

**MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS**

**PART A: DESCRIPTION OF DWELLING**

(1) IS THIS HOUSEHOLD A NEW HOUSEHOLD (SPLIT-OFF HOUSEHOLD) IN WAVE 3?

YES	1 >>4
NO	2

(2) Has your household moved into a new dwelling since May 2003?

YES	1 >>4
NO	2

(3) Have you made any improvements to your dwelling since May 2003?

YES	1
NO	2 >>PART B (PAGE 7)

(4) Dwelling type:

SINGLE FAMILY HOUSE	1
DWELLING IS A BUILDING WITH UP TO 15 APARTMENTS	2
DWELLING IS A BUILDING WITH MORE THAN 15 APARTMENTS	3
OTHER (SPECIFY)	4

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

BRICKS, STONES	1
PRE-FABRICATED	2
WOOD	3
MUD	4
ETERNIT, TIN	5 >>7
OTHER (SPECIFY)	6

(6) Building outside appearance

PLASTERED	1
PARTIALLY PLASTERED	2
NOT PLASTERED	3

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

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

(8) Time of construction of the dwelling

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

(IF AFTER 1990, REPORT YEAR)

CODE

YEAR

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

IF LESS THAN ONE YEAR, WRITE "0"

YEARS

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

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

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

**MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS**

**PART A: DESCRIPTION OF DWELLING**

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

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(13) What type of toilet does your dwelling have ?

WC INSIDE THE HOUSE	1
TWO OR MORE WC INSIDE	2
WC OUTSIDE, WITH PIPING	3
WC OUTSIDE, WITHOUT PIPING	4
OTHER (SPECIFY _____)	5



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

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

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(15) Does your dwelling have any of the following problems?  
(CHECK BOX IF "YES")

DWELLING TOO SMALL	<input type="checkbox"/>
DWELLING TOO DARK	<input type="checkbox"/>
INADEQUATE HEATING	<input type="checkbox"/>
LEAKING ROOF	<input type="checkbox"/>
DAMP WALLS, FLOORS OR BASEMENT	<input type="checkbox"/>
WINDOWS/DOORS IN BAD CONDITION	<input type="checkbox"/>
POLLUTION FROM INDUSTRY OR TRAFFIC	<input type="checkbox"/>

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

PRIMARY SCHOOL	<input type="text"/>	min
AMBULATORY/DOCTOR	<input type="text"/>	
BUS/ MINIBUS STOP	<input type="text"/>	

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(17) What is the ownership of this dwelling?

OWNER	1	<input type="text"/>
OWNER WITH A MORTGAGE ON DWELLING	2	
RENTED FROM A PRIVATE INDIVIDUAL	3	>>PART B (NEXT PAGE)
RENTED FROM THE STATE	4	>>PART B (NEXT PAGE)
LIVE FOR FREE	5	>>PART B (NEXT PAGE)
OTHER (SPECIFY _____)	6	>>PART B (NEXT PAGE)

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(18) How did you become/are you becoming the owner of this dwelling?

PURCHASED	1	
CONSTRUCTION	2	
INHERITED	3	<input type="text"/>
PRIVATISED ACCORDING TO THE LAW OF 1994	4	
OTHER (SPECIFY _____)	5	
DON'T KNOW	ND	
REFUSED TO ANSWER	JP	

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(19) Does any member of the HH have a title or other legal document showing ownership of this dwelling?

YES	1	<input type="text"/>
NO	2	
DON'T KNOW	ND	
REFUSED TO ANSWER	JP	

**MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS**

**PART B: UTILITIES**

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

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

(2) Do you have water continuously ?

YES	1 >> 5
NO	2

(3) How many hours in a day, on average, did dwelling receive water during last week? (from the main source in Question 1)

>>5 HOURS

(4) Why is water from the public system not your main source of water?

NOT AVAILABLE	1
BROKEN DOWN/NOT FUNCTIONING	2
TOO UNRELIABLE	3
TOO EXPENSIVE	4
POOR QUALITY OF WATER	5
OTHER (SPECIFY) _____	6

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

GOOD FOR DRINKING	1 >>7
NOT GOOD FOR DRINKING BUT GOOD FOR OTHER USES	2
NOT GOOD FOR ANY OTHER USE	3

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

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

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

YES	1
NO	2

(8) How far is closest spring or well? (in minutes walking one way) (ASK EVERYONE REGARDLESS OF SOURCE OF WATER USED)

LESS THAN 5 MINUTES	1
6-15 MINUTES	2
16-30 MINUTES	3
31-60	4
MORE THAN 1 HOUR	5
DON'T KNOW	ND

(9) How far is the closest public tap ? (in minutes walking one way)(ASK EVERYONE REGARDLESS OF SOURCE OF WATER USED)

LESS THAN 5 MINUTES	1
6-15 MINUTES	2
16-30 MINUTES	3
31-60	4
MORE THAN 1 HOUR	5
DON'T KNOW	ND

(10) Does dwelling have water storage tank?

YES	1
NO	2

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

ELECTRICITY	1
WOOD	2
GAS	3
OIL, PETROL	4
COAL	5
NONE/NO HEATING	6
CENTRAL HEATING	7
OTHER (SPECIFY) _____	8

**MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS**

**PART B: UTILITIES**

(12) For what purposes does your household use electricity? (check all that apply)

LIGHTING	<input type="checkbox"/>
HEATING/COOLING/AIR CONDITIONING	<input type="checkbox"/>
COOKING	<input type="checkbox"/>
WATER HEATING	<input type="checkbox"/>
OTHER ELECTRIC APPLIANCES	<input type="checkbox"/>

NONE, DWELLING HAD NO CONNECTION TO PUBLIC ELECTRICITY SYSTEM >>21

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

SHARED	1	<input type="checkbox"/>
INDIVIDUAL	2 >> 15	<input type="checkbox"/>
NO METER	3 >> 15	<input type="checkbox"/>

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

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

NEVER	1 >> 17	<input type="checkbox"/>
SEVERAL TIMES A MONTH	2	<input type="checkbox"/>
SEVERAL TIMES A WEEK	3	<input type="checkbox"/>
EVERY DAY	4	<input type="checkbox"/>

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

HOURS

(17) Compared to last year, has electricity service ...

IMPROVED	1	<input type="checkbox"/>
STAYED SAME	2	<input type="checkbox"/>
WORSENER	3	<input type="checkbox"/>
DON'T KNOW	ND	<input type="checkbox"/>
REFUSE TO ANSWER	JP	<input type="checkbox"/>

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

YES	1	<input type="checkbox"/>
NO	2 >> 21	<input type="checkbox"/>

(19) How much was your last electric bill?

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

(20) How many months did this payment cover?

MONTHS

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

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

(22) Does your household use gas?

YES	1	<input type="checkbox"/>
NO	2 >>25	<input type="checkbox"/>

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

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

(24) How much do you pay in average in one month for gas?

NEW LEKS

**MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS**

**PART B: UTILITIES**

(25) Has your household used any of the following for heating/lighting/cooking in the past 12 months.

YES	1	
NO	2	FIREWOOD <input type="text"/>
DON'T KNOW	ND	COAL <input type="text"/>
REFUSED TO ANSWER	JP	OIL/KEROSENE <input type="text"/>
		DIESEL FUEL <input type="text"/>
		OTHER (SPECIFY) <input type="text"/>

(26) Does your household have a phone line inside dwelling?

YES	1	
NO	2	>>30 <input type="text"/>

(27) During the past 12 months, did your household pay for a telephone inside the dwelling?  
DO NOT INCLUDE MOBILE PHONES, PHONE CARDS OR AMOUNTS PAID TO OTHERS FOR USING PHONE

YES	1	
NO	2	>>30 <input type="text"/>

(28) How much was last payment?

NEW LEKS

(29) How many months did this last payment cover?

MONTHS

(30) Does your household own a computer or a PC?

YES	1	<input type="text"/>
NO	2	>>PART C

(31) Does this computer have an Internet connection?

YES	1	<input type="text"/>
NO	2	>>PART C

(32) What is the company provides the Internet service?

ALBTELEKOM	1	
ABISSNET	2	<input type="text"/>
ICC	3	
OTHER (SPECIFY _____)	4	

(33) Are you satisfied with the quality of this service?

YES	1	<input type="text"/>
NO	2	

(34) Do you pay for this Internet service?

YES	1	<input type="text"/>
NO	2	>>PART C

(35) How much in total did you pay or will you pay for the Internet service for the last month?

NEW LEKS

**MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS**

**PART C: HOUSEHOLD DURABLES**

(1)		(2)	(3)
How many of the following items does your household own?  (PUT "0" IF OWN NONE)		Have you bought any of the following items in the last 12 months?	How many of this item have you bought in the last 12 months?
		YES 1	
		NO 2 >> NEXT ITEM	
DESCRIPTION	CODE	NUMBER OF ITEMS	NUMBER
Colour TV	101		
TV black& white	102		
Video player/DVD player	103		
Tape player/CD player	104		
Camera, video camera	105		
Refrigerator	106		
Freezer	107		
Washing machine	108		
Dishwasher	109		
Electric or gas stove	110		
Kerosene stove	111		
Wood stove	112		
Radiator electric	113		
Generator	114		
Sewing/knitting machine	115		
Conditioner	116		
Water Boiler	117		
Computer	118		
Satellite dish	119		
Bicycle	120		
Motorcycle/scooter	121		
Car	122		
Truck	123		
Dumdum tractor	124		

MODULE 3: EDUCATION

ISSUED SURVEY MEMBERS

PART A: ISSUED SURVEY MEMBERS

P A N E L  I D	R E S P O N D E N T  I D	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		IS THIS PERSON AN ISSUED SURVEY MEMBER?	Did you enroll in school this academic year?	Did you enroll in school last year (2002-2003)?	Why did you not enroll in school this academic year? TOO EXPENSIVE 1 NO INTEREST 2 AGRICULTURAL WORK 3 OTHER WORK 4 SCHOOL TOO FAR 5 POOR TEACHING 6 POOR FACILITIES 7 OWN ILLNESS 8 FAMILY ILLNESS/ DEATH 9	In what grade are you currently enrolled? In which level? "8 YEARS" SCHOOL 1: 1-8 SECONDARY GENERAL 2: 1-4 VOCATIONAL 2 YEARS 3: 1-2 VOCATIONAL 4/5 YEARS 4: 1-5 UNIVERSITY 5: 1-6 POST-GRADUATE 6: 1-5	Is the school you are currently enrolled in public or private? PUBLIC 1 PRIVATE - RELIGIOUS 2 PRIVATE-NON RELIGIOUS 3	Are you currently attending school? YES 1 >>9 NO 2	Why are you not currently attending school? TOO EXPENSIVE 1 NO INTEREST 2 AGRICULTURAL WORK 3 OTHER WORK 4 SCHOOL TOO FAR 5 POOR TEACHING 6 POOR FACILITIES 7 OWN ILLNESS 8 FAMILY ILLNESS/ DEATH 9 MOVED 10 SAFETY 11 GOT MARRIED 12 OTHER (SPECIFY) 13
		YES 1 NO 2 >> PART B	YES 1 >>5 NO 2	NO 2 >>NEXT PERSON	>> 12	LEVEL GRADE			>>12
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

MODULE 3: EDUCATION

PART A: ISSUED SURVEY MEMBERS

P A N E L	(9)	(10)	(11)	(12)	(13)
	How do you get to school?	How far is the school from this dwelling (one way)?  WRITE DISTANCE IN KM WITH ONE DECIMAL PLACE (EXAMPLE: 3.1)	How long does it take you/[NAME] to walk to the school from this dwelling (one way, in minutes)?	What is the highest grade you have completed in school? In which level?	What is the highest diploma you have attained?
I D	ON FOOT, WALKING 1			NONE 0	NONE 0
	BY BICYCLE 2 >>12			"8 YEARS" SCHOOL 1 1-8	PRIMARY 4 YEARS 1
	BY MOTORCYCLE 3 >>12			SECONDARY GENERAL 2 1-4	PRIMARY 8 YEARS 2
	BY PRIVATE CAR 4 >>12			VOCATIONAL 2 YEARS 3 1-2	SECONDARY GENERAL 3
	BY BUS OR OTHER PUBLIC PUBLIC MOTORIZED TRANSPORT 5 >>12			VOCATIONAL 4/5 YEARS 4 1-5	VOCATIONAL 2 YEARS 4
	OTHER ( ) 6 >>12			UNIVERSITY 5 1-6	VOCATIONAL 4/5 YEARS 5
				POST-GRADUATE 6 1-5	UNIVERSITY 6
				POST-GRADUATE 7	>>GO TO NEXT PERSON OR TO MODULE 4 IF LAST PERSON
	KILOMETERS	MINUTES	LEVEL	GRADE	
1	.				
2	.				
3	.				
4	.				
5	.				
6	.				
7	.				
8	.				
9	.				
10	.				
11	.				
12	.				
13	.				
14	.				
15	.				

MODULE 3: EDUCATION

NEW SURVEY MEMBERS

PART B: FOR NEW SURVEY MEMBERS

P A N E L	I D	(1) Can you read the newspaper?	(2) Can you write a one page personal letter?	(3) Have you ever attended school?	(4)	(5)	(6)	(7)	(8)	(9)
					What is the highest grade you have completed in school? In which level?		What is the highest diploma you have attained?	How many years of preschool did you attend?	Did you enroll in school this academic year?	Are you currently attending school?
					NONE 0		NONE 0			
					"8 YEARS" SCHOOL 1	1-8	PRIMARY 4 YEARS 1			
					SECONDARY GENERAL 2	1-4	PRIMARY 8 YEARS 2	IF NONE		
					VOCATIONAL 2 YEARS 3	1-2	SECONDARY GENERAL 3	PUT "0"		
		YES, EASILY 1	YES, EASILY 1		VOCATIONAL 4/5 YEARS 4	1-5	VOCATIONAL 2 YEARS 4			
		YES, WITH DIFFICULTY 2	YES, WITH DIFFICULTY 2	YES 1	UNIVERSITY 5	1-6	VOCATIONAL 4/5 YEARS 5			
		NO 3	NO 3	NO 2 >>NEXT PERSON	POST-GRADUATE 6	1-5	UNIVERSITY 6		YES 1	YES 1 >>13
					LEVEL	GRADE	POST-GRADUATE 7	YEARS	NO 2 >>11	NO 2
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2										
3										
4										
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10										
11										
12										
13										
14										
15										

MODULE 3: EDUCATION

PART B: FOR NEW SURVEY MEMBERS

	(10)	(11)	(12)	(13)	(14)	(15)
	Why are you not currently attending school?	Why didn't you enroll in school this year?	Do you intend to return to school?	In what grade are you currently enrolled? In which level?		Is the school you are currently enrolled in public or private?
P A N E L  I D	TOO EXPENSIVE	1 TOO EXPENSIVE	1			
	NO INTEREST	2 NO INTEREST	2			
	AGRICULTURAL WORK	3 AGRICULTURAL WORK	3			
	OTHER WORK	4 OTHER WORK	4			
	SCHOOL TOO FAR	5 SCHOOL TOO FAR	5			
	POOR TEACHING	6 POOR TEACHING	6			
	POOR FACILITIES	7 POOR FACILITIES	7			
	OWN ILLNESS	8 OWN ILLNESS	8			
	FAMILY ILLNESS/ DEATH	9 FAMILY ILLNESS/ DEATH	9		"8 YEARS" SCHOOL 1 1-8	
	MOVED	10 MOVED	10		SECONDARY GENERAL 2 1-4	
	SAFETY	11 SAFETY	11		VOCATIONAL 2 YEARS 3 1-2	
	GOT MARRIED	12 GOT MARRIED	12		VOCATIONAL 4/5 YEARS 4 1-5	
	OTHER (SPECIFY)	13 COMPLETED STUDIES (>> NEXT PERSON)	13	YES 1 >> NEXT PERSON	UNIVERSITY 5 1-6	PUBLIC 1
		OTHER (SPECIFY)	14	NO 2 >> NEXT PERSON	POST-GRADUATE 6 1-5	PRIVATE - RELIGIOUS 2
(>>GO TO 12)				LEVEL	GRADE	PRIVATE-NON RELIGIOUS 3
1						
2						
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**MODULE 4: COMMUNICATION**

INTERNET								
(1)	(2)	(3)	(4)	(5)	(6)	(7)		
P A N E L  I D	Have you/[NAME] ever used the Internet?	Do you/[NAME] have an E-mail address (such as Hotmail, Yahoo, etc)?	Where do you/[NAME] mainly use the Internet?	What is the main purpose for which you/[NAME] use the Internet?	For how long have you/[NAME] been using the Internet?	Have you/[NAME] used the Internet in the past month?	How much have you/[NAME] spent in the last month for using the Internet in internet cafes and other locations outside your dwelling?	
			E-MAIL	1				
			WORK	1	WORK	2	1-6 MONTHS	1
			SCHOOL	2	ENTERTAINMENT	3	6-12 MONTHS	2
			HOME	3	INFORMATION	4	1-2 YEARS	3
	YES 1	YES 1	INTERNET CAFE	4	COMMUNICATION	5	MORE THAN	YES 1
	NO 2>>NEXT PERSON	NO 2	OTHER (Specify)		OTHER (Specify)		2 YEARS	4
			5		6		NO 2 >> NEXT PERSON	
							NEW LEKS	

1						
2						
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10						
11						
12						
13						
14						
15						

MOBILE PHONES							
(8)	(9)	(10)	(11)	(12)	(13)	(14)	
P A N E L  I D	Does anyone in this household use a mobile phone?	Are you/[NAME] the primary user of a mobile phone?	When did you/[NAME] acquire the phone?	What is the company providing the service?	Do you/[NAME] use prepaid cards?	How much was the total cost for last month either in prepaid or by bill?	Who paid or will pay for the phone costs last month?
				VODAFONE	1		MYSELF/FAMILY
				AMC	2		EMPLOYER
				OTHER (Specify)		YES 1	OTHER (Specify)
	YES 1	YES 1				NO 2	
	NO 2 >>NEXT MODULE	NO 2 >>NEXT PERSON					
			YEAR				NEW LEKS

1						
2						
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14						
15						

MODULE 5: HEALTH

PART A: GENERAL HEALTH

P A N E L  I D	R E S P O N D E N T  I D	CHRONIC ILLNESS / DISABILITY										
		(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)		(9)
		Do you/ [NAME] suffer from a chronic illness or disability that has lasted more than 3 months (including severe depression)?	How long have you/ [NAME] had this illness or disability?		Has this chronic illness or disability been diagnosed by a professional?	From which illness or disability are you/ [NAME] affected?	Do you/ [NAME] currently take medicatio n for this chronic illness or disability?	How many days during the last 4 weeks have you/ [NAME] been unable to carry out your/[NAME's] usual activities because of this illness or disability?	Did you/[NAME] seek any medical advice or care in the past 4 weeks for this illness or disability?	Where did you/[NAME] seek medical advice/care for the chronic illness or disability in the past 4 weeks?		What is the main reason you/[NAME] did not seek medical advice/care for the chronic illness/disability in the past 4 weeks?
		YES 1	IF MORE THAN ONE ILLNESS REFER TO THE MOST SERIOUS ONE			INFECTIOUS DISEASES 1	IF NONE, WRITE "0"			PRIVATE DOCTOR 1	NOT SERIOUS ENOUGH/NOT NECESSARY 1	
		NO 2 >>10	FOR LESS THAN 1 YEAR WRITE THE MONTHS, FOR ONE YEAR OR MORE WRITE ONLY YEARS			DISEASES OF BLOOD AND BLOOD-PRODUCING 2				PRIVATE NURSE/MIDWIFE 2	DOCTORS CANNOT DO ANYTHING 2	
			MONTHS	YEARS		DISEASES OF RESPIRATORY ORGANS 3				PRIVATE HOSPITAL/CLINIC 3	TOO EXPENSIVE 3	
						TUMORS 4				PUBLIC CLINIC 4	TOO FAR TO DOCTOR/CLINIC/HOSPITAL 4	
						DISEASES OF DIGESTIVE ORGANS 5				PUBLIC POLYCLINIC 5	EXPENSIVE 5	
						DISEASES OF URINARY-GENITAL SYSTEM 6				PUBLIC HOSPITAL- OUTPATIENT CARE 6	TREATED MYSELF/USED MEDICINES FROM PHARMACY 6	
						ENDOCRINE DISEASES 7				PUBLIC HOSPITAL- INPATIENT CARE 7	DON'T TRUST DOCTORS 7	
				PSYCHIC DISORDERS 8	PHARMACIST 8	POOR QUALITY OF CARE 8						
				BONES AND CONNECTIVE TISSUE DISEASE 9	TRADITIONAL DOCTOR 9	INCONVENIENT OPENING HOURS 9						
				NERVOUS SYSTEM AND SENSE ORGAN DISEASES 10	OTHER (SPECIFY) 10	NO MONEY TO FOLLOW TREATMENT 10						
				CONGENITAL ABNORMALITIES 11	YES 1	NO 2 >>9	>>10	THAT WOULD HAVE BEEN SUGGESTED 10				
				OTHER DISABILITY 12	NO 2			OTHER (SPECIFY) 11				
						DAYS	MOST RECENT	SECOND				
1												
2												
3												
4												
5												
6												
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11												
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14												
15												

MODULE 5: HEALTH

PART A: GENERAL HEALTH

P A N E L  I D	SUDDEN ILLNESS						HEALTH CONDITION	
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
	During the last 4 weeks has [NAME] had any (sudden) illness or injury? (such as flu, diarrhea, a fracture, etc..)	What type of illness or injury did [NAME] have?  IF MORE THAN ONE, REFER TO THE MOST SERIOUS	How many days during the last 4 weeks has [NAME] been unable to carry out [NAME's] usual activities because of this (sudden) illness or injury?	Did you/[NAME] seek any medical advice or care in the past 4 weeks for this (sudden) illness or injury?	Where did you/[NAME] seek medical advice/care for this (sudden) illness or injury in the past 4 weeks?	What is the main reason you/[NAME] did not seek medical advice/care for this (sudden) illness or injury in the past 4 weeks?	How would you rate your/[NAME]'s health condition?	Compared with you/[NAME] health one year ago, would you say that his/her health now is:
	YES 1 NO 2 >>16	COLD/FLU 1    LUNG 9 STOMACH 2    SKIN ILLNESS 10 DIARRHEA 3    STD 11 EAR/NOSE/THROAT 4    BROKEN BONE 12 LIVER 5    OTHER TRAUMA 13 KIDNEY PROBLEMS 6    PREGNANCY/DELIVERY 14 HEADACHE 7    DELIVERY 14 HEART 8    OTHER ILLNESS 15	IF NONE, WRITE "0"	YES 1 NO 2 >>15	PRIVATE DOCTOR 1 PRIVATE NURSE/MIDWIFE 2 PRIVATE HOSPITAL/CLINIC 3 PUBLIC CLINIC 4 PUBLIC POLYCLINIC 5 PUBLIC HOSPITAL-OUTPATIENT CARE 6 PUBLIC HOSPITAL-INPATIENT CARE 7 PHARMACIST 8 TRADITIONAL DOCTOR 9 OTHER (SPECIFY) 10 >>16	NOT SERIOUS ENOUGH/NOT NECESSARY 1 DOCTORS CANNOT DO ANYTHING 2 TOO EXPENSIVE 3 TOO FAR TO DOCTOR/CLINIC/HOSPITAL 4 NO TRANSPORT/TRANSPORT TOO EXPENSIVE 5 TREATED MYSELF/USED MEDICINES FROM PHARMACY 6 DON'T TRUST DOCTORS 7 POOR QUALITY OF CARE 8 INCONVENIENT OPENING HOURS 9 NO MONEY TO FOLLOW TREATMENT 10 THAT WOULD HAVE BEEN SUGGESTED 10 OTHER (SPECIFY) 11	VERY GOOD 1 GOOD 2 AVERAGE 3 POOR 4 VERY POOR 5	MUCH BETTER NOW 1 SOMEWHAT BETTER 2 ABOUT THE SAME 3 SOMEWHAT WORSE 4 MUCH WORSE 5
			DAYS		MOST RECENT    SECOND			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
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MODULE 5: HEALTH

PART A: GENERAL HEALTH

P A N E L  I D	TOBACCO USE		PUBLIC AMBULATORY		PRIVATE DOCTOR		NURSE/MIDWIFE		HOSPITAL OUTPATIENT			
	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
	Do you /does [NAME] smoke cigarettes, either manufactured or ones you roll yourself?	Think of the last seven days. On average, how many cigarettes did you /[NAME] smoke in <u>one day</u> ?	During the past 4 weeks, did you visit any public ambulatory to obtain outpatient health care?	How many times did you /[NAME] make outpatient visits to a public ambulatory during the past 4 weeks?	During the past 4 weeks, did you /[NAME] visit any private doctor to obtain outpatient health care?	How many times did you /[NAME] make outpatient visits to a private doctor during the past 4 weeks?	During the past 4 weeks, did you /[NAME] visit any private nurse, paramedic or private trained midwife to obtain outpatient health care?	How many times did you /[NAME] make outpatient visits to private nurse , paramedic or private trained midwife during the past 4 weeks?	During the past 4 weeks, did you /[NAME] visit a hospital to obtain <u>outpatient</u> health care?	How many times did you /[NAME] make outpatient visits to a hospital during the past 4 weeks?	Were you /[NAME] satisfied with the care you received?	Why were you /[NAME] not satisfied with the care?
	YES 1 NO 2 >>20	IF NONE, WRITE "0"	YES 1 NO 2 >>22	TIMES	YES 1 NO 2 >>24	TIMES	YES 1 NO 2 >>26	TIMES	YES 1 NO 2 >>30	TIMES	YES, VERY SATISFIED 1>>30 YES, SATISFIED 2>>30 NO, NOT SATISFIED 3	POOR QUALITY OF CARE 1 POOR QUALITY/KNOWLEDGE OF TREATING DOCTOR 2 NO SPECIALISTS 3 NO DIAGNOSTIC/LAB FACILITIES 4 NO DRUGS AVAILABLE 5 UNFRIENDLY TREATMENT 6 HOSPITAL NOT CLEAN 7 LONG WAITING HOURS 8 TOO EXPENSIVE 9 OTHER (SPECIFY) 10
		NUMBER/ DAY		TIMES		TIMES		TIMES		TIMES		
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15												

MODULE 5: HEALTH

PART A: GENERAL HEALTH

P A N E L  I D	HOSPITAL STAY IN LAST 12 MONTHS						DENTIST VISIT		HEALTH LICENCE		
	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
	During the past 12 months, have you <b>/[NAME]</b> stayed in a hospital or maternity hospital or a private clinic, in Albania or abroad?	On how many occasions have you <b>/[NAME]</b> been admitted to hospital/clinic in the past 12 months?	How many days did you <b>/[NAME]</b> spend in a hospital over the last 12 months ?	What type of hospital was it ?  IF MORE THAN ONE HOSPITAL VISIT REFER TO THE MOST RECENT	Were you <b>/[NAME]</b> satisfied with the care you received?	Why were you <b>/[NAME]</b> not satisfied with the care?	Where is the hospital located ?	During the last 12 months have you <b>/[NAME]</b> visited a dentist?	How many times have you <b>/[NAME]</b> been to a dentist in the past 12 months?	Do you <b>/[NAME]</b> have a health licence?	What is the status of this health licence?
	YES 1 NO 2 >>37			PUBLIC GENERAL 1 PUBLIC MATERNITY 2 HUMANITARIAN 3 PRIVATE 4 OTHER 5	YES, VERY SATISFIED 1>>36 YES, SATISFIED 2>>36 NO, NOT SATISFIED 3	POOR QUALITY OF CARE 1 POOR QUALITY/KNOWLEDGE OF TREATING DOCTOR 2 NO SPECIALISTS 3 NO DIAGNOSTIC/LAB FACILITIES 4 NO DRUGS AVAILABLE 5 UNFRIENDLY TREATMENT 6 HOSPITAL NOT CLEAN 7 LONG WAITING HOURS 8 TOO EXPENSIVE 9 OTHER (SPECIFY) 10	TIRANA 1 ALBANIA- THIS DISTRICT 2 ALBANIA- OTHER DISTRICT 3 GREECE 4 TURKEY 5 ITALY 6 OTHER 7	YES 1 NO 2 >>39	YES 1 NO 2 (>>NEXT PERSON)	NORMAL 1 WAR INVALID 2 INVALID 3 CHILDREN 0-1 4 OTHER 5	
		TIMES	DAYS						TIMES		
1											
2											
3											
4											
5											
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MODULE 5: HEALTH

PART B: FERTILITY

(1) Has any woman in this household given birth to a baby in the last 24 months, since June 1,2002 or is any woman in the household now pregnant?

Please answer these questions even if your child only lived for a short while, or has died or is not living in the household.

YES 1  
NO 2 >> NEXT MODULE



L I N E  N U M B E R	(2)	(3)	(4)	(5)	(6)		(7)	(8)				(9)				(10)	(11)
	PANEL ID CODE OF WOMAN FROM HOUSEHOL D ROSTER	Are you pregnant now?	Have you also given birth to a child in the last 24 months, since June 2002?	How many months pregnant are you now?	All the next questions will be asking about the pregnancy for your most recent birth. Who assisted you at the birth of your most recent child?		Where did you give birth to your most recent child?	During your pregnancy, did you go/ have you gone for prenatal consultations to a doctor, nurse or trained midwife?				How many times during your pregnancy did you go/have you gone for prenatal consultations with public doctors, nurses or trained mid-wives, or private doctors, nurses or trained midwives?				During what period of your pregnancy was your <u>first</u> prenatal visit?	Why did you not go for prenatal consulations with a medical professional during your pregnancy?
		YES 1 NO 2 >>6	YES 1 >>6 NO 2	>> 8	DOCTOR 1 NURSE 2 TRAINED MIDWIFE 3 TRADITIONAL MIDWIFE 4 POPULAR DOCTOR 5 RELATIVE OR NON- MEDICAL PERSON 6	STATE MATERNITY IN TIRANA 1 STATE MATERNITY IN THIS TOWN/DISTRICT 2 STATE MATERNITY IN OTHER DISTRICT 3 AT HOME 4 ABROAD 5 OTHER 6	YES 1 NO 2 >>11	PUBLIC DOCTOR	PUBLIC NURSE/ MIDWIFE	PRIVATE DOCTOR	PRIVATE NURSE/ MIDWIFE	>>NEXT WOMAN OR NEXT MODULE		0-13 WEEKS 1 14-28 WEEKS 2 AFTER 28 WEEKS 3	TOO EARLY IN PREGNANCY 1 NO NEED 2 TOO EXPENSIVE 3 CLINIC/DOCTOR TOO FAR 4 NO TRANSPORTATION 5 STAFF NOT FRIENDLY 6 CARE POOR QUALITY 7 INCONVENIENT HOURS 8 LONG WAITING TIMES 9 PREFER TRADITIONAL CARE 10 OTHER (SPECIFY) 11  >>NEXT WOMAN OR NEXT MODULE		
	PANEL ID			MONTHS	FIRST	SECOND		TIMES	TIMES	TIMES	TIMES						
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	

MODULE 6: LABOUR

PART A: LABOUR FORCE PARTICIPATION

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

MODULE 6: LABOUR

PART A: LABOUR FORCE PARTICIPATION

	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
	What is the main reason you did not look for a job in the last 4 weeks? (MOST IMPORTANT REASON)	Did you begin this status as [READ STATUS FROM Q10] less than 12 months ago?	What kind of efforts did you put into finding a job? (MOST IMPORTANT WAY)	How long have you looked for a job?	If you were offered a job, are you ready to start working within the following 2 weeks?	Are you currently registered in the Labor Office?	Have you been not working for less than 12 months?	
P A N E L  I D	STUDENT/PUPIL 1							
	HOUSEWIFE 2							
	IN RETIREMENT 3							
	HANDICAPPED 4							
	IN MILITARY SERVICE 5		THROUGH LABOUR OFFICE 1					
	HAVE ALREADY FOUND A JOB WHICH WILL START LATER 6 >>12		THROUGH FRIENDS/RELATIVES 2					
	AWAITING RECALL BY EMPLOYER 7 >>14		RESPONDED TO MEDIA AD 3	IF LESS THAN 1 MONTH, WRITE "0"				
	WAITING FOR BUSY SEASON 8 >>14		PUT AD IN PAPER 4					
	DO NOT WANT TO WORK 9 >>15		EMPLOYER CONTACTED YOU 5					
	BELIEVE THAT I DO NOT HAVE ANY CHANCE TO GET A JOB. 10 >>13	YES 1 >>GRID, PART D	CONTACTED EMPLOYER 6			YES 1	YES 1	YES 1 >>GRID, PART D
	OTHER (SPECIFY) _____ 11 >>14	NO 2 >>MODULE 7	TRIED TO START OWN BUSINESS 7			NO 2	NO 2	NO 2 >>MODULE 7
		TOOK PART IN TEST FOR JOB 8						
		OTHER (SPECIFY) _____ 9						
				MONTHS				
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15								

**MODULE 6: LABOUR**

**PART B: OVERVIEW LAST 7 DAYS**

This is to determine main job in past 7 days or to list permanent job if someone is temporarily absent from work.

ACTIVITY CODE	PANEL ID	(1)	(2)	(3)	(4)	(5)	(6)
		What is your occupation (list each different job if you have worked in more than one job in past 7 days)	For how many days in the last 7 days did you do this work?	For how many hours in the last 7 days did you do this work?	How many weeks in the last 12 months did you do this activity?	Did you do any other work in the last 7 days, or did you have any other job from which you were temporarily absent?	CHECK FOR FIRST AND SECOND HIGHEST ANSWERS TO Q.3 (HOURS WORKED IN LAST 7 DAYS) FOR THIS INDIVIDUAL. (IF THIS INDIVIDUAL REPORTED ONLY ONE ACTIVITY, MARK IT AS CODE 1.)
		USE ONE LINE PER JOB/ACTIVITY, REPEAT THE ID ON ALL LINES FOR DIFFERENT ACTIVITIES PERFORMED BY THE SAME PERSON  IF YOU HAVE A PERMANENT JOB FROM WHICH YOU ARE TEMPORARILY ABSENT, WRITE OCCUPATION IN THIS COLUMN AND PUT CODE 1 IN Q6					
		FOR OFFICE CODING	DAYS PER WEEK	HOURS PER WEEK	NUMBER OF WEEKS	YES (>>NEXT LINE) 1	ACTIVITY FOR WHICH ANSWER TO Q.3 IS HIGHEST. 1
						NO (>>NEXT PERSON) 2	ACTIVITY FOR WHICH Q.3 IS SECOND HIGHEST. 2
							ACTIVITY FOR WHICH Q.3 IS NEITHER FIRST NOR SECOND HIGHEST. 3
		WRITTEN DESCRIPTION	CODE				
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							

MODULE 6: LABOUR

PART C: MAIN AND SECONDARY JOB

P A N E L  I D	(1) FOR EACH PERSON, LOOK AT THE ANSWERS TO QUESTION 6 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 1 IN THAT QUESTION		(2) What is the main economic activity of the enterprise you're working on or of your own business?		(3) Where was this job?	(4) Now I would like to ask you about your job as [READ OUT OCCUPATION FROM QUESTION 1]. Where did you carry out most of your work?	(5) How many hours per week do you usually work in this job?
	OCCUPATION	FOR OFFICE CODING CODE	WRITTEN DESCRIPTION	FOR OFFICE CODING CODE	SEE CODES ABOVE	FARM OWNED OR RENTED BY HOUSEHOLD MEMBER 1 OTHER FARM YOUR HOME 2 OTHER HOME 3 VEHICLE 4 FROM DOOR TO DOOR 5 IN THE STREET, NON-FIXED PLACE 6 IN THE STREET, FIXED PLACE 7 FIXED BUILDING (OFFICE/ FACTORY.) 8 DISTRICT 1-36 IN A MARKET 9 ABROAD 81-87 OTHER (SPECIFY) _____ 10 _____ 11	IF 40 HOURS OR MORE >> 7
							HOURS
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2							
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15							

MODULE 6: LABOUR

PART C: MAIN AND SECONDARY JOB

P A N E L  I D	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
	Why do you usually work less than 40 hours per week?	In this job were you..... READ ALL RESPONSES	Is your employer for this job... READ ALL RESPONSES	Are you entitled to the benefits of social security scheme in this job?	How much was your last NET payment or earning? (IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?) What period of time does this payment/earning cover?		How much is your usual NET payment or earning? What period of time does this payment cover? (consider time of last 12 months; if you have started the job less than 12 months ago, consider the average since the beginning)		Did you receive bonuses (such as New year bonus.) in this work during the last 12 months?	How much was your last bonus?	How many months usually pass between bonuses payments in this job?
		AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1	THE GOVERNMENT, PUBLIC SECTOR OR ARMY 1		TIME UNIT		TIME UNIT		(DO NOT INCLUDE MATERNITY LEAVE)		
		A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE? 2 >>9	A PRIVATE COMPANY OR ENTERPRISE 2		MONTH 1		MONTH 1				
	ILLNESS, DISABILITY 1	AN EMPLOYER? 3 >>10	PUBLIC WORKS PROGRAM 3		15 DAYS 2		15 DAYS 2				
	CANNOT FIND FULL TIME JOB 2	A WORKER ON OWN ACCOUNT OR UNPAID WORKER IN A HOUSEHOLD 3	A STATE-OWNED ENTERPRISE 4		WEEKLY 3		WEEKLY 3				
	EDUCATION, TRAINING 3	FARM OR NONFARM BUSINESS ENTERPRISE? 4 >>10	A NGO OR HUMANITARIAN ORGANIZATION 5	YES 1	DAILY 4		DAILY 4		YES 1		
	DO NOT WANT TO WORK LONGER 4		A PRIVATE INDIVIDUAL 6	NO 2					NO 2 >>17		
	OTHER 5				NEW LEKS	TIME	NEW LEKS	TIME		LEKS	MONTHS
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MODULE 6: LABOUR

PART C: MAIN AND SECONDARY JOB

P A N E L  I D	(17)	(18)	(19)		(20)	(21)	(22)	(23)	(24)		(25)	
	Did you receive any payment/ earnings from this work in any other form during the last 12 months?(meals, tips, transport, clothes?)	What is the value of those in-kind payments/earnings in the last 12 months?	When did you start this job?	How do you get to the workplace for this main job?	How far is the workplace from this dwelling (one way)?	How long does it take you/[NAME] to walk to the workplace this dwelling (one way, in minutes). IF WORKPLACE IS NOT FIXED, AVERAGE OVER LAST 7 DAYS	CHECK QUESTION 6 IN PART B. DID THE INDIVIDUAL REPORT MORE THAN ONE KIND OF WORK IN THE PAST 7 DAYS?	<b>SECOND JOB:</b> FOR THIS PERSON, LOOK AT THE ANSWERS TO QUESTION 6 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 2 IN THAT QUESTION (SECONDARY OCCUPATION IN THE LAST 7 DAYS).	What is the main economic activity of the enterprise you're working on or of your own business?			
	YES 1 NO 2 >>19		LEKS	MONTH	YEAR	WRITE DISTANCE IN KM WITH ONE DECIMAL PLACE (EXAMPLE: 3.1). IF WORKPLACE IS NOT FIXED, AVERAGE OVER LAST 7 DAYS	ON FOOT, WALKING 1 BY BICYCLE 2 >>23 BY MOTORCYCLE 3 >>23 BY PRIVATE CAR 4 >>23 BY BUS OR OTHER PUBLIC MOTORIZED TRANSPORT 5 >>23 WORK IS AT MY HOME 6 >>23 OTHER ( ) 7 >>23	IF [MONTH/YEAR] AT Q.19 IS BEFORE [05/ 2003 ] >> MODULE 7.  IF [MONTH/YEAR] AT Q.19 IS [05/ 2003] OR AFTER >> GRID	YES 1 NO 2	FOR OFFICE CODING	FOR OFFICE CODING	
						KILOMETERS	MINUTES		OCCUPATION	CODE	WRITTEN DESCRIPTION	CODE
1						.						
2						.						
3						.						
4						.						
5						.						
6						.						
7						.						
8						.						
9						.						
10						.						
11						.						
12						.						
13						.						
14						.						
15						.						

MODULE 6: LABOUR

PART C: MAIN AND SECONDARY JOB

P A N E L  I D	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
	Is this job ...	In this work were you...  (READ ALL RESPONSES)	Is your employer for this work...  (READ ALL RESPONSES)	How much was your <b>last NET payment or earning?</b> (IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?) What period of time does this payment/earning cover?		How much is your <b>usual NET payment or earning?</b> What period of time does this payment/earning cover? (consider time of last 12 months; if you have started the job less than 12 months ago, consider the average since the beginning)		During the past 12 months, did you receive any payment/earning for this work in any other form (meals, tips, transport, clothes)?	What is the value of those in-kind payments/earnings in the last 12 months?	Is [MONTH/YEAR] at Question 19 [05/2003](May 2003) or after?
		AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD? 1								
		A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE? 2 >>29	THE GOVERNMENT, PUBLIC SECTOR OR ARMY 1		TIME UNIT		TIME UNIT			
	SEASONAL 1	AN EMPLOYER? 3 >>29	A PRIVATE COMPANY OR ENTERPRISE 2	MONTH		MONTH	1			
	OCCASIONAL 2		PUBLIC WORKS PROGRAM 3	15 DAYS		15 DAYS	2			
	TEMPORARY 3		A STATE-OWNED ENTERPRISE 4	WEEKLY		WEEKLY	3			
	PERMANENT/ LONG-TERM 4	A WORKER ON OWN ACCOUNT OR UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE? 4 >>29	A NGO OR HUMANITARIAN ORGANIZATION 5	DAILY		DAILY	4	YES 1		YES 1 >> Grid, Part D
			A PRIVATE INDIVIDUAL 6					NO 2 >>35		NO 2 >> MODULE 7
				NEW LEKS	TIME UNIT	NEW LEKS	TIME UNIT		NEW LEKS	
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## **SHOWCARD D**

- 01 Paid employment - full-time**
- 02 Paid employment - part-time**
- 03 Self employed (full or part time)**
- 04 Unemployed / Looking for work**
- 05 Retired from work altogether**
- 06 Looking after family or home**
- 07 In full-time education / student**
- 08 Long-term sick or disabled**
- 09 On maternity leave**
- 10 Military service**
- 11 Something else**

**MODULE 7: MIGRATION**

												<b>Albania January 1990-June 1, 2003</b>			
P A N E L  I D	(1)	(2)	(3)	(4)	(5)	(6)		(7)		(8)	(9)	(10)	(11)		
	WAS THIS PERSON INTERVIEWED IN 2003?	Were you/ [NAME] born in this municipality/ commune?	Have you/ [NAME] continuously lived in this municipality/ commune?	Did you/ [NAME] move to this municipality/ commune since January 1990?	In what date (month, year) did you/ [NAME] move here?	What was the main reason you/ [NAME] moved to this place?		Which district or country did you/ [NAME] live in before moving here?		Now we want to discuss the 13 1/2 year period from January 1990 to June 1, 2003. From January 1990 until June 1, 2003 did you/ [NAME] ever migrate temporarily to other parts of Albania? (Except family visits)	From January 1990 to June 1, 2003, in what year was the first time you/ [NAME] migrated temporarily to another part of Albania?	How many months did you/ [NAME] remain away during this first migration?	What was the final destination (where you/ [NAME] spent the most time) during the first migration in this period?		
	YES 1 >>35 NO 2	YES 1 NO 2 >>4	YES 1 >>8 NO 2	YES 1 NO 2 >>8		TO START A NEW JOB/BUSINESS 1 TO LOOK FOR A BETTER PAID JOB 2 STUDY 3 SECURITY 4 HEALTH 5 POOR QUALITY LAND 6 NOT ENOUGH LAND 7 TO JOIN FAMILY/MARRIAGE 8 MOVING WITH FAMILY 9 OTHER 10		SEE DISTRICT AND COUNTRY CODES ABOVE  ALBANIAN DISTRICTS 01-36 COUNTRIES 81-87		YES 1 NO 2 >>19			SEE DISTRICT CODES ABOVE		
					MONTH   YEAR			DISTRICT/COUNTRY   CODE		YEAR	MONTHS	DISTRICT	CODE		
	1														
	2														
	3														
	4														
	5														
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**MODULE 7: MIGRATION**

**Albania January 1990-June 1, 2003 (cont'd)**

**Abroad Jan. 1990-June 1, 2003**

P A N E L  I D	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
	What was the most important reason you/ [NAME] migrated temporarily that first migration?	Did you/ [NAME] find work or start work during that first migration?	What was your/[NAME's] occupation?	Who provided information on where to go and/or how to find work during the first migration in that period?  (MAIN SOURCE)	From whom did you/ [NAME] mainly obtain money in order to migrate for the first migration in that period? (MAIN SOURCE)	Including the first time you/ [NAME] migrated temporarily internally, how many times did you/ [NAME] migrate temporarily to other parts of Albania, in the January 1990-June 1, 2003 period?	What was the total time in months that you/ [NAME] were away in internal migration in the January 1990-June 1, 2003 period?	In that same 13 1/2 year period, from Jan 1, 1990 to June 1, 2003, did you ever migrate to another country, that is, migrate <u>abroad</u> , for at least one month (except for family visits)?	In what year was the first time you/ [NAME] migrated abroad in that 13 1/2 year period?	How long did you/ [NAME] remain away that first migration?
	TO START WORK/LOOK FOR WORK 1									
	TO FIND BETTER/MORE LAND 2									
	STUDY 3 >>16									
	SECURITY 4 >>16									
	HEALTH 5 >>17									
	TO JOIN FAMILY/TO MARRY 6 >>17									
	MOVING WITH FAMILY 7 >>17	YES 1								
	OTHER 8 >>16	NO 2 >>15								
			DESCRIPTION	FOR OFFICE CODING				IF RESPONDENT ANSWERS IN YEARS, CONVERT TO MONTHS		
						TIMES	MONTHS	YES 1 NO 2 >>35	YEAR	MONTHS
1										
2										
3										
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**MODULE 7: MIGRATION**

**Abroad January 1990-June 1, 2003 (con't)**

P A N E L  I D	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
	What was the final destination in that first migration? (Where you/ [NAME] spent the most time)	Did you/ [NAME] enter legally in that country?	What was the most important reason you/ [NAME] migrated internationally?	Did you/ [NAME] find work or start work during that first migration time?	What was your/ [NAME's] occupation?	What was the main economic activity of the enterprise you/ [NAME] was working in or of your/ [NAME's] own business?	Were you/ [NAME] working legally in the country in your first migration move?	Who provided information on where to go and/or how to find work?	From whom did you/ [NAME] mainly obtain money in order to migrate for that first migration move? (MAIN SOURCE)
	GREECE 81		TO START WORK/LOOK FOR WORK 1					FAMILY 1	
	ITALY 82		TO FIND BETTER/MORE LAND 2					FRIENDS 2	
	GERMANY 83		STUDY 3 >>30					NEIGHBOURS 3	FAMILY 1
	OTHER IN EUROPE 84		SECURITY 4 >>30					HEARD ON TV/RADIO 4	FRIENDS 2
	USA 85		HEALTH 5 >>31						NEIGHBOURS 3
	CANADA 86		TO JOIN FAMILY/TO MARRY 6 >>31						SELF 4
	OTHER 87	YES 1	MOVING WITH FAMILY 7 >>31	YES 1				YES 1	SELF 5
		NO 2	OTHER 8 >>30	NO 2 >>29				NO 2	OTHER 6
	COUNTRY CODE				DESCRIPTION CODE	WRITTEN DESCRIPTION CODE			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

**MODULE 7: MIGRATION**

**Abroad January 1990-June 1, 2003 (con't)      Albania from June 1, 2003**

P A N E L  I D	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
	While on the road or at the final destination did anyone else help you/ [NAME]? (in the first migration move)	Who helped you/ [NAME]? (MAIN SOURCE)	From the first time you/ [NAME] migrated internationally until June 1, 2003, how many other times did you/ [NAME] migrate abroad?	What was the total time in months that you/ [NAME] were abroad in migration in the 1990- June 1, 2003 period?	We now wish to ask about the time from last June (from June 1, 2003) until the present. Did you/ [NAME] move or migrate temporarily to another part of Albania (that is sleep in another residence for at least a month, but not change residence permanently), since June 1, 2003? <b>(Except for family visits)</b>	How many months did you remain away, in total, since June 1, 2003?	What was your final destination? (Where you spent the most time)	What was the most important reason you/ [NAME] migrated temporarily since June 1, 2003?	How many months of this migration time since June 1, 2003 did you/ [NAME] work?	What was your occupation?
	YES 1 NO 2 >>33	FAMILY 1 FRIENDS 2 ACQUAINTANCES 3 STRANGERS 4 NGO 5 RELIGIOUS ORGANIZATIONS 6 OTHER 7		IF RESPONDENT ANSWERS IN YEARS, CONVERT TO MONTHS	YES 1 NO 2 >>43		SEE DISTRICT CODES ABOVE  DISTRICTS 01-36	TO START WORK/LOOK FOR WORK 1 TO FIND BETTER/MORE LAND 2 STUDY 3 >>42 SECURITY 4 >>42 HEALTH 5 >>43 TO JOIN FAMILY/TO MARRY 6 >>43 MOVING WITH FAMILY 7 >>43 OTHER 8 >>42	IF "0">>41	
			TIMES	MONTHS		MONTHS	DISTRICT CODE		MONTHS	DESCRIPTION CODE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										



**MODULE 7: MIGRATION**

**Abroad from June 1, 2003 (con't)**

P A N E L  I D	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)
	What was your/ [NAME's] occupation?	What was the main economic activity of the enterprise you/ [NAME] was working in or of your/ [NAME's] own business?	Were you/ [NAME] working legally in the country in the most recent migration move since June 1, 2003?	Who provided information on where to go and/or how to find work during your most recent migration move? (MAIN SOURCE)	From whom did you/ [NAME] mainly obtain money in order to migrate for the most recent migration move? (MAIN SOURCE)	While on the road or at the final destination did anyone else help you/ [NAME]?	Who helped you/ [NAME]? (MAIN SOURCE)	Is there any possibility you/ [NAME] will migrate internationally in the next 12 months?
				FAMILY 1 FRIENDS 2 NEIGHBOURS 3 HEARD ON TV/RADIO 4 YES 1 NO 2	FAMILY 1 FRIENDS 2 NEIGHBOURS 3 SELF 5 OTHER 6	FAMILY 1 FRIENDS 2 NEIGHBOURS 3 SELF 4 NO 2 >>57	FAMILY 1 FRIENDS 2 ACQUAINTANCES 3 STRANGERS 4 NGO 5 RELIGIOUS 6 OTHER 7	VERY LIKELY 1 SOMEWHAT LIKELY 2 UNLIKELY 3 VERY UNLIKELY 4 NO 5 DO NOT KNOW 6 REFUSE TO ANSWER 7
	FOR OFFICE CODING		FOR OFFICE CODING					
	WRITTEN DESCRIPTION	WRITTEN DESCRIPTION	CODE					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

**MODULE 8: AGRICULTURE**

**PART A: LAND**

(1) Has anyone in this household farmed any land in the last 12 months, or does anyone in this household own any agricultural land?

YES	1	
NO	2 >> PART B	

(2) Does anyone in this household own any plot of agricultural land?

YES	1	
NO	2 >>11	

(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
What is the name of this plot?	What is the area of this plot?	What is the main use for this plot?	Is this plot irrigated?	Does your household farm this plot (or leave it fallow), rent it to others, or lend it out for free?	Did you own this plot one year ago (June 1, 2003)?	How did you acquire this plot?	What legal status or ownership right do you have for this plot?	
		ANNUAL CROP LAND 1						PURCHASED 1
		MULTI-YEAR CROP LAND 2						INHERITED 2 DEED 1
		TREE CROP LAND 3						RECEIVED AS GIFT 3 SALES RECEIPT 2
		VINEYARD 4						CLEARED 4 USUFRUCT 3
		UNCULTIVATED LAND 5 >>7						BY LAW NR. 7501 5 OTHER (SPECIFY) 4
		FOREST 6 >>7 YES 1 FARMED BY HH 1 YES 1						OTHER 6 NONE 5
		PASTURE 7 >>7 NO 2 RENT OUT 2 NO 2						
		POND 8 >>7						LENT OUT 3
NAME	SQ METERS	OTHER 9						

1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

(11)	(12)	(13)	(14)	(15)	(16)
How many plots of land did your HH rent or borrow from others to farm in the past 12 months?  IF "0" >>13	What was the area of the plots your household rented or borrowed to farm in the past 12 months. ?	How easy or difficult is it for someone to <u>buy</u> agricultural land in this area?	What are the most serious problems if one wishes to buy agricultural land in this area? (ALLOW UP TO TWO RESPONSES)	How easy or difficult is it for someone to <u>sell</u> agricultural land in this area?	What are the most serious problems if you wish to sell agricultural land in this area? (ALLOW UP TO TWO RESPONSES)
		DON'T KNOW 1 >>15	PEOPLE UNWILLING TO SELL 1	DON'T KNOW 1 >>PART B	PEOPLE UNWILLING TO BUY 1
		VERY EASY 2 >>15	LEGAL PROCEDURES COMPLICATED 2	VERY EASY 2 >>PART B	LEGAL PROCEDURES COMPLICATED/LONG 2
		RELATIVELY EASY 3 >>15	NO LAND WITH CLEAR TITLES 3	RELATIVELY EASY 3 >>PART B	OWNER DOES NOT HAVE CLEAR TITLE 3
		EASY 4 >>15	DETERMINING IF CONFLICTS OVER OWNERSHIP 4	EASY 4 >>PART B	CONFLICTS OVER LAND OWNERSHIP 4
		RATHER DIFFICULT 5	DIFFICULT TO FIND LAND FREE OF DISPUTES 5	RATHER DIFFICULT 5	PEOPLE AFRIAD THERE WILL BE DISPUTES 5
		VERY DIFFICULT 6	LAND TOO EXPENSIVE 6	VERY DIFFICULT 6	BUYER DOES NOT WANT TO PAY ENOUGH 6
		IMPOSSIBLE 7	OTHER 7	IMPOSSIBLE 7	OTHER 7
NUMBER	SQ. METERS		FIRST SECOND		FIRST SECOND

**MODULE 8: AGRICULTURE**

**PART B: LIVESTOCK, ACCESS TO LAND**

(1) During the last 12 months, has any member of your household raised or owned any livestock or poultry?

YES	1	
NO	2 >> 9	

	(2)	(3)	(4)	(5)	(6)	(7)	(8)
L I V E S T O C K  C O D E	During the last 12 months, has any member of your household raised any [...]?	How many [...] does your household currently own?	How many [...] were sold in past 12 months (live or slaughtered)?	How many [...] were bought in past 12 months?	How many [...] were consumed in the past 12 months for your household consumption?	How many [...] died in past 12 months?	How many [...] were born in past 12 months?
	FIRST ASK QUESTION 2 FOR ALL ANIMALS, THEN ASK QUESTIONS 3-8 FOR EACH ANIMAL BEFORE GOING TO THE NEXT ONE.						
	YES 1 NO 2 >>NEXT ANIMAL						
	ANIMAL	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
1	Beef cattle						
2	Milk cows						
3	Sheep						
4	Goats						
5	Pigs						
6	Poultry						

(9) During the past 12 months, did your household access land **not owned** by a member of your household to collect fuel wood, to pasture animals or to harvest fodder?

YES	1	
NO	2 >> MODULE 10	

	(10)	(11)	(12)	(13)	(14)	(15)
O P T I O N  C O D E	During the past 12 months, did your household access land <b>not owned</b> by a member of your household to [...]?	How far from the dwelling is the land used to [...]?	Who owns this land?	How many months a year does your household use this land to [...]?	Did you have to pay to access this resource?	How much did you have to pay in the past 12 months to access this resource?
	FIRST ASK QUESTION 10 FOR ALL OPTIONS, THEN ASK QUESTIONS 11-15 FOR EACH OPTION BEFORE GOING TO THE NEXT ONE.	MINUTES, WALKING ONE WAY  IF MORE THAN ONE LOCATION, SPEAK OF THE FARTHEST	STATE 1 LOCAL GOVT. 2 FAMILY 3 OTHER PRIVATE 4 PRIVATE 5		YES 1 NO 2 >> NEXT ROW	
	YES 1 NO 2 >>NEXT OPTION	MINUTES		MONTHS		NEW LEKS
1	Pasture animals					
2	Harvest Fodder					
3	Collect Fuel wood					



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**MODULE 10 A: SUBJECTIVE**

THE QUESTIONS ON THIS PAGE SHOULD BE ASKED TO THE SAME PERSON WHO RESPONDED LAST YEAR. LOOK FOR THE NAME MARKED IN THE HOUSEHOLD LIST IN THE ROSTER. IF THIS PERSON IS NO LONGER IN THIS HOUSEHOLD, OR IF THIS IS A NEW HOUSEHOLD, ASK THE HOUSEHOLD HEAD. IF THE HEAD IS NOT AVAILABLE, ASK THE SPOUSE.

RESPONDENT NAME \_\_\_\_\_ PANEL ID

(1) How satisfied are you with your current financial situation?  
 FULLY SATISFIED 1  
 RATHER SATISFIED 2  
 LESS THAN SATISFIED 3  
 NOT AT ALL SATISFIED 4  
 DON'T KNOW ND  
 REFUSE TO ANSWER JP

(2) Do you feel that your financial situation in the past 12 months has ...  
 IMPROVED A LOT 1  
 SOMEWHAT IMPROVED 2  
 REMAINED THE SAME 3  
 SOMEWHAT DETERIORATED 4  
 DETERIORATED A LOT 5  
 DON'T KNOW ND  
 REFUSE TO ANSWER JP

(3) Do you think that in the next 12 months your financial situation will be ...  
 IMPROVED A LOT 1  
 SOMEWHAT IMPROVED 2  
 REMAINING THE SAME 3  
 SOMEWHAT DETERIORATED 4  
 DETERIORATED A LOT 5  
 DON'T KNOW ND  
 REFUSE TO ANSWER JP

(4) Do you feel that your family's food consumption in the past 12 months has ...  
 IMPROVED A LOT 1  
 SOMEWHAT IMPROVED 2  
 REMAINED THE SAME 3  
 SOMEWHAT DETERIORATED 4  
 DETERIORATED A LOT 5  
 DON'T KNOW ND  
 REFUSE TO ANSWER JP

(5) Would you consider the current level of food consumption of your family as:  
 MORE THAN ADEQUATE 1  
 JUST ADEQUATE 2  
 LESS THAN ADEQUATE 3  
 DON'T KNOW ND  
 REFUSE TO ANSWER JP

(6) Imagine a 10-step ladder where on the bottom, the first step, stand the poorest people, and on the highest step, the TENTH, stand the rich. On which step are you today? SHOW THE SCALE ABOVE

(7) If you wanted to, could your household afford to...  
 YES 1  
 NO 2  
 HAVE FRIENDS OR FAMILY FOR A DRINK OR MEAL AT LEAST ONCE A MONTH   
 PAY FOR A WEEK'S ANNUAL HOLIDAY AWAY FROM HOME   
 REPLACE WORN OUT FURNITURE   
 BUY NEW RATHER THAN SECOND HAND CLOTHES   
 EAT MEAT, CHICKEN OR FISH AT LEAST EVERY SECOND DAY   
 KEEP YOUR HOUSE ADEQUATELY WARM

(8) In the last 12 months, has your household sometimes not been able to pay...  
 YES 1  
 NO 2  
 DON'T KNOW/NOT APPLICABLE ND  
 REFUSE TO ANSWER JP  
 ELECTRICITY, WATER, OR TELEPHONE BILLS   
 MORTGAGE PAYMENTS   
 RENT OR OTHER DWELLING PAYMENTS   
 LOAN REPAYMENTS

(9) During the past 12 months did your household face any of the following shocks?  
 LOSS OF INCOME-EARNING HOUSEHOLD MEMBER 1  
 DWELLING SERIOUSLY DAMAGED 2  
 SIGNIFICANT LOSS OF MONEY OR PROPERTY 3  
 LOSS OF CROPS 4  
 DON'T KNOW ND  
 REFUSE TO ANSWER JP  
 DOES NOT APPLY NA

**MODULE 10B: SOCIAL CAPITAL**

**GROUPS AND NETWORKS**

**ASK THE SAME RESPONDENT AS FOR MODULE 10 A**

(1) I would like to start by asking you about the groups or organizations, networks, associations to which you or any member of your household belong. These could be formally organized groups or just groups of people who get together regularly to do an activity or talk about things. Look at the list in the box. Of how many such groups are you or any one in your household a member?

IF 0 >> 6

---

(2) Of all these groups to which you or members of your household belong, which are the most important to your household?

INSERT THE LETTERS FROM THE LIST AT RIGHT  
ALLOW UP TO 3 RESPONSES

--	--	--

Order of Importance: Most      Second      Third

---

(3) Thinking about the members of the most important group, are most of them of the same....

A. RELIGION	
B. GENDER	
C. ETHNIC OR ETHNIC-LINGUISTIC BACKGROUND	

YES	1
NO	2

---

(4) Do members of the most important group mostly have the same...

A. OCCUPATION	
B. EDUCATIONAL BACKGROUND OR LEVEL	

YES	1
NO	2

---

(5) Does this group work with or interact with groups outside the village/neighborhood?

NO	1
YES, OCCASIONALLY	2
YES, FREQUENTLY	3

---

(6) About how many close friends do you have these days? These are people you feel at ease with, can talk to about private matters, or call on for help.

(7) If you suddenly needed to borrow a small amount of money [RURAL: enough to pay for expenses for your household for one week; URBAN: equal to about one week's wages], are there people beyond your immediate household and close relatives to whom you could turn?

DEFINITELY	1
PROBABLY	2
UNSURE	3
PROBABLY NOT	4
DEFINITELY NOT	5

- GROUPS OR ORGANIZATIONS FOR QUESTIONS 1 to 7:**
- A. Farmer/fisherman association
  - B. Irrigation related association
  - C. Traders or Business association
  - D. Professional association (doctors, teachers,)
  - E. Trade unions
  - F. Neighborhood/village council of dignitaries
  - G. Religious or spiritual groups
  - H. Political group or movement
  - I. Cultural association
  - J. Finance, credit groups
  - K. Association for environment protection
  - L. Association for water supply
  - M. Association for the consumers' protection
  - N. Sports group
  - O. Youth groups
  - P. NGO
  - Q. Ethnic-based community group
  - R. Veterans associations
  - S. Other groups (specify) \_\_\_\_\_

**MODULE 10B SOCIAL CAPITAL**

**TRUST AND SOLIDARITY**

(8) Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?

PEOPLE CAN BE TRUSTED	1	<input type="text"/>
YOU CAN'T BE TOO CAREFUL	2	

(9) In general, do you agree or disagree with the following statements?

**A. Most people in this village/neighborhood are willing to help if you need it.**

**B. In this village/neighborhood, one has to be alert or someone is likely to take advantage of you.**

AGREE STRONGLY	1
AGREE SOMEWHAT	2
NEITHER AGREE OR DISAGREE	3
DISAGREE SOMEWHAT	4
DISAGREE STRONGLY	5

(10) How much do you trust...

**A. Local government officials**

**B. Central government officials**

TO A VERY GREAT EXTENT	1
TO A GREAT EXTENT	2
NEITHER GREAT NOR SMALL EXTENT	3
TO A SMALL EXTENT	4
TO A VERY SMALL EXTENT	5

(11) If a community project does not directly benefit you but has benefits for many others in the village/neighborhood, would you contribute time or money to the project?

**A. TIME**

WILL NOT CONTRIBUTE TIME	1	<input type="text"/>
WILL CONTRIBUTE TIME	2	

**B. MONEY**

WILL NOT CONTRIBUTE MONEY	1	<input type="text"/>
WILL CONTRIBUTE MONEY	2	

**COLLECTIVE ACTION AND COOPERATION**

(12) In the past year did you or any one in your household participate in any communal activities, in which people came together to do some work for the benefit of the community?

YES	1	<input type="text"/>
NO	2 >> 14	

(13) How many times in the past year?

NUMBER

(14) If there was a water supply problem, for instance, in this community, how likely is it that people will cooperate to try to solve the problem?

VERY LIKELY	1	<input type="text"/>
SOMEWHAT LIKELY	2	
NEITHER LIKELY NOR UNLIKELY	3	
SOMEWHAT UNLIKELY	4	
VERY UNLIKELY	5	

**INFORMATION AND COMMUNICATION**

(15) In the past month, how many times have you made or received a phone call?

(16) What are your three main sources of information about what the government is doing (such as reforms in the health system, electricity supply, European integration & stabilization, etc)?

RELATIVES, FRIENDS AND NEIGHBORS	1	<input type="text"/>	<b>FIRST SOURCE</b>
COMMUNITY BULLETIN BOARDS	2		
COMMUNITY OR LOCAL NEWSPAPERS	3		
NATIONAL NEWSPAPER	4	<input type="text"/>	<b>SECOND SOURCE</b>
RADIO	5		
TELEVISION	6		
GROUPS OR ASSOCIATIONS	7	<input type="text"/>	<b>THIRD SOURCE</b>
BUSINESS OR WORK ASSOCIATES	8		
COMMUNITY LEADERS	9		
AN AGENT OF THE GOVERNMENT	10		
NGOs	11		
INTERNET	12		

**MODULE 10B: SOCIAL CAPITAL**

**SOCIAL COHESION AND INCLUSION**

(17) There are often differences in characteristics between people living in the same village/neighborhood. For example, differences in wealth, income, social status, ethnic or ethnic-linguistic background. There can also be differences in religious or political beliefs, or there can be differences due to age or sex. To what extent do any such differences divide your village/neighborhood?

TO A VERY GREAT EXTENT	1
TO A GREAT EXTENT	2
NEITHER GREAT NOR SMALL EXTENT	3
TO A SMALL EXTENT	4
TO A VERY SMALL EXTENT	5

[ ]

(18) Do any of these differences cause problems?

YES	1
NO	2 >> 21

[ ]

(19) Which two differences most often cause problems?

DIFFERENCES IN EDUCATION	1
DIFFERENCES IN LANDHOLDING	2
DIFFERENCES IN WEALTH/MATERIAL POSSESSIONS	3
DIFFERENCES IN SOCIAL STATUS	4
DIFFERENCES BETWEEN MEN AND WOMEN	5
DIFFERENCES BETWEEN YOUNGER AND OLDER GENERATIONS	6
DIFFERENCES BETWEEN LONG-TERM AND RECENT RESIDENTS	7
DIFFERENCES IN POLITICAL PARTY AFFILIATIONS	8
DIFFERENCES IN RELIGIOUS BELIEFS	9
DIFFERENCES IN ETHNIC OR LINGUISTIC BACKGROUND	10
OTHER DIFFERENCES Specify	11

FIRST DIFFERENCE [ ]  
SECOND DIFFERENCE [ ]

(20) Have these problems ever led to violence?

YES	1
NO	2

[ ]

(21) How many times in the past month have you got together with people to have food or drinks, either in their home or in a public place?

[ ]

(22) [IF NOT ZERO] Were any of these people...

A. OF DIFFERENT ETHNIC OR ETHNIC-LINGUISTIC BACKGROUND	[ ]
B. OF DIFFERENT ECONOMIC STATUS	[ ]
C. OF DIFFERENT SOCIAL STATUS	[ ]
D. OF DIFFERENT RELIGIOUS GROUPS	[ ]

YES	1
NO	2

(23) In general, how safe from crime and violence do you feel when you are alone at home?

VERY SAFE	1
SOMEWHAT SAFE	2
NEITHER SAFE NOR UNSAFE	3
SOMEWHAT UNSAFE	4
VERY UNSAFE	5

[ ]

**EMPOWERMENT AND POLITICAL ACTION**

(24) In general, how happy do you consider yourself to be?

VERY HAPPY	1
SOMEWHAT HAPPY	2
NEITHER HAPPY NOR UNHAPPY	3
SOMEWHAT UNHAPPY	4
VERY UNHAPPY	5

[ ]

(25) Do you feel that you have a lot of rights that give you the power to change the course of your life? Rate yourself on a 1 to 5 scale, where 1 means having no rights and being totally unable to change your life, and five means having many rights and full control over your life.

NO RIGHTS, TOTALLY POWERLESS	1
VERY FEW RIGHTS, ALMOST POWERLESS	2
SOME RIGHTS, SOMEWHAT POWERLESS	3
MOST RIGHTS, MOSTLY POWERFUL	4
ALL RIGHTS, VERY POWERFUL	5

[ ]

(26) In the past year, how often have people in this village/neighborhood got together to jointly petition government officials or political leaders for something benefiting the community?

NEVER	1
ONCE	2
A FEW TIMES (LESS OR EQUAL TO 5)	3
MANY TIMES (MORE THAN 5)	4

[ ]

(27) Lots of people find it difficult to get out and vote. Did you vote in the last general elections or local elections?

YES	1
NO	2

[ ]

**MODULE 12: SOCIAL ASSISTANCE**

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

**MOD MODULE 12: SOCIAL ASSISTANCE**

SECOND MEMBER (CONTD)							THIRD MEMBER						
(11)	(12)		(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)	(22)
Who is the second member of your household who received income from this source?	When did you start receiving this assistance?		How much did [NAME] receive last payment ?	How many months did this payment refer to ?	Is [NAME] currently owed any payment (arrears)?	What is the total amount of arrears owed?	How old are these arrears?	Did any other member of your household receive income from this source?	Who is the third member of your household who received income from this source?	When did [NAME] start receiving this payment ?	How much did [NAME] receive last payment ?	How many months did this payment refer to ?	
COPY ID CODE OF PERSON FROM FLAP					YES 1 NO 2 >>18		1-3 MONTHS 1 4-6 MONTHS 2 7-12 MONTHS 3 > 1 YEAR 4	YES 1 NO 2 (->NEXT SOURCE)	COPY ID CODE OF PERSON FROM FLAP				
	MONTHS	YEARS	NEW LEKS	MONTHS		NEW LEKS				MONTHS	YEARS	NEW LEKS	MONTHS
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													

**MODULE 13: REMITTANCES AND OTHER INCOME**

**REMITTANCES TO THE HOUSEHOLD**

LINE NUMBER	(1)	(2)	(3)	(4)		(5)
	In the last 12 months, did your household, or any of its members, receive any remittance payment, in cash or in other forms, from any person not presently a member of this household?	PLEASE LIST THE NAME OF EACH PERSON REMITTING TO THIS HOUSEHOLD	What is the relationship of the person remitting to the head of this household?	Where does the person remitting to this household live?	COUNTRY	CODE
	YES 1		SPOUSE/PARTNER 2		ALBANIA	80
	NO 2 >>6		CHILD/ADOPTED CHILD 3		GREECE	81
			GRANDCHILD 4		ITALY	82
			NIECE/NEPHEW 5		GERMANY	83
			FATHER/MOTHER 6		OTHER IN EUROPE	84
			SISTER/BROTHER 7		USA	85
			SON/DAUGHTER-IN-LAW 8		CANADA	86
			BROTHER/SISTER-IN-LAW 9		OTHER	87
			GRANDFATHER/MOTHER 10			
			FATHER/MOTHER-IN-LAW 11			
			OTHER RELATIVE 12			
			NOT RELATED 13			
		NAME				NEW LEKS

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
12						
13						
14						

**OTHER INCOME**

	(6)	(7)
	In the last 12 months, did your household, or any of its members, receive any payment, in cash or in other forms, from the following sources?	How much did your household receive in total in the last 12 months from [SOURCE], including the value of any payment in the form of goods?
INCOME SOURCE	YES 1 NO 2 >>NEXT SOURCE	NEW LEKS

Rental Income			
1	Land other than agricultural land		
2	Apartment, house		
3	Shops, stores, etc		
4	Car, truck, other vehicles		
Revenue from sale of assets			
5	Sale of real estate (house, land...)		
6	Sale of durable goods of the household		
7	Other sale of assets		
Other income			
8	Interest		
9	Inheritance		
10	Lottery or gambling winnings		
11	Other income (_____)		
12	Other income (_____)		

**MODULE 11: HOUSEHOLD INTERVIEW OUTCOME**

(1) INTERVIEW CONDUCTED AT HOUSEHOLD?

YES	1
NO	2 >>5

(2) INTERVIEW OUTCOME...

EVERY MEMBER OF THE HOUSEHOLD INTERVIEWED	1
SOME MEMBERS INTERVIEWED AND SOME MEMBERS PROXIED	2
SOME MEMBERS INTERVIEWED OR PROXIED AND SOME MEMBERS REFUSED OR NO CONTACT	3

(3) We may want to contact you again next year. Could you please give us a name, address and contact telephone of someone who could help us find you if you move in the meantime?

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE 1: \_\_\_\_\_ TELEPHONE 2: \_\_\_\_\_

(4) Does your household plan to move in the next 12 months?

YES	1
NO	2

**IF HOUSEHOLD NOT INTERVIEWED:**

(5) WHY WAS THIS HOUSEHOLD NOT INTERVIEWED?

NEW ADDRESS - NO TRACE	1
ADDRESS OCCUPIED BUT NOT HOME	2
REFUSED	3
HOUSEHOLD INFIRM, DISABLED OR ELDERLY	4
HOUSEHOLD INSTITUTIONALIZED	5
HOUSEHOLD MOVED OUT OF SCOPE	6
WHOLE HOUSEHOLD DECEASED	7
HOUSEHOLD TEMPORARILY OUT-OF-SCOPE	8
MOVED BACK TO PREVIOUS WAVE HOUSEHOLD	9

(6) WRITE FULL DESCRIPTION OF WHY NOT INTERVIEWED. IF YOU SPOKE TO ANYONE IN THE HOUSEHOLD, PLEASE TRY TO DETERMINE HOW MANY PEOPLE IN THE HOUSEHOLD, AND HOW MANY ARE 15 OR OVER. REPORT THE AGE AND SEX OF THE PERSON SEEN.

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

P E R S O N  N U M B E R	Put "X" if new survey member			NAMES OF VALID HOUSEHOLD MEMBERS	P A N E L  I D
		Sex	Age		
					1
					2
					3
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14
					15



(25) (4) (6) (26) (27)

**DISTRICT AND COUNTRY CODES**

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

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