



Instituti I Statistikes
Institute of Statistics of Albania

LIVING STANDARDS MEASUREMENT SURVEY

LSMS 2002

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

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

Approved by the Institute of Statistics, Statistical Law Nr. 7684, date 6.03.1993.

The information collected will be used only for statistical purposes and is strictly confidential.

LSMS PSU	HH No.
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SECTION 1: CONTROL SHEET

SECTION 1

	DATE	BEGIN	END	STATUS	REMARKS
VISIT_1					
VISIT_2					
VISIT_3					

Status codes
 1. Complete
 2. Incomplete, must return

DATA ENTRY OPERATOR FLAGGED INCONSISTENCIES IN SECTION 1

MODULE	
1	
2	
3	
4	
5	
6	
7	
8	
9	

SECTION A: INFORMATION FOR THE ROSTER SHEET

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

RESPONDENT: _____

ID CODE:

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

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

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

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

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

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

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

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

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

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

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

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-10 AND CLASSIFY THE PERSON ACCORDINGLY IN Q.11. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

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

IF THE RESPONDENT HAS ANY DIFFICULTY WITH HIS AGE OR DATE OF BIRTH (QUESTIONS 4 AND 5), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

11. CLASSIFY WHETHER EACH PERSON IS A PRESENT HOUSEHOLD MEMBER ACCORDING TO THE FOLLOWING:

LOOK AT THE ANSWER TO QUESTION 11 (NUMBER OF MONTHS THIS PERSON WAS ABSENT FROM THE HOUSEHOLD)

* ALL PERSONS ALIVE FOR WHOM THE ANSWER IS 6 MONTHS OR LESS ARE CLASSIFIED AS PRESENT HOUSEHOLD MEMBERS: DECEASED INDIVIDUALS ARE NEVER CLASSIFIED AS HOUSEHOLD MEMBERS: LODGERS ARE NOT CLASSIFIED AS HOUSEHOLD MEMBERS: HIRED WORKERS AND SERVANTS, IF THEY HAVE THEIR OWN FAMILY IN A DIFFERENT PLACE, ARE ALSO NOT CLASSIFIED AS HOUSEHOLD MEMBERS: GUESTS WHO HAVE COME TO VISIT FOR 6 OR MORE MONTHS ARE CLASSIFIED AS PRESENT MEMBERS OF HOUSEHOLD.

* IF THE ANSWER IS MORE THAN 6 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:
>THE HEAD OF HOUSEHOLD IS STILL A PRESENT MEMBER FOR UP TO 11 MONTHS ABSENCE
>INFANTS LESS THAN 6 MONTHS ARE HOUSEHOLD MEMBERS.
>NEW ARRIVALS TO THE HOUSEHOLD (SUCH AS NEWLY MARRIED) ARE HOUSEHOLD MEMBERS.

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MODULE 1: HOUSEHOLD ROSTER

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

RESPONDENT: PERSON MOST KNOWLEDGABLE

MODULE 2: MIGRATION

I D C O D E	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Was [NAME] born in this municipality/commune?	Has [NAME] continuously lived in this municipality/commune?	Did [NAME] move to this municipality/commune since January 1990?	At what date (month, year) did [NAME] move here?	What was the main reason [NAME] moved to this place?	Which district or country did [NAME] live in before moving here?	Since 1997 has [NAME] lived abroad for three months or more at any one time?	What was the main reason for [NAME] to go abroad?
	YES 1 NO 2 (>>3)	YES 1 (>>7) NO 2	YES 1 NO 2 (>>7)	MONTH YEAR	TO START A NEW JOB/BUSINESS 1 TO LOOK FOR A BETTER PAID JOB 2 STUDY 3 SECURITY 4 HEALTH 5 POOR QUALITY LAND 6 NOT ENOUGH LAND 7 TO JOIN FAMILY/MARRIAGE 8 MOVING WITH/VISITING FAMILY 9 OTHER 10	SEE DISTRICT AND COUNTRY CODES ABOVE ALBANIAN DISTRICTS 01-36 COUNTRIES 81-87	YES 1 NO 2 (>>10)	TO START A NEW JOB/BUSINESS 1 TO LOOK FOR A BETTER PAID JOB 2 STUDY 3 SECURITY 4 HEALTH 5 POOR QUALITY LAND 6 NOT ENOUGH LAND 7 TO JOIN FAMILY/MARRIAGE 8 MOVING WITH/VISITING FAMILY 9 OTHER 10
						DISTRICT CODE		
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

RESPONDENT: PERSON MOST KNOWLEDGABLE

(1) Dwelling type:

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

(2) What is the major construction material of the external walls of building ?

BRICKS, STONES	1
PRE-FABRICATED	2
WOOD	3
MUD	4
ETERNIT, TIN	5 (>>4)
OTHER (SPECIFY)	<input type="text"/>
_____	6

(3) Building outside appearance ?

PLASTERED	1
PARTIALLY PLASTERED	2
NOT PLASTERED	3

(4) What is the condition of the dwelling unit?

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

(5) Time of construction of the dwelling?

BEFORE 1945	1
1945-1960	2
1961-1980	3
1981-1990	4
AFTER 1990	5

(IF AFTER 1990, REPORT YEAR) CODE

YEAR

(6) How long has your household lived in this dwelling?

IF LESS THAN ONE YEAR, WRITE "0" YEARS

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

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

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

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

(10) What type of toilet does your dwelling have

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

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

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

MODULE 3: DWELLING, UTILITIES AND DURABLE GOODS

PART A: DESCRIPTION OF DWELLING

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

	min		[]
PRIMARY SCHOOL			[]
AMBULATORY/DOCTOR			[]
BUS/ MINIBUS STOP			[]

(13) What is the ownership of this building?

<u>OWNER</u>	1		
<u>OWNER WITH A MORTGAGE ON DWELLING</u>	2		
<u>RENTED FROM A PRIVATE INDIVIDUAL</u>	3 (>> 17)		[]
<u>RENTED FROM THE STATE</u>	4 (>> 17)		
<u>LIVE FOR FREE</u>	5 (>> 18)		
<u>OTHER (SPECIFY _____)</u>	6 (>> 17)		

(14) How did you become/are becoming the owner?

<u>PURCHASED</u>	1		
<u>CONSTRUCTION</u>	2		
<u>INHERITED</u>	3		[]
<u>PRIVATISED ACCORDING TO THE LAW OF 1994</u>	4		
<u>OTHER (SPECIFY _____)</u>	5		
<u>DON'T KNOW</u>	ND		
<u>REFUSED TO ANSWER</u>	JP		

(15) If you wanted to rent this dwelling (to Albanians) how much would you be able to rent it for?

		NEW LEKS PER MONTH	[]
<u>DON'T KNOW</u>	ND (>> 18)		
<u>REFUSED TO ANSWER</u>	JP (>> 18)		

(16) IN THE ENUMERATOR'S OPINION, IS THIS RENT APPROXIMATELY THE TRUE MARKET RENT THAT COULD BE ASKED IF THIS HOUSE WERE RENTED?

<u>APPROXIMATELY ACCURATE</u>	1		
<u>ESTIMATE IS TOO HIGH</u>	2		[]
<u>ESTIMATE IS TOO LOW</u>	3		
<u>DON'T KNOW</u>	ND		

>>18

(17) How much is your monthly rent ?

		NEW LEKS PER MONTH	[]
<u>DON'T KNOW</u>	ND		
<u>REFUSED TO ANSWER</u>	JP		

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

<u>YES</u>	1		
<u>YES, BUT INCLUDED ALREADY IN THE RENTAL</u>	2 (>>PART B)		[]
<u>RENTAL PRICE</u>	3 (>>PART B)		
<u>NO</u>	3 (>>PART B)		

(19) How much do you pay monthly for the building maintenance?

		NEW LEKS PER MONTH	[]
<u>DON'T KNOW</u>	ND		
<u>REFUSED TO ANSWER</u>	JP		

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

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

(2) How far is this source of water? (in minutes, walking, each way)

LESS THAN 5 MIN	1 (>> 5)
6-15 MIN	2 (>> 5)
16-30 MIN	3 (>> 5)
31-60 MIN	4 (>> 5)
MORE THAN 1 HOUR	5 (>> 5)

(3) Do you have water continuously ?

YES	1 (>> 5)
NO	2

(4) How many hours in a day, on average, did dwelling receive water during the last week?

HOURS

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

GOOD FOR DRINKING	1 (>>8)
NOT GOOD FOR DRINKING BUT GOOD FOR OTHER USES	2
NOT GOOD FOR ANY OTHER USE	3

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

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

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

YES	1
NO	2

(8) During the last 12 months did you pay for water consumption ?

YES	1
NO	2 (>> 10)

(9) How much are your average monthly water expenses ?

NEW LEKS	
WINTER	ND
SUMMER	JP

(10) Does your household have any water arrears (kamat) ?

YES	1
NO	2 (>>12)

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

NEW LEKS	
DON'T KNOW	ND
REFUSED TO ANSWER	JP

(12) Does dwelling have central heating ?

YES	1
NO	2 (>> 16)

(13) How many months was dwelling heated in last 12 months?

MONTHS

(14) During this period was dwelling adequately heated?

YES	1
NO	2

(15) What was your average monthly payment for central heating?

NEW LEKS	
DON'T KNOW	ND
REFUSED TO ANSWER	JP

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

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

(17) For what purposes does your household use electricity? (CHECK ALL THAT APPLY)

LIGHTING	<input type="checkbox"/>
HEATING/COOLING/AIR CONDITIONING	<input type="checkbox"/>
COOKING	<input type="checkbox"/>
WATER HEATING	<input type="checkbox"/>
OTHER ELECTRIC APPLIANCES	<input type="checkbox"/>
NONE, DWELLING HAD NO CONNECTION TO PUBLIC ELECTRICITY SYSTEM (>>31)	<input type="checkbox"/>

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

SHARED	1
INDIVIDUAL	2 (>> 22)
NO METER	3 (>> 21)

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

(20) How is consumption divided among households for payment purposes?

NUMBER OF PEOPLE	1
NUMBER OF ROOMS	2
SQUARE METRES	3
OTHER (SPECIFY)	4

(21) Would you like to have a (individual) meter installed?

YES	1
NO	2

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

NEVER	1 (>> 24)
SEVERAL TIMES A MONTH	2
SEVERAL TIMES A WEEK	3
EVERY DAY	4

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

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

UP TO 100 KWH	1
101-200 KWH	2
201-300 KWH	3
301-400 KWH	4
401-500 KWH	5
MORE THAN 500 KWH	6
DON'T KNOW	ND
REFUSED TO ANSWER	JP

(25) Do you have a contract with KESH?

YES	1
NO	2

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

YES	1
NO	2 (>> 28)

(27A) How much was your last electric bill?

DON'T KNOW	ND
REFUSED TO ANSWER	JP

(27B) How many months did this payment cover?

MODULE 3: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

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

YES	1	<input type="checkbox"/>
NO	2 (>> 32)	

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

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

(30) How old are these arrears?

FROM LAST 3 MONTHS	1 (>>32)	<input type="checkbox"/>
4-6 MONTHS	2 (>>32)	
7-12 MONTHS	3 (>>32)	
MORE THAN A YEAR	4 (>>32)	
DON'T KNOW/ CAN'T REMEMBER	ND (>>32)	

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

AREA NEVER ELECTRIFIED	1	<input type="checkbox"/>
NETWORK NOT WORKING	2	
DWELLING NEVER CONNECTED TO THE SYSTEM	3	
DISCONNECTED BECAUSE DID NOT PAY BILLS	4	
OTHER (SPECIFY)	5	

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

GENERATOR	1	<input type="checkbox"/>
KEROSENE LAMPS	2	
CANDLES OR FLASHLIGHTS	3	
OTHER (SPECIFY)	4	

(33) Does your household use gas?

YES	1	<input type="checkbox"/>
NO	2 (>>38)	

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

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

(35) What capacity gas cylinders does your household use?

10 KG	1	<input type="checkbox"/>
15 KG	2	
20 KG	3	
OTHER (SPECIFY)	4	

(36) How much does each refill cost in average?

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

(37) On average, how long does a cylinder last?

LESS THAN A MONTH	1	WINTER	<input type="checkbox"/>
1-2 MONTHS	2		
2-3 MONTHS	3	SUMMER	<input type="checkbox"/>
MORE THAN 3 MONTHS	4		

(38) Has your household used any of the following for heating or lighting in the past 12 months. If so, how much have you spent on average per month?
WRITE "0" FOR ANY SOURCE THE HOUSEHOLD DOES NOT USE.

		NEW LEKS	
		WINTER	SUMMER
FIREWOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OIL/KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL FUEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DON'T KNOW	ND		
REFUSED TO ANSWER	JP		

MODULE 3: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

(39)	Does your household have a telephone line inside your dwelling? <table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>>42)</td> </tr> </table>	YES	1	NO	2 (>>42)	<input type="checkbox"/>
YES	1					
NO	2 (>>42)					
(40)	During the last 12 months did your household pay for telephone? (DO NOT INCLUDE MOBILE PHONE CHARGES, PUBLIC PHONE AND PHONE CARD EXPENSES, OR PAYMENTS TO NEIGHBORS) <table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>>42)</td> </tr> </table>	YES	1	NO	2 (>>42)	<input type="checkbox"/>
YES	1					
NO	2 (>>42)					
(41A)	How much was your last payment ? <table border="0"> <tr> <td>DON'T KNOW</td> <td>ND</td> </tr> <tr> <td>REFUSED TO ANSWER</td> <td>JP</td> </tr> </table>	DON'T KNOW	ND	REFUSED TO ANSWER	JP	NEW LEKS <input type="checkbox"/>
DON'T KNOW	ND					
REFUSED TO ANSWER	JP					
(41B)	How many months did payment cover? 	MONTHS <input type="checkbox"/>				
(42)	Does anyone in your household have a mobile phone? <table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>> 45)</td> </tr> </table>	YES	1	NO	2 (>> 45)	<input type="checkbox"/>
YES	1					
NO	2 (>> 45)					
(43)	How many mobile phones do members of your household own? 	<input type="checkbox"/>				
(44)	How much did household pay in total last month in mobile phone charges 	NEW LEKS <input type="checkbox"/>				
(45)	Do you use public phone/phone cards? (Include payments made to the neighbors for the use of their phone.) <table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>>PART C)</td> </tr> </table>	YES	1	NO	2 (>>PART C)	<input type="checkbox"/>
YES	1					
NO	2 (>>PART C)					
(46)	How much did household spend in total last month on public phones, phone cards and payments to neighbors? <table border="0"> <tr> <td>DON'T KNOW</td> <td>ND</td> </tr> <tr> <td>REFUSED TO ANSWER</td> <td>JP</td> </tr> </table>	DON'T KNOW	ND	REFUSED TO ANSWER	JP	NEW LEKS <input type="checkbox"/>
DON'T KNOW	ND					
REFUSED TO ANSWER	JP					

MODULE 4: EDUCATION

CHILDREN 3-5 YEARS

PART A: PRE-SCHOOL

I D C O D E	R E S P O N D E N T	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
		Is [NAME] currently attending preschool?	Why is [NAME] not attending preschool?	What type of preschool is this?	How many hours per week does [NAME] attend preschool?	How much do you pay per month?	Did your household have to provide to the school and the teacher money and gifts in kind or services (in the last month)?	(if in-kind, please estimate value of gift - examples of in-kind contributions are flowers, chocolates, fuel, construction material, etc)			
			NONE AVAILABLE 1 TOO YOUNG 2 TOO EXPENSIVE 3 TOO FAR 4 NOT GOOD QUALITY CARE 5 PREFER TO KEEP AT HOME 6 NO NEED 7 OTHER (SPECIFY) 8	PUBLIC 1 PRIVATE 2 RELIGIOUS 3							
		YES 1 (>>3) NO 2									
	(>>NEXT PERSON)			HOURS	NEW LEKS	CASH OR IN-KIND YES 1 NO 2	NEW LEKS	SERVICES YES 1 NO 2	NUMBER OF HOURS		
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

MODULE 4: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	R E S P O N D E N T	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Can you read the newspaper?	Can you write a one page personal letter?	Have you ever attended school?	What is the highest grade you have completed in school? In which level?	What is the highest diploma you have attained?	What is the highest diploma you have attained?	How many years of preschool did you attend?	Did you enroll in school this academic year?	Are you currently attending school?	Why are you not currently attending school?
					NONE 0		NONE 0				TOO EXPENSIVE 1
					"8 YEARS" SCHOOL 1 1-8		PRIMARY 4 YEARS 1				NO INTEREST 2
					SECONDARY GENERAL 2 1-4		PRIMARY 8 YEARS 2	IF NONE			AGRICULTURAL WORK 3
					VOCATIONAL 2 YEARS 3 1-2		SECONDARY GENERAL 3	PUT "0"			OTHER WORK 4
		YES, EASILY 1	YES, EASILY 1		VOCATIONAL 4/5 YEARS 4 1-5		VOCATIONAL 2 YEARS 4				SCHOOL TOO FAR 5
		YES, WITH DIFFICULTY 2	YES, WITH DIFFICULTY 2		UNIVERSITY 5 1-6		VOCATIONAL 4/5 YEARS 5				POOR TEACHING 6
		NO 3	NO 3	YES 1	POST-GRADUATE 6 1-5		UNIVERSITY 6				POOR FACILITIES 7
				NO 2 (>>NEXT PERSON)			UNIVERSITY 6		YES 1	YES 1 (>>13)	OWN ILLNESS 8
					LEVEL	GRADE	POST-GRADUATE 7		NO 2 (>>11)	NO 2	FAMILY ILLNESS/ DEATH 9
								YEARS			MOVED 10
											SAFETY 11
											GOT MARRIED 12
											OTHER (SPECIFY) 13
											(>>GO TO 12)
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RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

MODULE 4: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(11)	(12)	(13)	(14)	(15)	(16)		
	Why didn't you enroll in school this year?	Do you intend to return to school?	In what grade are you currently enrolled? In which level?		Is the school you are currently enrolled in public or private?	What is the name of the school you are currently attending?		
	TOO EXPENSIVE 1							
	NO INTEREST 2							
	AGRICULTURAL WORK 3							
	OTHER WORK 4							
	SCHOOL TOO FAR 5							
	POOR TEACHING 6							
	POOR FACILITIES 7							
	OWN ILLNESS 8							
FAMILY ILLNESS/ DEATH 9		"8 YEARS" SCHOOL 1 1-8						
MOVED 10		SECONDARY GENERAL 2 1-4						
SAFETY 11		VOCATIONAL 2 YEARS 3 1-2						
GOT MARRIED 12		VOCATIONAL 4/5 YEARS 4 1-5						
COMPLETED STUDIES 13 (>> NEXT PERSON)		UNIVERSITY 5 1-6		PUBLIC 1				
OTHER (SPECIFY)	YES 1 (>> NEXT PERSON)	POST-GRADUATE 6 1-5		PRIVATE - RELIGIOUS 2				
_____ 14	NO 2 (>> NEXT PERSON)			PRIVATE-NON RELIGIOUS 3				
		LEVEL	GRADE		SCHOOL NAME	LOCATION	CODE	
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FOR
OFFICE
CODING

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

MODULE 4: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(17)	(18)	(19) (20)		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
	How far away from this dwelling is the school you are currently attending ? IF LESS THAN 1 KM REPORT TENTHS IF LESS THAN 5KM (>>19)	Do you usually stay in another location closer to your school during the school term? YES 1 NO 2	How long does it take you to travel to your school from your home or the location you usually stay in during the school term? TIME ONE WAY		How do you generally go to school? WALK 1 (>>23) BICYCLE 2 (>>23) ANIMAL 3 (>>23) CAR 4 BUS 5 OTHER(SPECIFY) 6	How much did you spend on average each month on transportation? (if separate from tuition)	How much has your household spent on your education in the current academic YEAR for: (IF HOUSEHOLD CANNOT SEPARATE COSTS, PUT THE TOTAL IN COLUMN 29)						
							School fees and tuition? (include annual tuition and fees even if not paid in full yet)	Uniforms	Textbooks	Other educational materials (pens, exercise books, etc.)	Meals and/or lodging?	Other expenses	Total (exclude transportation if reported separately)
	KM		HOURS	MINUTES		NEW LEKS	NEW LEKS	NEW LEKS	NEW LEKS	NEW LEKS	NEW LEKS	NEW LEKS	NEW LEKS
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RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

MODULE 4: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)										
	Have you received any private tutoring during this academic year?	In how many subjects have you received tutoring during this academic year?	Who is tutoring you? IF MORE THAN ONE TUTOR, REFER TO THE MAIN TUTOR	Are you paying for the tutoring?	How much are you paying per hour? IF MORE THAN ONE PRICE, TAKE AVERAGE	How much have you spent per month on average for this tutoring in the current academic year?	Did your household have to provide to school and teacher money and gifts in kind or services in the current academic year? (if in-kind, please estimate value of gift - examples of in-kind contributions are flowers, chocolates, fuel, construction material, ...)	Did you miss school for 4 or more weeks in the current academic year?				Why did you miss school for more than four weeks?	Are you currently receiving a scholarship or subsidy to support your education?	What is the value of the scholarship or subsidy received for the current academic year?										
															OWN TEACHER 1	YES 1								
															OTHER TEACHER	NO 2 >>36								
YES 1		IN SCHOOL 2	YES 1																					
NO 2 >>36		OTHER TUTOR 3	NO 2 >>36																					
		FRIEND/RELATIVE 4																						
					NEW LEKS	NEW LEKS	CASH OR IN-KIND		SERVICE															
							YES 1	NEW LEKS	YES 1	NUMBER OF														
							NO 2		NO 2	HOURS														
											YES 1	YES 1												
											NO 2 >>42	SAFETY 11	NO 2 (>> NEXT PERSON)											
												OTHER (SPECIFY) 12												
														NEW LEKS										
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RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

MODULE 5: HEALTH

PART A: GENERAL HEALTH STATUS

I D C O D E	R E S P O N D E N T	CHRONIC ILLNESS / DISABILITY						
		(1)	(2)		(3)	(4)	(5)	(6)
		Does [NAME] suffer from a chronic illness or disability that has lasted more than 3 months (including severe depression)?	How long has [NAME] had this illness or disability? IF MORE THAN ONE ILLNESS REFER TO THE MOST SERIOUS ONE FOR LESS THAN 1 YEAR WRITE THE MONTHS, FOR ONE YEAR OR MORE WRITE ONLY YEARS		Has this chronic illness or disability been diagnosed by a professional?	From which illness or disability is [NAME] affected?	Does [NAME] currently take medication for this chronic illness/disability?	How many days during the last month has [NAME] been unable to carry out [NAME's] usual activities because of this illness or disability?
		YES 1 NO 2 (>>7)	MONTHS	YEARS	YES 1 NO 2 (>>6)	INFECTIOUS DISEASES 1 DISEASES OF BLOOD AND BLOOD-PRODUCING ORGANS 2 DISEASES OF RESPIRATORY ORGANS 3 TUMORS 4 DISEASES OF DIGESTIVE ORGANS 5 DISEASES OF URINARY-GENITAL SYSTEM 6 ENDOCRINE DISEASES 7 PSYCHIC DISORDERS 8 BONES AND CONNECTIVE TISSUE DISEASE 9 NERVOUS SYSTEM AND SENSE ORGAN DISEASES 10 CONGENITAL ABNORMALITIES 11 OTHER DISABILITY 12	YES 1 NO 2	IF NONE, WRITE "0" DAYS
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MODULE 5: HEALTH

PART A: GENERAL HEALTH STATUS

I D C O D E	SUDDEN ILLNESS			HEALTH CONDITION																																																													
	(7)	(8)	(9)	(10)	(11)																																																												
	During the last 4 weeks has [NAME] had any (sudden) illness or injury? (such as flu, diarrhea, a fracture, etc..)	What type of illness or injury did [NAME] have? IF MORE THAN ONE, REFER TO THE MOST SERIOUS	How many days during the last 4 weeks has [NAME] been unable to carry out [NAME's] usual activities because of this (sudden) illness or injury?	How would you rate [NAME]'s health condition?	Compared with [NAME] health one year ago, would you say that his/her health now is:																																																												
		<table border="0"> <tr> <td>COLD/FLU</td> <td>1</td> <td>LUNG</td> <td>9</td> <td></td> <td></td> </tr> <tr> <td>STOMACH</td> <td>2</td> <td>SKIN ILLNESS</td> <td>10</td> <td></td> <td>MUCH BETTER NOW</td> </tr> <tr> <td>DIARRHEA</td> <td>3</td> <td>STD</td> <td>11</td> <td></td> <td>SOMEWHAT BETTER</td> </tr> <tr> <td>EAR/NOSE/THROAT</td> <td>4</td> <td>BROKEN BONE</td> <td>12</td> <td>VERY GOOD</td> <td>1 ABOUT THE SAME</td> </tr> <tr> <td>LIVER</td> <td>5</td> <td>OTHER TRAUMA</td> <td>13</td> <td>GOOD</td> <td>2 SOMEWHAT WORSE</td> </tr> <tr> <td>KIDNEY PROBLEMS</td> <td>6</td> <td>PREGNANCY/ DELIVERY</td> <td></td> <td>AVERAGE</td> <td>3 MUCH WORSE</td> </tr> <tr> <td>YES</td> <td>1</td> <td>HEADACHE</td> <td>7</td> <td>POOR</td> <td>4 NOT APPLICABLE BECAUSE CHILD</td> </tr> <tr> <td>NO</td> <td>2 (>>10)</td> <td>HEART</td> <td>8</td> <td>VERY POOR</td> <td>5 LESS THAN 1 YEAR OLD</td> </tr> <tr> <td></td> <td></td> <td>COMPLICATIONS</td> <td>14</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>OTHER ILLNESS</td> <td>15</td> <td></td> <td></td> </tr> </table>	COLD/FLU	1	LUNG	9			STOMACH	2	SKIN ILLNESS	10		MUCH BETTER NOW	DIARRHEA	3	STD	11		SOMEWHAT BETTER	EAR/NOSE/THROAT	4	BROKEN BONE	12	VERY GOOD	1 ABOUT THE SAME	LIVER	5	OTHER TRAUMA	13	GOOD	2 SOMEWHAT WORSE	KIDNEY PROBLEMS	6	PREGNANCY/ DELIVERY		AVERAGE	3 MUCH WORSE	YES	1	HEADACHE	7	POOR	4 NOT APPLICABLE BECAUSE CHILD	NO	2 (>>10)	HEART	8	VERY POOR	5 LESS THAN 1 YEAR OLD			COMPLICATIONS	14					OTHER ILLNESS	15			IF NONE, WRITE "0"		
COLD/FLU	1	LUNG	9																																																														
STOMACH	2	SKIN ILLNESS	10		MUCH BETTER NOW																																																												
DIARRHEA	3	STD	11		SOMEWHAT BETTER																																																												
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LIVER	5	OTHER TRAUMA	13	GOOD	2 SOMEWHAT WORSE																																																												
KIDNEY PROBLEMS	6	PREGNANCY/ DELIVERY		AVERAGE	3 MUCH WORSE																																																												
YES	1	HEADACHE	7	POOR	4 NOT APPLICABLE BECAUSE CHILD																																																												
NO	2 (>>10)	HEART	8	VERY POOR	5 LESS THAN 1 YEAR OLD																																																												
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I D C O D E	PUBLIC AMBULATORY									PRIVATE DOCTOR		
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
	During the past 4 weeks, did you visit any public ambulatory to obtain outpatient health care?	How many times did you make outpatient visits to a public ambulatory during the past 4 weeks?	How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to the public ambulatory during the past 4 weeks?	What was the value of any gifts (money, food, services) made to the medical staff of public ambulatory during the past 4 weeks ?	The gift in any case(s) was:	Were any medicines prescribed during these visits, even if purchased elsewhere?	How much did you pay for these medicines?	What kind of discount did you receive for the medicines that were prescribed?	How much did you pay, either in money or in kind for laboratory work (e.g. X-rays, blood tests, ...)?	How much did you pay, either in money or in-kind, for transport (related with visits)?	During the past 4 weeks, did you visit any private doctor to obtain outpatient health care?	How many times did you make outpatient visits to a private doctor during the past 4 weeks?
	YES 1 NO 2 (>>22)	TIMES	EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT NEW LEKS	IF NO GIFTS PAID WRITE "0", THEN (>>17) NEW LEKS	REQUESTED OR EXPECTED 1 VOLUNTARY 2	YES 1 NO 2 (>>20)	NEW LEKS	NONE 1 PARTIAL 2 FULL (RECEIVED FREE) 3	NEW LEKS	NEW LEKS	YES 1 NO 2 (>>30)	TIMES
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MODULE 5: HEALTH

PART A: GENERAL HEALTH STATUS

I D C O D E	PRIVATE DOCTOR						NURSE / PARAMEDIC/ MIDWIFE					
	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	
	How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to a private doctor during the past 4 weeks?	What was the value of any gifts (money, food, services) made to the private doctor and staff during the past 4 weeks ?	The gift in any case(s) was:	How much did you pay, either in money or in kind, for all medicines prescribed during these visits, even if purchased elsewhere?	How much did you pay, either in money or in kind for the laboratory?	How much did you pay, either in money or in kind, for transport?	During the past 4 weeks, did you visit any nurse, paramedic or trained midwife to obtain outpatient health care?	How many times did you make outpatient visits to public nurse , paramedic or trained midwife during the past 4 weeks?	How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to the medical provider during the past 4 weeks?	What was the value of any gifts (money, food, services) made to the medical provider during the past 4 weeks ?	The gift in any case(s) was:	
	EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, THEN (>>27)	REQUESTED OR EXPECTED 1 VOLUNTARY 2				YES 1 NO 2 (>>38)		EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, THEN (>>35)	REQUESTED OR EXPECTED 1 VOLUNTARY 2	
	NEW LEKS	NEW LEKS	NEW LEKS	NEW LEKS	NEW LEKS		TIMES	NEW LEKS	NEW LEKS			
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MODULE 5: HEALTH

PART A: GENERAL HEALTH STATUS

I D C O D E	NURSE / PARAMEDIC/ MIDWIFE			POPULAR DOCTOR / ALTERNATIVE MEDICINE PROVIDER				
	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)
	How much did you pay, either in money or in kind, for all medicines prescribed during these visits, even if purchased elsewhere?	How much did you pay, either in money or in kind for the laboratory?	How much did you pay, either in money or in kind for transport?	During the past 4 weeks, did you visit any popular doctor/alternative medicine provider to obtain outpatient health care?	How many times did you make outpatient visits to a popular doctor/alternative medicine provider during the past 4 weeks?	How much did you pay, either in money or in kind, for all costs associated with these outpatient visits to a popular doctor/alternative medicine provider during the past 4 weeks?	What was the value of any gifts (money, food, services) made to the popular doctor/ alternative medicine provider during the past 4 weeks ?	The gift in any case(s) was:
				YES 1 NO 2 (>>46)		EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, THEN (>>43)	REQUESTED OR EXPECTED 1 VOLUNTARY 2
	NEW LEKS	NEW LEKS	NEW LEKS	HERE	NEW LEKS	NEW LEKS		
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MODULE 5: HEALTH

PART A: GENERAL HEALTH STATUS

I D C O D E	POPULAR DOCTOR / ALTERNATIVE MEDICINE PROVIDER			OWN PURCHASED DRUGS		HOSPITAL STAY IN LAST 12 MONTHS			
	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)
	How much did you pay, either in money or in kind, for all medicines prescribed during these visits, even if purchased elsewhere?	How much did you pay, either in money or in kind for the laboratory?	How much did you pay, either in money or in kind for transport?	During the past 4 weeks, did you purchase, any other medicine (including those without a prescription)?	How much did you pay for all drugs purchased on your own in the past 4 weeks?	During the past 12 months, have you stayed in a hospital or maternity hospital or a private clinic, in Albania or abroad?	On how many occasions have you been admitted to hospital/clinic in the past 12 months?	How many days did you spend in a hospital over the last 12 months ?	What type of hospital was it ?
				YES 1 NO 2 (>>48)		YES 1 NO 2 (>>59)			IF MORE THAN ONE HOSPITAL VISIT REFER TO THE MOST RECENT PUBLIC GENERAL 1 PUBLIC MATERNITY 2 HUMANITARIAN 3 PRIVATE 4 OTHER 5
	NEW LEKS	NEW LEKS	NEW LEKS		NEW LEKS		TIMES	DAYS	
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		HOSPITAL STAY IN LAST 12 MONTHS						
I D C O D E	(52)	(53)	(54)	(55)	(56)	(57)	(58)	
	Where is the hospital located ?	How much did you pay, either in money or in kind, for all costs related to these hospital stays during the last 12 months?	What was the value of any gifts (money, food, services) made to the hospital staff during the past 12 months ? PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, THEN (>>56)	The gift in any case(s) was:	How much did you pay, either in money or in-kind, for all medicines prescribed during these hospital stays, even if purchased and consumed elsewhere?	How much did you pay, either in money or in kind for laboratory work?	How much did you pay, either in money or in-kind, for transport?	
	ALBANIA	1	EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	REQUESTED OR EXPECTED	1	NEW LEKS	NEW LEKS	NEW LEKS
	GREECE	2		VOLUNTARY	2			
	TURKEY	3						
	ITALY	4						
	OTHER	5						
		NEW LEKS	NEW LEKS		NEW LEKS	NEW LEKS	NEW LEKS	
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MODULE 5: HEALTH

PART A: GENERAL HEALTH STATUS

I D C O D E	DENTIST VISIT IN THE LAST 12 MONTHS							HEALTH LICENSE		
	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)
	During the last 12 months have you visited a dentist?	How many times have you been to a dentist in the past 12 months?	How much did you pay, either in money or in-kind, for all costs for these visits to a dentist during the last 12 months?	What was the value of any gifts (money, food, services) made to the dental staff during the past 12months ? PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, THEN (>>64)	The gift in any case(s) was:	How much did you pay, either in money or in kind, for all medicines prescribed by the dentist, during the last 12 months?	How much did you pay, either in money or in kind for the laboratory?	How much did you pay, either in money or in-kind, for transport?	Do you have a health license?	Which is the status of your license?
	YES 1 NO 2 (>>67)	TIMES	NEW LEKS	NEW LEKS	REQUESTED OR EXPECTED 1 VOLUNTARY 2	NEW LEKS	NEW LEKS	NEW LEKS	YES 1 NO 2 (>>NEXT PERSON)	NORMAL 1 WAR INVALID 2 INVALID 3 CHILDREN 0-1 4 OTHER 5
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(1)	During the last 12 months, finding the money to pay for health care for the members of your family has been ... VERY DIFFICULT _____ 1 DIFFICULT _____ 2 NOT DIFFICULT _____ 3 (>>3) NO-ONE HAS NEEDED ANY HEALTH CARE _____ 4 (>>7)	<input type="text"/>
(2)	Over the last year has it been necessary to do any of the following in order to raise money to pay for health care for members of your family? (CHECK ALL THAT APPLY) BORROW MONEY _____ SELL FARM ANIMAL _____ SELL PRODUCE _____ SELL VALUABLES _____ OTHER _____	<input type="text"/>
(3)	In the past 12 months, how many times has someone in your household been ill but you delayed seeking help (or did not seek help at all)? NONE _____ 1 >>5 ONCE _____ 2 TWICE _____ 3 THREE TIMES _____ 4 FOUR TIMES OR MORE _____ 5	<input type="text"/>
(4)	What was the reason for delaying/not seeking help? THOUGHT THEY WOULD GET BETTER WITHOUT DOING ANYTHING _____ 1 THOUGHT THEY WOULD GET BETTER USING TRADITIONAL HERBS _____ 2 THOUGHT THEY WOULD GET BETTER USING PHARMACEUTICALS THEY ALREADY HAD _____ 3 PUT OFF GETTING HELP AS COULD NOT AFFORD TO PAY _____ 4 IT WAS TOO FAR _____ 5 OTHER _____ 6	<input type="text"/>
(5)	In the past 12 months, how many times has someone in your household been referred to the hospital but not gone? NONE _____ 1 >>7 ONCE _____ 2 TWICE _____ 3 THREE TIMES _____ 4 FOUR TIMES OR MORE _____ 5	<input type="text"/>
(6)	What was the reason for not going to the hospital? THOUGHT THAT THINGS WOULD GET BETTER _____ 1 UNABLE TO AFFORD TREATMENT _____ 2 UNABLE TO GET TO WHERE SERVICES WERE AVAILABLE _____ 3 REFERRED TO ANOTHER HOSPITAL _____ 4 DISTRUST OF THE HEALTH PERSONNEL _____ 5 IT WAS TOO FAR _____ 6 OTHER (SPECIFY) _____ 7	<input type="text"/>
(7)	Has anyone in your household ever been refused health services? YES _____ 1 NO _____ 2 (>>9)	<input type="text"/>
(8)	What was the reason for this refusal? COULD NOT AFFORD TO PAY _____ 1 UNABLE TO GET TO WHERE SERVICES WERE AVAILABLE _____ 2 SERVICES ONLY PROVIDED TO RESIDENTS OF PARTICULAR REGIONS _____ 3 UNABLE TO GET REFERRAL FOR SPECIALITY SERVICES _____ 4 OTHER (SPECIFY) _____ 5	<input type="text"/>
(9)	Are any members of your family entitled to purchase medicines at a discount? YES _____ 1 NO _____ 2 (>>NEXT MODULE)	<input type="text"/>
(10)	Have they always been able to exercise this right when medicines are needed? And if not, why not? YES, ALWAYS ABLE TO EXERCISE THIS RIGHT _____ 1 NO, BECAUSE THEY CANNOT GET THE DOCUMENTS NEEDED TO EXERCISE THIS RIGHT DUE TO THE BUREAUCRATIC PROBLEMS _____ 2 NO, BECAUSE OF A SHORTAGE OF THESE MEDICINES _____ 3 NO, BECAUSE DOCTORS ARE RELUCTANT TO PRESCRIBE THESE MEDICINES _____ 4 NO, BECAUSE EVEN WITH A DISCOUNT IT IS STILL DIFFICULT TO AFFORD THEM _____ 5 OTHER (SPECIFY) _____ 6	<input type="text"/>

MODULE 6: FERTILITY

PART A: MATERNITY HISTORY

L I N E N U M B E R	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
	WRITE THE ID CODE OF A WOMAN IN THE HOUSEHOLD 15 YEARS AND OLDER, THEN ASK ALL THE QUESTIONS BEFORE GOING ON TO THE NEXT WOMAN OVER 15	IF THE WOMAN IS NOT ANSWERING FOR HERSELF, WRITE THE ID OF THE RESPONDENT	Have you ever given birth to a child, including any baby who cried or showed signs of life? YES 1 NO 2 (>> NEXT WOMAN)	How many children in total have you given birth to, including babies who only lived a short time?	Please tell me the name of your (first, next) child. LIST ALL THE CHILDREN BORN TO THIS WOMAN BEFORE ASKING QUESTIONS 6-15. WHEN DONE LISTING THE CHILDREN, SAY "Are you sure you have never had any other children other than the ones we have listed?"	Was [NAME] born single or as twin, triplet, etc.	Does [NAME] currently live in your household?	WRITE [NAME'S] ID CODE FROM HOUSEHOLD ROSTER (>>NEXT CHILD OR NEXT WOMAN)	What is the birthdate of [NAME]? IF BIRTHDATE IS NOT KNOWN, USE SUPPLEMENTARY CALENDAR. IF DAY OR MONTH OF BIRTH NOT KNOWN, PUT "0" IN THAT COLUMN.	What sex is [NAME]?	Is [NAME] still alive?	How long did [NAME] live? IF "1 YEAR" PROBE: How many months old was [NAME]? RECORD DAYS IF LESS THAN 1 MONTH, RECORD MONTHS AND YEARS IF LESS THAN TWO YEARS, OTHERWISE YEARS ONLY. PUT "0" IN THE DATE COLUMNS NOT FILLED. (>>NEXT CHILD OR NEXT WOMAN)	What year did [NAME] leave your household?	Where does [NAME] live?	What is the highest level of schooling that [NAME] has/had completed?	
															NONE 0	"8 YEARS" SCHOO 1 1-8
ID CODE	ID CODE			NAME	SINGLE 1 MULTI 2	YES 1 NO 2 (>>9)		DAY MONTH YEAR	MALE 1 FEMALE 2	YES 1 (>>13) NO 2	DAYS MONTH YEARS	YEAR		SECON. GENERAL 2 VOCAT. 2 YEARS 3 VOCAT. 4/5 YEARS 4 UNIVERSITY 5 POST-GRAD 6 EUROPE 5 USA 6 CANADA 7 OTHER 8	LEVEL GRADE	
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MODULE 6: FERTILITY

PART B: REPRODUCTIVE HEALTH

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

YES 1	
NO 2 (>>NEXT MODULE)	

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

LINE NUMBER	(2)	(3)	(4)	(5)	(6)		(7)		(8)	(9)		(10)	(11)	(12)	(13)
	ID CODE OF MOTHER FROM HOUSEHOLD ROSTER	NAME OF THE LAST (NEXT LAST) BORN CHILD	WRITE CHILD'S ID CODE FROM HOUSEHOLD ROSTER. WRITE "0" IF THE CHILD IS DEAD OR IS LIVING OUTSIDE THE HOUSEHOLD	While you were pregnant with [NAME] did you go for prenatal consultations?	How many times did you go for prenatal consultations?	Who did you see for consultation?	Who assisted you at birth?	Where did you give birth?	How much did [NAME] weigh at birth?	Did you breastfeed [NAME]?	Are you currently exclusively breast feeding [NAME]?	How many months did you exclusively breastfeed [NAME]?	HAS WOMAN GIVEN BIRTH TO ANOTHER CHILD IN LAST THREE YEARS?		
						DOCTOR 1	DOCTOR 1	TRADITIONAL MIDWIFE 3						TRADITIONAL MIDWIFE 3	PRIVATE HOSPITAL OR CLINIC 1
ID CODE	NAME	ID CODE	YES 1 NO 2 (>>7)	TIMES	FIRST	SECOND	FIRST	SECOND	HOME 3 OTHER 4	CHILD DEAD 3 (>>13)	YES 1 NO 2	MONTHS			
01															
02															
03															
04															
05															
06															
07															
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09															
10															

RESPONDENT: ALL FEMALE HOUSEHOLD MEMBERS AGE 49 YEARS OR LESS WHO HAVE GIVEN BIRTH IN THE LAST 3 YEARS

I D C O D E	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	I D R E S P O N D E N T	During the past 7 days, have you worked for someone who is <u>not a member of your household</u> , for example, a public or private enterprise or company, an NGO or any other individual?	During the past 7 days, have you worked on a <u>farm owned or rented by you</u> or a member of your household, whether in cultivating crops or in other farm maintenance tasks, or have you cared for livestock belonging to you or a member of your household?	During the past 7 days, have you worked on <u>your own account</u> or in a business enterprise belonging to you or someone in your household, for example, as a trader, shop-keeper, barber, dressmaker, carpenter, taxi driver, car wash, etc.?	CHECK THE ANSWERS TO QUESTIONS 2, 3 AND 4. (WORKED IN LAST 7 DAYS)	Although you reported no work in the past 7 days, have you done <u>any occasional job</u> as sold goods in the street, helped someone for their business, sold some homemade products, washed cars, repaired cars etc. during this period?	Do you have a permanent/long term job <u>even though you did not work in the last 7 days</u> from which you were temporarily absent?	What is the main reason that you did not work in the last 7 days although having a job?	During the past 4 weeks, have you tried in any way to find a job or start your own business?
		YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	ANY YES 1 (>>PART B) ALL NO 2	YES 1 (>>PART B) NO 2	YES 1 NO 2 (>>9)	OWN ILLNESS 1 MATERNITY LEAVE 2 HOUSEHOLD MEMBER SICK 3 HOLIDAYS 4 STRIKE/SUSPENSION 5 TEMPORARY WORK LOAD REDUCTION 6 CLOSURE 7 BAD WEATHER 8 SCHOOL EDUC/TRAINING 9 OTHER (SPECIFY) _____ 10 (->>PART D)	YES 1 (>>11) NO 2
01									
02									
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09									
10									
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12									
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15									

	(10)	(11)	(12)	(13)	(14)
I D C O D E	What is the main reason you did not look for a job in the last 4 weeks? (MOST IMPORTANT REASON)	What kind of efforts did you put to find a job? (MOST IMPORTANT WAY)	How long have you looked for a job?	If you were offered a job, are you ready to start working within the following 2 weeks?	Are you currently registered with the Labor Office?
	STUDENT/PUPIL 1 (>>PART D)				
	HOUSEWIFE 2 (>>PART D)				
	IN RETIREMENT 3 (>>PART D)				
	HANDICAPPED 4 (>>PART D)				
	IN MILITARY SERVICE 5 (>>PART D)	THROUGH LABOUR OFFICE 1			
	HAVE ALREADY FOUND A JOB WHICH WILL START LATER 6 (>>11)	THROUGH FRIENDS/RELATIVE 2			
	AWAITING RECALL BY EMPLOYER 7 (>>13)	RESPONDED TO MEDIA AD 3			
	WAITING FOR BUSY SEASON 8 (>>13)	PUT AD IN PAPER 4			
	DO NOT WANT TO WORK 9 (>>14)	EMPLOYER CONTACTED YOU 5 (IF LESS THAN 1 MONTH, WRITE 0)			
	BELIEVE THAT I DO NOT HAVE ANY CHANCE TO GET A JOB. 10 (>>12)	CONTACTED EMPLOYER 6			
	OTHER (SPECIFY) 11 (>>13)	TRIED TO START OWN BUSINESS 7			
	TOOK PART IN TEST FOR JOB 8			YES 1	
	OTHER (SPECIFY) 9			NO 2	
			MONTHS		(->GO TO PART D)
01					
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MODULE 7: LABOUR

PART B: OVERVIEW LAST 7 DAYS

I would like to ask you some questions about all jobs you did during the last 7 days whether work on a farm, on your own account, in a household business enterprise, or for someone else.

ACTIVITY CODE	(1)		(2)		(3)	(4)	(5)	(6)	(7)	(8)	
	What is your occupation (list each different job if you have worked in more than one job in past 7 days)		What is the main economic activity of the enterprise you're working on or of your own business?		In this work were you working for:	For how many days in the last 7 days did you do this work?	For how many hours in the last 7 days did you do this work?	How many weeks in the last 12 months did you do this activity?	Did you do any other work in the last 7 days, or did you have any other job from which you were temporarily absent?	CHECK FOR FIRST AND SECOND HIGHEST ANSWERS TO Q.5 (HOURS WORKED IN LAST 7 DAYS) FOR THIS INDIVIDUAL. (IF THIS INDIVIDUAL REPORTED ONLY ONE ACTIVITY, MARK IT AS CODE 1.)	
	USE ONE LINE PER JOB/ACTIVITY, REPEAT THE ID ON ALL LINES FOR DIFFERENT ACTIVITIES PERFORMED BY THE SAME PERSON				FARM OWNED OR RENTED BY HOUSEHOLD MEMBER	1			YES 1 (>>NEXT LINE)		ACTIVITY FOR WHICH ANSWER TO Q5 IS HIGHEST. 1
	WRITTEN DESCRIPTION		CODE		OWN ACCOUNT/ HOUSEHOLD ENTERPRISE	2			NO 2 (>>NEXT PERSON)		ACTIVITY FOR WHICH Q5 IS SECOND HIGHEST. 2
				WORK FOR NON-HOUSEHOLD MEMBER	3	DAYS PER WEEK	HOURS PER WEEK	WEEKS		ACTIVITY FOR WHICH Q5 IS NEITHER FIRST NOR SECOND HIGHEST. 3	

A										
B										
C										
D										
E										
F										
G										
H										
I										
J										
K										
L										
M										
N										

I D C O D E	(14)	(15)	(16)	(18)	(19)	(20)
	How many months usually pass between bonuses payments in this job?	Did you receive any payment for this work in any other form during the last 12 months?(meals, tips, transport, clothes?)	What is the value of those in-kind payments in the last 12 months?	CHECK QUESTION 8 IN PART B. DID THE INDIVIDUAL REPORT MORE THAN ONE KIND OF WORK IN THE PAST 7 DAYS?	SECOND JOB: FOR THIS PERSON, LOOK AT THE ANSWERS TO QUESTION 8 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 2 IN THAT QUESTION (SECONDARY OCCUPATION IN THE LAST 7 DAYS).	Is this job ...
		YES 1 NO 2 (>>18)		YES 1 NO 2 (>>MODULE 8)	OCCUPATION CODE TO BE FILLED IN OFFICE.	SEASONAL 1 OCCASIONAL 2 TEMPORARY 3 PERMANENT/ LONG-TERM 4
	MONTHS		NEW LEKS		OCCUPATION	CODE
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02						
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15						

I D C O D E	(21)	(22)	(23)	(24)	(25)	(26)	(27)
	In this work were you... (READ ALL RESPONSES)	Is your employer for this work... (READ ALL RESPONSES)	Do you receive wages, salary or other cash payments from this employer for this work?	How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect? What period of time did this payment cover?	Did you receive any payment for this work in any other form (meals, tips, transport, clothes) during the last 12 months?	What is the value of those in-kind payments in the last 12 months?	
	AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1						
	A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 2 (>>23)	THE GOVERNMENT, PUBLIC SECTOR					
	AN EMPLOYER 3 (>>MODULE 8)	OR ARMY 1					
	A WORKER ON OWN ACCOUNT OR UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 4 (>>MODULE 8)	A PRIVATE COMPANY OR ENTERPRISE 2					
		PUBLIC WORKS PROGRAM 3					
		A STATE-OWNED ENTERPRISE 4					
		A NGO OR HUMANITARIAN ORGANIZATI 5	YES 1				
		A PRIVATE INDIVIDUAL 6	NO 2 (>>26)				
				AMOUNT	TIME UNIT	IF LAST PERSON (>> MODULE 8)	NEW LEKS
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MODULE 7: LABOUR

PART D: MAIN JOB IN THE LAST 12 MONTHS

I would like to ask you some questions about the job you did during the last 12 months, or the last job, whether work on a farm, on your own account, in a household business enterprise, or for someone else.

I D C E R O S D P E O N O D F E N T H E	C O D E	(1)	(2)	(3)	(4)	(5)	CODE TO BE FILLED IN OFFICE
		During the past 12 months, did you work, even if for only one hour?	Although you reported no work in the past 12 months, have you done any occasional job such as sold goods in the street, helped someone for their business, sold some homemade products, repaired cars etc. during this period?	When did you work last time?	Why did you stop working?	What was your occupation at your last job?	
		YES 1 (>>5) NO 2	YES 1 (>>5) NO 2	IF NEVER WORKED OR LAST WORKED BEFORE JANUARY 1990 PUT 5555 (-> GO TO NEXT PERSON)	YOU WERE FIRED 1 ENTERPRISE CLOSED 2 RETIRED 3 MOVED 4 END CONTRACT 5 FAMILY, HEALTH, PERSONAL REASONS 6 REDUCED WORKLOAD 7 CONTINUE EDUCATION 8 SEASONAL WORK 9 OTHER (SPECIFY) 10		
		YEAR		WRITTEN DESCRIPTION		CODE	
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I D C O D E	(6)	(7)	(8)	(9)	(10)
	What is the main economic activity of the enterprise you're working on or of your own business?	In this work were you working on :	Was this job in Albania?	In what other country was job performed?	Where did you carry out most of this job?
					FARM OWNED OR RENTED BY HOUSEHOLD MEMBER 1
					OTHER FARM 2
					YOUR HOME 3
					OTHER HOME 4
		FARM OWNED OR RENTED BY HOUSEHOLD MEMBER 1		GREECE 1	VEHICLE 5
				ITALY 2	FROM DOOR TO DOOR 6
				GERMANY 3	IN THE STREET, FIXED PLACE 7
		OWN ACCOUNT /HOUSEHOLD ENTERPRISE 2		OTHER EUROPE 4	IN THE STREET, NO FIXED PLACE 8
				USA 5	FIXED BUILDING (OFFICE/ FACTORY/ SHOP 9
				CANADA 6	IN A MARKET 10
		WORK FOR NON-HOUSEHOLD MEMBER 3	YES 1 (>>10)	OTHER (SPECIFY) 7	OTHER (SPECIFY) 11
	WRITTEN DESCRIPTION	ACTIV CODE	NO 2		

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08					
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11					
12					
13					
14					
15					

I D C O D E	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
	In this job were you..... (READ ALL RESPONSES)	Is your employer for this job... (READ ALL RESPONSES)	For how many weeks in the last 12 months did you do this work?	During these weeks, how many hours per week did you usually do this work?	Did you receive wages, salary or other cash payments from this employer for this work?	How much was the net payment (including bonuses, child bonuses but excluding maternity leave) during the last 12 months?	Did you receive any payment for this work in any other form? (meals, tips, transport, clothes?)	What was the total value of those payments during the last 12 months?	Are you entitled to the benefits of social security scheme in this job?	
	AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1		IF DID NOT WORK IN PAST 12 MONTHS, PUT "0" THEN (>>GO TO NEXT MODULE)							
	A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 2 (>>13)	THE GOVERNMENT, PUBLIC SECTOR OR ARMY 1							YES 1	
	AN EMPLOYER 3 (>>NEXT PERSON)	A PRIVATE COMPANY OR ENTERPRISE 2			(DO NOT COUNT ANY TIME SPENT ON MATERNITY LEAVE)				NO 2 (>>18)	
	A WORKER ON OWN ACCOUNT OR UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 4 (>>NEXT PERSON)	PUBLIC WORKS PROGRAM 3								
		A STATE-OWNED ENTERPRISE 4								
		A NGO OR HUMANITARIAN ORGANIZATION 5								
		A PRIVATE INDIVIDUAL 6							YES 1 NO 2 (>>NEXT PERSON,)	YES 1 NO 2
			WEEKS PER YEAR	HOURS PER WEEK		NEW LEKS		NEW LEKS		
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MODULI 8: TRANSFERS AND SOCIAL ASSISTANCE

PART C: SOCIAL ASSISTANCE

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

SECOND MEMBER (CT'D)						THIRD PERSON							
(11)	(12)		(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)	(22)
Who is the second member of your household who received income from this source?	When did you start receiving this assistance?		How much did [NAME] receive last payment ?	How many months did this payment refer to ?	Is [NAME] currently owed any payment (arrears)?	What is the total amount of arrears owed?	How old are these arrears?	Did any other member of your household receive income from this source?	Who is the third member of your household who received income from this source?	When did [NAME] start receiving this payment ?	How much did [NAME] receive last payment ?	How many months did this payment refer to ?	
COPY ID CODE OF PERSON FROM ROSTER					YES 1 NO 2 (>>18)		1-3 MONTHS 1 4-6 MONTHS 2 7-12 MONTHS 3 > 1 YEAR 4	YES 1 NO 2 >NEXT SOURC	COPY ID CODE OF PERSON FROM ROSTER				
	MONTHS	YEARS	NEW LEKS	MONTHS		NEW LEKS				MONTHS	YEARS	NEW LEKS	MONTHS

1													
2													
3													
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8													
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10													
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MODULE 9: SUBJECTIVE POVERTY

RESPONDENT NAME _____

CODE

(1)	<p>How satisfied are you with your current financial situation?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>FULLY SATISFIED</td><td style="text-align: right;">1</td></tr> <tr><td>RATHER SATISFIED</td><td style="text-align: right;">2</td></tr> <tr><td>LESS THAN SATISFIED</td><td style="text-align: right;">3</td></tr> <tr><td>NOT AT ALL SATISFIED</td><td style="text-align: right;">4</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">ND</td></tr> <tr><td>REFUSE TO ANSWER</td><td style="text-align: right;">JP</td></tr> </tbody> </table>	FULLY SATISFIED	1	RATHER SATISFIED	2	LESS THAN SATISFIED	3	NOT AT ALL SATISFIED	4	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input type="text"/>		
FULLY SATISFIED	1															
RATHER SATISFIED	2															
LESS THAN SATISFIED	3															
NOT AT ALL SATISFIED	4															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(2)	<p>Do you feel that your financial situation in the past 3 years has ...</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>IMPROVED A LOT</td><td style="text-align: right;">1</td></tr> <tr><td>SOMEWHAT IMPROVED</td><td style="text-align: right;">2</td></tr> <tr><td>REMAINED THE SAME</td><td style="text-align: right;">3</td></tr> <tr><td>SOMEWHAT DETERIORATED</td><td style="text-align: right;">4</td></tr> <tr><td>DETERIORATED A LOT</td><td style="text-align: right;">5</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">ND</td></tr> <tr><td>REFUSE TO ANSWER</td><td style="text-align: right;">JP</td></tr> </tbody> </table>	IMPROVED A LOT	1	SOMEWHAT IMPROVED	2	REMAINED THE SAME	3	SOMEWHAT DETERIORATED	4	DETERIORATED A LOT	5	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input type="text"/>
IMPROVED A LOT	1															
SOMEWHAT IMPROVED	2															
REMAINED THE SAME	3															
SOMEWHAT DETERIORATED	4															
DETERIORATED A LOT	5															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(3)	<p>Do you think that in the next 12 months your financial situation will be ...</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>IMPROVED A LOT</td><td style="text-align: right;">1</td></tr> <tr><td>SOMEWHAT IMPROVED</td><td style="text-align: right;">2</td></tr> <tr><td>REMAINING THE SAME</td><td style="text-align: right;">3</td></tr> <tr><td>SOMEWHAT DETERIORATED</td><td style="text-align: right;">4</td></tr> <tr><td>DETERIORATED A LOT</td><td style="text-align: right;">5</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">ND</td></tr> <tr><td>REFUSE TO ANSWER</td><td style="text-align: right;">JP</td></tr> </tbody> </table>	IMPROVED A LOT	1	SOMEWHAT IMPROVED	2	REMAINING THE SAME	3	SOMEWHAT DETERIORATED	4	DETERIORATED A LOT	5	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input type="text"/>
IMPROVED A LOT	1															
SOMEWHAT IMPROVED	2															
REMAINING THE SAME	3															
SOMEWHAT DETERIORATED	4															
DETERIORATED A LOT	5															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(4)	<p>What is the minimum monthly household income do you, in your circumstances, consider to be absolutely minimal? That is to say the absolute minimum to provide adequate food, housing and other basic necessities?</p>	NEW LEKS <input type="text"/>														
(5)	<p>What is your current (take home) monthly household income?</p>	NEW LEKS <input type="text"/>														
(6)	<p>Would you consider the current level of food consumption of your family as:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>MORE THAN ADEQUATE</td><td style="text-align: right;">1</td></tr> <tr><td>JUST ADEQUATE</td><td style="text-align: right;">2</td></tr> <tr><td>LESS THAN ADEQUATE</td><td style="text-align: right;">3</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">ND</td></tr> <tr><td>REFUSE TO ANSWER</td><td style="text-align: right;">JP</td></tr> </tbody> </table>	MORE THAN ADEQUATE	1	JUST ADEQUATE	2	LESS THAN ADEQUATE	3	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input type="text"/>				
MORE THAN ADEQUATE	1															
JUST ADEQUATE	2															
LESS THAN ADEQUATE	3															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(7)	<p>Would you consider the current level of expenditures of your family for food and other basic necessities like clothing and housing as:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>MORE THAN ADEQUATE</td><td style="text-align: right;">1</td></tr> <tr><td>JUST ADEQUATE</td><td style="text-align: right;">2</td></tr> <tr><td>LESS THAN ADEQUATE</td><td style="text-align: right;">3</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">ND</td></tr> <tr><td>REFUSE TO ANSWER</td><td style="text-align: right;">JP</td></tr> </tbody> </table>	MORE THAN ADEQUATE	1	JUST ADEQUATE	2	LESS THAN ADEQUATE	3	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input type="text"/>				
MORE THAN ADEQUATE	1															
JUST ADEQUATE	2															
LESS THAN ADEQUATE	3															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															

MODULE 9: SUBJECTIVE POVERTY

(8)	<p>How concerned are you about being able to provide yourself and your family with food and basic necessities in the next 12 months?</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">VERY CONCERNED</td><td style="border-bottom: 1px solid black; text-align: right;">1</td></tr> <tr><td style="border-bottom: 1px solid black;">A LITTLE CONCERNED</td><td style="border-bottom: 1px solid black; text-align: right;">2</td></tr> <tr><td style="border-bottom: 1px solid black;">NOT TOO CONCERNED</td><td style="border-bottom: 1px solid black; text-align: right;">3</td></tr> <tr><td style="border-bottom: 1px solid black;">NOT CONCERNED AT ALL</td><td style="border-bottom: 1px solid black; text-align: right;">4</td></tr> <tr><td style="border-bottom: 1px solid black;">DON'T KNOW</td><td style="border-bottom: 1px solid black; text-align: right;">ND</td></tr> <tr><td style="border-bottom: 1px solid black;">REFUSE TO ANSWER</td><td style="border-bottom: 1px solid black; text-align: right;">JP</td></tr> </table>	VERY CONCERNED	1	A LITTLE CONCERNED	2	NOT TOO CONCERNED	3	NOT CONCERNED AT ALL	4	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input style="width: 50px; height: 25px;" type="text"/>		
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NOT TOO CONCERNED	3															
NOT CONCERNED AT ALL	4															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(9)	<p>Imagine a 10-step ladder where on the bottom, the first step, stand the poorest people, and on the highest step, the TENTH, stand the rich. On which step are you today?</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; text-align: center;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	<input style="width: 50px; height: 25px;" type="text"/>				
1	2	3	4	5	6	7	8	9	10							
(10)	<p>How satisfied are you with your current situation?</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">FULLY SATISFIED</td><td style="border-bottom: 1px solid black; text-align: right;">1</td></tr> <tr><td style="border-bottom: 1px solid black;">RATHER SATISFIED</td><td style="border-bottom: 1px solid black; text-align: right;">2</td></tr> <tr><td style="border-bottom: 1px solid black;">LESS THAN SATISFIED</td><td style="border-bottom: 1px solid black; text-align: right;">3</td></tr> <tr><td style="border-bottom: 1px solid black;">NOT AT ALL SATISFIED</td><td style="border-bottom: 1px solid black; text-align: right;">4</td></tr> <tr><td style="border-bottom: 1px solid black;">DON'T KNOW</td><td style="border-bottom: 1px solid black; text-align: right;">ND</td></tr> <tr><td style="border-bottom: 1px solid black;">REFUSE TO ANSWER</td><td style="border-bottom: 1px solid black; text-align: right;">JP</td></tr> </table>	FULLY SATISFIED	1	RATHER SATISFIED	2	LESS THAN SATISFIED	3	NOT AT ALL SATISFIED	4	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input style="width: 50px; height: 25px;" type="text"/>		
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DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(11)	<p>Do you feel that your life in general in the past 3 years has ...</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">IMPROVED A LOT</td><td style="border-bottom: 1px solid black; text-align: right;">1</td></tr> <tr><td style="border-bottom: 1px solid black;">SOMEWHAT IMPROVED</td><td style="border-bottom: 1px solid black; text-align: right;">2</td></tr> <tr><td style="border-bottom: 1px solid black;">REMAINED THE SAME</td><td style="border-bottom: 1px solid black; text-align: right;">3</td></tr> <tr><td style="border-bottom: 1px solid black;">SOMEWHAT DETERIORATED</td><td style="border-bottom: 1px solid black; text-align: right;">4</td></tr> <tr><td style="border-bottom: 1px solid black;">DETERIORATED A LOT</td><td style="border-bottom: 1px solid black; text-align: right;">5</td></tr> <tr><td style="border-bottom: 1px solid black;">DON'T KNOW</td><td style="border-bottom: 1px solid black; text-align: right;">ND</td></tr> <tr><td style="border-bottom: 1px solid black;">REFUSE TO ANSWER</td><td style="border-bottom: 1px solid black; text-align: right;">JP</td></tr> </table>	IMPROVED A LOT	1	SOMEWHAT IMPROVED	2	REMAINED THE SAME	3	SOMEWHAT DETERIORATED	4	DETERIORATED A LOT	5	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input style="width: 50px; height: 25px;" type="text"/>
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DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(12)	<p>Do you think that in the next 12 months your life in general will be ...</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">IMPROVED A LOT</td><td style="border-bottom: 1px solid black; text-align: right;">1</td></tr> <tr><td style="border-bottom: 1px solid black;">SOMEWHAT IMPROVED</td><td style="border-bottom: 1px solid black; text-align: right;">2</td></tr> <tr><td style="border-bottom: 1px solid black;">REMAINING THE SAME</td><td style="border-bottom: 1px solid black; text-align: right;">3</td></tr> <tr><td style="border-bottom: 1px solid black;">SOMEWHAT DETERIORATED</td><td style="border-bottom: 1px solid black; text-align: right;">4</td></tr> <tr><td style="border-bottom: 1px solid black;">DETERIORATED A LOT</td><td style="border-bottom: 1px solid black; text-align: right;">5</td></tr> <tr><td style="border-bottom: 1px solid black;">DON'T KNOW</td><td style="border-bottom: 1px solid black; text-align: right;">ND</td></tr> <tr><td style="border-bottom: 1px solid black;">REFUSE TO ANSWER</td><td style="border-bottom: 1px solid black; text-align: right;">JP</td></tr> </table>	IMPROVED A LOT	1	SOMEWHAT IMPROVED	2	REMAINING THE SAME	3	SOMEWHAT DETERIORATED	4	DETERIORATED A LOT	5	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input style="width: 50px; height: 25px;" type="text"/>
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DETERIORATED A LOT	5															
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REFUSE TO ANSWER	JP															
(13)	<p>What is currently the aspect of your life that concerns you the most?</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">MONEY</td><td style="border-bottom: 1px solid black; text-align: right;">1</td></tr> <tr><td style="border-bottom: 1px solid black;">JOB SECURITY</td><td style="border-bottom: 1px solid black; text-align: right;">2</td></tr> <tr><td style="border-bottom: 1px solid black;">HEALTH</td><td style="border-bottom: 1px solid black; text-align: right;">3</td></tr> <tr><td style="border-bottom: 1px solid black;">SAFETY</td><td style="border-bottom: 1px solid black; text-align: right;">4</td></tr> <tr><td style="border-bottom: 1px solid black;">OTHER (SPECIFY) _____</td><td style="border-bottom: 1px solid black; text-align: right;">5</td></tr> <tr><td style="border-bottom: 1px solid black;">DON'T KNOW</td><td style="border-bottom: 1px solid black; text-align: right;">ND</td></tr> <tr><td style="border-bottom: 1px solid black;">REFUSE TO ANSWER</td><td style="border-bottom: 1px solid black; text-align: right;">JP</td></tr> </table>	MONEY	1	JOB SECURITY	2	HEALTH	3	SAFETY	4	OTHER (SPECIFY) _____	5	DON'T KNOW	ND	REFUSE TO ANSWER	JP	<input style="width: 50px; height: 25px;" type="text"/>
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HEALTH	3															
SAFETY	4															
OTHER (SPECIFY) _____	5															
DON'T KNOW	ND															
REFUSE TO ANSWER	JP															
(14)	<p>In the next 12 months, the largest share of your income will come from:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">WORK IN THE CIVIL SERVICE</td><td style="border-bottom: 1px solid black; text-align: right;">1</td></tr> <tr><td style="border-bottom: 1px solid black;">WORK IN THE PRIVATE SECTOR</td><td style="border-bottom: 1px solid black; text-align: right;">2</td></tr> <tr><td style="border-bottom: 1px solid black;">OWN BUSINESS</td><td style="border-bottom: 1px solid black; text-align: right;">3</td></tr> <tr><td style="border-bottom: 1px solid black;">OWN FARM</td><td style="border-bottom: 1px solid black; text-align: right;">4</td></tr> <tr><td style="border-bottom: 1px solid black;">STATE/LOCAL BENEFIT PAYMENT</td><td style="border-bottom: 1px solid black; text-align: right;">5</td></tr> <tr><td style="border-bottom: 1px solid black;">CHARITABLE SOURCES</td><td style="border-bottom: 1px solid black; text-align: right;">6</td></tr> <tr><td style="border-bottom: 1px solid black;">OTHER (SPECIFY) _____</td><td style="border-bottom: 1px solid black; text-align: right;">7</td></tr> </table>	WORK IN THE CIVIL SERVICE	1	WORK IN THE PRIVATE SECTOR	2	OWN BUSINESS	3	OWN FARM	4	STATE/LOCAL BENEFIT PAYMENT	5	CHARITABLE SOURCES	6	OTHER (SPECIFY) _____	7	<input style="width: 50px; height: 25px;" type="text"/>
WORK IN THE CIVIL SERVICE	1															
WORK IN THE PRIVATE SECTOR	2															
OWN BUSINESS	3															
OWN FARM	4															
STATE/LOCAL BENEFIT PAYMENT	5															
CHARITABLE SOURCES	6															
OTHER (SPECIFY) _____	7															

SECTION 2

Enumerators: Please fill this page during the second visit to the household:

This study is a panel one. This requires a continuous collection of information in the coming years. For this reason we would like to contact you again in the coming year..

Would it be possible to do so?

This information will help us contact you in the future:

Phone number of the family:

Cellular number of a member of the household:

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

Name: _____

Address: _____

Phone number:

Cellular number:

SECTION 2

	DATE	BEGIN	DURATION	STATUS	REMARKS
VISIT_1					
VISIT_2					
VISIT_3					

Status codes

1. Complete
2. Incomplete, must return

	(1)	(2)	(3)
	In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	Have the members of your household bought any [ITEM] in the last 30 days ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.	How much did your household spend in the last 30 days ?
		YES..PUT an X	
CODE		NO..->NEXT ITEM	NEW LEKS

1	Cosmetics and personal care products (soap, shampoo, toothpaste, toilet paper, cosmetics, etc.)		
2	Personal care services (hairdressing salons, barbers, beauty shops, etc.)		
3	Household supplies & cleaning products (soap, washing powder, detergents, cleaning products, garbage bags, paper napkins, aluminum foil, matches, candles, lamp wicks, etc.)		
4	Articles for cleaning (brooms, scrubbing brushes, dust pans, sponges, floorcloths, etc.)		
5	Domestic services (paid staff in private service such as child care, babysitting, cooks, cleaners, drivers, gardeners, etc)		
6	Laundry and dry cleaning		
7	Fuels and lubricants for personal vehicles (diesel, gas/petrol, alcohol and two-stroke mixtures; lubricants, brake and transmission fluids, etc)		
8	Passenger transport by road (bus, minibus, taxi,etc) or railway (EXCLUDE expenses to travel to school and health care facilities)		
9	Internet (connection costs or paid to internet cafes) and postal service expenses		
10	Pet food, pet supplies and services		
11	Entertainment (cinema, theaters, opera houses, concert halls, circuses, amusement parks, sports events, gym or fitness center admission, etc.)		
12	Cigarettes, tobacco, cigars		
13	Alcohol, beer, wine, etc.		
14	Newspapers and magazines		
15	Other (specify)		

	(1) In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	(2) Have the members of your household bought any [ITEM] in the last 6 months ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.	(3) How much did your household spend in the last 6 months ?
		YES..PUT an X	
CODE		NO..>>NEXT ITEM	NEW LEKS

CLOTHING, FOOTWEAR			
16	Women's clothing		
17	Men's clothing		
18	Children's clothing		
19	Women's footwear		
20	Men's footwear		
21	Children's footwear		
22	Tailoring expenses		
23	Cloth and sewing/knitting supplies		
HOUSEHOLD ARTICLES			
24	Dishes (crocery, cutlery, glassware)		
25	Household linens (sheets, towels, blankets, tablecloths, etc.)		
26	Non-electric kitchen utensils and articles (stewpots, frying pans, containers, waste bins, baskets, etc.)		
27	Household hand tools (hammers, screwdrivers, spanners, pliers) and accessories (hinges, handles, locks, curtain rails, etc)		
28	Small electrical accessories (power sockets, switches, electric bulbs, wiring flex, torches, hand-lamps, electric batteries for general use, etc.)		
BOOKS, FILM, HOBBIES, SERVICES			
29	Books and stationary including dictionaries, encyclopedias, etc (EXCLUDE text books and all school supplies)		
30	Films, cameras and film developing		
31	Sports and hobby equipment, toys of all kinds, and their repair. (Includes musical instruments, video games, cassettes and CD's, gardening plants and supplies for ornamental gardens and balconies, etc.)		
32	Services (Fees for legal and notary services, accounting fees, payment for ID certificates, birth certificates, photocopies, etc.)		
33	Charges for bank services or money transfer (money orders, etc.)		

	(1)	(2)	(3)
	In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	Have the members of your household bought any [ITEM] in the last 12 months ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise. YES..PUT an X NO..>>NEXT ITEM	How much did your household spend in the last 12 months ? NEW LEKS
CODE			
34	Services for maintenance and repair of personal vehicles, and accessories and spare parts.		
35	Services for maintenance and repair of dwelling (carpentry, plumbers, electricians, painters, decorators,etc)		
36	Home improvements (additions, renovations, to home)		
37	Small electric items and appliances (radio, walkman, clock, coffee maker, blender, mixer, etc.)		
38	Other personal effects (jewelry, glasses, watches, umbrellas, etc.)		
39	Personal effects for travel (suitcases, travel bags, hand-bags,etc)		
40	Excursion, holiday (including travel expenses and lodging) EXCLUDE school excursions.		
41	Air or sea travel (excluding for holiday/excursion above)		
42	Payment for part-time courses (computer, language, professional) EXCLUDE expenditures for private tutoring reported in the Education Module.		
43	Insurance (for dwelling, vehicle or personal)		
44	Other taxes (vehicle tax, radio and TV, etc.)		
45	Marriage gifts (traditional)		
46	Costs for ceremonies (marriage, birth, funeral, etc.)		
47	Gambling losses		
48	Other (specify __)		

MODULE 12: AGRICULTURE

PART A1: PLOTS, YOURS

During the last cropping season (Oct 2000 - Sept 2001) did any member of your household own farm land, cultivate crops, raise aquatic products, raise livestock or poultry, or rent farm land to someone else or from someone else?

YES	1	
NO	2 (>>MODULE 13)	

(1) During the last cropping season (Oct 2000- Sept 2001), has any member of your household cultivated crops or harvested forest products, raised aquatic products or animals on any land owned by your household?

YES	1	
NO	2 (>>PART A2)	

	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)													
P L O T C O D E	Please tell me about each plot of land belonging to your household that has been cultivated by a member of your household during the last cropping season (Oct 2000-Sept 2001)? Please describe or give me the name of each plot.	What is the area of the plot?	What kind of land is this? Is it currently being used to grow annual crops or tree crops, or is it forest land, pasture land or water surface?	What crops have you grown on this plot during the last cropping season?	The land quality of this plot is ...	Do you have problems with erosion on this plot?	How steep is the slope of this plot?	Is this plot irrigated?	During the last agricultural season, was water supply from irrigation system on this plot adequate?	How did your household acquire this land?	What legal title or ownership rights do you have for this plot of land?	If you were to sell this plot of land today, how much could you sell it for?													
													ANNUAL CROP LAND	1	CROP CODES	GOOD	1	FLAT	1						
													TREE CROP LAND	2		AVERAGE	2	YES	1	SLIGHTLY SLOPED	2	YES	1	YES	1
													FOREST	3 (>>7)		BAD	3	NO	2	VERY STEEP	3	NO	2 (>>11)	NO	2
													PASTURE	4 (>>7)											
													POND	5 (>>11)											
													OTHER (SPECIFY)	_____ 6											
	NAME OF PLOT	SQUARE METRES		MAIN CROP	2ND CROP							THOUSANDS OF NEW LEKS													

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

1 Hectare: 10000 square meters
1 Dynym: 1000 square meters

RESPONDENT: HOUSEHOLD MEMBER MOST KNOWLEDGABLE ABOUT AGRICULTURE

(1) During the last cropping season (Oct 2000-Sept 2001), has your household rented or borrowed agricultural land belonging to someone else?

YES	1	
NO	2 (>>PART A3)	

P L O T C O D E	(2)	(3)	(4)	(5)		(6)	(7)	(8)	(9)	(10)	(11)
	Please tell me about each plot belonging to someone else that was rented or lent to this household. Please describe and give me the name of each plot.	What is the area of the plot?	What kind of land is this? Is it currently being used to grow annual crops or tree crops, or is it forest land, pasture land or water surface?	What crops have you grown on this plot in the last cropping season?		Is this plot irrigated?	During the last agricultural season, was water supply from irrigation system on this plot adequate?	From whom was this plot/pont rented or borrowed?	During the last cropping season what kind of arrangement was made with the owner of the land for you to use it?	What share of the output is given to the landlord?	How much money did you pay to the owner for the use of this land during the last cropping season?
				CROP CODES		YES 1 NO 2 >>8	YES 1 NO 2	RELATIVE 1 FRIEND 2 OTHER HOUSEHOLD 3 LOCAL AUTHORITY 4 PRIVATE ORGANISATION 5 GOVERNMENT 6 OTHER (SPECIFY) 7	RENTAL 1 (>>11) SHARECROP 2 NO PAYMENT 3 (>>NEXT PARCEL) EXCHANGE OF THIS PLOT FOR ANOTHER 4 (>>NEXT PARCEL) OTHER (SPECIFY) 5 (>>11)		IF PAYMENT WAS IN-KIND, ESTIMATE THE VALUE OF THE PAYMENT. IF NO PAYMENT WAS MADE, WRITE "0"
	NAME OF PLOT	SQ METRES		MAIN CROP	2ND CROP					%	NEW LEKS

1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

1 Hectare: 10000 square meters
1 Dynym: 1000 square meters

(1) During the last cropping season (Oct 2000-Sept 2001), has your household rented or lent out any of its land to another household?

YES	
NO (>>PART B)	

(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)							
P L O T C O D E	Please tell me about each plot of land belonging to your household that was rented or lent out to another household? Please describe or give me the name of each plot	What is the area of the plot?	What kind of land is this? Is it currently being used to grow annual crops or tree crops, or is it forest land, pasture land or water surface?	Is this plot irrigated?	How did your household acquire this land?	What legal title or ownership rights do you have for this plot of land?	If you were to sell this plot of land today, how much could you sell it for?	To whom is this plot rented or lent out?	During the last cropping season what kind of rental or use arrangement was made with the renter using the land?	What share of the output is given to your household by the tenants?	How much money did you or will you receive for the use of this land during the last cropping season?						
												ANNUAL CROP LAND 1	PRIVATIZATION 1	DEED 1	RELATIVE 1	RENTAL 1 (>>12)	IF PAYMENT WAS IN-KIND, ESTIMATE THE VALUE OF THE PAYMENT. IF NO PAYMENT WAS MADE, WRITE "0"
												TREE CROP LAND 2	INHERITED 2	SALES RECEIPT 2	FRIEND 2	SHARECROP 2	
												FOREST 3 (>>6)	PURCHASED 3	CUSTOMARY RIGHT 3	OTHER HOUSEHOLD 3	NO PAYMENT 3 (>>NEXT PLOT)	
												PASTURE 4 (>>6)	CLEARED 4	OTHER (SPECIFY) 4	LOCAL AUTHORITY 4	EXCHANGE OF THIS PLOT FOR ANOTHER 4 (>>NEXT PLOT)	
												POND 5 (>>6)	OTHER (SPECIFY) 5	NONE 5	PRIVATE ORGANISATION 5	OTHER (SPECIFY) 5 (>>12)	
												OTHER (SPECIFY) 6	YES 1		GOVERNMENT 6		
													NO 2		OTHER (SPECIFY) 7		
NAME OF PLOT	SQ METRES				THOUSANDS OF NEW LEKS			%	NEW LEKS								

1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

1 Hectare: 10000 square meters
1 Dynym: 1000 square meters

RESPONDENT: HOUSEHOLD MEMBER MOST KNOWLEDGABLE ABOUT AGRICULTURE

MODULE 12: AGRICULTURE

PART B: MACHINERY

E Q U I P M E N T C O D E	(1)	(2)	(3)	(4)	(5)	(6)							
	Does your household own any [...] FIRST ASK QUESTION 1 FOR ALL ITEMS. THEN ASK QUESTIONS 2-6 FOR EACH ITEM BEFORE GOING TO THE NEXT ITEM.	How many [...] does your household own?	Does your household own any [...] jointly with any other household?	How many [...] are owned with another household?	What share of these [...] belong to your household?	If you sold one of those [...] today, how much money could you get for it?							
	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2	DO NOT COUNT EQUIPMENT JOINTLY OWNED WITH OTHER HOUSEHOLDS	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>6)</td> </tr> </table>	YES	1	NO	2 (>6)		IF SHARE DIFFERS OVER ITEMS, PUT IN AVERAGE SHARE
YES	1												
NO	2												
YES	1												
NO	2 (>6)												
TYPE OF FARM EQUIPMENT	(>NEXT ITEM)					NEW LEK							
1	Tractor up to 15 Hp (zetur)												
2	Tractor more than 15 HP												
3	Animal drawn plough (pamende)												
4	Mechanical plough (plug)												
5	Aggregator, disk, etc												
6	Planting Machine (bylse)												
7	Trailer												
8	Autocombines												
9	Motorized thresher												
10	Hand thresher												
11	Mechanical water pump												
12	Mill												
13	Milking machine												
14	Machine to process livestock feed												
15	Motorized insecticide pump												
16	Water pump												
17	Electric churn												
18	Greenhouses (not including the land they are on)												

MODULE 12: AGRICULTURE

PART C: CROPS

	(1)	(2)	(3)	(4)	(5)
C R O P C O D E	Have you harvested any [...] during the past 12 months?	What area did you plant with [...]?	How much [...] did you harvest in the past 12 months?	How much of the [...] you harvested during the last 12 months was sold?	What price did you get for the [...] that you sold?
	ASK QUESTION 1 FOR ALL CROPS BEFORE GOING ON TO QUESTIONS 2-4				IF MORE THEN ONE PRICE, GET THE AVERAGE PRICE.
	YES _____ 1				IF "0" (>>NEXT CROP)
	NO _____ 2				
	CROP NAME _____ (>>NEXT CROP)	SQ M	KG	KG	NEW LEK PER KG

	(1)	(2)	(3)	(4)	(5)	
C R O P C O D E	Have you harvested any [...] during the past 12 months?	What area did you plant with [...] or how many trees did you harvest?	How much [...] did you harvest in the past 12 months?	How much of the [...] you harvested during the last 12 months was sold?	What price did you get for the [...] that you sold?	
	ASK QUESTION 1 FOR ALL CROPS BEFORE GOING ON TO QUESTIONS 2-4				IF MORE THEN ONE PRICE, GET THE AVERAGE PRICE.	
	YES _____ 1				IF "0" (>>NEXT CROP)	
	NO _____ 2					
	CROP NAME _____ (>>NEXT CROP)	SQ M	N. OF TREES	KG	KG	NEW LEK PER KG

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

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

(1)		(2)	(3)	(4)	(5)		
INPUT CODE	Did your household use any [...] during the past cropping season (Oct 2000-Sept 2001)?	How much [...] did you use during the past cropping season?		How much did you spend in total for [...] during the last cropping season?	Where did you purchase this [...] ?		
	ASK QUESTION 1 FOR ALL INPUTS BEFORE GOING ON TO QUESTIONS 2 TO 5	UNITS:		IF SELF PRODUCED, WRITE ZERO, THEN >> GO TO NEXT INPUT	IF MORE THAN ONE SOURCE, RECORD MAIN SOURCE		
		GRAM		1	PRIVATE INDIVIDUAL	1	
		KG		2	PRIVATE FIRM	2	
		LITRE		3	GOVERNMENT	3	
		TON		4	OTHER (SPECIFY)	4	
	YES	1	PIECE	5	_____	4	
	NO	2	DAYS	6	DON'T KNOW	ND	
	INPUT TYPE	(=>NEXT INPUT)	QUANTITY	UNIT CODE	NEW LEKS		
	1	Hired Labour					
2	Rental of agricultural equipment						
3	Seeds						
4	Seedlings						
5	Nitrate						
6	Superfosfate						
7	Manure						
8	Pesticides						
9	Herbicides						
10	Fuel for agricultural use						
11	Other (_____)						

MODULE 12: AGRICULTURE

PART E: LIVESTOCK

(1) During the last 12 months, has any member of your household raised or owned any livestock, poultry, other domestic animals, or raised fish in aquaculture?

YES	1	
NO	2 >> MODULE 13	

L I V E S T O C K C O D E	(2)	(3)		(4)		(5)	(6)	(7)	(8)	(9)	(10)						
	During the last 12 months, has any member of your household raised any [...]?	FIRST ASK QUESTION 2 FOR ALL ANIMALS, THEN ASK QUESTIONS 3-10 FOR EACH ANIMAL BEFORE GOING TO THE NEXT ONE.	How many [...] does your household currently own?	IF ZERO, GO TO QUESTION 5	If you sold one of those [...] today, how much money could you get for it?	NEW LEKS	How many of your [...] did you sell during the last 12 months?	IF ZERO, GO TO QUESTION 7	How much did your household receive for the sale of all these [...] during the last 12 months ?	INCLUDE VALUE OF IN KIND PAYMENTS	Did your household buy any feed for your [...] during the last 12 months?	How much did you spend on feed for your [...] during the last 12 months?	How much did you spend on veterinary services and medicine for your [...] during the last 12 months?	INCLUDE VALUE OF IN KIND PAYMENTS	INCLUDE VALUE OF IN KIND PAYMENTS	How much did you spend on other expenses for your [...], such as hired labor, equipment, taxes, slaughter fees, materials for enclosures, transportation, insurance and stud fees, during the last 12 months?	INCLUDE VALUE OF IN KIND PAYMENTS
ANIMAL	(>>NEXT ANIMAL)	ADULT	YOUNG	ADULT	YOUNG	NUMBER OF ANIMALS		NEW LEKS		NEW LEKS	NEW LEKS	NEW LEKS			NEW LEKS		

1	Beef cattle															
2	Milk cows															
3	Pigs															
4	Sheep															
5	Goats															
6	Poultry															
7	Horses															
8	Donkeys, Mules															
9	Oxen															
10	Beehives															
11	Rabbits															
12	Fish (aquaculture)															

		(1)	(2)	(3)
P R O D U C T C O D E		Did your household produce any of the following agricultural products during the last 12 months.	Did you sell any of the [PRODUCT] that you produced?	How much did you obtain in total from the sale of [...] during the last 12 months?
		YES _____ 1		
		NO _____ 2	YES _____ 1	
			NO _____ 2 (>>NEXT PRODUCT)	
	PRODUCT	(>>NEXT PRODUCT)		NEW LEKS

1	Eggs			
2	Milk			
3	Meat			
4	Other animal parts(offal)			
5	Wool			
6	Skins			
7	Cheese			IF YES, COMPLETE MODULE 13
8	Curds			IF YES, COMPLETE MODULE 13
9	Butter			IF YES, COMPLETE MODULE 13
10	Yogurt			IF YES, COMPLETE MODULE 13
11	Honey			IF YES, COMPLETE MODULE 13

<p>(1) Over the past 12 months, has anyone in your household operated any non-agricultural enterprise which produces goods or services (for example, artisan, metalworking, tailoring, repair work; also include processing and selling your outputs from your own crops if done regularly, such as producing raki or cheese for sale) or has anyone in your household owned a shop or operated a trading business?</p>	<p>(2) What kind of enterprise does your household operate?</p> <p style="text-align: center;">PROBE TO DETERMINE INDUSTRIAL SECTOR IN WHICH ENTERPRISE OPERATES.</p>			<p>(3) Who is most informed about and/or in charge of day-to-day operations of the enterprise?</p> <p>COLLECT THE INFORMATION ON THIS PAGE FOR ALL ENTERPRISES BEFORE PROCEEDING TO PART B. THEN COMPLETE PARTS B -E FOR THE FIRST ENTERPRISE, THEN THE SECOND, ETC., UNTIL ALL ENTERPRISES ARE SURVEYED. (THERE IS ROOM FOR THREE ENTERPRISES ON THE MAIN MODULE SHEETS. IF THIS HOUSEHOLD HAS MORE THAN THREE ENTERPRISES, FILL THE INFORMATION FOR THE ADDITIONAL ENTERPRISES ON THE CORRESPONDING FORMS ON THE UPPER PAGES OF EACH MODULE)</p> <p>IF IT IS NOT POSSIBLE TO SPEAK TO THE PERSON WHO IS MOST INFORMED ABOUT AND/OR IN CHARGE OF THE ENTERPRISE, TRY TO SCHEDULE ANOTHER VISIT TO TALK TO THIS PERSON.</p>	
<p>YES 1</p> <p>NO 2 (>>NEXT MODULE)</p>	ENTERPRISE ID	FULL WRITTEN DESCRIPTION	CODE	NAME	ID CODE
	1				
	2				
	3				

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
	ID of HH member most informed about this enterprise (from Part A, Q3)	IF MOST INFORMED MEMBER IS NOT GIVING INFORMATION ABOUT THIS ENTERPRISE, RECORD THE ID OF RESPONDENT	I would like to talk to you about your business doing READ ANSWER TO PART A, QUESTION 2. For how long has the business been in operation? IF LESS THAN 24 MONTHS, RECORD MONTHS; IF MORE THAN 2 YEARS, RECORD YEARS ONLY.		Where do you operate the enterprise?	How many rooms of your residence do you use for your business during normal business hours?	Do you or the members of your household own all of this enterprise?	In how many households do the other owners live??	What share of the profits is kept by this household, rather than the other owners?	Is this enterprise registered in the tax office?	Does this enterprise keep books/accounting?	
E N T E R P R I S E I D	MOST INFORMED ID	RESPONDENT ID	MONTHS	YEARS	HOME, INSIDE THE RESIDENCE	1	YES 1 (>>10) NO 2			PERCENT		
					HOME, OUTSIDE THE RESIDENCE	2 (>>7)						
					INDUSTRIAL SITE	3 (>>7)						
					TRADITIONAL MARKET	4 (>>7)						
					COMMERCIAL DISTRICT SHOP	5 (>>7)					YES, REGISTER	1
					ROADSIDE	6 (>>7)					YES, NOTEBOOK	2
					OTHER FIXED PLACE	7 (>>7)					YES, OTHER	3
					NOT FIXED PLACE	8 (>>7)					NO	4
1												
2												
3												

MODULE 13: NONFARM ENTERPRISES

PART B: GENERAL INFO

E N T E R P R I S E I D	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	Has this business been in operation during the past 14 days?	Have you yourself spent time working in this enterprise at any time during the past 14 days?	How many other household members have worked in this enterprise during the past 14 days?	During the past 14 days, how many people did this enterprise employ who are not members of this household?	Are there any family members who have spent time working in this enterprise during the past 12 months but not during the past 14 days? EXCLUDE YOURSELF, THE MOST INFORMED MEMBER OF THE ENTERPRISE	How many household members have worked in this enterprise during the past 12 months (but not during the past 14 days). EXCLUDE YOURSELF, THE MOST INFORMED MEMBER OF THE ENTERPRISE	Have you yourself spent time working in this enterprise at any time during the past 12 months?	How many of your household members have worked in this enterprise during the past 12 months?	During the past 12 months, how many people did this enterprise employ on a regular basis who are not members of this household?
	YES 1 NO 2 (>>18)	YES 1 NO 2			YES 1 NO 2 (>>20)		YES 1 NO 2		
						(>>20)			
1									
2									
3									

RESPONDENT: THE MOST KNOWLEDGABLE PERSON ABOUT THE ENTERPRISE

E N T E R P R I S E I D	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	During the past 14 days, for how many days was the business in operation?	During the past 14 days, how much money has the business received from the sales of its products, goods or services?	During the past 14 days, has the business made any transactions using something other than money? For example, has the business received payments in the form of goods and services, or have you paid for the purchase of any items with your own products?	What was the value of these transactions (the value of goods and services received as payment and the value of your own products that you used for payment) over the past 14 days?	During the past 14 days, has your household consumed any goods or services produced by this business?	What was the value of the goods and services consumed by your household over the past 14 days?	During the past 12 months, for how many months was the business in operation?	What was the reason that the business was not in operation all year long?
	IF 0 DAYS (>>GO TO 7)						IF LESS THAN 12 MONTHS (>>GO TO 9)	NEW BUSINESS, STARTED IN THE PAST 12 MONTHS 1 LACK OF ESSENTIAL MATERIALS OR SPARE PARTS 2 ENERGY DISRUPTION 3 SEASONAL WORK 4 WEATHER WAS BAD 5 EARNED TOO LITTLE INCOME 6 ILLNESS 7 OTHER 8
	DAYS	NEW LEKS	YES 1 NO 2 (>>5)	NEW LEKS	YES 1 NO 2 (>>7)	NEW LEKS		
1								
2								
3								

E N T E R P R I S E I D	(9)	(10)												(11)	(12)	(13)	(14)	(15)	(16)	(17)																				
	During the months that the business was in operation, how many days per month did this business usually operate?	In a typical year, are your sales high, average, low, or none (when the business is not in operation) in the month of [MONTH]?												In a 'high sales' month, what is your level of sales per month?	In an 'average sales' month, what is your level of sales per month?	In a 'low sales' month, what is your level of sales per month?	During the past 12 months, has the business made any transactions using something other than money? For example, has the business received payments in the form of goods and services, or have you paid for the purchase of any items with your own products?	What was the value of these transactions (the value of goods and services received as payment and the value of your own products that you used for payment) during a month with 'average sales'?	During the past 12 months, did your household ever consume any goods or services produced by this business?	What was the value of the goods or services that your household consumes during a month with 'average sales'?																				
		DAYS	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER								DECEMBER	NEW LEKS	NEW LEKS	NEW LEKS	YES 1 NO 2 (>>16)	NEW LEKS	YES 1 NO 2 (>>NEXT PART)	NEW LEKS												
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> READ EACH MONTH IN TURN. </div> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="border-bottom: 1px solid black;">HIGH</td> <td style="border-bottom: 1px solid black; text-align: right;">1</td> </tr> <tr> <td style="border-bottom: 1px solid black;">AVERAGE</td> <td style="border-bottom: 1px solid black; text-align: right;">2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">LOW</td> <td style="border-bottom: 1px solid black; text-align: right;">3</td> </tr> <tr> <td>NONE: NOT IN OPERATION</td> <td style="text-align: right;">4</td> </tr> </table>												HIGH	1	AVERAGE	2	LOW	3	NONE: NOT IN OPERATION	4																			
HIGH	1																																							
AVERAGE	2																																							
LOW	3																																							
NONE: NOT IN OPERATION	4																																							
1																																								
2																																								
3																																								

C O D E	(1)	(2)	(3)	(4)
	INPUTS FOR THE ENTERPRISE	During an average month, how much do you spend in total on the purchase of [INPUT] or in equipment rental and repair maintenance in cash or in credit? NEW LEKS	During an average month, did you use any [INPUT] for the business that was paid for by your household (instead of the business)?	How much did the household spend for this [INPUT] in average month? NEW LEKS
			YES 1 NO 2 >> NEXT INPUT	
1	Rent			
	Raw materials			
	Freight, transport			
	Hired labour			
	Fuel, oil			
	Electricity			
	Water			
	Insurance			
	Equipment rental			
	Maintenance and repair			
	Other items (tax fees ..)			
2	Rent			
	Raw materials			
	Freight, transport			
	Hired labour			
	Fuel, oil			
	Electricity			
	Water			
	Insurance			
	Equipment rental			
	Maintenance and repair			
	Other items (tax fees ..)			
3	Rent			
	Raw materials			
	Freight, transport			
	Hired labour			
	Fuel, oil			
	Electricity			
	Water			
	Insurance			
	Equipment rental			
	Maintenance and repair			
	Other items (tax fees ..)			

MODULE 13: NONFARM ENTERPRISES

C O D E		(1) I would now like to ask you questions about the assets (that is, equipment, buildings, vehicles, tools, etc.) that you use in your business. At present, does this enterprise own this [ASSET]?	(2) Is this enterprise the sole owner of this [ASSET], or is ownership shared with another enterprise?	(3) If you wanted to sell the [ASSET], how much could you sell it for today?	(4) During the past 12 months, did this business acquire any business assets (like those we just talked about)?	(5) During the past 12 months, did this business sell any business [ASSET] of this type?	
			SOLE OWNER 1		YES 1	YES 1	
		YES 1	SHARED WITH ANOTHER 2		NO 2	NO 2	(->NEXT ASSET)
	BUSINESS ASSET	NO 2 >>4		NEW LEKS			

1	Land					
	Buildings					
	Equipment and machinery					
	Furniture					
	Small or large tools					
	Large vehicles (trucks, cars, boats, etc.)					
	Small vehicles (bicycles, carts, etc.)					
	Other durable goods					
2	Land					
	Buildings					
	Equipment and machinery					
	Furniture					
	Small or large tools					
	Large vehicles (trucks, cars, boats, etc.)					
	Small vehicles (bicycles, carts, etc.)					
	Other durable goods					
3	Land					
	Buildings					
	Equipment and machinery					
	Furniture					
	Small or large tools					
	Large vehicles (trucks, cars, boats, etc.)					
	Small vehicles (bicycles, carts, etc.)					
	Other durable goods					

MODULE 14: OTHER INCOME

(1)		(2)	(3)
INCOME SOURCE		In the last 12 months, did your household, or any or its members, receive any payment, in cash or in other forms, from the following sources?	How much did your household receive in total in the last 12 months from [SOURCE], including the value of any payment in the form of goods??
		YES 1	
		NO 2 (>>NEXT SOURCE)	
			NEW LEKS
Rental Income			
1	Land other than agricultural land		
2	Apartment, house		
3	Shops, stores, etc		
4	Car, truck, other vehicles		
Revenue from sale of assets			
5	Sale of real estate (house, land...)		
6	Sale of durable goods of the household		
7	Other sale of assets		
Other income			
8	Inheritance		
9	Lottery or gambling winnings		
10	Other income (_____)		
11	Other income (_____)		

RESPONDENT: THE MOST KNOWLEDGABLE PERSON

MODULE 15: ANTHROPOMETRIC

PART A: CHILDREN UNDER 60 MONTHS

(1) Is there any children in this household who is less than 5 years old (60 months) ?

YES	1	
NO	2 >> PART B	

I D C O D E	(2)	(3)			(4)	(5)	(6)	(7)	(8)	(9)	(10)									
	Names of the household members less than 5 years old.	When was [NAME] born? ASK TO SEE BIRTH REGISTRATION OR OTHER CERTIFICATE OF BIRTH. IF NOT AVAILABLE, ASK TO SEE IMMUNIZATION CARD.			IS INFORMATION PROVIDED FROM BIRTH CERTIFICATE OR OTHER OFFICIAL PAPER?	This means that [NAME] is _____ years and/or _____ months old. Is this correct? PROBE AND RECORD CORRECT AGE IN MONTHS	Was [NAME] measured?	WHY WAS [NAME] NOT MEASURED? NOT HOME DURING ENTIRE SURVEY 1 TOO ILL 2 HANDICAPPED OR DEFORMED 3 NOT WILLING 4 OTHER 5	HEIGHT:	Was height measured standing or lying down?	WEIGHT:									
												YES 1	NO 2	YES 1 (>>8)	NO 2	>>NEXT CHILD	STANDING 1	LYING 2	KG	GR
																		CENTIMETRES		
	NAME	DAY	MONTH	YEAR	AGE IN MONTHS															
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				
11																				
12																				
13																				
14																				
15																				

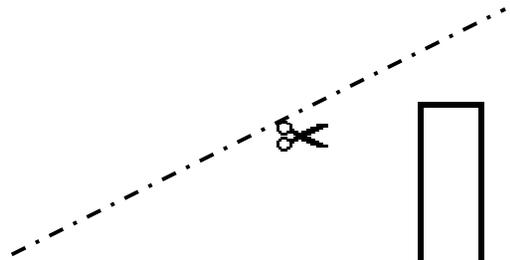
MODULE 15: ANTHROPOMETRIC

PART B: ADULTS AGED 40-60 YEARS

(1) Is there any person in this household between age 40 and 60? (Do not include age 60)

YES	1	
NO	2 >>END	

I D C O D E	(2)	(3)		(4)	(5)	(6)	(7)	
	NAME	YEARS	MONTHS	Was [NAME] measured? YES 1 (>>6) NO 2	Why not? NOT HOME DURING ENTIRE SURVEY PERIOD 1 TOO ILL 2 HANDICAPPED OR DEFORMED 3 NOT WILLING 4 OTHER 5	HEIGHT: CENTIMETRES	WEIGHT:	
							KG	GR
				>>NEXT PERSON				
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								



		NAMES OF HOUSEHOLD MEMBERS	I D C O D E
Age	Sex		

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

DISTRICT AND COUNTRY CODES

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

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

Crop Codes

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

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

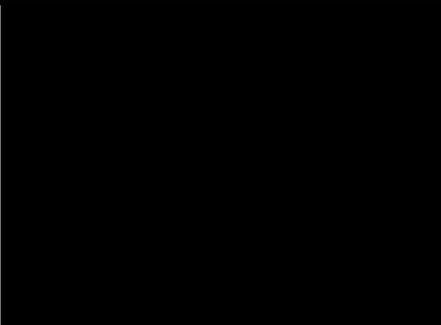
1 Hectare: 10,000 square meters

1 Dynym: 1000 square meters

1 Quintal: 100 kg

1 Ton: 1000 kg

Use these lines if the household has more than 3 enterprises.

(1)	(2)		(3)
	4		
	5		
	6		

Use these lines if the household has more than 3 enterprises.

	(1)	(2)	(3)	(4)
4	Rent			
	Raw materials			
	Freight, transport			
	Hired labour			
	Fuel, oil			
	Electricity			
	Water			
	Insurance			
	Equipment rental			
	Maintenance and repair			
	Other items (tax fees ..)			
5	Rent			
	Raw materials			
	Freight, transport			
	Hired labour			
	Fuel, oil			
	Electricity			
	Water			
	Insurance			
	Equipment rental			
	Maintenance and repair			
	Other items (tax fees ..)			
6	Rent			
	Raw materials			
	Freight, transport			
	Hired labour			
	Fuel, oil			
	Electricity			
	Water			
	Insurance			
	Equipment rental			
	Maintenance and repair			
	Other items (tax fees ..)			

Use these lines if the household has more than 3 enterprises.

	(1)	(2)	(3)	(4)	(5)
4	Land				
	Buildings				
	Equipment and machinery				
	Furniture				
	Small or large tools				
	Large vehicles (trucks, cars, boats, etc.)				
	Small vehicles (bicycles, carts, etc.)				
	Other durable goods				
5	Land				
	Buildings				
	Equipment and machinery				
	Furniture				
	Small or large tools				
	Large vehicles (trucks, cars, boats, etc.)				
	Small vehicles (bicycles, carts, etc.)				
	Other durable goods				
6	Land				
	Buildings				
	Equipment and machinery				
	Furniture				
	Small or large tools				
	Large vehicles (trucks, cars, boats, etc.)				
	Small vehicles (bicycles, carts, etc.)				
	Other durable goods				

