

Household Budget Survey in Bosnia and Herzegovina 2015

Final Interview

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

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

from _____ to _____ period	
6.	Has the Self-consumption diary been filled?
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Telephone number of household	
_____/_____	

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

Dear Interviewer,

As you already know from the Instructions for Interviewers, when a calendar month has elapsed in which a household has kept the Purchase Diary for 14 days, you have to take it as well as the Self-consumption Diary if it exists.

Before beginning the Final Interview, please carefully check whether recording of expenditures was correctly done.

The final interview has to be conducted by asking clear questions and where it is envisaged by reading expenditure items in order for a respondent to fully understand a question and to have enough time to answer you.

Different reference periods in some questions (last months, last 3 months, last 6 months and last 12 months) have to be pointed to households.

After conducting the Final Interview, please fill in the section which relates to your observations (at the end of the questionnaire). This section has to be filled after you leave the household, because it relates to the information on behavior of the household during the interview.

Before you deliver completed questionnaires to your supervisor, in order to enable common processing of the data that you collected, please check with particular attention whether all documents regarding the same household have the same pieces of information on the cover page.

We are aware that what we are requesting from you is very demanding, but your assistance is essential for success of the survey and we are sure that we can rely on you.

Thank you for your cooperation.

MODULE 1: Data on household members

Col. 2 Relation with a household holder

- Household holder.....	1
- Spouse or partner of the household holder.....	2
- Child of household holder or of spouse or of partner.....	3
- Parent of household holder or spouse or of partner or (grandfather, grandmother).....	4
- Other relatives of household holder, or of spouse or partner (brother, sister, grandchild, nephew, son in law/daughter in law).....	5
- Other (other persons who are not relatives but live in household, friends who live together).....	6

Col. 5 Country of birth

- BiH.....	1
- EU member state.....	2
- Other European countries.....	3
- Non-European countries.....	4

Col. 6 Marital status

- Unmarried.....	1
- Married.....	2
- Live together in informal marriage	3
- Divorced or separated	4
- Widower/widow.....	5

Col. 7 Acquired education

- No education.....	0
- Incomplete elementary school (eight-year education).....	0
- Incomplete elementary school (nine-year education)	0
- Elementary school.....	0
- Secondary school.....	0
- Specialization after secondary education.....	0
- Higher school.....	0
- Faculty, academia.....	0
- Master	0
- PhD.....	0

Col. 8 Field of acquired education (only for persons with codes from 5 to 10 in column 7)

- General education program.....	0
- Teaching and pedagogical school	0
- Art and humanistic sciences	0
- Social science, economics and law.....	0
- Literature and languages (including foreign languages)	0
- Natural, mathematic and computer science.....	0
- Technical and construction science	0
- Health.....	0
- Social protection.....	0
- Services.....	0
- Other.....	0

Col. 11 Current education

- Kindergarten and pre-school preparation program.....	1
- Lower grades of elementary school (I-IV) and (I-V) grade.....	2
- Higher grades of elementary school (V-VIII) and (VI-IX) grade.....	3
- Secondary school	4
- Specialization after secondary school.....	5
- Higher education.....	6
- Faculty, academy.....	7

Col. 13 Status of current activity

- Full time employment	1
- Part time employment	2
- Unemployed-was employed before.....	3
- Unemployed-looking for the first employment	4
- Housewife.....	5
- Student/pupil of secondary school.....	6
- Incapable to work	7
- Pensioner (age or earlier retirement).....	8
- Other.....	9

Col. 14 Field of activity (only for persons with codes 1, 2 or 3 in column 13)

- Agriculture, hunting and forestry.....	0
- Fishery.....	0
- Extraction of mines and stone	0
- Processing industry.....	0
- Production of and supply with electricity, gas, water	0
- Construction.....	0
- Trade.....	0
- Catering.....	0
- Traffic, storage and communication	0
- Financial brogekage.....	0
- Real estate, leas and business activities	0
- Public administration and defense: mandatory social security	0
- Education.....	1
- Health protection.....	2
- Social protection.....	3
- Other public, communal, social and personal service activities.....	4
- Private household with employed persons	5
- Extra territorial organizations and institutions.....	6

Col. 15 Profession

(only for persons with codes 1, 2 or 3 in column 13)

- Officials and members of legislative bodies, officials of public administration, directors	0
- Experts and scientists.....	0
- Technicians and other professional occupations	0
- Office clerks.....	0
- Service and trade professions	0
- Operators of machines, vehicles, product assemblers.....	0
- Simple occupations.....	0
- Military occupations.....	0
- Not mentioned.....	0

Col. 16 Employment status

(only persons with codes 1, 2 or 3 in column 13)

- Employer.....	1
- Farmer on the holding with workers	2
- Self-employed and free lancer	3
- Farmer on the holding without workers	4
- Employed with employer.....	5
- Non-paid auxiliary worker in a family firm or agricultural holding	6
- Trainee	7
- Not mentioned.....	9

Col. 17 Type of employment contract or engagement

(only for persons with codes 1, 2 or 3 in column 13)

- Full time employment with a contract on indefinite time period	1
- Temporary employment with a contract on definite time period.....	2
- Job without contract.....	3
- Payment as agreed for one-time performed task	4
- Seasonal work.....	5
- Not mentioned.....	9

Col. 18 Ownership sector

(only for persons with codes 1, 2 or 3 in column 13)

- Public ownership.....	1
- Private ownership.....	2
- Mixed ownership.....	3
- NGOs or international organizations.....	5
- Not mentioned.....	9

Col. 20 Reason for absence from household

- Education.....	1
- Work/employment.....	2
- Business trip.....	3
- Disease/curing	4
- Tourist travel.....	5
- Other.....	6

MODULE 1: Data on household members											
No.	Relation with household holder	Gender Maler 1 Female ... 2	<div> <div></div> <div></div> </div> Month and year of birth	Country of birth	<div></div> Marital status	Acquired education (in case of incomplete 8 or 9 year school, write number of completed grades in 3 rd box	Field of acquired education (only for persons with codes from 5 to 10 in column 7)	<div></div> Can you read or write? Yes = 1 No = 2	Are you currently on education? (excluding sport training/ fitness or courses which are not recognized as a part of education program) Yes = 1 No = 2 C ol.13	Current education	What is the highest grade or year that you comple ted?
1	2	3	4	5	6	7	8	9	10	11	12
01	1							1 2	1 2		
02								1 2	1 2		
03								1 2	1 2		
04								1 2	1 2		
05								1 2	1 2		
06								1 2	1 2		
07								1 2	1 2		
08								1 2	1 2		
09								1 2	1 2		
10								1 2	1 2		

MODULE 1: Data on household members											
No.	Only for persons of 15 years of age and above						For all family members				
	Status of current activity	Field of activity	Profession	Status of employment	Type of employment contract or engagement	Owners of hip sector	Presence of a member in household during 14 days of keeping the diary Yes = 1 Col.21 No = 2	Reason of absence	How many months a household member has been absent from household in the last 12 months?	Share in household income (%)	
1	13	14	15	16	17	18	19	20	21	22	
01	_	_ _ _	_ _ _	_	_	_	1 2	_	_ _	_ _ _	
02	_	_ _ _	_ _ _	_	_	_	1 2	_	_ _	_ _ _	
03	_	_ _ _	_ _ _	_	_	_	1 2	_	_ _	_ _ _	
04	_	_ _ _	_ _ _	_	_	_	1 2	_	_ _	_ _ _	
05	_	_ _ _	_ _ _	_	_	_	1 2	_	_ _	_ _ _	
06	_	_ _ _	_ _ _	_	_	_	1 2	_	_ _	_ _ _	
07	_	_ _ _	_ _ _	_	_	_	1 2	_	_ _	_ _ _	
08	_	_ _ _	_ _ _	_	_	_	1 2	_	_ _	_ _ _	
09	_	_ _ _	_ _ _	_	_	_	1 2	_	_ _	_ _ _	
10	_	_ _ _	_ _ _	_	_	_	1 2	_	_ _	_ _ _	

MODULE 2: Data on housing

A) Data on condition and status of housing		
Characteristics of housing unit		
1. Type of housing unit (to be filled by interviewer based on his/her own observations):		
- Apartment in a residential building with fewer than 10 housing units.....	<input type="radio"/> 1	
- Apartment in a residential building with 10 or more housing units.....	<input type="radio"/> 2	
- Separate house.....	<input type="radio"/> 3	
- Block of houses / duplex.....	<input type="radio"/> 4	
- Part of house.....	<input type="radio"/> 5	
- Non-housing facility, but household uses it for housing (school, barracks, tent, carriage).....	<input type="radio"/> 6 ⇒ Q.27	
- Other.....	<input type="radio"/> 7 ⇒ Q.27	
2. Which year approximately was this housing unit built?		
3. What is the size of the housing unit used by household?		
4. How many premises/rooms does the household use? (including kitchen, excluding sanitary facilities)		
Description of housing unit		
5. Does a housing unit have:	Yes = 1	No = 2
- Separate kitchen.....	<input type="radio"/> 1	<input type="radio"/> 2
- Inside bathroom.....	<input type="radio"/> 1	<input type="radio"/> 2
- Inside WC with water flushing.....	<input type="radio"/> 1	<input type="radio"/> 2
- Current water.....	<input type="radio"/> 1	<input type="radio"/> 2
- Hot water (from faucet).....	<input type="radio"/> 1	<input type="radio"/> 2
- Electricity.....	<input type="radio"/> 1	<input type="radio"/> 2
- Public sewerage.....	<input type="radio"/> 1	<input type="radio"/> 2
- Heating (central or individual).....	<input type="radio"/> 1	<input type="radio"/> 2
- Telephone line.....	<input type="radio"/> 1	<input type="radio"/> 2
- Garage.....	<input type="radio"/> 1	<input type="radio"/> 2
- Basement, shed, boiler room, etc.....	<input type="radio"/> 1	<input type="radio"/> 2
- Attic.....	<input type="radio"/> 1	<input type="radio"/> 2
- Balcony.....	<input type="radio"/> 1	<input type="radio"/> 2
- Garden.....	<input type="radio"/> 1	<input type="radio"/> 2
- Other.....	<input type="radio"/> 1	<input type="radio"/> 2
5a. In what way is this housing unit supplied with water?		
- Current water in housing unit.....	<input type="radio"/> 1	
- From individual sources (well, standing fountain, etc).....	<input type="radio"/> 2	
- Common fountain up to 200 meters from housing unit.....	<input type="radio"/> 3	
- Other (specify):.....	<input type="radio"/> 4	
6. If hot water is available, which installations or equipment are mostly used?		
- Electric boiler.....	<input type="radio"/> 1	
- Gas boiler.....	<input type="radio"/> 2	
- Water heating system outside household (e.g. mini boiler on the roof of house).....	<input type="radio"/> 3	
- Other (not including heating of water on a stove):.....	<input type="radio"/> 4	
7. In what way is this housing unit heated?		
- Central heating from heating plant.....	<input type="radio"/> 1 ⇒ Q.9	
- Individual heating.....	<input type="radio"/> 2	
- Individual furnace.....	<input type="radio"/> 3	
- Other (specify).....	<input type="radio"/> 4	
8. What is the basic energy generating product used for heating?		
- Coal.....	<input type="radio"/> 1	
- Wood, briquette and pallets.....	<input type="radio"/> 2	
- Gas (natural gas or bottled gas).....	<input type="radio"/> 3	
- Electricity.....	<input type="radio"/> 4	
- Fuel oil, etc.....	<input type="radio"/> 5	
- Other (specify):.....	<input type="radio"/> 6	

MODULE 2: Data on housing

Legal status of usage of housing unit	
9. Which year did your household move in this housing unit for the first time?.....	
9a. In case of return, specify also the year of return.....	
10. What is the legal status of using housing unit?	
- Ownership or co-ownership (<i>also with an obligation of loan repayment</i>).....	o1 ⇒ Q.14
- Lessee or tenant.....	o2 ⇒ Q.11
- User free of charge (<i>ceded by relatives, friends or employer</i>).....	o3 ⇒ Q.14
- Other.....	o4 ⇒ Q.14
<i>(If lessee or tenant)</i>	
11. Who is the owner of the housing unit?	
- Company or employer.....	o1
- Public institution (<i>municipality etc.</i>).....	o2
- Private person.....	o3
- Other (<i>specify</i>):	o4
12. Did you rent the housing unit with furniture?	Yes o1 No o2
13. What is monthly rent? <i>(including garage and parking related to housing unit if may not be separated From monthly rent)</i>	COICOP 04.1.1.1.01. BAM
13a. Do you think that the rent you pay is in line with the market price?	Yes o1 ⇒ Q.15 No o2 ⇒ Q.15
<i>(Ownership, co-ownership and all other cases when rent is not paid)</i>	
14. Estimate what would be the realistic rent if you lease this housing unit <i>(with furniture)?</i>	COICOP 04.2.1.0.01. KM
15. Is this housing unit used for:	
- Only for housing.....	o 1
- For housing and own business activity	o 2
- For housing and rent.....	o 3

Utility expenditures		
Type of expenditures	COICOP	Amount paid in BAM
16. What was the amount of the last monthly bill your household paid for:		
- Electricity.....	04.5.1.0.01.	_____
- Natural gas from network.....	04.5.2.1.01.	_____
- Central heating.....	04.5.5.0.01.	_____
- Water and treatment of waste water	04.4.1.0.01.	_____
- Cost of using common premises (<i>lift, light, cleaning, housing manager, etc.</i>).....	04.4.4.1.01.	_____
- Garbage	04.4.2.0.01.	_____
- Fix telephone bill (<i>excluding TV subscription</i>).....	08.3.0.1.02.	_____
- Mobile telephone bill (<i>for all family members</i>).....	08.3.0.2.02.	_____
- TV subscription.....	09.4.2.3.01.	_____
- Subscription for cable TV (<i>excluding connection costs</i>)	09.4.2.3.03.	_____
- Internet packages + TV + cable + telephone (<i>excluding connection costs</i>).....	08.3.0.4.01.	_____
- Internet subscription (<i>excluding connection costs</i>).....	08.3.0.3.02.	_____
- Garage or parking place related to housing unit.....	04.1.2.2.01.	_____
- Other utility costs (<i>specify</i>)	04.4.4.1.03.	_____

MODULE 2: Data on housing

Type of expenditures	COICOP	Amount paid in BA,
17. How much have you paid in the <u>last three months</u>:		
- Bottled gas.....	04.5.2.2.01.	_____
- Fuel oil and other liquid fuels.....	04.5.3.0.01.	_____
- Coal.....	04.5.4.1.01.	_____
- Wood, briquette and palette	04.5.4.9.01.	_____

Maintenance					
18. Have you had expenditures for regular maintenance and repairs of this housing unit in <u>the last 6 months</u>? Yes <input type="radio"/> 1 No <input type="radio"/> 2 ⇒ Q. 20 ↓					
19. What was the amount of expenditures for regular maintenance by items (if you did it by yourself, specify only the amount paid for materials)?					
Types of works	Services		Material		Total
	COICOP	Amount paid in BAM	COICOP	Amount paid in BAM	Amount paid in BAM
- Painting and putting wall papers	04.3.2.4.01.	_____	04.3.1.0.01.	_____	
- Maintenance and repairs of water supply and sanitary installations	04.3.2.1.01.	_____	04.3.1.0.03.	_____	
- Maintenance and repairs of electricity installations and heating installations	04.3.2.2.01.	_____	04.3.1.0.05.	_____	
- Maintenance and repairs of wooden window/door frames and floors	04.3.2.5.01.	_____	04.3.1.0.07.	_____	
- Other works (that are not mentioned)	04.3.2.9.01.	_____	04.3.1.0.09.	_____	

B) Secondary, temporary or other place of residence		
20. Does the household or household member use other apartment, house or weekend house in addition to the main apartment (including also renting an apartment or house for longer stay, education or work of a household member outside of the place of residence)? Yes <input type="radio"/> 1 No <input type="radio"/> 2 ⇒ Q. 27 ↓		
21. How many places of residence does your household use and where it is located?		
a) in country		
b) abroad		
22. What is monthly rent for lessee or <u>estimated monthly rent</u> for owners, co-owners or housing free of charge (including rent of a private apartment or house for longer stay, education or work of household member outside place of residence)?		
Legal status	Paid or estimated monthly rent	
	COICOP	Amount paid in BAM
- Ownership or co-ownership.....	04.2.1.0.02.	
- Lease.....	04.1.2.1.01.	
- Housing free of charge.....	04.2.1.0.03.	

MODULE 2: Data on housing

Utility expenditures for other places of residence (if the household pays costs for several other places or residence, specify the total amount)		
	COICOP	Amount paid in BAM
23. What was the amount of the last monthly bill which your household paid for:		
- Electricity.....	04.5.1.0.02.	_____
- Natural gas from network.....	04.5.2.1.02.	_____
- Central heating.....	04.5.5.0.02.	_____
- Water and waste water treatment.....	04.4.1.0.02.	_____
- Costs of using common premises (lift, light, cleaning, housing manager etc..)....	04.4.4.1.02.	_____
- Garbage collection.....	04.4.2.0.02.	_____
- Fix telephone bill (excluding TV subscription).....	08.3.0.1.03.	_____
- TV subscription.....	09.4.2.3.02.	_____
- Subscription for cable TV (excluding connection costs).....	09.4.2.3.04.	_____
- Internet package + TV + cable + telephone (excluding connection costs).....	08.3.0.4.02.	_____
- Internet subscription (excluding connection costs).....	08.3.0.3.03.	_____
- Garage or parking place related to housing unit	04.1.2.2.02.	_____
- Other utility costs (specify).....	04.4.4.1.04.	_____
24. How much have you paid in the last 3 months for:		
- Bottled gas.....	04.5.2.2.02.	_____
- Fuel oil and other liquid oils.....	04.5.3.0.02.	_____
- Coal.....	04.5.4.1.02.	_____
- Wood, briquette and palette.....	04.5.4.9.02.	_____

Maintenance of secondary, temporary and other place of residence					
25. Have you had expenditures for regular maintenance and repairs in the last 6 months?					
Yes <input type="radio"/> 1 No <input type="radio"/> 2 ⇒ Q. 27					
↓					
26. What was the amount for regular maintenance by items (if you did it by yourself, specify only amounts paid for materials).					
Types of works	Services		Materials		Total
	COICOP	Amount paid in BAM	COICOP	Amount paid in BAM	Amount paid in BAM
- Painting and putting wall papers	04.3.2.4.02.	_____	04.3.1.0.02	_____	
- Maintenance and repairs of water supply and sanitary installations	04.3.2.1.02.	_____	04.3.1.0.04.	_____	
- Maintenance and repairs of electricity installations and heating installations	04.3.2.2.02.	_____	04.3.1.0.06.	_____	
- Maintenance and repairs of wooden window/door frames and floors	04.3.2.5.02.	_____	04.3.1.0.08.	_____	
- Other works (that are not mentioned)	04.3.2.9.02.	_____	04.3.1.0.10.	_____	

C) Appliances and equipment (for main and secondary place of residence)

Possession and purchase of appliances and equipment:
--

27. Does your household possess the following appliances and equipment?	COICOP	Yes = 1 No = 2	27a) If you have purchased any of listed appliances or equipment <u>in the last 12 months</u> , mark No. 3 and specify the total amount in BAM (including commodities bought on credit, for your own needs or as a gift)	
- Electric or gas stove (including microwave oven).	05.3.1.3.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	
- Wood or coal stove.....	05.3.1.3.02.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	
- Fridge, freezer, fridge-freezer.....	05.3.1.1.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	
- Dish-washer.....	05.3.1.2.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	
- Washing machine, laundry dryer or combined	05.3.1.2.02.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	
- Cleaning equipment (vacuum cleaner, carpet washing machine)....	05.3.1.5.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	
- Furnace, heater, boiler, exhaust	05.3.1.4.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	
hood.....	05.3.1.4.02.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	
- Air conditioner.....	05.3.1.9.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	
- Sewing and knitting machine.....	05.3.3.0.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	
Of total expenditures for appliances or equipment, specify amount paid abroad				

D) Depreciation of permanent commodities (for the main and secondary place of residence)

[illegible]

MODULE 3: Expenditures for household appliances and household services

A) Furniture for house and garden, tools and equipment for maintenance of house and garden			
1. Which type of furniture has your household bought (in cash, on repayment or credit) <u>in the last 6 months for its own needs or as a gift?</u>			
Product	COICOP	Purchased: Individual item= 1 Set= 2	Amount paid in BAM
- Kitchen furniture (tables, chairs, sink, cupboards, etc. with delivery and assembly costs without electric appliances).....	05.1.1.1.03.	<input type="radio"/> 1 <input type="radio"/> 2	_____
- Furniture for bedroom (beds, tables, chairs, mattresses, wardrobe, etc.).....	05.1.1.1.02.	<input type="radio"/> 1 <input type="radio"/> 2	_____
- Furniture for living room and dining room (sofas, tables, chairs, armchairs, shelves,.....	05.1.1.1.01.	<input type="radio"/> 1 <input type="radio"/> 2	_____
- Repairs and upholstery of furniture and carpets, rugs for household.....	05.1.3.0.01.	<input type="radio"/> 3	_____
- Furniture for bathroom and accompanying equipment (excluding rugs)	05.1.1.1.04.	<input type="radio"/> 3	_____
- Garden furniture (wooden, metal or plastic).....	05.1.1.2.01.	<input type="radio"/> 3	_____
- Curtains, material for curtains, screens.....	05.2.0.1.01.	<input type="radio"/> 3	_____
- Linen (pillow cases, sheets, blankets).....	05.2.0.2.01.	<input type="radio"/> 3	_____
- Table-cloths, kitchen cloths, towels.....	05.2.0.3.01.	<input type="radio"/> 3	_____
- Carpets and other rugs	05.1.2.1.01.	<input type="radio"/> 3	_____
- Paintings, decoration objects, mirrors.....	05.1.1.9.01.	<input type="radio"/> 3	_____
- Lamps, parts for lamps, lampshades.....	05.1.1.3.01.	<input type="radio"/> 3	_____
- Main tools and equipment for house and garden (electric drills, saws, lawnmower.).....	05.5.1.1.01.	<input type="radio"/> 3	_____
- Repairs of main tools and equipment for house and garden	05.5.1.2.01.	<input type="radio"/> 3	_____
Of total above mentioned amounts, specify the amount paid abroad			
- There was no purchase.....			<input type="radio"/> 9

B) Small electric appliances, dishes, cutlery and other household items		
2. Which of the following products did your household buy (in cash, repayment or loan), <u>in the last months</u> , for its own needs or as a gift?		
Products	COICOP	Amount paid in BAM
- Mixer, blender, chopper.....	05.3.2.1.01.	_____
- Coffee machine, cookers.....	05.3.2.2.01.	_____
- Iron.....	05.3.2.3.01.	_____
- Toaster and barbecues (electric barbecues).....	05.3.2.4.01.	_____
- Cutlery	05.4.0.2.01.	_____
- Dishes for serving food (plates, glasses, bowls, cups, etc.).....	05.4.0.1.01.	_____
- Dishes for food preparation (pots, pans, casseroles.).....	05.4.0.3.01.	_____
- Other household items (ironing board, washbowl, laundry basket, home scales, etc.).....	05.4.0.3.02.	_____
Out of total amount for small electric appliances, dishes, cutlery and other household items, specify the amount paid abroad		
- There was no purchase.....		<input type="radio"/> 9

3. Did your household have expenditures in the last months for services provided in the household?		
Yes <input type="radio"/> 1 NO <input type="radio"/> 2 ⇒ Module 4		
Type of service	COICOP	Amount paid in BAM
- Occasional house services (house cleaning, gardener's service, chimney man, etc.).....	05.6.2.1.01.	_____
- Services of paid home staff (cooking, cleaning, babysitting.).....	05.6.2.1.02.	_____
- Care of the elderly and disabled persons, etc.	12.4.0.3.01.	_____
- Service of nursing homes (accommodation and care).....	12.4.0.2.01.	_____
- Disinfection and deratization and other services in household.....	05.6.2.9.01.	_____

MODULE 4: Clothing and footwear

1. Which of the following products or services has your household bought (in cash, repayment or loan) <u>in the last month</u> for its needs or as a gift?		
Product / service	COICOP	Amount paid in BAM
Men's clothes of all types		
- Coats (coats, jackets, trench coats).....	03.1.2.1.01.	_____
- Suits and blazers.....	03.1.2.1.02.	_____
- Trousers (including jeans).....	03.1.2.1.03.	_____
- T-shirts, shirts, sweatshirts, pullovers,.....	03.1.2.1.04.	_____
- Underwear (panties, boxer shorts, undershirt), gowns and pajamas	03.1.2.1.05.	_____
- Sports clothing.....	03.1.2.1.06.	_____
Women's clothing		
- Coats (coats, jackets, trench coats).....	03.1.2.2.01.	_____
- Costumes and blazer.....	03.1.2.2.02.	_____
- Trousers and skirts	03.1.2.2.03.	_____
- T-shirts, blouses, shirts, sweaters, pullovers, dresses.....	03.1.2.2.04.	_____
- Underwear (bras, panties, stockings, undershirts), gowns and pajamas.....	03.1.2.2.05.	_____
- Sports clothings.....	03.1.2.2.06.	_____
Clothes for kids and babies		
- Coats (coats, jackets, trench coats) and suits.....	03.1.2.3.01.	_____
- Trousers.....	03.1.2.3.02.	_____
- T-shirts, blouses, sweaters.....	03.1.2.3.03.	_____
- Pajamas, panties, boxer shorts and socks.....	03.1.2.3.04.	_____
- Sports clothing.....	03.1.2.3.05.	_____
- Clothes for babies (up to 2 years; including cotton diapers).....	03.1.2.4.01.	_____
Material for making cloths and accessories		
- Other clothing items and accessories (caps, hats, gloves, ties, cotton handkerchief, scarfs, belts, etc.).....	03.1.3.1.01.	_____
- Fabrics and textile for sewing cloths	03.1.1.0.01.	_____
- Threads and wool for sewing and knitting, buttons, zips, and others	03.1.3.2.01.	_____
- Costs of sewing cloths.....	03.1.4.2.01.	_____
Footwear		
- Men's footwear of all types (including purchase of laces, heels, soles for repair of footwear)..	03.2.1.1.01.	_____
- Women's footwear of all types (including purchase of laces, heels, soles for repair of footwear)	03.2.1.2.01.	_____
- Footwear for kids (3-13) and babies (0-2), all types (including purchase of laces, heels, soles for repair of footwear).....	03.2.1.3.01.	_____
Cleaning and renting clothes and footwear		
- Dry cleaning, washing and dyeing of clothes.....	03.1.4.1.01.	_____
- Repairs and renting of clothes	03.1.4.2.02.	_____
- Footwear repairs	03.2.2.0.01.	_____
- Renting footwear (excluding footwear for sport activities).....	03.2.2.0.02.	_____
Of the total expenditures for clothes and footwear, specify amount paid abroad		
- There was no purchas.....		o9

MODULE 5: Health

1. Did your household have expenditures for medical services, hospital and medical treatments, products, medical aids and equipment, or did it receive products/services free of charge <u>in the country</u> or abroad? Yes <input type="radio"/> 1 NO <input type="radio"/> 2 ⇒ Module 6 ↓				
2. What were expenditures by types?				
Type of expenditures	COICOP	Amount paid in BAM,		
In the last months:		Public	Private	Total
Medical services and treatments:				
- Services of check-up by physician of GP	06.2.1.1.01.	_____	_____	_____
- Services of check-up by a medical specialist	06.2.1.2.01.	_____	_____	_____
- Dental services (<i>repairs, oral hygiene, Dental prosthesis, dental apparatus, etc.</i>)	06.2.2.0.01.	_____	_____	_____
- Laboratory testing.....	06.2.3.1.01.	_____	_____	_____
- Other diagnostic check-up (<i>X-ray, ECG, ultra sound etc.</i>).....	06.2.3.1.02.	_____	_____	_____
- Accompanying medical services (<i>physiotherapy, corrective gymnastics, acupuncture, chiropractic.</i>).....	06.2.3.2.01.	_____	_____	_____
- Services of rehabilitation centers, thermal spas, etc..	06.2.3.2.02.	_____	_____	_____
- Other treatments (<i>curing services provided by non-qualified "doctors" like herbalists, healers.</i>).....	06.2.3.9.02.	_____	_____	_____
- Other out-patient services (<i>services of nurses or midwives at home</i>).....	06.2.3.9.01.	_____	_____	_____
- Services of hospital cures and treatments (<i>general and specialist hospitals</i>).....	06.3.0.0.01.	_____	_____	_____
In the last 12 months:				
Therapeutic aid equipment:				
- Corrective glasses and contact lenses.....	06.1.3.1.01.	_____	_____	_____
- Hearing aid, artificial limbs and other prostheses.....	06.1.3.9.01.	_____	_____	_____
- Devices for measuring blood pressures, sugar in blood Etc.....	06.1.3.9.02.	_____	_____	_____
- Wheelchairs, special beds, orthopedic footwear, Crutches, etc.....	06.1.3.9.03.	_____	_____	_____
- Repairs of therapeutic aids and equipment	06.1.1.3.01.	_____	_____	_____
Out of total expenditures for curing, specify the amount paid abroad			_____	
- Services received free of charge			o9	

MODULE 6: Transport and communications

A) Vehicles					
Possession and purchase					
1. What type of vehicle does your household possess? (excluding vehicles which are used for business purposes)	COICOP	Yes=1 No=2	Number of vehicles owned	1a) If you have purchased a vehicle <u>in the last 12 months</u> (for your needs or as a gift), mark number 3 and specify total expenditures in BAM (including also vehicles bought on credit)	
				Bought	Amount paid in BAM
- New vehicle:					
- Diesel.....	07.1.1.1.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="radio"/> 3	_____
- Petrol.....	07.1.1.1.02.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="radio"/> 3	_____
- Other.....	07.1.1.1.03.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="radio"/> 3	_____
- Second-hand vehicle:					
- Diesel.....	07.1.1.2.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="radio"/> 3	_____
- Petrol.....	07.1.1.2.02.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="radio"/> 3	_____
- Other.....	07.1.1.2.03.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="radio"/> 3	_____
- Motor, motorcycle scooter, moped.....	07.1.2.0.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="radio"/> 3	_____
- Bicycle.....	07.1.3.0.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="radio"/> 3	_____
- Camp houses, caravans and trailers....	09.2.1.1.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="radio"/> 3	_____
Note: Answer is to be provided to the following question if the household mentioned to possess motor vehicles (if marked at least one modality 1 in the question 1) or have possessed them in the last 12 months, otherwise go to the question 3.					
2. What were expenditures for all vehicles of your household by mentioned items (excluding vehicles used for business purposes)?					
Type of expenditure	COICOP	Amount paid in BAM			
- Annual registration of vehicles (mandatory insurance, technical examination and other expenditures related to registration)	12.5.4.1.01.	_____			
- Annual casco insurance	12.5.4.1.02.	_____			
- There was neither registration nor insurance.....	09				
In the last months for:					
- Tires, all types.....	07.2.1.1.01.	_____			
- Other spare parts and toolkit (spark plugs, battery etc.).....	07.2.1.2.01.	_____			
- Toolkit for personal vehicle (first aid, triangle, tow rope, signal vest, etc.)	07.2.1.3.01.	_____			
- Oil, car lubricant, antifreeze, liquid for wind screen wipers	07.2.2.4.01.	_____			
- Car repairs and washing	07.2.3.0.01.	_____			
- Rent of private garage or parking place.....	07.2.4.1.02.	_____			
- Rent-a-car.....	07.2.4.1.03.	_____			
- Toll.....	07.2.4.2.01.	_____			
- Taking a driving test and driving lessons	07.2.4.3.01.	_____			
- There was no expenditures.....	09				

MODULE 6: Transportation and communications

B) Transportation of passengers		
3. Has your household had expenditures for bus, train, airplane and ship <i>(excluding individual tickets for city transportation and travel costs that are reimbursed), <u>in the last month?</u></i> Yes <input type="radio"/> 1 No <input type="radio"/> 2 ⇒ Q. 5 ↓↓		
4. What was the amount by listed items?		
Type of expenditures	COICOP	Amount paid in BAM
- Bus tickets for longer distances <i>(excluding school buses and city transportation)</i> ...	07.3.2.1.02.	_____
- School buses.....	07.3.2.1.03.	_____
- Monthly or seasonal tickets for city transportation.....	07.3.5.0.01.	_____
- Train tickets.....	07.3.1.1.01.	_____
<u>In the last six month:</u>		
- Airplane tickets.....	07.3.3.2.01.	_____
- Tickets for transportation by ships, ferries, boats, etc.....	07.3.4.1.01.	_____
Of the total expenditures for vehicles and transportation of passengers, specify the amount paid abroad.		_____

C) Communications			
5. Have you had expenditures for purchase in <u>the last three months:</u> <i>(excluding equipment which is used for business purposes)</i>			
Type of equipment	COICOP	DA = 1 NE = 2	Amount paid in BAM, for your needs Or as a gift <i>(including commodities bought on credit)</i>
Equipment:			
- Landline telephone.....	08.2.0.1.01.	<input type="radio"/> 1 <input type="radio"/> 2	_____
- Cellular telephone.....	08.2.0.2.01.	<input type="radio"/> 1 <input type="radio"/> 2	_____
- Fax and telephone with answering machine.....	08.2.0.3.01.	<input type="radio"/> 1 <input type="radio"/> 2	_____
Services:			
- Internet connection.....	08.3.0.3.04.	<input type="radio"/> 1 <input type="radio"/> 2	_____
- Connection to cable TV.....	09.4.2.3.05.	<input type="radio"/> 1 <input type="radio"/> 2	_____
- Telephone connection.....	08.3.0.1.04.	<input type="radio"/> 1 <input type="radio"/> 2	_____
- Repairs of cellular and other telephone equipment.....	08.2.0.4.01.	<input type="radio"/> 1 <input type="radio"/> 2	_____
Of total expenditures for communication equipment and services, specify amount paid abroad			_____

MODULE 7, Recreation, culture, education, and accommodation services

A) Recreation and culture				
1. What type of equipment does your household possess?	COICOP	Yes = 1 No = 2	1a) For goods and services bought <u>in last 12 months</u> , for your needs or as a gift, mark number 3 and specify total amount (including commodities bought on credit)	
			Amount paid in BAM	
- TV set.....	09.1.1.2.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Video-recorder, DVD player.....	09.1.1.2.02.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Satellite dish.....	09.1.1.2.03.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Radio receivers, vehicle radio, CD and MP3 players, microphones, headphones.....	09.1.1.1.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Cameras, photo cameras, binoculars, microscopes etc.	09.1.2.1.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Computers, laptops, tablets, calculators.....	09.1.3.1.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Parts and equipment for computers (scanners, printers, mouse, keyboard	09.1.3.2.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Memory card, CDs, DVDs, USBs.....	09.1.4.9.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Music instruments.....	09.2.2.1.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Parts and equipment for music instruments.....	09.2.2.1.02.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Boats, mini aircraft.....	09.2.1.3.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
- Repairs of the above listed products	09.1.5.0.01.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3	_____
Of total expenditures for listed equipment, specify amount paid abroad				
2. Has your household had expenditures (in cash, repayment, or credit) for purchase or renting of any of listed equipment or services (including also gifts), <u>in the last months</u>?				
Type of expenditure	COICOP	Amount paid in BAM		
- Sport equipment (ski boots, tennis shoes, rollers, shields, balls, rackets, weight, etc.)	09.3.2.1.01.	_____		
- Equipment for camping and outdoor recreation (tents, sleeping bags, etc.).....	09.3.2.2.01.	_____		
- Sport services: usage of swimming pools, gyms, tennis course, fitness centers.....	09.4.1.2.01.	_____		
- Tickets for sport events (occasional and seasonal).....	09.4.1.1.02.	_____		
- Recreation services and pleasure: Classes of dancing, painting, using playgrounds etc.	09.4.1.1.01.	_____		
- Tickets for cinema, theatre and concerts (including clowns and musicians for home parties)	09.4.2.1.01.	_____		
- Tickets for museums, libraries, art galleries, zoos and botanic gardens, etc.....	09.4.2.2.01.	_____		
- Membership fees for sport and cultural associations and libraries	09.4.2.9.01.	_____		
- Subscription for newspaper and magazines	09.5.2.1.02.	_____		
- Renting DVDs and etc.....	09.4.2.4.01.	_____		
- Photo services (taking photos, photo processing, making and enlarging photos, etc.)	09.4.2.5.01.	_____		
- Flower seeds, soil for flower, flowerpots etc.,.....	09.3.3.1.01.	_____		
- Home and garden flowers.....	09.3.3.2.01.	_____		
- Games, toys and hobby (cards, chess, video-games, dolls, car toys	09.3.1.1.01.	_____		
- Purchase of pets.....	09.3.4.1.01.	_____		
- Veterinary services for pets	09.3.5.0.01.	_____		
Of total expenditures for listed equipment, specify amount paid abroad		_____		
- There was no purchase.....		09		

MODULE 7: Recreation, culture, education and accommodation services

B) Education				
3. Did your household have expenditures for listed items related to education:				
Type of expenditures	COICOP	Amount paid in BAM		
		Public	Private	Total
Enrolment fees and expenditures in the last 12 months for:				
- Kintergarden.....	10.1.0.1.01.	_____	_____	_____
- Elementary education.....	10.1.0.2.01.	_____	_____	_____
- Secondary education.....	10.2.0.0.01.	_____	_____	_____
- Higher and university education (including post-graduate studies)	10.4.0.0.01.	_____	_____	_____
- Courses (language, computers, etc.).....	10.5.0.0.01.	_____	_____	_____
- Private classes and instruction (including also other forms)	10.5.0.0.02.	_____	_____	_____
Of total expenditures for enrolment fees and expenditures listed above, specify amount paid abroad:		_____		
Type of expenditures	COICOP	Amount paid in BAM		
Expenditures for purchase of books and school supplies for last 6 months?				
- Books for school.....	09.5.1.2.01.	_____		
- Big dictionaries and encyclopedias.....	09.5.1.3.01.	_____		
- Other books and picture books.....	09.5.1.1.01.	_____		
- Printed material (greeting cards, business cards, calendars, catalogue, auto and geographic maps, etc.)	09.5.3.0.01.	_____		
Of total expenditures for education in the last 6 months, specify amount paid abroad		_____		
- There was no expenditure for education.....		○ 9		

C) Accommodation services						
4. Has any of your household members had expenditures for accommodation services (at least one stay overnight) in the last 12 months:						
Type of expenditures	COICOP		Amount paid in BAM	COICOP		Amount paid in BAM
			In country			Abroad
- Package arrangement (including school excursion pilgrimage and picnics).....	09.6.0.1.01.	○ 1	_____	09.6.0.2.01.	○ 2	_____
- Accommodation in hotels, motels, lodging (excluding business trips).....	11.2.0.1.01.	○ 1	_____	11.2.0.1.02.	○ 2	_____
- Accommodation in tourist villages, camps, etc.	11.2.0.2.01.	○ 1	_____	11.2.0.2.02.	○ 2	_____
- Accommodation costs of pupils and students in dormitories and other education institutions.	11.2.0.3.01.	○ 1	_____	11.2.0.3.02.	○ 2	_____

MODULE 8: Other products and services

A) Other personal products		
1. Have you had expenditures for purchase of listed products for the needs of your household or as a gift in the last 6 months		
Type of expenditures	COICOP	Amount paid in BAM
- Bags, suitcases and other travel equipment (<i>travel and hand bags, purse and wallets, etc.</i>).....	12.3.2.1.01.	_____
- Jewelry, wall clocks and wrist watches	12.3.1.1.01.	_____
- Other personal objects (<i>pipes, cigarette case, sun glasses, umbrellas,</i>	12.3.2.9.01.	_____
- Objects for kids (<i>prams and similar objects, beds, car seat, etc.</i>).....	12.3.2.2.01.	_____
- Electric devices for personal hygiene (<i>hair-dryer, epilators, shaver and hair trimmer etc.</i>).....	12.1.2.1.01.	_____
- Expenditures for repairs of listed products	12.1.2.2.01.	_____
Of total expenditures for listed personal products, specify amount paid abroad		_____
- There was no expenditure.....		0 9

B) Occasional and extraordinary expenditures			
2. What were expenditures of your household for the following services (for all household members specify total amount):			
Type of expenditures	COICOP	Yes = 1 No = 2	Amount paid in BAM
In the last 3 months:			
- Health insurance (<i>excluding deductions by law</i>)	12.5.3.2.01.	01 02	_____
- Life insurance.....	12.5.1.0.01.	01 02	_____
- Insurance of housing unit (<i>from theft, fire, damage, etc.</i>).....	12.5.2.0.01.	01 02	_____
- Travel insurance	12.5.4.2.01.	01 02	_____
- Other types of insurance.....	12.5.5.0.01.	01 02	_____
- Liability insurance for causing damage to property or injury to third parties	12.5.5.0.02.	01 02	_____
- Services of lawyer, notary, architect, etc.....	12.7.0.2.01.	01 02	_____
- Expenditures for religious ceremonies and contribution for religious community	12.7.0.4 01.	01 02	_____
- Funeral services	12.7.0.3.01.	01 02	_____
- Other paid transportation services (<i>towing services, moving costs</i>)	07.3.6.9.01.	01 02	_____
- Costs for issuance of personal documents (<i>passport, driving license, ID, birth and marriage certificates</i>).....	12.7.0.1.01.	01 02	_____
- Expenditures for other services (<i>renting wedding hall, photocopying, announcements, astrologist, etc</i>)	12.7.0.4.02.	01 02	_____
3. <input type="checkbox"/> (
Has your household had expenditures for financial services in the last 12 months (for all household members specify total amount)			
Type of expenditures	COICOP	Yes = 1 No = 2	Amount paid in BAM
- Bank commission and fees (<i>maintaining account, money exchange, Money transfer, commission for postal costs, etc.</i>)	12.6.2.1.01.	01 02	_____
- Fees for credit processing	12.6.2.1.02.	01 02	_____
- Other banking costs (<i>renting safe boxes etc.</i>).....	12.6.2.1.03.	01 02	_____
4. Has your household had some of the following expenditures in the last 12 months:			
Type of expenditures	Yes = 1 No = 2	Number of members	Amount paid in BAM
- Housing loan.....	01 02	_ _	_____
- Repayment of loan to bank, financial firms, friends, family etc...	01 02	_ _	_____
- Court and administrative costs (<i>including administrative fees</i>).....	01 02	_ _	_____
- Paying fines for traffic offenses and other violation of law (<i>including costs of „tow services“</i>).....	01 02	_ _	_____

MODULE 9: Purchase habits

1. In which of the listed stores does your household mostly buy the following products:

(for each type of products it is required to mark only one listed types of stores)

Type of products	Store	Department store	Super/hyper market	Market	Kiosk (excluding kiosk at market)	Other
	1	2	3	4	5	6
Bread	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Meat	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Fish	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Vegetable	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Fruits	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Clothes and footwear	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

MODULE 10: Investment

Investment or sale in the last 12 months:

Description of item	1. Did your household have investment or sale? Yes = 1 No = 2	Value in BAM		
		Investment		Sale
		Total	Of that second hand	
A. Investment in housing units				
A.1 Purchase or sale of house, apartment, garage etc. (including costs of lawyer, notary)	<input type="radio"/> 1 <input type="radio"/> 2			
A.2 Purchase or sale of land for construction of housing units	<input type="radio"/> 1 <input type="radio"/> 2			
A.3 Ownership transfer costs of land (costs of lawyer, appraiser, commission, mediator and tax on ownership value)	<input type="radio"/> 1 <input type="radio"/> 2			
A.4 Expenditures for construction of housing units for own needs - total	<input type="radio"/> 1 <input type="radio"/> 2			
A.4.1 Expenditure for material	<input type="radio"/> 1 <input type="radio"/> 2			
A.4.2 Expenditure for labor force	<input type="radio"/> 1 <input type="radio"/> 2			
A.4.3 Payments for contractors	<input type="radio"/> 1 <input type="radio"/> 2			
A.4.4 Expenditures for drawings and preparation of construction land, connection to public infrastructure (sewerage, electricity, water etc.)	<input type="radio"/> 1 <input type="radio"/> 2			
A.4.5 Expenditures for obtaining construction permits and approvals	<input type="radio"/> 1 <input type="radio"/> 2			
A.5 Reconstruction, annex and refurbishing - total	<input type="radio"/> 1 <input type="radio"/> 2			
A.5.1 Expenditures for material	<input type="radio"/> 1 <input type="radio"/> 2			
A.5.2. Expenditures for labor force	<input type="radio"/> 1 <input type="radio"/> 2			
A.5.3. Payment for contractors	<input type="radio"/> 1 <input type="radio"/> 2			
B. Investment in business activities – artisans or self-employed professions (excluding agriculture)				
B.1 Purchase or sale of business facilities (stores, offices, buildings)	<input type="radio"/> 1 <input type="radio"/> 2			
B.2 Purchase of land for construction of business facilities	<input type="radio"/> 1 <input type="radio"/> 2			
B.3 Ownership transfer costs of land (costs of lawyer, appraiser, commission, broker and tax on ownership value)	<input type="radio"/> 1 <input type="radio"/> 2			
B.4 Expenditures for construction of business facilities for own needs –total	<input type="radio"/> 1 <input type="radio"/> 2			
B.4.1 Expenditures for material	<input type="radio"/> 1 <input type="radio"/> 2			
B.4.2 Expenditures for labor force	<input type="radio"/> 1 <input type="radio"/> 2			
B.4.3 Payments for constructor	<input type="radio"/> 1 <input type="radio"/> 2			
B.5 Expenditures for construction, annex and refurbishing	<input type="radio"/> 1 <input type="radio"/> 2			
B.6 Purchase or sale of machines and equipment	<input type="radio"/> 1 <input type="radio"/> 2			
B.7 Purchase or sale of transportation equipment	<input type="radio"/> 1 <input type="radio"/> 2			
C. Household investment in agriculture activity				
C.1 Purchase or sale of a facility for agriculture	<input type="radio"/> 1 <input type="radio"/> 2			
C.2 Expenditures for construction of agriculture facilities for own needs –total	<input type="radio"/> 1 <input type="radio"/> 2			
C.2.1 Expenditures for material	<input type="radio"/> 1 <input type="radio"/> 2			
C.2.2 Expenditures for household	<input type="radio"/> 1 <input type="radio"/> 2			
C.2.3 Payments for constructors	<input type="radio"/> 1 <input type="radio"/> 2			
C.3 Expenditures for construction permits	<input type="radio"/> 1 <input type="radio"/> 2			

Description of item	1. Did your household have investment or sale? Yes = 1 No = 2	Value in BAM		
		Investment		Sale
		Total	Of that second-hand	
C.4 Expenditures for other construction works (improvement of land)	<input type="radio"/> 1 <input type="radio"/> 2			
C.5 Expenditures for purchase of land for agriculture services	<input type="radio"/> 1 <input type="radio"/> 2			
C.6 Ownership transfer costs of land (costs of lawyer, appraiser, commission, broker and tax on ownership value)	<input type="radio"/> 1 <input type="radio"/> 2			
C.7 Purchase or sale of cattle for breeding and work	<input type="radio"/> 1 <input type="radio"/> 2			
C.8 Purchase or sale of agriculture machines and equipment	<input type="radio"/> 1 <input type="radio"/> 2			
C.9 Purchase or sale of transportation equipment	<input type="radio"/> 1 <input type="radio"/> 2			
C.10 Purchase or sale of perennial plantations (vineyards and plantations)	<input type="radio"/> 1 <input type="radio"/> 2			
D. Purchase or sale of valuables and securities	<input type="radio"/> 1 <input type="radio"/> 2			

2. Have your hired labor force free of charge for construction or reconstruction of housing units, business buildings or agricultural facilities in the last 12 months:

Yes ☐ 1 No ☐ 2 ⇒ **Module 11**



3. Please estimate how money worker/day labor force free of charge did you have for the following items:	
Investment	Number worker/day
E.1 Construction of housing units for own needs	_____
E.2 Reconstruction, annex and refurbishing of housing units for own needs	_____
E.3 Construction and reconstruction of business facilities for own needs	
E.4. Expenditures for construction of agricultural facilities for own needs	

During this interview we have collected the data on the status of the current activity of your household members, but we also need information on performing **additional** activities that generate income (*excluding registered activities*).

1. Does any member of your household perform additional activities that generate income for him/her?

Yes ☐1 No ☐2



2. If your answer is YES, please, list the type of activity generating income (*you may mark several modalities*):

- | | | | |
|--|-----------------------|---|-----------------------|
| Farmer..... | <input type="radio"/> | Trader..... | <input type="radio"/> |
| Hairdresser..... | <input type="radio"/> | Babysitting..... | <input type="radio"/> |
| Tailor..... | <input type="radio"/> | Renting apartments, garage and business premises..... | <input type="radio"/> |
| Taxi driver..... | <input type="radio"/> | Cleaning of apartments and business premises | <input type="radio"/> |
| Car transporter..... | <input type="radio"/> | Private lessons (<i>foreign languages, mathematics etc.</i>)..... | <input type="radio"/> |
| Craftsman (<i>plumber, painter</i>)..... | <input type="radio"/> | Others (<i>specify</i>)..... | <input type="radio"/> |

A) Income, from employment, property and similar
(to be filled for all household members of 15 years of age and above)

Enter ID number of the person in question 1 and ask question 2 in the following table:

1. Enter ID number of all adult persons of 15 years of age and above	2. Have you had any of listed incomes <u>in the last 12 months?</u> Yes 1 ⇒ 3 No 2 ⇒ Part B Rejected R ⇒ Part B
<div></div>	
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MODULE 12: Income, pensions, social benefits and savings of households

For persons who answered Yes in question 2, enter ID ☐ ask questions 3, 4 and 5

No.	Type of income	3. What of the listed Income did you have? Yes.....1 No2 I do not knowK RejectedR	4. What is the last net monthly amount your received? (BAM)	5. What is the No. of payments received In the last 12 months?
		Code	Amount in BAM	Number
A1	Salary of the employed with domestic employers	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A2	Salary of the employed with international employers in BiH (<i>international organizations, embassies, EUFOR etc.</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A3	Salary for work abroad	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A4	Remuneration for work performed on the basis of service contracts, authors' contracts, temporary and occasional jobs or agreements with domestic employers (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A5	Remuneration for work performed on the basis on service contracts, authors' contracts, temporary and occasional jobs or agreements with international employers in BiH (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A6	Remuneration for work performed on the basis on service contracts, authors' contracts, temporary and occasional jobs or agreements with employer abroad (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A7	Meal allowances (<i>excluding coupons and meals</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A8	Transportation to and from work (<i>excluding coupon</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A9	Reimbursement for separated life	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A10	Remuneration for members of management and supervisory board	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A11	Other cash income from employment (<i>holiday allowances, awards, severance payments, food provision for winter, firewood, sick or death allowances</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A12	In-kind income from employment (<i>including coupon for meal allowance, meals and transport coupon</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A13	Income from activity in own company	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A14	Income from activity at own agricultural holding	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A15	Income from activity of craft or free-lance profession (<i>lawyers, painters, musicians, etc.</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A16	Income from interest on savings, dividends or profit from capital investment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A17	Income from lease of land	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A18	Income from renting housing space	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A19	Income from renting business space, garage, etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A20	Income from renting equipment, cattle, etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A21	Money from other households or individuals from BiH	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A22	Money from other household or individuals from abroad (<i>remittance</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A23	Other (<i>specify</i>): _____	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

MODULE 12: Income, pensions and social benefits and savings of household

For persons who answered Yes in question 2, enter ID **OO** and ask questions 3, 4 and

No.	Type of income	3. What of listed Income did you have? Yes.....1 No2 I do not knowK RejectedR	4. What is the last monthly net amount that you received? (BAM)	5. What is the No. payments received in the last 12 months?
		Code	Amount in BAM	Number
A1	Salary of the employed with domestic employers	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A2	Salary of the employed with international employer in BiH (<i>international organizations, embassies, EUFOR etc.</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A3	Salary for work abroad	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A4	Remuneration for work performed on the basis of service contracts, authors' contracts and temporary and occasional jobs or agreements with domestic employer (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A5	Remuneration for work performed on the basis of service contracts, author' contracts and temporary and occasional jobs or agreements with international employer in BiH (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A6	Remuneration for work performed on the basis of service contracts, author' contracts and temporary and occasional jobs or agreements with employer abroad (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A7	Meal allowances (<i>excluding coupons and meals</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A8	Transportation to and from work (<i>excluding coupons</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A9	Remuneration for separated life	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A10	Remuneration for members of management and supervisory board	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A11	Other cash income from employment (<i>holiday allowances, awards, severance payments, food provision for winter, firewood, sick or death allowances</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A12	In-kind income from employment (<i>including coupon for meal allowance, meals and transport coupon</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A13	Income from activity in own company	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A14	Income from activity at own agricultural holding	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A15	Income from activity in craft and free-lance profession (<i>lawyers, painters, musicians, etc.</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A16	Income from interest on savings, dividends or profit from capital investments	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A17	Income from lease of land	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A18	Income from renting housing space	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A19	Income from renting business space, garage etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A20	Income from renting equipment, cattle etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A21	Money from other households or individuals from BiH	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A22	Money from other households or individuals from abroad (<i>remittance</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A23	Other (<i>specify</i>):_____	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

MODULE 12: Income, pensions and social benefits and savings of households

For persons who answered Yes in question 2, enter ID ☐ and ask questions 3, 4 and 5:

No.	Type of income	3. What of listed Income did you have? Yes.....1 No2 I do not knowK RejectedR	4. What is the last monthly net amount that you received? (BAM)	5. What is the No. of payments received in the last 12 months?
		Code	Amount in BAM	Number
A1	Salary of the employed with domestic employers	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A2	Salary of the employed with international employer in BiH (<i>international organizations, embassies, EUFOR etc.</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A3	Salary for work abroad	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A4	Remuneration for work performed on the basis of service contracts, authors' contracts and temporary and occasional jobs or agreements with domestic employer (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A5	Remuneration for work performed on the basis of service contracts, author' contracts and temporary and occasional jobs or agreements with international employer in BiH (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A6	Remuneration for work performed on the basis of service contracts, author' contracts and temporary and occasional jobs or agreements with employer abroad (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A7	Meal allowances (<i>excluding coupons and meals</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A8	Transportation to and from work (<i>excluding coupon</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A9	Remuneration for separated life	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A10	Remuneration for members of management and supervisory board	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A11	Other cash income from employment (<i>holiday allowances, awards, severance payments, food provision for winter, firewood, sick or death allowances</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A12	In-kind income from employment (<i>including coupon for meal allowance, meals and transport coupon</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A13	Income from activity in own company	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A14	Income from activity at own agricultural holding	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A15	Income from activity in craft and free-lance profession (<i>lawyers, painters, musicians, etc.</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A16	Income from interest on savings, dividends or profit from capital investments	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A17	Income from lease of land	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A18	Income from renting housing space	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A19	Income from renting business space, garage, etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A20	Income from renting equipment, cattle, etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A21	Money from other households or individuals from BiH	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A22	Money from other households or individuals from abroad (<i>remittances</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A23	Other (<i>specify</i>): _____	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

MODULE 12: Income, pensions and social benefits and savings of household

For persons who answered Yes in question 2, enter ID **OO** and ask questions 3, 4 and

No.	Type of income	3. What of listed Income did you have? Yes.....1 No2 I do not knowK RejectedR	4. What is the last monthly net amount that you received? (BAM)	5. What is No. of payments received in the last 12 months?
		Code	Amount in BAM	Number
A1	Salary of the employed with domestic employers	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A2	Salary of employed with international employers in BiH (<i>international organizations, embassies, EUFOR etc.</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A3	Salary for work abroad	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A4	Remuneration for work performed on the basis of service contracts, authors' contracts and temporary and occasional jobs or agreements with domestic employer (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A5	Remuneration for work performed on the basis of service contracts, author' contracts and temporary and occasional jobs or agreements with international employer in BiH (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A6	Remuneration for work performed on the basis of service contracts, author' contracts and temporary and occasional jobs or agreements with employer abroad (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A7	Meal allowance (<i>excluding coupons and meals</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A8	Transportation to and from work (<i>excluding coupons</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A9	Remuneration for separated life	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A10	Remuneration for members of management and supervisory board	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A11	Other cash income from employment (<i>holiday allowances, awards, severance payments, food provision for winter, firewood, sick or death allowances</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A12	In-kind income from employment (<i>including coupon for meal allowance, meals and transport coupon</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A13	Income from activity in own company	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A14	Income from activity at own agricultural holding	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A15	Income from activity in craft and free-lance profession (<i>lawyers, painters, musicians, etc.</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A16	Income from interest on savings, dividends or profit from capital investments	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A17	Income from lease of land	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A18	Income from renting housing space	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A19	Income from renting business space, garages, etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A20	Income from renting equipment, cattle, etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A21	Money from households and individuals from BiH	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A22	Money from households or individuals from abroad (<i>remittances</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A23	Other (<i>specify</i>):_____	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

MODULE 12: Income, pensions and social benefits and savings of households

For persons who answered Yes in question 2, enter ID **00** and ask questions 3, 4 and 5:

No.	Type of income	3. What of listed Income did you have? Yes.....1 No2 I do not knowK RejectedR	4. What is the last monthly net amount that you received? (BAM)	5. What is No. of payments received in the last 12 months?
		Code	Amount in BAM	Number
A1	Salary of the employed with domestic employers	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A2	Salary of the employed with international employers in BiH (<i>international organizations, embassies, EUFOR etc.</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A3	Salary for work abroad	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A4	Remuneration for work performed on the basis of service contracts, authors' contracts and temporary and occasional jobs or agreements with domestic employer (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A5	Remuneration for work performed on the basis of service contracts, author' contracts and temporary and occasional jobs or agreements with international employer in BiH (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A6	Remuneration for work performed on the basis of service contracts, author' contracts and temporary and occasional jobs or agreements with employer abroad (<i>honorarium</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A7	Meal allowances (<i>excluding coupons and meals</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A8	Transportation to and from work (<i>excluding coupons</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A9	Remuneration for separated life	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A10	Remuneration for members of management and supervisory board	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A11	Other cash income from employment (<i>holiday allowances, awards, severance payments, food provision for winter, firewood, sick or death allowances</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A12	In-kind income from employment (<i>including coupon for meal allowance, meals and transport coupon</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A13	Income from activity in own company	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A14	Income from activity at own agricultural holding	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A15	Income from activity in craft and free-lance profession (<i>lawyers, painters, musicians, etc.</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A16	Income from interest on savings, dividends or profit from capital investments	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A17	Income from lease of land	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A18	Income from renting housing space	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A19	Income from renting business space, garage, etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A20	Income from renting equipment, cattle, etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A21	Money from other households and individuals from BiH	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A22	Money from other households and individuals from abroad (<i>remittance</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A23	Other (<i>specify</i>):_____	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

B) Pension and social benefits

(to be field for all household members)

Enter ID number of person in question 1 and ask question 2 in the following table:

1. Enter ID of all persons	2. Have you had the entitlement to some of listed pensions or social benefits in <u>the last 12 months</u> ?
	Yes 1 ⇒ 3 No 2 ⇒ Part C Rejected R ⇒ Part C

MODULE 12: Income, pension and social benefits and savings of households

For persons who answered Yes in question 2 enter ID **00** ask questions 3, 4, 5 and 6:

No.	Pension and social benefits	3. To which type of pension/benefit are you entitled? Yes.....1 No.....2 Don't knowK RejectedR	4. Did you receive any of listed pensions/benefits? Yes.....1 No.....2 Don't knowK RejectedR	5. What is the last monthly amount you received? (BAM)	6. What is the number of pensions/benefits received in the last 12 months?
		Code	Code	Amount in BAM	Number
	Pensions (Pension and Disability Insurance):				
B1	Age pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B2	Family pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B3	Disability pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B4	Pension from abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B5	Pension realized under favorable conditions (veterans')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Veteran – disability allowances:				
B6	Personal disability allowance (war veterans invalids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B7	Allowance for care and assistance provided by other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B8	Orthopedic aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B9	Family disability allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B10	Veteran allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Civil victims of war:				
B11	Personal disability (CVofW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B12	Allowance for care and assistance provided by other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B13	Orthopedic aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B14	Family disability allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B15	Monthly personal cash benefit/ Additional financial aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B16	Allowance for a family member incapable to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B17	Allowance for single parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Non- war persons with disability				
B18	Personal disability allowance (PDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B19	Allowance for care and assistance provide by other persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B20	Orthopedic aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Child protection:				
B21	Child allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B22	Maternity allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B23	Child packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Unemployment allowances:				
B24	Cash allowance for the unemployed after termination of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B25	Allowance for demobilized soldiers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

MODULE 12: Income, pensions and social benefits and savings of household

No.	Pensions and social benefits	3. To which type of pension/benefit are you entitled? Yes.....1 No.....2 Don't knowK Rejected R	4. Did your receive any of listed pensions/benefits? Yes.....1 No.....2 Don't knowK RejectedR	5. What is the last monthly amount you received? (BAM)	6. What is the number of pensions/benefits received in the last 12 months?
		Code	Code	Amount in BAM	Number
	Social protection:				
B26	Permanent financial aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B27	Temporary, one-time or other financial aid (institution of authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B28	Subsidies for housing, heating and funerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B29	Training aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Other:				
B30	Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B31	Other (specify):_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

MODULE 12: Income, pension and social benefits and savings of households

For persons who answered Yes in question 2 enter ID ☐ ask questions 3, 4, 5 and 6:

No.	Pension and social benefits	3. To which type of pension/benefit are you entitled? Yes.....1 No.....2 Don't knowK RejectedR	4. Did you receive any of listed pensions/benefits? Yes.....1 No.....2 Don't knowK RejectedR	5. What is the last monthly amount you received? (BAM)	6. What is the number of pensions/benefits received in the last 12 months?
		Code	Code	Amount in BAM	Number
	Pensions (Pension and Disability Insurance):				
B1	Age pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B2	Family pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B3	Disability pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B4	Pension from abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B5	Pension realized under favorable conditions (veterans')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Veteran disability allowances:				
B6	Personal disability (war veteran disability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B7	Allowances for care and assistance provided by other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B8	Orthopedic aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B9	Family disability allowances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B10	Veteran allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Civil victims of war:				
B11	Personal disability allowance (CVofW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B12	Allowance for care and assistance provided by other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B13	Orthopedic aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B14	Family disability allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B15	Monthly personal cash benefit/ Additional financial aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B16	Allowance for a family member incapable to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B17	Allowances for single parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Non-war persons with disability:				
B18	Personal disability allowance (PDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B19	Allowance for assistance and care provided by other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B20	Orthopedic aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Child protection:				
B21	Child allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B22	Maternity allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B23	Child package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Unemployment allowance:				
B24	Cash allowance for the unemployed after termination of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B25	Allowance for demobilized soldiers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

MODULE 12: Income, pensions and social benefits and savings of household

No.	Pension and social benefits	3. To which type of pension/benefit are you entitled? Yes.....1 No.....2 Don't knowK Rejected R	4. Did your receive any of listed pensions/benefits? Yes.....1 No.....2 Don't knowK RejectedR	5. What is the last monthly amount you received? (BAM)	6. What is the number of pensions/benefits received in the last 12 months?
		Code	Code	Amount in BAM	Number
	Social protection:				
B26	Permanent financial aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B27	Temporary, one-time or other financial aid (institution of authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B28	Subsidies for housing, heating, funerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B29	Training aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Other:				
B30	Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B31	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

MODULE 12: Income, pension and social benefits and savings of households

For persons who answered Yes in question 2 enter ID **00** ask questions 3, 4, 5 and 6:

No.	Pension and social benefits	3. To which type of pension/benefit are you entitled? Yes.....1 No.....2 Don't knowK RejectedR	4. Did you receive any of listed pensions/benefits? Yes.....1 No.....2 Don't knowK RejectedR	5. What is the last monthly amount you received? (BAM)	6. What is the number of pensions/benefits received in the last 12 months?
		Code	Code	Amount in BAM	Number
	Pensions (Pension and disability insurance):				
B1	Age pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B2	Family pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B3	Disability pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B4	Pension from abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B5	Pension realized under favorable conditions (veterans')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Veteran disability allowance:				
B6	Personal disability (war veteran disability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B7	Allowance for care and assistance provided by other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B8	Orthopedic aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B9	Family disability allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B10	Veteran allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Civil victims of war:				
B11	Personal disability allowance (CVofW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B12	Allowance for care and assistance provided by other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B13	Orthopedic aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B14	Family disability aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B15	Monthly personal cash benefit/ Additional financial aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B16	Allowance for a family member incapable to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B17	Allowance for single parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Non-war persons with disability:				
B18	Personal disability allowance (PDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B19	Allowance for care and assistance provided by other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B20	Orthopedic aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Child protection:				
B21	Child allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B22	Maternity allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B23	Child package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Unemployment allowance:				
B24	Cash allowance for the unemployed after termination of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B25	Allowance for demobilized soldiers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

MODULE 12: Income, pensions and social benefits and savings of household

No.	Pension and social benefit	3. To which type of pension/benefit are you entitled? Yes.....1 No.....2 Don't knowK RejectedR	4. Did you receive any of listed pensions/benefits? Yes.....1 No.....2 Don't knowK RejectedR	5. What is the last monthly amount you received? (BAM)	6. What is the number of pensions/benefits received in the last 12 months?
		Code	Code	Amount in BAM	Number
Social protection:					
B26	Permanent financial aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B27	Temporary, one-time or other financial aid (institution of authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B28	Subsidies for housing, heating and funerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B29	Training aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other:					
B30	Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
B31	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

C. Household savings	
1. In your opinion, what is the lowest monthly income to satisfy needs of your household?	Value in BAM <input type="text"/> <input type="text"/> <input type="text"/>
2. How does usually your household use its annual income?	
Completely spent	<input type="radio"/> 1
A portion is saved	<input type="radio"/> 2

D. Providing money			
(to be filled for all household members of 15 years of age and above)			
ID of person	1. Have you granted unrepayable funds to other households or individuals in <u>the last 12 months?</u>		2. If Yes specify amount
	Yes	No	Value in BAM
<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>

To be filled by Interviewer
(to be filled after completion of the Final
Interview)
Information on conducted Survey

- Contact established with household

1. Delivery of Dairy

Number of visits to household

Number of realized telephone contacts

2. Final Interview

Number of visits to household

Number of realized telephone contacts

3. Duration of Final Interview

Less than 30 minutes

☐ 1

Between 30 and 45 minutes

☐ 2

Between 45 and 60 minutes

☐ 3

60 minutes and longer

☐ 4

4. Which persons filled Diary?

No. of person from of Module 1: Data on household members

5. Which person answered the questions from the Final Interview?

No. of person from Module 1: Data on household members

- Response/willingness to cooperation

6. In keeping diary

Weak

☐ 1

Satisfactory

☐ 2

Good

☐ 3

Excellent

☐ 4

7. During Final interview

Weak

☐ 1

Satisfactory

☐ 2

Good

☐ 3

Excellent

☐ 4

[illegible]

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

ispitanicima.