

Federation of BiH
Federal Bureau of Statistics

Republika Srpska
Republic Institute of Statistics

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"/> <i>(form 01 to total number of collected APD/2 in a month)</i> |
| 5. | Period of keeping diary in household Month <input type="text"/> from _____ to _____ period <input type="text"/> |
| 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"/> day <input type="text"/> month <input type="text"/> |
| 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 brogekrage..... | 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. | 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"/> | 01 |
| - Apartment in a residential building with 10 or more housing units..... | <input type="radio"/> | 02 |
| - Separate house..... | <input type="radio"/> | 03 |
| - Block of houses / duplex..... | <input type="radio"/> | 04 |
| - Part of house..... | <input type="radio"/> | 05 |
| - Non-housing facility, but household uses it for housing (school, barracks, tent, carriage)..... | <input type="radio"/> | 06 ⇒ Q.27 |
| - Other..... | <input type="radio"/> | 07 ⇒ 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"/> | <input type="radio"/> |
| - Inside bathroom..... | <input type="radio"/> | <input type="radio"/> |
| - Inside WC with water flushing..... | <input type="radio"/> | <input type="radio"/> |
| - Current water..... | <input type="radio"/> | <input type="radio"/> |
| - Hot water (from faucet)..... | <input type="radio"/> | <input type="radio"/> |
| - Electricity..... | <input type="radio"/> | <input type="radio"/> |
| - Public sewerage..... | <input type="radio"/> | <input type="radio"/> |
| - Heating (central or individual)..... | <input type="radio"/> | <input type="radio"/> |
| - Telephone line..... | <input type="radio"/> | <input type="radio"/> |
| - Garage..... | <input type="radio"/> | <input type="radio"/> |
| - Basement, shed, boiler room, etc..... | <input type="radio"/> | <input type="radio"/> |
| - Attic..... | <input type="radio"/> | <input type="radio"/> |
| - Balcony..... | <input type="radio"/> | <input type="radio"/> |
| - Garden..... | <input type="radio"/> | <input type="radio"/> |
| - Other..... | <input type="radio"/> | <input type="radio"/> |
| 5a. In what way is this housing unit supplied with water? | <input type="radio"/> | <input type="radio"/> |
| - Current water in housing unit..... | <input type="radio"/> | <input type="radio"/> |
| - From individual sources (well, standing fountain, etc)..... | <input type="radio"/> | <input type="radio"/> |
| - Common fountain up to 200 meters from housing unit..... | <input type="radio"/> | <input type="radio"/> |
| - Other (specify): _____ | <input type="radio"/> | <input type="radio"/> |
| 6. If hot water is available, which installations or equipment are mostly used? | <input type="radio"/> | <input type="radio"/> |
| - Electric boiler..... | <input type="radio"/> | <input type="radio"/> |
| - Gas boiler..... | <input type="radio"/> | <input type="radio"/> |
| - Water heating system outside household (e.g. mini boiler on the roof of house)..... | <input type="radio"/> | <input type="radio"/> |
| - Other (not including heating of water on a stove): _____ | <input type="radio"/> | <input type="radio"/> |
| 7. In what way is this housing unit heated? | <input type="radio"/> | <input type="radio"/> |
| - Central heating from heating plant..... | <input type="radio"/> | <input type="radio"/> |
| - Individual heating..... | <input type="radio"/> | <input type="radio"/> |
| - Individual furnace..... | <input type="radio"/> | <input type="radio"/> |
| - Other (specify) _____ | <input type="radio"/> | <input type="radio"/> |
| 8. What is the basic energy generating product used for heating? | <input type="radio"/> | <input type="radio"/> |
| - Coal..... | <input type="radio"/> | <input type="radio"/> |
| - Wood, briquette and pallets..... | <input type="radio"/> | <input type="radio"/> |
| - Gas (natural gas or bottled gas)..... | <input type="radio"/> | <input type="radio"/> |
| - Electricity..... | <input type="radio"/> | <input type="radio"/> |
| - Fuel oil, etc..... | <input type="radio"/> | <input type="radio"/> |
| - Other (specify): _____ | <input type="radio"/> | <input type="radio"/> |

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>)..... | 01 ⇒ Q.14 |
| - Lessee or tenant..... | 02 ⇒ Q.11 |
| - User free of charge (<i>ceded by relatives, friends or employer</i>)..... | 03 ⇒ Q.14 |
| - Other..... | 04 ⇒ Q.14 |
| <i>(If lessee or tenant)</i> | |
| 11. Who is the owner of the housing unit? | |
| - Company or employer..... | 01 |
| - Public institution (<i>municipality etc.</i>)..... | 02 |
| - Private person..... | 03 |
| - Other (<i>specify</i>):..... | 04 |
| 12. Did you rent the housing unit with furniture? | Yes 01 No 02 |
| 13. What is monthly rent? <i>(including garage and parking related to housing unit if may not be separated From monthly rent)</i> | COICOP BAM 04.1.1.1.01. |
| 13a. Do you think that the rent you pay is in line with the market price? | Yes 01 ⇒ Q.15 No 02 ⇒ 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 (with furniture)? | COICOP KM 04.2.1.0.01. |
| 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 the <u>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 (<i>that are not mentioned</i>) | 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 <u>place of residence</u>)? | | |
| 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 <i>(if the household pays costs for several other places or residence, specify the total amount)</i> | | |
|---|--------------|--------------------|
| | 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 <i>(lift, light, cleaning, housing manager etc.)</i> | 04.4.4.1.02. | _____ |
| - Garbage collection..... | 04.4.2.0.02. | _____ |
| - Fix telephone bill <i>(excluding TV subscription)</i> | 08.3.0.1.03. | _____ |
| - TV subscription..... | 09.4.2.3.02. | _____ |
| - Subscription for cable TV <i>(excluding connection costs)</i> | 09.4.2.3.04. | _____ |
| - Internet package + TV + cable + telephone <i>(excluding connection costs)</i> | 08.3.0.4.02. | _____ |
| - Internet subscription <i>(excluding connection costs)</i> | 08.3.0.3.03. | _____ |
| - Garage or parking place related to housing unit | 04.1.2.2.02. | _____ |
| - Other utility costs <i>(specify)</i> | 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 <u>the last 6 months</u>? | | | | | |
| Yes <input type="radio"/> 1 No <input type="radio"/> 2 ⇒ Q. 27 | | | | | |
| ↓ | | | | | |
| 26. What was the amount for regular maintenance by items <i>(if you did it by yourself, specify only amounts paid for materials).</i> | | | | | |
| 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 <i>(that are not mentioned)</i> | 04.3.2.9.02. | _____ | 04.3.1.0.10. | _____ | |

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 (<i>coats, jackets, trench coats</i>)..... | 03.1.2.1.01. | _____ |
| - Suits and blazers..... | 03.1.2.1.02. | _____ |
| - Trousers (<i>including jeans</i>)..... | 03.1.2.1.03. | _____ |
| - T-shirts, shirts, sweatshirts, pullovers,..... | 03.1.2.1.04. | _____ |
| - Underwear (<i>panties, boxer shorts, undershirt</i>), gowns and pajamas | 03.1.2.1.05. | _____ |
| - Sports clothing..... | 03.1.2.1.06. | _____ |
| Women's clothing | | |
| - Coats (<i>coats, jackets, trench coats</i>)..... | 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 (<i>bras, panties, stockings, undershirts</i>), gowns and pajamas..... | 03.1.2.2.05. | _____ |
| - Sports clothing..... | 03.1.2.2.06. | _____ |
| Clothes for kids and babies | | |
| - Coats (<i>coats, jackets, trench coats</i>) 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 (<i>up to 2 years; including cotton diapers</i>)..... | 03.1.2.4.01. | _____ |
| Material for making cloths and accessories | | |
| - Other clothing items and accessories (<i>caps, hats, gloves, ties, cotton handkerchief, scarfs, belts, etc.</i>)..... | 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 (<i>including purchase of laces, heels, soles for repair of footwear</i>).. | 03.2.1.1.01. | _____ |
| - Women's footwear of all types (<i>including purchase of laces, heels, soles for repair of footwear</i>) | 03.2.1.2.01. | _____ |
| - Footwear for kids (3-13) and babies (0-2), all types (<i>including purchase of laces, heels, soles for repair of footwear</i>)..... | 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 (<i>excluding footwear for sport activities</i>)..... | 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 in the last 12 months (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 | | | | |
| <u>In the last months for:</u> | | | | | |
| - 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 (excluding individual tickets for city transportation and travel costs that are reimbursed), in the last month? 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 (excluding school buses and city transportation)... | 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. | _____ |
| In the last six month: | | |
| - 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 the last three months: (excluding equipment which is used for business purposes) | | | |
| Type of equipment | COICOP | DA = 1 NE = 2 | Amount paid in BAM, for your needs Or as a gift (including commodities bought on credit) |
| 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 in last 12 months , 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), in the last months? | | | | |
| 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 | 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..... | <input type="radio"/> 9 | | | |

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..... | | 0 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 | | Amount paid in BAM |
| | | | In country | COICOP | |
| - Package arrangement (including school excursion pilgrimage and picnics)..... | 09.6.0.1.01. | 0 1 | _____ | 09.6.0.2.01. 0 2 | _____ |
| - Accommodation in hotels, motels, lodging (excluding business trips)..... | 11.2.0.1.01. | 0 1 | _____ | 11.2.0.1.02. 0 2 | _____ |
| - Accommodation in tourist villages, camps, etc. | 11.2.0.2.01. | 0 1 | _____ | 11.2.0.2.02. 0 2 | _____ |
| - Accommodation costs of pupils and students in dormitories and other education institutions. | 11.2.0.3.01. | 0 1 | _____ | 11.2.0.3.02. 0 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..... | | o 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. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Life insurance..... | 12.5.1.0.01. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Insurance of housing unit (<i>from theft, fire, damage, etc.</i>)..... | 12.5.2.0.01. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Travel insurance | 12.5.4.2.01. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Other types of insurance..... | 12.5.5.0.01. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Liability insurance for causing damage to property or injury to third parties | 12.5.5.0.02. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Services of lawyer, notary, architect, etc..... | 12.7.0.2.01. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Expenditures for religious ceremonies and contribution for religious community | 12.7.0.4.01. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Funeral services | 12.7.0.3.01. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Other paid transportation services (<i>towing services, moving costs</i>) | 07.3.6.9.01. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Costs for issuance of personal documents (<i>passport, driving license, ID, birth and marriage certificates</i>)..... | 12.7.0.1.01. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Expenditures for other services (<i>renting wedding hall, photocopying, announcements, astrologist, etc</i>) | 12.7.0.4.02. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| 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. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Fees for credit processing | 12.6.2.1.02. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| - Other banking costs (<i>renting safe boxes etc.</i>)..... | 12.6.2.1.03. | <input type="radio"/> 1 <input type="radio"/> 2 | _____ |
| 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..... | <input type="radio"/> 1 <input type="radio"/> 2 | _ _ | _____ |
| - Repayment of loan to bank, financial firms, friends, family etc... | <input type="radio"/> 1 <input type="radio"/> 2 | _ _ | _____ |
| - Court and administrative costs (<i>including administrative fees</i>)..... | <input type="radio"/> 1 <input type="radio"/> 2 | _ _ | _____ |
| - Paying fines for traffic offenses and other violation of law (<i>including costs of „tow services“</i>)..... | <input type="radio"/> 1 <input type="radio"/> 2 | _ _ | _____ |

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 <i>(improvement of land)</i> | <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 <i>(costs of lawyer, appraiser, commission, broker and tax on ownership value)</i> | <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 <i>(vineyards and plantations)</i> | <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 | |

MODULE11: Additional activities

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"/> |

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

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 |
|--|--|
| | |
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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? | 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 | Yes.....1 No2 I do not knowK RejectedR | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | Salary of the employed with international employers in BiH (<i>international organizations, embassies, EUFOR etc.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | Salary for work abroad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> |
| A7 | Meal allowances (<i>excluding coupons and meals</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A8 | Transportation to and from work (<i>excluding coupon</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A9 | Reimbursement for separated life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A10 | Remuneration for members of management and supervisory board | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> |
| A12 | In-kind income from employment (<i>including coupon for meal allowance, meals and transport coupon</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A13 | Income from activity in own company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A14 | Income from activity at own agricultural holding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A15 | Income from activity of craft of free-lance profession (<i>lawyers, painters, musicians, etc.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A16 | Income from interest on savings, dividends or profit from capital investment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A17 | Income from lease of land | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A18 | Income from renting housing space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A19 | Income from renting business space, garage, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A20 | Income from renting equipment, cattle, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A21 | Money from other households or individuals from BiH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A22 | Money from other household or individuals from abroad (<i>remittance</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A23 | Other (<i>specify</i>):_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A3 | Salary for work abroad | <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"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A7 | Meal allowances (<i>excluding coupons and meals</i>) | <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"/> |
| A8 | Transportation to and from work (<i>excluding coupons</i>) | <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"/> |
| A9 | Remuneration for separated life | <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"/> |
| A10 | Remuneration for members of management and supervisory board | <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"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A13 | Income from activity in own company | <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"/> |
| A14 | Income from activity at own agricultural holding | <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"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A17 | Income from lease of land | <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"/> |
| A18 | Income from renting housing space | <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"/> |
| A19 | Income from renting business space, garage etc. | <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"/> |
| A20 | Income from renting equipment, cattle etc. | <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"/> |
| A21 | Money from other households or individuals from BiH | <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"/> |
| A22 | Money from other households or individuals from abroad (<i>remittance</i>) | <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"/> |
| A23 | Other (<i>specify</i>): _____ | <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, 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? | 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 | Yes.....1 No2 I do not knowK RejectedR | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | Salary of the employed with international employer in BiH (<i>international organizations, embassies, EUFOR etc.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | Salary for work abroad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> |
| A7 | Meal allowances (<i>excluding coupons and meals</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A8 | Transportation to and from work (<i>excluding coupon</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A9 | Remuneration for separated life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A10 | Remuneration for members of management and supervisory board | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> |
| A12 | In-kind income from employment (<i>including coupon for meal allowance, meals and transport coupon</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A13 | Income from activity in own company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A14 | Income from activity at own agricultural holding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A15 | Income from activity in craft and free-lance profession (<i>lawyers, painters, musicians, etc.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A16 | Income from interest on savings, dividends or profit from capital investments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A17 | Income from lease of land | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A18 | Income from renting housing space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A19 | Income from renting business space, garage, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A20 | Income from renting equipment, cattle, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A21 | Money from other households or individuals from BiH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A22 | Money from other households or individuals from abroad (<i>remittances</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A23 | Other (<i>specify</i>):_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A3 | Salary for work abroad | <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"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A7 | Meal allowance (<i>excluding coupons and meals</i>) | <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"/> |
| A8 | Transportation to and from work (<i>excluding coupons</i>) | <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"/> |
| A9 | Remuneration for separated life | <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"/> |
| A10 | Remuneration for members of management and supervisory board | <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"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A13 | Income from activity in own company | <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"/> |
| A14 | Income from activity at own agricultural holding | <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"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A17 | Income from lease of land | <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"/> |
| A18 | Income from renting housing space | <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"/> |
| A19 | Income from renting business space, garages, etc. | <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"/> |
| A20 | Income from renting equipment, cattle, etc. | <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"/> |
| A21 | Money from households and individuals from BiH | <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"/> |
| A22 | Money from households or individuals from abroad (<i>remittances</i>) | <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"/> |
| A23 | Other (<i>specify</i>): _____ | <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, 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 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A3 | Salary for work abroad | <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"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A7 | Meal allowances (<i>excluding coupons and meals</i>) | <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"/> |
| A8 | Transportation to and from work (<i>excluding coupons</i>) | <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"/> |
| A9 | Remuneration for separated life | <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"/> |
| A10 | Remuneration for members of management and supervisory board | <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"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A13 | Income from activity in own company | <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"/> |
| A14 | Income from activity at own agricultural holding | <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"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| A17 | Income from lease of land | <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"/> |
| A18 | Income from renting housing space | <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"/> |
| A19 | Income from renting business space, garage, etc. | <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"/> |
| A20 | Income from renting equipment, cattle, etc. | <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"/> |
| A21 | Money from other households and individuals from BiH | <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"/> |
| A22 | Money from other households and individuals from abroad (<i>remittance</i>) | <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"/> |
| A23 | Other (<i>specify</i>): _____ | <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, pensions and social benefits and savings of household

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 |
|----------------------------|---|
| | |
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| | |

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

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 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| B27 | Temporary, one-time or other financial aid (institution of authority) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| B28 | Subsidies for housing, heating, funerals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| B29 | Training aid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Other: | | | | | |
| B30 | Scholarship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| B31 | Other (specify):_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

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? | 4. Did you receive any of listed pensions/benefits? | 5. What is the last monthly amount you received? (BAM) | 6. What is the number of pensions/benefits received in the last 12 months? |
|---|---|---|---|--|--|
| | | Yes.....1 No.....2 Don't knowK RejectedR | Yes.....1 No.....2 Don't knowK RejectedR | Amount in BAM | Number |
| | | 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? | 4. Did you receive any of listed pensions/benefits? | 5. What is the last monthly amount you received? (BAM) | 6. What is the number of pensions/benefits received in the last 12 months? |
|---------------------------|---|--|---|---|--|
| | | Yes.....1 No.....2 Don't knowK Rejected R | Yes..... 1 No..... 2 Don't knowK RejectedR | Amount in BAM | Number |
| | | 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"/> |

| 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 | | | |
|--|--|----------------------------|---|
| <i>(to be filled for all household members of 15 years of age and above)</i> | | | |
| ID of person | 1. Have you granted unrepayable funds to other households or individuals in the last 12 months? | | 2. If Yes specify amount |
| | Yes | No | Value in BAM |
| <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <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="checkbox"/> 1 | <input type="checkbox"/> 2 | <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="checkbox"/> 1 | <input type="checkbox"/> 2 | <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="checkbox"/> 1 | <input type="checkbox"/> 2 | <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="checkbox"/> 1 | <input type="checkbox"/> 2 | <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="checkbox"/> 1 | <input type="checkbox"/> 2 | <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="checkbox"/> 1 | <input type="checkbox"/> 2 | <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="checkbox"/> 1 | <input type="checkbox"/> 2 | <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="checkbox"/> 1 | <input type="checkbox"/> 2 | <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="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 | <input type="text"/> |
| Number of realized telephone contacts | <input type="text"/> |
| 2. Final Interview | |
| Number of visits to household | <input type="text"/> |
| Number of realized telephone contacts | <input type="text"/> |
| 3. Duration of Final Interview | |
| Less than 30 minutes | <input type="radio"/> 1 |
| Between 30 and 45 minutes | <input type="radio"/> 2 |
| Between 45 and 60 minutes | <input type="radio"/> 3 |
| 60 minutes and longer | <input type="radio"/> 4 |
| 4. Which persons filled Diary? | |
| No. of person from of Module 1: Data on household members | <input type="text"/> |
| 5. Which person answered the questions from the Final Interview? | |
| No. of person from Module 1: Data on household members | <input type="text"/> |
| - Response/willingness to cooperation | |
| 6. In keeping diary | |
| Weak | <input type="radio"/> 1 |
| Satisfactory | <input type="radio"/> 2 |
| Good | <input type="radio"/> 3 |
| Excellent | <input type="radio"/> 4 |
| 7. During Final interview | |
| Weak | <input type="radio"/> 1 |
| Satisfactory | <input type="radio"/> 2 |
| Good | <input type="radio"/> 3 |
| Excellent | <input type="radio"/> 4 |

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.

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