	6	6	6	
		Special school for mentally handicapped children		7	7	7	7	7	
		Gymnasium		8	8	8	8	8	
		Specialist education after secondary school of one year duration		9	9	9	9	9	
		Doesn't attend school		10	10	10	10	10	
S2	Which grade child is attending at present?								S2
S3	Which grade child was in previous school year?								S3
S4	Why the child doesn't attend school at present?	No financial means		1	1	1	1	1	
		School is too far		2	2	2	2	2	
		Finished desired schooling level		3	3	3	3	3	
		There is no adequate school		4	4	4	4	4	
		Expelled		5	5	5	5	5	
		Employed		6	6	6	6	6	
		Other		7	7	7	7	7	
S5	During the school year 2002/03, how much did your household spend for education of children in elementary and secondary school? Interviewer: Fill amount in Dinars for each respondent	Textbooks, books	1						S6
		Other school materials (notebooks, school bags, pencils)	2						
		Meals at school	3						
		Transport to school	4						
		Excursions, recreation	5						
		Help for school repairs, and maintenance costs	6						
		Membership in children's' /youth organizations	7						
		Gifts to the teaching and other school staff	8						
		Other	9						

S6	Does the child attend organized classes (private classes) 4 or more classes a week? (Languages, music, sport....)	Yes						S7
		No						→S8
S7	Monthly amount paid for organized classes/private classes? (Total amount in Dinars for each child)							S8
S8	Did anyone outside your household participate in your education costs in school year 2002/03? Interviewer: Mark code of the answer that the respondent chooses, and write down the estimated amount in Dinars for each child	Relative/friend from Serbia	1					S9
		Relative/friend from abroad	2					
		Humanitarian organization	3					
		Company/state stipend	4					
		Other	5					
		We paid all costs	6					

→	Higher education			Household members, students (enter respondent ID code)					→	
S9	Where does the student live at the moment?	In the flat with family/own flat		1	1	1	1	1	S11	
		Rented flat/room		2	2	2	2	2	S10	
		Students' dormitory		3	3	3	3	3		
S10	Monthly amount paid for rented flat/room or room in students' dormitory? Expenses for food are not included. Write down monthly amount in Dinars.								S11	
S11	During the school year 2002/03, how much did your household spend for education of students? Interviewer: Fill amount in Dinars for each respondent	Tuition fees for 2002/03							S12	
		Textbooks, books, scripts								
		Other school materials (notebooks, school bags, pencils)								
		Transport to faculty/post-secondary school								
		Meals in canteen/students' dormitory								
		Administrative fees on faculty (issuance of certificates, diploma...)								
		Membership in students' organizations								
		Gifts to the teaching staff								
	Other									
S12	Does the student attend organized classes (private classes) 4 or more classes a week? (Languages, music, sport, University subjects....)		Yes	1	1	1	1	1	S13	
	No		2	2	2	2	2	S14		
S13	Monthly amount paid for organized classes/private classes? (Total amount in Dinars for each student)								S14	
S14	Did anyone outside your household participate in your education costs in school year 2002/03? Interviewer: Mark code of the answer that the respondent chooses, and write down the estimated amount in Dinars for each student		Relative/friend from Serbia	1					→	
			Relative/friend from abroad	2						
			Humanitarian organization	3						
			Company/state stipend	4						
			Other	5						
			We paid all costs	6						

Code:

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Code number of household:

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7. Employment status

Remark: Only respondents 15+ answer on this section

7.1. Employment status of household members Page 1			Household members (follow the sequence from the first page)								→
			Head	2	3	4	5	6	7	8	
C1	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	1-Yes	1-Yes	1-Yes	1-Yes	1-Yes	1-Yes	1-Yes	C4
			2-No	2-No	2-No	2-No	2-No	2-No	2-No	2-No	C2
C2	Though you did not work previous week, do you have a job to go back to?		1-Yes	1-Yes	1-Yes	1-Yes	1-Yes	1-Yes	1-Yes	1-Yes	C3
			2-No	2-No	2-No	2-No	2-No	2-No	2-No	2-No	→
C3	Why you did not worked last week on the job that you have?	You got job, but haven't started yet	1	1	1	1	1	1	1	1	C4
		In administrative/forced leave	2	2	2	2	2	2	2	2	
		Bad weather, no season for my work, technical problems	3	3	3	3	3	3	3	3	
		Bankruptcy, liquidat. closure of enterprise	4	4	4	4	4	4	4	4	
		Strike	5	5	5	5	5	5	5	5	
		Retraining by employer	6	6	6	6	6	6	6	6	
		Illness, injury, temporary unable to work	7	7	7	7	7	7	7	7	
		Maternity leave	8	8	8	8	8	8	8	8	
		Annual vacation	9	9	9	9	9	9	9	9	
		Unpaid leave for personal reasons	10	10	10	10	10	10	10	10	
		Other	11	11	11	11	11	11	11	11	
C4.1	What is your status on that job	Full time job	1	1	1	1	1	1	1	1	C4.2
		Working on contract	2	2	2	2	2	2	2	2	
		Full time job, but no insurance paid	3	3	3	3	3	3	3	3	
		Part time job	4	4	4	4	4	4	4	4	
		Seasonal job	5	5	5	5	5	5	5	5	
C4.2	Type of ownership of the company in which you perform your main job:	Private registered	1	1	1	1	1	1	1	1	C4.3
		Private non registered	2	2	2	2	2	2	2	2	
		State owned	3	3	3	3	3	3	3	3	
		Mixed	4	4	4	4	4	4	4	4	
		Cooperative	5	5	5	5	5	5	5	5	

7. Employment status

C4.3	On what job/position do you work?	Directors and company owners (public and private sector)	1	1	1	1	1	1	1	1	C5
		Professionals and artists (with finished faculty)	2	2	2	2	2	2	2	2	
		Highly qualified and qualified workers in direct production	3	3	3	3	3	3	3	3	
		Clerks, administrative workers	4	4	4	4	4	4	4	4	
		Services (trade, catering, handicrafts)	5	5	5	5	5	5	5	5	
		Unqualified and semi-qualified workers	6	6	6	6	6	6	6	6	

7.1. Employment status of household members Page 2			Household members (follow the sequence from the first page)								→
			Head	2	3	4	5	6	7	8	
C5	Type of activity that your business is connected with:	Agriculture, hunting, forestry	1	1	1	1	1	1	1	1	C6
		Fishing	2	2	2	2	2	2	2	2	
		Mining and stone quarrying	3	3	3	3	3	3	3	3	
		Manufacturing	4	4	4	4	4	4	4	4	
		Electricity, gas and water supply	5	5	5	5	5	5	5	5	
		Construction	6	6	6	6	6	6	6	6	
		Wholesale and retail trade, repair	7	7	7	7	7	7	7	7	
		Hotels and restaurants	8	8	8	8	8	8	8	8	
		Transport, storage and communicat.	9	9	9	9	9	9	9	9	
		Financial intermediation	10	10	10	10	10	10	10	10	
		Real estate and renting activities	11	11	11	11	11	11	11	11	
		Public aminist. Army and Police	12	12	12	12	12	12	12	12	
		Education	13	13	13	13	13	13	13	13	
		Health and social work	14	14	14	14	14	14	14	14	
		Crafts and services	15	15	15	15	15	15	15	15	
		Humanitarian organizations, NGO etc.	16	16	16	16	16	16	16	16	
		Other	17	17	17	17	17	17	17	17	

7.1. Employment status of household members Page 3			Household members (follow the sequence from the first page)								→
			Head	2	3	4	5	6	7	8	
C6	Where do you perform that work-job?	Office/factory	1	1	1	1	1	1	1	1	C7
		Farm	2	2	2	2	2	2	2	2	C8
		Home	3	3	3	3	3	3	3	3	
		In the field "door to door"	4	4	4	4	4	4	4	4	
		Vehicle	5	5	5	5	5	5	5	5	
		Street, flea market	6	6	6	6	6	6	6	6	
		Other	7	7	7	7	7	7	7	7	
C7	Total number of employees – enterprise in which the household member is employed/ owner/co-owner										C8
C8	How many hours did you work on that job during last week?										C9
C9	How many hours did you work on that job during last month?										C10
C10	Total -years of service (enter zero if your labor force experience is less than 1 year)										C11
C11	Number of years of service with present employer (enter zero if your service is less than 1 year)										C12
C12	What is the last month and year for which you have been paid?		m__ y __	m__ y __	m__ y __	m__ y __	m__ y __	m__ y __	m__ y __	m__ y __	→

7. Additional employment Page 1			Household members (follow the sequence from the first page)								→
			Head	2	3	4	5	6	7	8	
D1	Did you perform any (other) job, besides your main one, in order to earn some extra money last week?	Yes	1	1	1	1	1	1	1	1	D2
		No	2	2	2	2	2	2	2	2	E1
D2	Is that job	Regular, every month	1	1	1	1	1	1	1	1	D3
		Periodical, 5 – 6 times a year	2	2	2	2	2	2	2	2	
		Rare, 1 – 2 times a year	3	3	3	3	3	3	3	3	
		Seasonal	4	4	4	4	4	4	4	4	
D3	Main motive for that job	Basic survival	1	1	1	1	1	1	1	1	D3.1
		Better standard (car, travel etc.)	2	2	2	2	2	2	2	2	
		Personal satisfaction, hobby	3	3	3	3	3	3	3	3	
		Other	4	4	4	4	4	4	4	4	
D3.1	On what job/position do you work?	Directors and company owners (public and private sector)	1	1	1	1	1	1	1	1	D4
		Professionals and artists (with finished faculty)	2	2	2	2	2	2	2	2	
		Highly qualified and qualified workers in direct production	3	3	3	3	3	3	3	3	
		Clerks, administrative workers	4	4	4	4	4	4	4	4	
		Services (trade, catering, handicrafts)	5	5	5	5	5	5	5	5	
		Unqualified and semi-qualified workers	6	6	6	6	6	6	6	6	
D4	Type of activity of that job	Agriculture, hunting, forestry	1	1	1	1	1	1	1	1	D4.1
		Fishing	2	2	2	2	2	2	2	2	
		Mining and stone quarrying	3	3	3	3	3	3	3	3	
		Manufacturing	4	4	4	4	4	4	4	4	
		Electricity, gas and water supply	5	5	5	5	5	5	5	5	
		Construction	6	6	6	6	6	6	6	6	
		Wholesale and retail trade, repair	7	7	7	7	7	7	7	7	
		Hotels and restaurants	8	8	8	8	8	8	8	8	
		Transport, storage & communications	9	9	9	9	9	9	9	9	
		Financial intermediation	10	10	10	10	10	10	10	10	
		Real estate and renting activities	11	11	11	11	11	11	11	11	
		Public administration, Army & Police	12	12	12	12	12	12	12	12	
		Education	13	13	13	13	13	13	13	13	
		Health and social work	14	14	14	14	14	14	14	14	
		Crafts and services	15	15	15	15	15	15	15	15	
		Humanitarian organizations, NGO etc.	16	16	16	16	16	16	16	16	
		Other	17	17	17	17	17	17	17	17	

7. Additional employment Page 2			Household members (follow the sequence from the first page)								→	
			Head	2	3	4	5	6	7	8		
D4.1	What is your status on <u>that</u> job	Full time job	1	1	1	1	1	1	1	1	D5	
		Working on contract	2	2	2	2	2	2	2	2		2
		Full time job, but no insurance paid	3	3	3	3	3	3	3	3		3
		Part time job	4	4	4	4	4	4	4	4		4
		Seasonal job	5	5	5	5	5	5	5	5		5
D5	Type of ownership of the company in which you perform your additional job:	Own company, store, works for him/herself	1	1	1	1	1	1	1	1	D6	
		Private registered	2	2	2	2	2	2	2	2		2
		Private unregistered	3	3	3	3	3	3	3	3		3
		Social, state ownership	4	4	4	4	4	4	4	4		4
		Mixed	5	5	5	5	5	5	5	5		5
		Cooperative	6	6	6	6	6	6	6	6		6
D6	When do you perform that work-job?	During main job	1	1	1	1	1	1	1	1	D7	
		After main job	2	2	2	2	2	2	2	2		2
		During weekends	3	3	3	3	3	3	3	3		3
		There is no rule, at request	4	4	4	4	4	4	4	4		4
D7	Where do you perform that work-job?	Office/factory	1	1	1	1	1	1	1	1	D8	
		Farm	2	2	2	2	2	2	2	2		2
		Home	3	3	3	3	3	3	3	3		3
		In the field "door to door"	4	4	4	4	4	4	4	4		4
		Vehicle	5	5	5	5	5	5	5	5		5
		Street, flea market	6	6	6	6	6	6	6	6		6
		Other	7	7	7	7	7	7	7	7		7
D8	How many hours did you perform that job last 7 days?										D9	
D9	How many hours did you perform that job last month?										D10	

7. Incomes from labor				Household members (follow the sequence from the first page)								→
				Head	2	3	4	5	6	7	8	
D10	What is the amount you have received for your work over the last month?	Net – salary on your main job	1									
		Net – salary on your additional job	2									
		Net - salary if you were on sick leave	3									
		Net - salary if you were on maternity leave	4									
		One-time assist. pecuniary and in kind	5									
		Transport allowance	6									
		Bonuses, rewards, jubilees	7									
		Business tip allowance, medical treat.	8									
		Have received only in-kind, estimate	9									
		Old age pension	10									
		Disability pension	11									
		Family pension	12									
		Foreign pension or part of the foreign pension	13									
		Can't estimate		1	1	1	1	1	1	1	1	1
		Doesn't know		2	2	2	2	2	2	2	2	2
Didn't get anything		3	3	3	3	3	3	3	3	3		

[illegible]

Enumeration district code: *Code number of household:*

8. Agriculture

In all household ask questions AG1, AG2, AG3 and AG6.

→	Basic information on agricultural holding								→	
AG1	Does your household use/posses any agricultural land (more then 10 ares)?	Yes		1				AG2		
		No		2						
AG2	Does your household cultivate any agricultural land (more then 10 ares)?	Yes		1				AG3		
		No		2				AG3*		
AG3	Agricultural land:			Area (in ares)			Estimated value (in EUR)		AG4	
	1. Total area of the land possessed by all household members (Plow, orchard, vineyard, meadow, pasture, uncultivated land...)		1	2. No ↓ 1. Yes → _____		ares		EUR		
	1.1 Out of that cultivable		2	2. No ↓ 1. Yes → _____		ares		EUR		
	2. Ranted out/ area and estimated value of the rent taken in the 2002 :		3	2. No ↓ 1. Yes → _____		Ares		EUR		
	3 Ranted/ area and estimated value of the rent paid in 2002 :		4	2. No ↓ 1. Yes → _____		Ares		EUR		
AG4	How much did you get from selling agricultural products in season 2002? (in EUR)			Profit from selling (in EUR)						AG5
		What	1	1 Yes → _____ EUR				2 No ↓		
		Corn	2	1 Yes → _____ EUR				2 No ↓		
		Other cereals (oat, rye....)	3	1 Yes → _____ EUR				2 No ↓		
		Industrial crops	4	1 Yes → _____ EUR				2 No ↓		
		Fruits	5	1 Yes → _____ EUR				2 No ↓		
		Grape	6	1 Yes → _____ EUR				2 No ↓		
		Vegetables	7	1 Yes → _____ EUR				2 No ↓		
		Forest products	8	1 Yes → _____ EUR				2 No ↓		
	Other agricultural products	9	1 Yes → _____ EUR				2 No ↓			
AG5	How much did your household pay in total for the following products in the 2002 season ? (in EUR)			Paid in EUR						AG6
		Seedlings	1	1 Yes → _____ EUR				2 No ↓		
		Seeds	2	1 Yes → _____ EUR				2 No ↓		
		Chemicals for protection of agricultural plants (Pesticides, herbicides)	3	1 Yes → _____ EUR				2 No ↓		
		Fertilizers	4	1 Yes → _____ EUR				2 No ↓		
		Other repro material in agriculture, wine and fruit growing	5	1 Yes → _____ EUR				2 No ↓		

* If the household possess land (AG1=1) and doesn't not cultivate it (AG2=2) ask how much and what does it possess (AG3) and then go to AG6.

* If household do not possess (AG1=2) and do not cultivate (AG2=2) go to AG6.

AG6	Does your agricultural holding possess any livestock, poultry, bees or fish?	2 No → AG11 (only if they answer «YES» on AG2, others go to next section) 1 Yes ↓									
AG7	A. Which type does your agricultural holding possess, and how many pieces of each? How much is the estimated value for all the pieces you possess? Interviewer: Circle the code for each type and write down the number of pieces, and estimated market value of all pieces of a kind (sum)! B. Value of the livestock and poultry slaughtered for households' own needs or given as present in 2002 (in EUR) C. How much did your household get out of selling each type of animals in 2002? (in EUR) D. Value of the livestock and poultry bought in 2002?			A. Current condition		B. Spent in the household or given as present in the last year	C. Sold in the last year	D. Bought in the last year	AG8		
				Peaces	Estimated value	Estimated value	Estimated value	Estimated value			
		1	Calf		EUR	EUR	EUR	EUR			
		2	Heifer		EUR	EUR	EUR	EUR			
		3	Dairy cow		EUR	EUR	EUR	EUR			
		4	Horse		EUR	EUR	EUR	EUR			
		5	Pig		EUR	EUR	EUR	EUR			
		6	Sheep		EUR	EUR	EUR	EUR			
		7	Goat		EUR	EUR	EUR	EUR			
		8	Chicken		EUR	EUR	EUR	EUR			
		9	Other livestock/poultry		EUR	EUR	EUR	EUR			
10	Bee hives		EUR	EUR	EUR	EUR					
AG8	Did your household sell any fresh products in 2002? (milk and milk products, eggs, honey....) If yes, estimate total value you got out of sale in 2002? (total amount in EUR)	1 Yes → _____EUR 2 No ↓									
AG9	Have you used any veterinary services in 2002? If yes, how much did you pay (in total) for veterinary services in 2002? (total amount in EUR)	1 Yes → _____EUR 2 No ↓									
AG10	Has your household bought animal feed in 2002? If yes, how much did your household pay for bought animal feed in 2002? (total amount in EUR)	1 Yes → _____EUR 2 No ↓									
AG11	Did you hire any labor for 2002 agricultural season? If yes, how much did you paid in total for hired labor in 2002 season? (total amount in EUR)	1 Yes → _____EUR 2 No ↓									

				A. Posses	B. Number of peaces	C. Estimated value of all peaces (sum in EUR)
AG12	Which type does your agricultural holding posses, and how many peaces of each? How much is the estimated value for all the peaces of certain type you posses?	1	Moto-cultivator	2 No ↓ 1 Yes →		
		2	Small tractor (<40 KS)	2 No ↓ 1 Yes →		
		3	Big tractor (>40 KS)	2 No ↓ 1 Yes →		
		4	Combine harvester	2 No ↓ 1 Yes →		
	Interviewer: Circle the code for each type . If it is 1 (Yes) , write down the number of peaces and total estimated value!	5	Attached machinery	2 No ↓ 1 Yes →		
		6	Other agricultural machinery	2 No ↓ 1 Yes →		
AG13	Did you hire any machinery for 2002 agricultural season? If yes, how much did your pay in total for hired machinery in season 2002? (total amount in EUR)				1 Yes → _____ EUR 2 No ↓	
AG14	Did your household rent out any agricultural machinery during 2002season? If yes, how much did you get from renting? (total amount in EUR)				1 Yes → _____ EUR 2 No ↓	
AG15	How much did you spend on fuel for <u>agricultural purposes</u> in the 2002 season?	1	Lubricants	1 Yes → _____ (EUR) 2 No ↓		AG16
	Interviewer: Enter estimated amount in EUR	2	Liquid fuel	1 Yes → _____ (EUR) 2 No ↓		
		3	Other (repair, spare parts, etc...)	1 Yes → _____ (EUR) 2 No ↓		
AG16	How much was your estimated net income from the agricultural holding in 2002?			1 Yes → _____ (EUR) 2 No ↓		→