

Household Budget Survey in Bosnia and Herzegovina 2015

MS Health and Social Inclusion

Form MS

Filled by Supervisor	
1.	Entity/District <input type="text"/>

	Canton/Region <input type="text"/>

	Municipality <input type="text"/>
.....	
	Census area <input type="text"/>
.....	
2.	Household code (with APD/4) <input type="text"/>
.....	
3.	Interviewer code <input type="text"/>
.....	

Filled by interviewer	
4.	Household number <input type="text"/>
	(from 01 up to total number of collected APD/2 in a month)
5.	Period of keeping a diary in a household
	Month <input type="text"/>

	from _____ to _____ period
6.	Has the diary of self-consumption been filled?
	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2

Household telephone number
_____/_____

Date of delivery of the survey to supervisor	<input type="text"/>	<input type="text"/>
	date	month
Interviewer		
.....		
Name and surname		
Control performed by supervisor		
.....		
Name and surname		

A. Data on household members (to be filled for all household members)												
ID	A1	A2		A3	A4	A5		A6	A7		A8	
	Rewrite from APD/2/2 - MODULE 1		Does [Name] biological mother live in household? If Not 2►A5	What is ID number [NAME] of biological mother in household?	Does [NAME] biological father live in household? If Not 2►A7	What is ID number [NAME] of biological father in household?	Does [NAME] a spouse or partner live in household? If Not 2►Part B	What is ID number [NAME] of a spouse or partner in household?				
	Gender	Month and year of birth										
	Male1 Female2											
	Code	Month and year		Yes	No	Code	Yes	No	Code	Yes	No	Code
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B- Health condition and services (to be filled for all family members. For children younger than 15 data are provided by an adult)

ID	B1	B2	B3	B4			B5	B6
	What is your general health condition? Very good1 Good.....2 Average.....3 Bad4 Very bad5	Have you been limited in activities at least during last 6 months which people usually do due to health problems?	Do you have any long-term disease or health problem? Yes.....1 No.....2 If NO 2►B5	Which disease? High blood pressure1 Multiple sclerosis. 7 Rheumatism2 Anemia.8 Bronchial asthma.....3 Diabetes9 Chronic bronchitis4 Malignant tumor 10 Gastric ulcer or5 Tuberculosis.....11 Appendix6 Other.12 Psychosis – schizophrenia6			Do you have a disability assessment by a commission / institute? Yes.....1 No.....2	Do you have mandatory health insurance? Yes.....1 No.....2
	Code	Code	Code	Ranking 1	Ranking 2	Ranking 3	Code	Code
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

	B8	B9	B10	B11	B12	B13	B14	B15
ID	How many times in the last 12 months have you visited a GP to receive health services? Never ...0 ▶ B10	Where did you usually visit GP? Outpatient/ medical center1 Private health institution2	How many times have you visited a gynecologist to revive a health service in the last 12 months? Never.....0 ▶ B12	Where did you usually visit a gynecologists? Outpatient/medical center1 In hospital2 In private health institution3	How many times have you visited a dentist in the last 12 months? Never.....0 ▶ B14	Where did you usually go to visit dentist? In outpatient/medical center1 In hospital2 In private health institution3	How many times have you visited some other medical doctor in the last 12 months? Never....0 ▶ B16	Where did you usually visit that doctor? In outpatient/medical center1 In hospital2 In private health institution3
	Number of visits	Code	Number of visits	Code	Number of visits	Code	Number of visits	Code
01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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B16		B17		B18		B19	B20	B21
How many times have you visited a nurse/medical technician or a midwife in the last 12 months? Never.....0 ► B18		Where did you usually visit a nurse/medical technician or a midwife? In outpatient/medical center 1 In hospital 2 In private health institution 3		Have you <u>bought</u> medicines for a health problem at your own without a prescription over the last 12 months?		Would you say that your health condition is better, worse or approximately the same in comparison to the last year. Better..... 1 Worse..... 2 Approximately the same 3	How many cigarettes have you smoked in the last seven days? None.....0 ► B22	How old were you when you started smoking?
Number of visits		Code		Yes	No	Code	Number	Age
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B22		B23		B24		B25		B26		B27	
ID	When performing daily activities at home, at work, at school, do you have any difficulties with your sight, although you wear glasses? No..... 1 Yes, minor difficulties 2 Yes, major difficulties. 3 Total incapability 4	When performing daily activities at home, at work, at school, do you have any difficulties with your hearing although you use a hearing aid? No..... 1 Yes, minor difficulties 2 Yes, major difficulties 3 Total incapability 4	When performing daily activities at home, at work, at school do you have any difficulties with moving or climbing the stairs? No..... 1 Yes, minor difficulties 2 Yes, major difficulties 3 Total incapability 4	When performing daily activities at home, at work, at school do you have any difficulties with memory or concentration? No..... 1 Yes, minor difficulties 2 Yes, major difficulties 3 Total incapability 4	When performing daily activities at home, at work, at school do you have any difficulties with dressing and maintaining personal hygiene? No..... 1 Yes, minor difficulties 2 Yes, major difficulties 3 Total incapability 4	When performing daily activities at home, at work, at school do you have any difficulties with concentration or communication with others? No..... 1 Yes, minor difficulties 2 Yes, major difficulties 3 Total incapability 4	Code	Code	Code	Code	Code
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											

B28		B29		B30		B31	
ID	Have you needed a medical checkup or treatment for your own needs in the last 12 months but you have not received it? Yes, at least once...1 No, never....2 ► Part B30	Can you say what is the main reason that you did not receive the medical checkup or treatment? I was not able to afford it (<i>too expensive or it is not covered by medical insurance</i>)1 A waiting list, I did not have a recommendation letter2 I was not able to leave my work, I did not have time because I had to take care of children or someone else3 Too far away/no transportation means4 Fear from doctor/hospital check-up/treatment5 I wanted to wait and see whether the problem will be resolved by itself6 I did not know any good doctor7 Other reasons (<i>specify</i>)8	Have you had a need for checkup or treatment from a dentist (<i>for your own needs</i>) in the last 12 months but you have not received it? Yes, only once1 No, never....2 ► Part C	Can you tell me what was the main reason because of which you did not receive the checkup or treatment? I was not able to afford it (<i>too expensive or it is not covered by health insurance</i>)1 A waiting list, I did not have a recommendation letter2 I was not able to leave from work, I did not have time because I had to take care of children or someone else.... Too far away/there is no transportation means4 Fear from dentist/checkup/treatment5 I wanted to wait to see whether the problem will be resolved by itself6 I did not know any good dentist7 Other reasons (<i>specify</i>)8	Code	Code	Code
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

C. Remittance from abroad (To be filled for all household members from 15 years of age and above)									
ID	C1		C2	C3	C4	Ranking			C5
	Have you received any financial remittance for your own use from relatives from abroad in the last 12 months?	No	Code	In which country does the person live from whom you received money?	Can you tell me what are the three main ways in which they send money to you, by order of importance?	Ranking 1	Ranking 2	Ranking 3	How many times have you received any financial remittance for your own use from relatives abroad in the last 12 months?
01	<input type="checkbox"/> 1	<input type="checkbox"/> 2		States of ex-Yugoslavia1 Other European country ...2 Other (specify).....3	Western Union / other operator for money transfer1 Through unofficial courier by bus/airplane, etc.2 Directly from relatives when they come to BiH3 Personally on my return to BiH after visit4 Bank transfers5 They left bank card6 Other ways (specify).....7				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/> 1	<input type="checkbox"/> 2							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/> 1	<input type="checkbox"/> 2							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04	<input type="checkbox"/> 1	<input type="checkbox"/> 2							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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06	<input type="checkbox"/> 1	<input type="checkbox"/> 2							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
07	<input type="checkbox"/> 1	<input type="checkbox"/> 2							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
08	<input type="checkbox"/> 1	<input type="checkbox"/> 2							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
09	<input type="checkbox"/> 1	<input type="checkbox"/> 2							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	<input type="checkbox"/> 1	<input type="checkbox"/> 2							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

D. Life Satisfaction (To be filled for all household members from 15 years of age and above)					
ID	D1	D2	D3	D4	D5
	How would you describe your satisfaction with your family? Very satisfied 1 Satisfied 2 Unsatisfied 3 Very unsatisfied 4	How would you describe your satisfaction with your friendship? Very satisfied 1 Satisfied 2 Unsatisfied 3 Very satisfied 4	How would you describe your experience with your school experience? Very satisfied 1 Satisfied 2 Unsatisfied 3 Very unsatisfied 4	How would you describe your satisfaction with yourself? Very satisfied 1 Satisfied 2 Unsatisfied 3 Very unsatisfied 4	How would you describe your satisfaction with your life up to now? Very satisfied 1 Satisfied 2 Unsatisfied 3 Very unsatisfied 4
	Code	Code	Code	Code	Code
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

E. Social Inclusion *(to be filled by household holder)*

1. Do you have any of the following problems with the main housing unit/accommodation?

	Yes	No
a. Leaking roof.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Damp walls / floors / foundation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. R o t t e n window frames or doors	<input type="checkbox"/> 1	<input type="checkbox"/> 2

2. Can your household afford appropriate heating at home?

Yes..... ☐ 1

No..... ☐ 2

3. Is your housing unit too dark in daily light?

Yes..... ☐ 1

No..... ☐ 2

4. Do you have a problem with outside noise in the area where your household members stay?

Yes..... ☐ 1

No..... ☐ 2

5. Do you have a problem with pollution, dirty or other ecological problems in in the area where your household members stay?

Yes..... ☐ 1

No..... ☐ 2

6. Do you have a problem with crime, violence, vandalism in the area where your household members stay?

Yes..... ☐ 1

No..... ☐ 2

7. How would you describe accessibility *(distance, working hours, accessibility for persons with disability, etc.)* of your household to the following services?

	Access to service is:				
	very difficult	difficult	easy	very easy	service is not used
a. Store of mixed commodities <i>(grocery,</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Banking services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Postal services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Primary health care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Mandatory education <i>(pre-school and elementary)</i>	1	2	3	4	5

8. Is the legal owner of this housing unit a man or woman?

- Man..... ☐ 1
- Woman ☐ 2
- Joint ownership..... ☐ 3
- I don't know..... ☐ 4

9. Can the whole household afford one week travel for annual leave?

- Yes..... ☐ 1
- No..... ☐ 2

10. Can your household afford a meat, chicken or fish meal (or vegetarian substitution) every other day?

- Yes..... ☐ 1
- No..... ☐ 2

11. In your opinion, how do your household survive (to make ends meet)?

- | | | | |
|--------------------------------|----------------------------|--------------------|----------------------------|
| Very difficult..... | <input type="checkbox"/> 1 | Not just easy..... | <input type="checkbox"/> 4 |
| Difficult..... | <input type="checkbox"/> 2 | Easy..... | <input type="checkbox"/> 5 |
| With certain difficulties..... | <input type="checkbox"/> 3 | Very easy..... | <input type="checkbox"/> 6 |

12. Are the housing costs in your household: (mortgage, rent, utility costs – bills, regular maintenance and repairs, etc.)?

- Big burden..... ☐ 1
- Certain burden..... ☐ 2
- They are not burden..... ☐ 3

13. Has your household been unable to timely pay due to financial difficulties in the last 12 months the following for the main housing unit?

- | | Yes | No | I do not pay rent/ I do not have a loan /mortgage |
|---|----------------------------|----------------------------|---|
| a. Rent..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Installment for housing loan..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Installment for apartment under mortgage | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

14. Has your household been unable to timely pay monthly utility costs (heating, electricity, gas, etc.) for the main housing unit to due financial difficulties in the last 12 months?

- Yes..... ☐ 1
- No..... ☐ 2

15. Has your household been unable to timely pay installments for loan or leasing due to financial difficulties in the last 12 months? *(excluding installments for housing loan or mortgage for the main housing unit)*

- Yes..... ☐ 1
- No..... ☐ 2
- I do not have a loan/leasing ☐ 3

16. Is repayment of installments for the loan or leasing in your household:
(excluding installments for housing loan or mortgage for the main housing unit)

- Big burden ☐ 1
- Certain burden..... ☐ 2
- No burden..... ☐ 3
- I do not have a loan/leasing ☐ 4

17. Can your household bear an unexpected necessary expenditure in the amounts mentioned below and pay it from own funds?

- | Amount | Yes | No |
|-----------------|-----------------------------------|----------------------------------|
| a. 380 BAM..... | <input type="checkbox"/> 1 ►q.17b | <input type="checkbox"/> 2 ►q.18 |
| b. 420 BAM..... | <input type="checkbox"/> 1 ►q.17c | <input type="checkbox"/> 2 ►q.18 |
| c. 450 BAM..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

18. Please tell me whether you agree or disagree with the following statement that the future joining the European Union and European integrations will impact on increase of the living standard in your household?

- | | | | |
|-----------------------------|----------------------------|----------------------------|----------------------------|
| Strongly agree..... | <input type="checkbox"/> 1 | Disagree..... | <input type="checkbox"/> 4 |
| Agree..... | <input type="checkbox"/> 2 | I absolutely disagree..... | <input type="checkbox"/> 5 |
| Neither agree nor disagree. | <input type="checkbox"/> 3 | I do not know..... | <input type="checkbox"/> 6 |

F. Questions on children (to be filled for children from 0-14 years of age. Answers are given by an adult person).

Questions relate to all children in the household who are younger than 15 years. If at least one child does not have an item from the following questions, it will be considered that no child possesses that item.

1. Are there children younger than 15 years in the household?

- Yes..... ☐ 1 ► q.2
No..... ☐ 2 ► End of interview

2. Does your child (do your children) have new cloths?

- Yes..... ☐ 1
No, because we cannot afford ☐ 2
No, because of some other reason..... ☐ 3

3. Does your child (do your children) have two pairs of footwear of appropriate size (including a pair of waterproof shoes)?

- Yes..... ☐ 1
No, because we cannot afford ☐ 2
No, because of some other reason ☐ 3

4. Does your child (do your children) eat fresh fruits and vegetables once a day?

- Yes..... ☐ 1
No, because we cannot afford ☐ 2
No, because of some other reason ☐ 3

5. Does your child (do your children) have three meals on a daily basis?

- Yes..... ☐ 1
No, because we cannot afford ☐ 2
No, because of some other reason ☐ 3

6. Does your child (do your children) have a meat, chicken or fish meal (or appropriate vegetarian substitution) at least once a day?

- Yes..... ☐ 1
No, because we cannot afford ☐ 2
No, because of some other reasons ☐ 3

7. Does your child (do your children) have appropriate books for his/her – their age at home?

- Yes..... ☐ 1
No, because we cannot afford ☐ 2
☐

8. Does your child (do your children) have equipment for playing outside during spare time (bicycle, rollers, etc..)?

Yes..... ☐ 1

No, because we cannot afford..... ☐ 2

No, because of some other reason ☐ 3

9. Does your child (do your children) have toys to play at home (educational toys, Lego cubes, computer games, etc.)?

Yes..... ☐ 1

No, because we cannot afford ☐ 2

No, because of some other reasons..... ☐ 3

10. Does your child (do your children) participate in free time activities (swimming, playing instruments, youth organizations, etc.)?

Yes..... ☐ 1

No, because we cannot afford ☐ 2

No, because of some other reasons ☐ 3

11. Does your child (do your children) participate in celebrations for special occasions (birthdays, name days, religious holidays, etc.)?

Yes..... ☐ 1

No, because we cannot afford ☐ 2

No, because of some other reasons ☐ 3

12. Does your child (do your children) invite friends to play and eat together at home, from time to time?

Yes..... ☐ 1

No, because we cannot afford ☐ 2

No, because of some other reasons ☐ 3

13. Does your child (do your children) participate in school excursions and school events which have to be paid?

Yes..... ☐ 1

No, because we cannot afford ☐ 2

Ne, because of some other reasons..... ☐ 3

14. Does your child (do your children) have an appropriate place for studying or doing homework?

Yes..... ☐ 1

No..... ☐ 2

15. Is there an outdoor space in neighborhood where children may play safely?

Yes..... ☐ 1

No..... ☐ 2

End of interview

According to statistic programs of Bosnia and Herzegovina, Federation of Bosnia and Herzegovina and Republika Srpska, the Agency for Statistics of Bosnia and Herzegovina, the Federal Bureau of Statistics and the Republic Statistics Institute of the Republika Srpska conduct the Household Budget Survey in BiH in 2015.

The data obtained through the Household Budget Survey are official secret and they will be published only in an aggregated – cumulative format. Data secrecy is guaranteed by the Law on Statistics of BiH (Official Gazette of Bosnia and Herzegovina, 26/04 and 42/04), the Law on Statistics in the Federation of Bosnia and Herzegovina (Official Gazette of the Federation BiH, 63/03 and 09/09), the Law on Statistics of the Republika Srpska (Official Gazette of the Republika Srpska, 85/03) and the Law on Personal Data Protection (Official Gazette of Bosnia and Herzegovina, 49/06). All participants of the survey are obliged to comply with the rules of keeping secrets and interviewers are obliged to emphasize this to respondents.