

BiH Law on Statistics, ("Official Gazette of Bosnia and Herzegovina", 26/04 and 42/04);
Law on Statistics of the Federation of BiH (Official Gazette of Federation, 63/03 i 9/09);
Law on Statistics of the RS, ("Official Gazette of the Republika Srpska", 85/03).

| LFS1a | | | | | | | | | | |
|---|--|--|--|--|---|---|---|--|--|--|
| To be completed for all household members | | | | | | | | | | |
| SEQUENCE NO. MEM.OF HOUSEHOLD | Insert a sequence number of father of the household member If he does not live in the household , please insert 99. | Insert a sequence number of mother of the household member If she does not live in the household, please insert 99. | NATIONALITY, WHICH COUNTRY? If BiH and some other country, please insert BiH. (Coding by statistical office) | WHICH COUNTRY WERE YOU BORN IN? (according to the present state borders) If born in BiH >> 14 Other >> 13 (Coding by statistical office) | SINCE WHICH YEAR HAVE YOU BEEN LIVING IN BiH? Please insert a year | DID YOU LIVE IN THIS MUNICIPALITY 12 MONTHS BEFORE THE SURVEY? Yes1 >> 16 No2 | WHERE DID YOU LIVE 12 MONTHS BEFORE THE SURVEY? If in BiH, please insert municipality If outside BiH, please insert a state (Coding by statistical office) | | | |
| 1 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | |
| 01 | _ _ | _ _ | _ _ _ | _ _ _ | _ _ _ _ | _ | _ _ _ _ _ _ _ | | | |
| 02 | _ _ | _ _ | _ _ _ | _ _ _ | _ _ _ _ | _ | _ _ _ _ _ _ _ | | | |
| 03 | _ _ | _ _ | _ _ _ | _ _ _ | _ _ _ _ | _ | _ _ _ _ _ _ _ | | | |
| 04 | _ _ | _ _ | _ _ _ | _ _ _ | _ _ _ _ | _ | _ _ _ _ _ _ _ | | | |
| 05 | _ _ | _ _ | _ _ _ | _ _ _ | _ _ _ _ | _ | _ _ _ _ _ _ _ | | | |
| 06 | _ _ | _ _ | _ _ _ | _ _ _ | _ _ _ _ | _ | _ _ _ _ _ _ _ | | | |
| 07 | _ _ | _ _ | _ _ _ | _ _ _ | _ _ _ _ | _ | _ _ _ _ _ _ _ | | | |
| 08 | _ _ | _ _ | _ _ _ | _ _ _ | _ _ _ _ | _ | _ _ _ _ _ _ _ | | | |
| 09 | _ _ | _ _ | _ _ _ | _ _ _ | _ _ _ _ | _ | _ _ _ _ _ _ _ | | | |
| 10 | _ _ | _ _ | _ _ _ | _ _ _ | _ _ _ _ | _ | _ _ _ _ _ _ _ | | | |

| LFS1a | | | | | | |
|---|--|---|--|---|--|---|
| To be completed for all household members | | | | | | |
| SEQUENCE NO. MEM.OF HOUSEHOLD | SCHOOL COMPLETED - EDUCATION LEVEL | WHAT IS THE FIELD OF YOUR EDUCATION/TRAINING? | WHICH YEAR DID YOU REACH THAT LEVEL OF EDUCATION? | WERE YOU ABSENT FROM THE HOUSEHOLD ALL 12 MONTHS OR MORE? | WHAT WERE THE REASONS OF YOUR ABSENCE? | FOR PERSON WHO: ANSWERS Q5 WITH CHOICE 1 AND Q19 WITH CHOICE 2 OR Q5 WITH CHOICE 1 AND Q20 WITH CHOICE 1,2 OR 3 PLEASE INSERT 1 |
| 1 | No education.....1>>19 1 to 3 grades of eight years program elementary school.....2>>18 1 to 4 grades of nine years program elementary school.....3>>18 4 to 7 grades of eight years program elementary school.....4>>18 5 to 8 grades of nine years program elementary school.....5>>18 Completed elementary school.....6>>18 Completed secondary school: - duration from 1 or 2 years.....7 - duration 3 years.....8 -duration 4 years and more.....9 Specialization after secondary school.....10 Completed high school or first stage of college.....11 University education - duration 4-4.5 years, study of I cycle ..12 University education - duration 5-6 years, specialist and master's studies, integrated I and II cycles and II cycle studies.....13 PhD studies or studies of the III cycle.....14 | General education programme..... 01 Education science..... 02 Art and humanities science..... 03 Social sciences, journalism and information..... 04 Business, administration and law 05 Natural Sciences, Mathematics and Statistics..... 06 Information and Communications Technology..... 07 Engineering, Manufacturing and Civil Engineering..... 08 Agriculture, Forestry, Fisheries and veterinary..... 09 Health and Social Welfare..... 10 Services..... 11 Unknown 12 | 18 | 19 | 20 | 21 |
| 01 | _ _ _ | _ _ _ | _ _ _ _ _ | _ | _ | _ |
| 02 | _ _ _ | _ _ _ | _ _ _ _ _ | _ | _ | _ |
| 03 | _ _ _ | _ _ _ | _ _ _ _ _ | _ | _ | _ |
| 04 | _ _ _ | _ _ _ | _ _ _ _ _ | _ | _ | _ |
| 05 | _ _ _ | _ _ _ | _ _ _ _ _ | _ | _ | _ |
| 06 | _ _ _ | _ _ _ | _ _ _ _ _ | _ | _ | _ |
| 07 | _ _ _ | _ _ _ | _ _ _ _ _ | _ | _ | _ |
| 08 | _ _ _ | _ _ _ | _ _ _ _ _ | _ | _ | _ |
| 09 | _ _ _ | _ _ _ | _ _ _ _ _ | _ | _ | _ |
| 10 | _ _ _ | _ _ _ | _ _ _ _ _ | _ | _ | _ |

LFS1b

To be compiled for all household members who, in the first part of Questionnaire ARS1a) in the Column 21, were coded 1

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | |
|---|--|-------|-----------|---|---|---|---|---|
| | | | | 1 | 2 | 3 | 4 | 5 |
| | | | | Sequence number of household member providing answers | | | | |
| | | | | 1 | 2 | 3 | 4 | 5 |
| A. LABOUR ACTIVITY DURING THE REFERENCE WEEK | | | | | | | | |
| 1 | HAVE YOU DONE ANY WORK FOR PAY OR PROFIT DURING THE REFERENCE WEEK FROM MONDAY TO SUNDAY (AT LEAST, ONE HOUR)? | | | | | | | |
| | Yes | 1 | ⇒ 4 | | | | | |
| | No | 2 | ⇒ 1.a | | | | | |
| 1.a | HAVE YOU DONE ANY CASUAL, TEMPORARY OR RANDOM WORKING ACTIVITY FOR PAY OR PROFIT DURING THE REFERENCE WEEK FROM MONDAY TO SUNDAY, EVEN IF YOU ARE NOT PAYED ? | | | | | | | |
| | Yes | 1 | ⇒ 4 | | | | | |
| | No | 2 | ⇒ 1.b | | | | | |
| 1.b | HAVE YOU DONE ANY WORKING ACTIVITY FOR PAY OR PROFIT DURING THE REFERENCE WEEK FROM MONDAY TO SUNDAY, EVEN IF YOU ARE STUDENT, UNEMPLOYED, HOUSEWIFE OR PENSIONER ? | | | | | | | |
| | Yes | 1 | ⇒ 4 | | | | | |
| | No | 2 | ⇒ 1.c | | | | | |
| 1.c | HAVE YOU DONE ANY OF FOLLOWING ACTIVITIES FOR PAY OR PROFIT DURING THE REFERENCE WEEK FROM MONDAY TO SUNDAY: | | | | | | | |
| | Sale on market, street or in the house | 1 | } 4 | | | | | |
| | Babysitting or cleaning the house (not your own) | 2 | | | | | | |
| | Give private lessons (foreign language, music, computers, etc.) | 3 | | | | | | |
| | Repair personalized household items or the like for other people | 4 | | | | | | |
| | Made construction, installation and other work | 5 | | | | | | |
| | Provided the services of hairdressers, crooks, taxis and other services | 6 | | | | | | |
| | Other _____ | 7 | | | | | | |
| | No | 8 | ⇒ 1.d | | | | | |
| 1.d | HAVE YOU DONE ANY UNPAID ACTIVITIES AT LEAST ONE HOUR IN THE FIRM, SHOP OR ON THE AGRICULTURE ECONOMY IN THE PROPERTY OF YOUR HOUSEHOLD MEMBER, EVEN IF YOU ARE STUDENT, UNEMPLOYED, HOUSEWIFE OR PENSIONER ? | | | | | | | |
| | Yes | 1 | ⇒ 4 | | | | | |
| | No | 2 | ⇒ 2 | | | | | |
| 2 | ALTHOUGH YOU DID NOT WORK DURING THE REFERENCE WEEK , DO YOU HAVE A JOB OR BUSINESS TO RETURN TO? | | | | | | | |
| | Yes | 1 | ⇒ 3 | | | | | |
| | No | 2 | ⇒ 42 | | | | | |
| 3 | WHAT WERE THE REASON FOR NOT WORKING DURING THE REFERENCE WEEK ALTHOUGH YOU HAVE A JOB OR BUSINESS TO RETURN TO? | | | | | | | |
| | Own illness, injury, etc. | 01 | } 4 | | | | | |
| | Maternity leave | 02 | | | | | | |
| | Bad weather or seasonal reasons | 03 | | | | | | |
| | Slack work | 04 | } 3a | | | | | |
| | Labour dispute (strike, cease of work) | 05 | | | | | | |
| | School education or training | 06 | | | | | | |
| | Parental leave | 07 | | | | | | |
| | Holidays | 08 | | | | | | |
| | Paid leave (annual leave etc..) | 09 | | | | | | |
| | Other reasons | 10 | | | | | | |
| 3.a | FOR HOW LONG HAVE YOU BEEN ABSENT FROM WORK? | | | | | | | |
| | Absent for up to and including 3 months | 1 | ⇒ 4 | | | | | |
| | Absent for more than 3 months | 2 | ⇒ 3.b | | | | | |
| 3.b | IS YOUR ABSENCE RENUMERATED? | | | | | | | |
| | Yes, less than 50% of my salary | 1 | ⇒ 42 | | | | | |
| | Yes, 50% and more of my salary | 2 | ⇒ 4 | | | | | |
| | No, I am not receiving my salary | 3 | ⇒ 42 | | | | | |

| Sequence no. | Questions – Answers: | | Codes | Questions | Sequence number of household member | | | | |
|--|---|---|-------|-----------|-------------------------------------|---------|---------|---------|------|
| | | | | | _ _ | _ _ | _ _ | _ _ | _ _ |
| B. EMPLOYMENT CHARACTERISTICS OF THE MAIN JOB | | | | | | | | | |
| 4 | Sequence no. of hh member | WHAT IS YOUR OCCUPATION ON WITH MAIN JOB? (detailed description your present job) | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | Coding by statistical office (ISCO 08) | | ↓ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | |
| 5 | Sequence no. of hh member | WHAT IS THE MAIN ACTIVITY OF THE UNIT YOU ARE EMPLOYED WITH? (detailed description of products/services) | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | Coding by statistical office (NACE rev 2) | | ↓ | _ _ _ | _ _ _ | _ _ _ | _ _ _ | _ _ _ | |
| 6 | WHAT IS THE TYPE OF OWNERSHIP OF THE UNIT YOU WORK FOR? | | | | | | | | |
| | State owned | 1 | ↓ | _ | _ | _ | _ | _ | |
| | Private owned - registered | 2 | | | | | | | |
| | Private owned - nonregistered | 3 | | | | | | | |
| | Other - registered | 4 | | | | | | | |
| | Other - nonregistered | 5 | | | | | | | |
| | Do not know | 6 | | | | | | | |
| 7 | WHAT IS YOUR EMPLOYMENT STATUS? | | | | | | | | |
| | Owner/joint owner with employees - employer | 1 | } 14 | _ | _ | _ | _ | _ | |
| | Farmer with own farm and employees | 2 | | | | | | | |
| | Unpaid assisting family member | 3 | | | | | | | |
| | Owner/joint owner without employees - self-employed | 4 | } 15 | | | | | | |
| | Farmer on own farm without employees | 5 | | | | | | | |
| | Employed by foreign company | 6 | | | | | | | } 7a |
| | Employed by employer | 7 | | | | | | | |
| 7.a | DOES YOUR JOB HAVE A SUPERVISORY ROLE (SUPERVISOR OR MANAGER)? | | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ | |
| | No | 2 | | | | | | | |
| 7.b | WHAT TYPE OF EMPLOYMENT CONTRACT YOU HAVE? | | | | | | | | |
| | Written contract | 1 | ↓ | _ | _ | _ | _ | _ | |
| | Oral contract | 2 | | | | | | | |
| | I do not have a work contract | 3 | | | | | | | |
| 8 | DO YOU HAVE INDEFINITE OR DEFINITE WORK CONTRACT (permanent or temporary)? | | | | | | | | |
| | Indefinite | 1 | ⇒ 11 | _ | _ | _ | _ | _ | |
| | Definite | 2 | ⇒ 9 | | | | | | |
| 9 | WHICH OF THE GIVEN REASONS DESCRIBE THE BEST YOUR DEFINITE WORK CONTRACT (temporary work)? | | | | | | | | |
| | Educational training/ trainee at job | 1 | ↓ | _ | _ | _ | _ | _ | |
| | Could not find a permanent job | 2 | | | | | | | |
| | Did not want a permanent job | 3 | | | | | | | |
| | Probationary work | 4 | | | | | | | |

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | | |
|--------------|--|--|------------------------------|-------------------------------------|---------|---------|---------|---------|--|
| | | | | _ _ | _ _ | _ _ | _ _ | _ _ | |
| 10 | WHAT IS THE TOTAL DURATION OF YOUR TEMPORARY JOB (temporary work)? | | | | | | | | |
| | (Insert a number of months, if less than one month, please insert 00.) | | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ | |
| 10.a | DO YOU HAVE A CONTRACT FOR TEMPORARY WORK WITH THE EMPLOYMENT AGENCY? | | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ | |
| | No | 2 | | | | | | | |
| 11 | DO YOU EXERCISE YOUR PAYMENT RIGHTS AT JOB, SALARY, BENEFITS ETC.? | | | | | | | | |
| | Yes | 1 | ⇒ 12 | _ | _ | _ | _ | _ | |
| | No | 2 | ⇒ 14 | | | | | | |
| 12 | WHEN DID YOU RECEIVE THE LAST SALARY OR BENEFIT AT PRESENT JOB? | | | | | | | | |
| | Month | | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ | |
| | Year | | | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | |
| 13 | WHICH PERIOD YOUR LAST SALARY, PART OF IT OR BENEFIT WAS REFERRED TO? | | | | | | | | |
| | Month | | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ | |
| | Year | | | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | |
| 14 | HOW MANY PERSONS ARE EMPLOYED IN THE UNIT YOU WORK FOR? | | | | | | | | |
| | Exact number, if ≤ 10 | 01-10 | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ | |
| | 11 to 19 | 11 | | | | | | | |
| | 20 to 49 | 12 | | | | | | | |
| | 50 to 99 | 13 | | | | | | | |
| | 100 to 249 | 14 | | | | | | | |
| | 250 and more | 15 | | | | | | | |
| | Don't know, but less than 11 | 16 | | | | | | | |
| | Don't know, but more than 10 | 17 | | | | | | | |
| 15 | DO YOU EXERCISE YOUR HEALTH INSURANCE RIGHTS AT YOUR JOB? | | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ | |
| | No | 2 | | | | | | | |
| | Do not know | 3 | | | | | | | |
| 16 | DO YOU EXERCISE YOUR PENSION RIGHTS AT YOUR JOB? | | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ | |
| | No | 2 | | | | | | | |
| | Do not know | 3 | | | | | | | |
| 17 | Sequence no. of hh member | WHAT IS A NAME OF MUNICIPALITY YOU WORK IN? (if you work abroad, please insert a country) | | | | | | | |
| | _ _ | | ↓ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | _ _ | | | | | | | | |
| | | | Coding by statistical office | | | | | | |

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | | | | | | | | |
|--------------|---|-------|-----------|-------------------------------------|-------|-------|-------|-------|--|--|--|--|--|--|--|
| | | | | _ _ | _ _ | _ _ | _ _ | _ _ | | | | | | | |
| 18 | WHERE DO YOU USUALLY WORK? | | | | | | | | | | | | | | |
| | At home | 1 | ↓ | _ | _ | _ | _ | _ | | | | | | | |
| | At firm, institution, shop or other organisation | 2 | | | | | | | | | | | | | |
| | At market | 3 | | | | | | | | | | | | | |
| | At agricultural holding | 4 | | | | | | | | | | | | | |
| | Street counter | 5 | | | | | | | | | | | | | |
| | In a car/vehicle | 6 | | | | | | | | | | | | | |
| | No specific location | 7 | | | | | | | | | | | | | |
| | Other | 8 | | | | | | | | | | | | | |
| 19 | WHEN DID YOU START TO WORK AT PRESENT JOB? | | | | | | | | | | | | | | |
| | Month | | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ | | | | | | | |
| | Year | | | _ _ _ | _ _ _ | _ _ _ | _ _ _ | _ _ _ | | | | | | | |
| 19.a | HAVE YOU STARTED TO WORK AT THIS JOB YOU HAVE GOT THROUGH THE EMPLOYMENT AGENCY? | | | | | | | | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ | | | | | | | |
| | No | 2 | | | | | | | | | | | | | |
| 20 | DO YOU WORK FULL TIME OR LESS THAN FULL TIME? | | | | | | | | | | | | | | |
| | Full time | 1 | ⇒ 22 | _ | _ | _ | _ | _ | | | | | | | |
| | Less than full time | 2 | ⇒ 21 | | | | | | | | | | | | |
| 21 | WHICH ARE THE REASONS FOR WORKING LESS THAN FULL TIME? | | | | | | | | | | | | | | |
| | Looking after children or incapacitated adults | 1 | ⇒ 21a | _ | _ | _ | _ | _ | | | | | | | |
| | Education, training | 2 | } 22 | | | | | | | | | | | | |
| | Illness or disability | 3 | | | | | | | | | | | | | |
| | Can not find a full-time job | 4 | | | | | | | | | | | | | |
| | Personal or family reasons | 5 | | | | | | | | | | | | | |
| | Other reasons | 6 | | | | | | | | | | | | | |
| 21.a | THE REASON YOU LOOK AFTER CHILDREN OR INCAPACITATED ADULTS | | | | | | | | | | | | | | |
| | The institutions of care for children are not available or affordable | 1 | ↓ | _ | _ | _ | _ | _ | | | | | | | |
| | The institutions of care for ill, disabled or elderly are not available or affordable | 2 | | | | | | | | | | | | | |
| | The institutions of care for children or ill, disabled or elderly are not available or affordable | 3 | | | | | | | | | | | | | |
| | The institutions of care do not affect the decision on working hours | 4 | | | | | | | | | | | | | |
| 22 | HOW MANY HOURS DO YOU USUALLY WORK PER WEEK? | | | | | | | | | | | | | | |
| | Hours | 01-99 | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ | | | | | | | |
| 23 | DID YOU WORK A NUMBER OF USUAL WORKING HOURS DURING THE REFERENCE WEEK? | | | | | | | | | | | | | | |
| | Yes | 1 | ⇒ 26 | _ | _ | _ | _ | _ | | | | | | | |
| | No | 2 | ⇒ 24 | | | | | | | | | | | | |
| 24 | HOW MANY HOURS DID YOU WORK DURING THE REFERENCE WEEK? | | | | | | | | | | | | | | |
| | Hours | 00 | ⇒ 26 | _ _ | _ _ | _ _ | _ _ | _ _ | | | | | | | |
| | | 01-99 | ⇒ 25 | | | | | | | | | | | | |
| 25 | WHAT IS A MAIN REASON FOR HOURS ACTUALLY WORKED DURING THE REFERENCE WEEK BEING DIFFERENT FROM PERSON'S USUAL HOURS? | | | | | | | | | | | | | | |
| | a) If person worked <u>more</u> than usual number of hours | | | | | | | | | | | | | | |
| | Flexible/varying working hours | 01 | ⇒ 25.a | _ _ | _ _ | _ _ | _ _ | _ _ | | | | | | | |
| | Paid overtime | 02 | ⇒ 25.b | | | | | | | | | | | | |
| | Unpaid overtime | 03 | } 26 | | | | | | | | | | | | |
| | Other reasons | 04 | | | | | | | | | | | | | |
| | b) If person worked <u>less</u> than usual working hours due to | | | | | | | | | | | | | | |
| | Bad weather | 05 | | | | | | | | | | | | | |
| | Reduced work due to technical or economic | 06 | | | | | | | | | | | | | |
| | Labour dispute (strike, work stoppage) | 07 | | | | | | | | | | | | | |
| | Education or training | 08 | | | | | | | | | | | | | |
| | Flexible/varying working hours | 09 | | | | | | | | | | | | | |
| | Own illness or injury | 10 | | | | | | | | | | | | | |
| | Maternity or parental leave | 11 | | | | | | | | | | | | | |
| | Special leave from personal or family reasons | 12 | | | | | | | | | | | | | |
| | Paid leave (annual leave and other) | 13 | | | | | | | | | | | | | |
| | Holidays | 14 | | | | | | | | | | | | | |
| | Start or change of job | 15 | | | | | | | | | | | | | |
| | End of job without taking up a new one | 16 | | | | | | | | | | | | | |
| | Other reasons | 17 | | | | | | | | | | | | | |

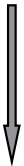




| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | | |
|--|--|-------|-----------|-------------------------------------|-----|-----|-----|-----|--|
| | | | | _ _ | _ _ | _ _ | _ _ | _ _ | |
| 25.a | NUMBER OF HOURS OF PAID OVERTIME | | | | | | | | |
| | Hours | 01-99 | ⇒ 26 | _ _ | _ _ | _ _ | _ _ | _ _ | |
| 25.b | NUMBER OF HOURS OF UNPAID OVERTIME | | | | | | | | |
| | Hours | 01-99 | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ | |
| 26 | DO YOU WISH TO WORK MORE THAN USUAL NUMBER OF HOURS? | | | | | | | | |
| | Yes | 1 | ⇒ 27 | _ | _ | _ | _ | _ | |
| | No | 2 | ⇒ 29 | | | | | | |
| 27 | WHAT IS THE WAY YOU CAN WORK MORE THAN USUAL NUMBER OF HOURS? | | | | | | | | |
| | Through an additional job | 1 | ↓ | _ | _ | _ | _ | _ | |
| | Through a job with more working hours | 2 | | | | | | | |
| | Only within the present job | 3 | | | | | | | |
| | Other | 4 | | | | | | | |
| 28 | HOW MANY HOURS WOULD YOU LIKE TO WORK IN TOTAL? | | | | | | | | |
| | Hours | 01-99 | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ | |
| Reference period for questions 29 - 34 is the last month of work (last four weeks). | | | | | | | | | |
| 29 | DID YOU WORK IN SHIFTS DURING THE LAST FOUR WEEKS? | | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ | |
| | No | 2 | | | | | | | |
| 30 | HOW OFTEN DID YOU WORK IN THE AFTERNOON DURING THE LAST FOUR WEEKS? | | | | | | | | |
| | Usual | 1 | ↓ | _ | _ | _ | _ | _ | |
| | Sometimes | 2 | | | | | | | |
| | Never | 3 | | | | | | | |
| 31 | HOW OFTEN DID YOU WORK AT NIGHT DURING THE LAST FOUR WEEKS? | | | | | | | | |
| | Usual | 1 | ↓ | _ | _ | _ | _ | _ | |
| | Sometimes | 2 | | | | | | | |
| | Never | 3 | | | | | | | |
| 32 | HOW OFTEN DID YOU WORK ON SATURDAYS DURING THE LAST FOUR WEEKS? | | | | | | | | |
| | Usual | 1 | ↓ | _ | _ | _ | _ | _ | |
| | Sometimes | 2 | | | | | | | |
| | Never | 3 | | | | | | | |
| 33 | HOW OFTEN DID YOU WORK ON SUNDAYS DURING THE LAST FOUR WEEKS? | | | | | | | | |
| | Usual | 1 | ↓ | _ | _ | _ | _ | _ | |
| | Sometimes | 2 | | | | | | | |
| | Never | 3 | | | | | | | |
| 34 | HOW OFTEN DID YOU WORK AT HOME DURING THE LAST FOUR WEEKS? | | | | | | | | |
| | Usual | 1 | ↓ | _ | _ | _ | _ | _ | |
| | Sometimes | 2 | | | | | | | |
| | Never | 3 | | | | | | | |

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | |
|-----------------------------------|--|--|-----------|-------------------------------------|-------|-------|-------|-------|
| | | | | _ _ | _ _ | _ _ | _ _ | _ _ |
| C. SECOND - ADDITIONAL JOB | | | | | | | | |
| 35 | DID YOU HAVE DURING THE REFERENCE WEEK SOME OTHER JOB, IN ADDITION TO YOUR MAIN JOB, FOR WHICH YOU RECEIVED SALARY OR BENEFIT (either in money or in kind)? | | | | | | | |
| | Yes | 1 | ⇒ 36 | _ | _ | _ | _ | _ |
| | No | 2 | ⇒ 40 | _ | _ | _ | _ | _ |
| 36 | THE WAY YOU WORK IN THE SECOND JOB: | | | | | | | |
| | Usual work | 1 | ↓ | _ | _ | _ | _ | _ |
| | Seasonal work | 2 | | _ | _ | _ | _ | _ |
| | Temporary work | 3 | | _ | _ | _ | _ | _ |
| 37 | Sequence no. of hh member | WHAT IS THE MAIN ACTIVITY OF THE LOCAL UNIT YOU WORK FOR? (detailed description of products/services) | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | Coding by statistical office (NACE rev. 2) | | ↓ | _ _ _ | _ _ _ | _ _ _ | _ _ _ | _ _ _ |
| 38 | WHAT IS YOUR PROFESSIONAL STATUS IN THE SECOND JOB? | | | | | | | |
| | Owner/joint owner with employees - employer | 1 | ↓ | _ | _ | _ | _ | _ |
| | Farmer on its own agric. holding with employees | 2 | | | | | | |
| | Unpaid assisting family member | 3 | | | | | | |
| | Owner/joint owner without employees/self-employed | 4 | | | | | | |
| | Farmer on its own agric. holding without employees | 5 | | | | | | |
| | Working for foreign organization | 6 | | | | | | |
| | Working for employer | 7 | | | | | | |
| 39 | HOW MANY HOURS DID YOU WORK IN THE SECOND JOB DURING THE REFERENCE WEEK? | | | | | | | |
| | Hours | 01-99 | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ |
| 40 | ARE YOU SEEKING EMPLOYMENT ALTHOUGH YOU ALREADY HAVE ONE? | | | | | | | |
| | Yes | 1 | ⇒ 41 | _ | _ | _ | _ | _ |
| | No | 2 | ⇒ 71 | _ | _ | _ | _ | _ |
| 41 | WHAT ARE MAIN REASONS FOR SEEKING ANOTHER EMPLOYMENT? | | | | | | | |
| | Present employment is uncertain | 1 | 51 | _ | _ | _ | _ | _ |
| | Present employment is temporary/ending soon | 2 | | | | | | |
| | Wish to work more hours than presently worked | 3 | | | | | | |
| | Wish to work less hours than presently worked | 4 | | | | | | |
| | Wish to have additional employment | 5 | | | | | | |
| | Wish to have better job (salary, etc.) | 6 | | | | | | |
| | Other reasons | 7 | | | | | | |

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | |
|------------------------------------|--|---|-----------|-------------------------------------|-------|-------|-------|-------|
| | | | | _ _ | _ _ | _ _ | _ _ | _ _ |
| D. PREVIOUS WORK EXPERIENCE | | | | | | | | |
| 42 | HAVE YOU EVER WORKED FOR SALARY OR BENEFIT (in money or in kind)? | | | | | | | |
| | Yes | 1 | ⇒ 43 | _ | _ | _ | _ | _ |
| | No | 2 | ⇒ 48 | _ | _ | _ | _ | _ |
| 43 | WHEN DID YOU LEAVE THE LAST PAID JOB? | | | | | | | |
| | Month | ↓ | | _ _ | _ _ | _ _ | _ _ | _ _ |
| | Year | | _ _ _ | _ _ _ | _ _ _ | _ _ _ | _ _ _ | |
| 44 | WHAT WAS THE MAIN REASON FOR LEAVING THE LAST JOB? | | | | | | | |
| | Dismissed/due to different reasons | 01 | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ |
| | A job of limited duration/seasonal or temporary duration | 02 | | | | | | |
| | Company ceased operations | 03 | | | | | | |
| | Taking care of children or incapacitated persons | 04 | | | | | | |
| | Other personal or family responsibilities | 05 | | | | | | |
| | Education or training | 06 | | | | | | |
| | Own illness or disability | 07 | | | | | | |
| | Early retirement | 08 | | | | | | |
| | Regular or pension from retirement | 09 | | | | | | |
| | Other reasons | 10 | | | | | | |
| 45 | Sequence no. of hh member | WHAT WAS YOUR PROFESSIONAL STATUS IN THE LAST JOB? (detailed description of your present job) | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | Coding by statistical office (ISCO 08) | | ↓ | _ _ _ | _ _ _ | _ _ _ | _ _ _ | _ _ _ |
| 46 | Sequence no. of hh member | WHAT WAS THE MAIN ACTIVITY OF THE LOCAL UNIT YOU WORKED FOR? (detailed description of products/services) | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | Coding by statistical office (NACE rev. 2) | | ↓ | _ _ _ | _ _ _ | _ _ _ | _ _ _ | _ _ _ |
| 47 | WHAT WAS YOUR OCCUPATION IN THE LAST JOB? | | | | | | | |
| | Owner/joint owner with employees - employer | 1 | ↓ | _ | _ | _ | _ | _ |
| | Farmer on its own agri.holding with employees | 2 | | | | | | |
| | Unpaid assisting family member | 3 | | | | | | |
| | Owner/joint owner without employees - self-employed | 4 | | | | | | |
| | Farmer on its own agric.holding without employees | 5 | | | | | | |
| | Worked for foreign company | 6 | | | | | | |
| | Worked for the employer | 7 | | | | | | |

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | |
|---------------------------------|---|-------|-----------|-------------------------------------|-------|-------|-------|-------|
| | | | | _ _ | _ _ | _ _ | _ _ | _ _ |
| E. SEARCH FOR EMPLOYMENT | | | | | | | | |
| 48 | DID YOU SEARCH EMPLOYMENT DURING THE LAST FOR WEEKS? | | | | | | | |
| | Yes | 1 | → 51 | _ | _ | _ | _ | _ |
| | No | 2 | → 49 | | | | | |
| 49 | WHAT IS THE MAIN REASON FOR NOT SEARCHING EMPLOYMENT IN THE LAST FOUR WEEKS? | | | | | | | |
| | Have found a job which will start in no more than 3 months | 01 | } 68 | _ _ | _ _ | _ _ | _ _ | _ _ |
| | Have found a job which will start in more than 3 months | 02 | | | | | | |
| | looking after children or incapacitated adults, elderly persons, etc. | 03 | → 49a | | | | | |
| | awaiting recall to work | 04 | } 50 | | | | | |
| | believe that no work is available | 05 | | | | | | |
| | other personal or family reasons | 06 | | | | | | |
| | education or training | 07 | | | | | | |
| | retirement | 08 | | | | | | |
| | own illness or disability | 09 | | | | | | |
| | Other reasons | 10 | | | | | | |
| 49.a | THE REASON YOU LOOK AFTER CHILDREN OR INCAPACITATED ADULTS? | | | | | | | |
| | The institutions of care for children are not available or affordable | 1 | ↓ | _ | _ | _ | _ | _ |
| | The institutions of care for ill, disabled or elderly are not available or affordable | 2 | | | | | | |
| | The institutions of care for children or ill, disabled or elderly are not available or affordable | 3 | | | | | | |
| | The institutions of care do not affect the decision on working hours | 4 | | | | | | |
| 50 | WISH TO WORK ALTHOUGH NOT SEEKING EMPLOYMENT? | | | | | | | |
| | Wish to work | 1 | → 69 | _ | _ | _ | _ | _ |
| | Do not wish to work | 2 | → 71 | | | | | |
| 51 | WHICH TYPE OF JOB YOU HAVE BEEN SEEKING FOR? | | | | | | | |
| | Self-employed | 1 | ↓ | _ | _ | _ | _ | _ |
| | Employed only in full-time job | 2 | | | | | | |
| | Employed only in part-time job | 3 | | | | | | |
| | Employed in full-time job, but accepting part-time job | 4 | | | | | | |
| | Employed in part-time job, but accepting full-time job | 5 | | | | | | |
| | Any other job | 6 | | | | | | |
| 52 | HAVE YOU REJECTED ANY JOB OFFERED DURING THE LAST FOUR WEEKS? | | | | | | | |
| | Yes | 1 | → 53 | _ | _ | _ | _ | _ |
| | No | 2 | → 54 | | | | | |
| 53 | WHAT WAS A REASON FOR REJECTING A JOB OFFERED? | | | | | | | |
| | Place of work | 1 | ↓ | _ | _ | _ | _ | _ |
| | Unacceptable working hours | 2 | | | | | | |
| | No career advancement | 3 | | | | | | |
| | Job offered did not correspond with qualification | 4 | | | | | | |
| | Unacceptable salary | 5 | | | | | | |
| | Other reasons | 6 | | | | | | |
| 54 | HOW LONG HAVE YOU BEEN SEARCHING EMPLOYMENT? (Please specify a number of months) | | | | | | | |
| | Months | | ↓ | _ _ _ | _ _ _ | _ _ _ | _ _ _ | _ _ _ |

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | |
|---|---|-------|-----------|-------------------------------------|-----|-----|-----|-----|
| | | | | _ _ | _ _ | _ _ | _ _ | _ _ |
| F. METHODS USED DURING THE LAST FOUR WEEKS TO FIND JOB | | | | | | | | |
| 55 | HAVE YOU CONTACTED THE PUBLIC EMPLOYMENT OFFICE TO FIND JOB? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 56 | HAVE YOU CONTACTED THE PRIVATE EMPLOYMENT AGENCY TO FIND JOB? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 57 | HAVE YOU CONTACTED THE EMPLOYERS DIRECTLY? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 58 | HAVE YOU ASKED FRIENDS, RELATIVES ABOUT THE JOB? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 59 | HAVE YOU STUDIED ADVERTISEMENTS IN NEWSPAPERS OR JOURNALS, INTERNET ETC.? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 60 | HAVE YOU INSERTED, ANSWERED ADVERTISEMENTS IN NEWSPAPERS OR JOURNALS, INTERNET ETC.? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 61 | HAVE YOU TAKEN A TEST, INTERVIEW OR EXAMINATION TO GET JOB? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 62 | HAVE YOU LOOKED FOR LAND, PREMISES, EQUIPMENT ETC. TO START OWN BUSINESS? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 63 | HAVE YOU ASKED FOR LICENCE, FINANCIAL RESOURCES ETC. TO START OWN BUSINESS? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 64 | ARE YOU WAITING FOR THE RESULTS OF AN APPLICATION FOR JOB? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 65 | ARE YOU WAITING FOR THE RESULTS OF A COMPETITION FOR RECRUITMENT - PUBLIC SECTOR? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 66 | ARE YOU WAITING FOR THE CALL FROM THE PUBLIC EMPLOYMENT OFFICE? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |
| 67 | HAVE YOU USED ANY OTHER METHOD TO FIND JOB? | | | | | | | |
| | Yes | 1 | ↓ | _ | _ | _ | _ | _ |
| | No | 2 | | _ | _ | _ | _ | _ |

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | | |
|--------------|---|-------|---|-------------------------------------|-----|-----|-----|-----|--|
| | | | | _ _ | _ _ | _ _ | _ _ | _ _ | |
| 68 | WHAT WAS YOUR STATUS BEFORE STARTING TO SEARCH FOR JOB? | | | | | | | | |
| | Was working | 1 |  | | | | | | |
| | Was pupil, student, trainee | 2 | | _ | _ | _ | _ | _ | |
| | Was doing home activities/housewife | 3 | | | | | | | |
| | Other (e.g. pensioner) | 4 | | | | | | | |
| 69 | IF A JOB IS OFFERED NOW, WILL YOU BE ABLE TO START WORKING <u>WITHIN TWO WEEKS</u> ? | | | | | | | | |
| | Yes | 1 | ⇒ 71 | _ | _ | _ | _ | _ | |
| | No | 2 | ⇒ 70 | | | | | | |
| 70 | WHY ARE YOU UNABLE TO START WORKING? | | | | | | | | |
| | Personal or family reasons | 1 |  | | | | | | |
| | Health reasons | 2 | | _ | _ | _ | _ | _ | |
| | Education or training | 3 | | | | | | | |
| | Responsibilities at present work | 4 | | | | | | | |
| | Other reasons | 5 | | | | | | | |
| 71 | HAVE YOU BEEN REGISTERED WITH THE PUBLIC EMPLOYMENT OFFICE? | | | | | | | | |
| | Yes | 1 | ⇒ 72 | _ | _ | _ | _ | _ | |
| | No | 2 | ⇒ 74 | | | | | | |
| 72 | DO YOU RECEIVE BENEFITS FROM THE PUBLIC EMPLOYMENT OFFICE? | | | | | | | | |
| | Yes | 1 |  | _ | _ | _ | _ | _ | |
| | No | 2 | | | | | | | |
| 73 | DO YOU HAVE YOUR HEALTH INSURANCE COVERED BY THE PUBLIC EMPLOYMENT OFFICE? | | | | | | | | |
| | Yes | 1 |  | _ | _ | _ | _ | _ | |
| | No | 2 | | | | | | | |
| 74 | WHICH OF THE MENTIONED STATUS DESCRIBES THE BEST YOUR CURRENT POSITION? | | | | | | | | |
| | Employed | 1 |  | | | | | | |
| | Unemployed | 2 | | _ | _ | _ | _ | _ | |
| | Pupil, student, trainee | 3 | | | | | | | |
| | Fulfilling domestic tasks (housewife) | 4 | | | | | | | |
| | Pensioner | 5 | | | | | | | |
| | Disable to work | 6 | | | | | | | |
| | Other inactive person | 7 | | | | | | | |

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | |
|---|---|-------|--------------|-------------------------------------|-------|-------|-------|-------|
| | | | | _ _ | _ _ | _ _ | _ _ | _ _ |
| G. EDUCATION | | | | | | | | |
| Questions from 75 to 81 refer to the last four weeks period | | | | | | | | |
| 75 | DID YOU ATTEND ANY SCHOOL OR TRAINING DURING THE LAST FOUR WEEKS? | | | | | | | |
| | Yes | 1 | } 76 ⇒ 78 | _ | _ | _ | _ | _ |
| | Schoolbreak | 2 | | | | | | |
| | No | 3 | | | | | | |
| 76 | WHICH TYPE OF SCHOOL DID YOU ATTEND? | | | | | | | |
| | 1 to 3 grades of eight years program elementary school | 01 | } 78 | | | | | |
| | 1 to 4 grades of nine years program elementary school | 02 | | | | | | |
| | 4 to 7 grades of eight years program elementary school | 03 | | | | | | |
| | 5 to 8 grades of nine years program elementary school | 04 | | | | | | |
| | Secondary school : duration from 1 or 2 years | 05 | } 77 | _ _ | _ _ | _ _ | _ _ | _ _ |
| | Secondary school : duration 3 years | 06 | | | | | | |
| | Secondary school : duration 4 years and more | 07 | | | | | | |
| | Specialization after secondary school | 08 | | | | | | |
| | High school or first stage of college | 09 | | | | | | |
| | University education - duration 4-4,5 years, study of I cycle | 10 | | | | | | |
| | University education - duration 5-6 years, specialist and master's studies, integrated I and II cycles and II cycle studies | 11 | | | | | | |
| | PhD studies or studies of the III cycle | 12 | | | | | | |
| 77 | WHAT WAS YOUR FIELD OF EDUCATION? | | | | | | | |
| | General education programme | 01 | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ |
| | Education science | 02 | | | | | | |
| | Art and humanities science | 03 | | | | | | |
| | Social sciences, journalism and information | 04 | | | | | | |
| | Business, administration and law | 05 | | | | | | |
| | Natural Sciences, Mathematics and Statistics | 06 | | | | | | |
| | Information and Communications Technology | 07 | | | | | | |
| | Engineering, Manufacturing and Civil Engineering | 08 | | | | | | |
| | Agriculture, Forestry, Fisheries and veterinary | 09 | | | | | | |
| | Health and Social Welfare | 10 | | | | | | |
| | Services | 11 | | | | | | |
| | Unknown | 12 | | | | | | |
| 78 | HAVE YOU ATTENDED ANY COURSE OR TRAINING DURING THE LAST FOUR WEEKS? | | | | | | | |
| | Yes | 1 | ⇒ 79 | _ | _ | _ | _ | _ |
| | No | 2 | ⇒ 82 | | | | | |
| 79 | WHAT WAS A PURPOSE OF ATTENDING THE MENTIONED COURSES OR TRAINING? | | | | | | | |
| | Mainly job requirement | 1 | ↓ | _ | _ | _ | _ | _ |
| | Mainly personal reasons | 2 | | | | | | |
| 80 | WHAT IS A NUMBER OF HOURS SPENT ON LEARNING/TRAINING ACTIVITIES? | | | | | | | |
| | Hours | 01-99 | ↓ | _ _ _ | _ _ _ | _ _ _ | _ _ _ | _ _ _ |
| 80.a | FIELD OF EDUCATION YOU TOOK A COURSE OR TRAINING IN ? | | | | | | | |
| | General education programme | 01 | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ |
| | Education science | 02 | | | | | | |
| | Art and humanities science | 03 | | | | | | |
| | Social sciences, journalism and information | 04 | | | | | | |
| | Business, administration and law | 05 | | | | | | |
| | Natural Sciences, Mathematics and Statistics | 06 | | | | | | |
| | Information and Communications Technology | 07 | | | | | | |
| | Engineering, Manufacturing and Civil Engineering | 08 | | | | | | |
| | Agriculture, Forestry, Fisheries and veterinary | 09 | | | | | | |
| | Health and Social Welfare | 10 | | | | | | |
| | Services | 11 | | | | | | |
| | Unknown | 12 | | | | | | |
| 81 | DID THESE LEARNING/TRAINING ACTIVITIES TAKE PLACE DURING PAID WORKING HOURS? | | | | | | | |
| | Only during paid working hours | 1 | ↓ | _ | _ | _ | _ | _ |
| | Mainly during paid working hours | 2 | | | | | | |
| | Mainly after paid working hours | 3 | | | | | | |
| | Only after paid working hours | 4 | | | | | | |
| | Was not employed | 5 | | | | | | |

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | |
|--|--|--|-----------|-------------------------------------|-----|-----|-----|-----|
| | | | | _ _ | _ _ | _ _ | _ _ | _ _ |
| H. SITUATION ONE YEAR BEFORE SURVEY | | | | | | | | |
| 82 | WHAT WAS YOUR ACTIVITY STATUS ONE YEAR BEFORE SURVEY? (regarding to reference week) | | | | | | | |
| | Employed | 1 | → 83 | _ | _ | _ | _ | _ |
| | Unemployed | 2 | } 85 | | | | | |
| | Pupil, student, trainee | 3 | | | | | | |
| | Fulfilling domestic tasks ,housewife | 4 | | | | | | |
| | Retired | 5 | | | | | | |
| | Disable to work | 6 | | | | | | |
| | Other inactive person | 7 | | | | | | |
| 83 | Sequence no. of hh member | WHAT WAS A MAIN ACTIVITY OF THE LOCAL UNIT YOU WORKED FOR? (a precise description of the products / services) | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | _ _ | | | | | | | |
| | Coding by statistical office (NACE rev. 2) | | ↓ | _ _ | _ _ | _ _ | _ _ | _ _ |
| 84 | WHAT WAS YOUR STATUS IN THE EMPLOYMENT? | | | | | | | |
| | Owner/joint owner with employees - employer | 1 | ↓ | _ | _ | _ | _ | _ |
| | Farmer on own agri.holding with employees | 2 | | | | | | |
| | Unpaid assisting family member | 3 | | | | | | |
| | Owner/joint owner without employees/ self-employed | 4 | | | | | | |
| | Farmer on own agric.holding without employees | 5 | | | | | | |
| | Working for foreign company | 6 | | | | | | |
| | Working for employer | 7 | | | | | | |

| Sequence no. | Questions – Answers: | Codes | Questions | Sequence number of household member | | | | |
|--|---|-------|-----------|-------------------------------------|---|---|---|---|
| | | | | 1 | 2 | 3 | 4 | 5 |
| I. INCOME | | | | | | | | |
| 85 | WHAT IS YOUR MAIN SOURCE OF INCOME? | | | | | | | |
| | Salary | 1 | ⇒ 85.a | | | | | |
| | Old-age pension/regular/early pension | 2 | 89 | _ | _ | _ | _ | _ |
| | Family pension | 3 | | | | | | |
| | Disability pension | 4 | | | | | | |
| | Income from agriculture activities | 5 | | | | | | |
| | Income of property and other activities | 6 | | | | | | |
| | Income of other household members | 7 | | | | | | |
| | Income of other persons not HH members | 8 | | | | | | |
| | Other benefits and contributions | 9 | | | | | | |
| 85.a | CAN YOU TELL US THE NET AMOUNT OF YOUR MONTHLY SALARY AT YOUR MAIN JOB? (data refers to the last month) | | | | | | | |
| | Yes | 1 | ⇒ 85.b | _ | _ | _ | _ | _ |
| | No | 2 | ⇒ 86 | | | | | |
| 85.b | WHAT IS THE TOTAL NET AMOUNT OF YOUR MONTHLY SALARY AT YOUR MAIN JOB? (data refers to the last month) | | | | | | | |
| | Amount | KM | ⇒ 87 | | | | | |
| 86 | WHAT IS THE TOTAL MONTHLY SALARY RECEIVED FROM MAIN JOB? (data refers to the last month) | | | | | | | |
| | Up to 200 KM | 1 | ↓ | _ | _ | _ | _ | _ |
| | 201 - 300 KM | 2 | | | | | | |
| | 301 - 400 KM | 3 | | | | | | |
| | 401 - 500 KM | 4 | | | | | | |
| | 501 - 700 KM | 5 | | | | | | |
| | 701 - 900 KM | 6 | | | | | | |
| | 901 - 1.500 KM | 7 | | | | | | |
| | 1.501 - 2.500 KM | 8 | | | | | | |
| | 2.501 KM and more | 9 | | | | | | |
| 87 | WHAT ARE OTHER MONTHLY ALLOWANCES FROM YOUR MAIN JOB? (meal allowances, transport etc.) | | | | | | | |
| | No allowances | 1 | ↓ | _ | _ | _ | _ | _ |
| | Less than 100 KM | 2 | | | | | | |
| | 101 - 150 KM | 3 | | | | | | |
| | 151 - 200 KM | 4 | | | | | | |
| | 201 - 250 KM | 5 | | | | | | |
| | 251 - 300 KM | 6 | | | | | | |
| | 301 KM and more | 7 | | | | | | |
| 88 | WHAT IS THE TOTAL ANNUAL AMOUNT OF ADDITIONAL BENEFITS FROM YOUR MAIN JOB? (all related to regular monthly allowances) | | | | | | | |
| | Nothing | 1 | ↓ | _ | _ | _ | _ | _ |
| | Less than 100 KM | 2 | | | | | | |
| | 101 - 200 KM | 3 | | | | | | |
| | 201 - 300 KM | 4 | | | | | | |
| | 301 - 500 KM | 5 | | | | | | |
| | 501 - 700 KM | 6 | | | | | | |
| | 701 - 1000 KM | 7 | | | | | | |
| | 1001 KM and more | 8 | | | | | | |
| - to be answered by head of household or other most familiar person - | | | | | | | | |
| 89 | WHAT IS THE TOTAL NET ANNUAL INCOME OF YOUR HOUSEHOLD (all household members)? | | | | | | | |
| | No income | 01 | ↓ | _ _ | | | | |
| | Up to 1000 KM | 02 | | | | | | |
| | 1001 - 2000 KM | 03 | | | | | | |
| | 2001 - 3000 KM | 04 | | | | | | |
| | 3001 - 4000 KM | 05 | | | | | | |
| | 4001 - 5000 KM | 06 | | | | | | |
| | 5001 - 7000 KM | 07 | | | | | | |
| | 7001 - 10000 KM | 08 | | | | | | |
| | 10001 - 15000 KM | 09 | | | | | | |
| | 15001 - 20000 KM | 10 | | | | | | |
| | 20001 - 30000 KM | 11 | | | | | | |
| | 30001 and more | 12 | | | | | | |

