

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
DON'T 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)	<input type="text"/>														
(13)	What type of toilet does your dwelling have ?															
	<table border="0"> <tr> <td>WC INSIDE THE HOUSE</td> <td>1</td> </tr> <tr> <td>TWO OR MORE WC INSIDE</td> <td>2</td> </tr> <tr> <td>WC OUTSIDE, WITH PIPING</td> <td>3</td> </tr> <tr> <td>WC OUTSIDE, WITHOUT PIPING</td> <td>4</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td>5</td> </tr> </table>	WC INSIDE THE HOUSE	1	TWO OR MORE WC INSIDE	2	WC OUTSIDE, WITH PIPING	3	WC OUTSIDE, WITHOUT PIPING	4	OTHER (SPECIFY)	5	<input type="text"/>				
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OTHER (SPECIFY)	5															
(14)	Does dwelling have the following ? (CHECK BOX IF "YES")	<table border="0"> <tr> <td>SEPARATE KITCHEN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SEPARATE BATH/SHOWER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BALCONY OR TERRACE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PANTRY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ATTIC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>GARAGE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ELEVATOR</td> <td><input type="checkbox"/></td> </tr> </table>	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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GARAGE	<input type="checkbox"/>															
ELEVATOR	<input type="checkbox"/>															
(15)	Does your dwelling have any of the following problems? (CHECK BOX IF "YES")	<table border="0"> <tr> <td>DWELLING TOO SMALL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DWELLING TOO DARK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>INADEQUATE HEATING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LEAKING ROOF</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DAMP WALLS, FLOORS OR BASEMENT</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WINDOWS/DOORS IN BAD CONDITION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>POLLUTION FROM INDUSTRY OR TRAFFIC</td> <td><input type="checkbox"/></td> </tr> </table>	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"/>
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(16)	How far is the dwelling from the nearest..... ? (Walking , one way)	<table border="0"> <tr> <td></td> <td>min</td> </tr> <tr> <td>PRIMARY SCHOOL</td> <td><input type="text"/></td> </tr> <tr> <td>AMBULATORY/DOCTOR</td> <td><input type="text"/></td> </tr> <tr> <td>BUS/ MINIBUS STOP</td> <td><input type="text"/></td> </tr> </table>		min	PRIMARY SCHOOL	<input type="text"/>	AMBULATORY/DOCTOR	<input type="text"/>	BUS/ MINIBUS STOP	<input type="text"/>						
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(17)	What is the ownership of this dwelling?	<input type="text"/>														
	<table border="0"> <tr> <td>OWNER</td> <td>1</td> </tr> <tr> <td>OWNER WITH A MORTGAGE ON DWELLING</td> <td>2</td> </tr> <tr> <td>RENTED FROM A PRIVATE INDIVIDUAL</td> <td>3 >>PART B (NEXT PAGE)</td> </tr> <tr> <td>RENTED FROM THE STATE</td> <td>4 >>PART B (NEXT PAGE)</td> </tr> <tr> <td>LIVE FOR FREE</td> <td>5 >>PART B (NEXT PAGE)</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td>6 >>PART B (NEXT PAGE)</td> </tr> </table>	OWNER	1	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?	<input type="text"/>														
	<table border="0"> <tr> <td>PURCHASED</td> <td>1</td> </tr> <tr> <td>CONSTRUCTION</td> <td>2</td> </tr> <tr> <td>INHERITED</td> <td>3</td> </tr> <tr> <td>PRIVATISED ACCORDING TO THE LAW OF 1994</td> <td>4</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td>5</td> </tr> <tr> <td>DON'T KNOW</td> <td>ND</td> </tr> <tr> <td>REFUSED TO ANSWER</td> <td>JP</td> </tr> </table>	PURCHASED	1	CONSTRUCTION	2	INHERITED	3	PRIVATISED ACCORDING TO THE LAW OF 1994	4	OTHER (SPECIFY)	5	DON'T KNOW	ND	REFUSED TO ANSWER	JP	
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OTHER (SPECIFY)	5															
DON'T KNOW	ND															
REFUSED TO ANSWER	JP															
(19)	Does any member of the HH have a title or other legal document showing ownership of this dwelling?	<input type="text"/>														
	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>ND</td> </tr> <tr> <td>REFUSED TO ANSWER</td> <td>JP</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	ND	REFUSED TO ANSWER	JP							
YES	1															
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

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

LIGHTING	
HEATING/COOLING/AIR CONDITIONING	
COOKING	
WATER HEATING	
OTHER ELECTRIC APPLIANCES	

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

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

SHARED	1
INDIVIDUAL	2 >> 15
NO METER	3 >> 15

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

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

NEVER	1 >> 17
SEVERAL TIMES A MONTH	2
SEVERAL TIMES A WEEK	3
EVERY DAY	4

(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
STAYED SAME	2
WORSENER	3
DON'T KNOW	ND
REFUSE TO ANSWER	JP

PART B: UTILITIES

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

YES	1
NO	2 >> 21

(19) How much was your last electric bill?

DON'T KNOW	ND
REFUSED TO ANSWER	JP

NEW LEKS

(20) How many months did this payment cover?

MONTHS

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

GENERATOR	1
KEROSENE LAMPS	2
CANDLES OR FLASHLIGHTS	3
OTHER (SPECIFY)	4

(22) Does your household use gas?

YES	1
NO	2 >>25

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

LIGHTING	
HEATING	
COOKING	
OTHER APPLIANCES	

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

NEW LEKS

MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS

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

YES	1	
NO	2	FIREWOOD
DON'T KNOW	ND	
REFUSED TO ANSWER	JP	COAL
		OIL/KEROSENE
		DIESEL FUEL
		OTHER (SPECIFY) _____

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

YES	1	
NO	2	>>30

(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

(28) How much was last payment?

NEW LEKS

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

MONTHS

PART B: UTILITIES

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

YES	1	
NO	2	>>PART C

(31) Does this computer have an Internet connection?

YES	1	
NO	2	>>PART C

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

ALBTELEKOM	1	
ABISSNET	2	
ICC	3	
OTHER (SPECIFY _____)	4	

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

YES	1	
NO	2	

(34) Do you pay for this Internet service?

YES	1	
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 MOVED 10 SAFETY 11 GOT MARRIED 12 COMPLETED SCHOOL 13 OTHER (SPECIFY) 14	In what grade are you currently enrolled? In which level?		Is the school you are currently enrolled in public or private?	Are you currently attending school?	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				YES 1 NO 2 >>NEXT PERSON	>> 12		PUBLIC 1 PRIVATE - RELIGIOUS 2 PRIVATE-NON RELIGIOUS 3	YES 1 >>9 NO 2	>>12
												LEVEL	GRADE			
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	
	KILOMETERS	MINUTES	LEVEL	GRADE	>>GO TO NEXT PERSON OR TO MODULE 4 IF LAST PERSON	
1	.					
2	.					
3	.					
4	.					
5	.					
6	.					
7	.					
8	.					
9	.					
10	.					
11	.					
12	.					
13	.					
14	.					
15	.					

PART B: FOR NEW SURVEY MEMBERS

[illegible]

MODULE 3: EDUCATION
PART B: FOR NEW SURVEY MEMBERS

	(10)	(11)	(12)	(13)	(14)	(15)	
P A N E L I D	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?		
	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 13 (>> NEXT PERSON)		UNIVERSITY	5	1-6	PUBLIC 1
	OTHER (SPECIFY) 14	POST-GRADUATE	6	1-5	PRIVATE - RELIGIOUS 2		
(>>GO TO 12)		YES 1 >> NEXT PERSON			PRIVATE-NON RELIGIOUS 3		
		NO 2 >> NEXT PERSON					
			LEVEL	GRADE			
1							
2							
3							
4							
5							
6							
7							
8							
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10							
11							
12							
13							
14							
15							

MODULE 4: COMMUNICATION

P A N E L I D	INTERNET						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	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 2 YEARS 4	YES 1	
	NO 2>>NEXT PERSON	NO 2	OTHER (Specify) 5	OTHER (Specify) 6		NO 2 >> NEXT PERSON	
							NEW LEKS

1							
2							
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12							
13							
14							
15							

P A N E L I D	MOBILE PHONES						
	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	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 1
				AMC 2			EMPLOYER 2
				OTHER (Specify) 3	YES 1		OTHER (Specify) 3
	YES 1	YES 1			NO 2		
	NO 2 >>NEXT MODULE	NO 2 >>NEXT PERSON					
			YEAR			NEW LEKS	

1							
2							
3							
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13							
14							
15							

MODULE 5: HEALTH
PART A: GENERAL HEALTH

RESPONDENT ID		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 medication 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	YES 1	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 YEAR OR MORE WRITE ONLY YEARS	NO 2 >>6	DISEASES OF BLOOD AND BLOOD-PRODUCING 2			PRIVATE NURSE/MIDWIFE 2	DOCTORS CANNOT DO ANYTHING 2			
					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		THAT WOULD HAVE BEEN SUGGESTED 10					
					OTHER DISABILITY 12	NO 2	>>10		OTHER (SPECIFY) 11			
			MONTHS YEARS			DAYS	MOST RECENT	SECOND				
1												
2												
3												
4												
5												
6												
7												
8												
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10												
11												
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15												

MODULE 5: HEALTH

PART A: GENERAL HEALTH

[illegible]

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?
		IF NONE, WRITE "0"										
	YES 1 NO 2 >>20		YES 1 NO 2 >>22		YES 1 NO 2 >>24		YES 1 NO 2 >>26		YES 1 NO 2 >>30		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			
1												
2												
3												
4												
5												
6												
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13												
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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 /[NAME] stayed in a hospital or maternity hospital or a private clinic, in Albania or abroad?	On how many occasions have you /[NAME] been admitted to hospital/clinic in the past 12 months?	How many days did you /[NAME] 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 /[NAME] satisfied with the care you received?	Why were you /[NAME] not satisfied with the care?	Where is the hospital located ?	During the last 12 months have you /[NAME] visited a dentist?	How many times have you /[NAME] been to a dentist in the past 12 months?	Do you /[NAME] have a health licence?	What is the status of this health licence?
	YES 1			PUBLIC GENERAL 1	YES, VERY SATISFIED 1>>36	POOR QUALITY OF CARE 1	TIRANA 1	YES 1		YES 1	NORMAL 1
	NO 2 >>37			PUBLIC MATERNITY 2	YES, SATISFIED 2>>36	POOR QUALITY/KNOWLEDGE OF TREATING DOCTOR 2	ALBANIA- THIS DISTRICT 2	NO 2 >>39		NO 2 (>>NEXT PERSON)	WAR INVALID 2
				HUMANITARIAN 3		NO SPECIALISTS 3	ALBANIA- OTHER DISTRICT 3				INVALID 3
				PRIVATE 4		NO DIAGNOSTIC/LAB FACILITIES 4	GREECE 4				CHILDREN 0-1 4
				OTHER 5	NO, NOT SATISFIED 3	NO DRUGS AVAILABLE 5	OTHER 7				OTHER 5
		TIMES	DAYS						TIMES		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
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14											
15											

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

115

[illegible]

MODULE 6: LABOUR
PART A: LABOUR FORCE PARTICIPATION

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
P A N E L I D	I D R E S P O N D E N T	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?	During the past 4 weeks, have you tried in any way to find a job or start your own business?
		YES 1	YES 1	YES 1	ANY YES 1 >>PART B	YES 1 >>PART B	YES 1	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	YES 1 >>12
		NO 2	NO 2	NO 2	ALL NO 2	NO 2	NO 2 >>9	OTHER (SPECIFY) 10	NO 2
								(>>PART B)	
1									
2									
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4									
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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			IF LESS THAN 1 MONTH, WRITE "0"			
	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				
	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				
OTHER (SPECIFY) _____ 11 >>14	NO 2 >>MODULE 7	TOOK PART IN TEST FOR JOB 8		YES 1	YES 1	YES 1 >>GRID, PART D	
		OTHER (SPECIFY) _____ 9		NO 2	NO 2	NO 2 >>MODULE 7	
			MONTHS				
1							
2							
3							
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14							
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	P A N E L I D	(1) What is your occupation (list each different job if you have worked in more than one job in past 7 days) 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 TEMPORARY ABSENT, WRITE OCCUPATION IN THIS COLUMN AND PUT CODE 1 IN Q6	(2) For how many days in the last 7 days did you do this work?	(3) For how many hours in the last 7 days did you do this work?	(4) How many weeks in the last 12 months did you do this activity?	(5) Did you do any other work in the last 7 days, or did you have any other job from which you were temporarily absent?	(6) 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.)
		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)	(2)	(3)	(4)	(5)		
	FOR EACH PERSON, LOOK AT THE ANSWERS TO QUESTION 6 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 1 IN THAT QUESTION	What is the main economic activity of the enterprise you're working on or of your own business?	Where was this job?	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?	How many hours per week do you <u>usually</u> work in this job?		
				SEE CODES ABOVE	FARM OWNED OR RENTED BY HOUSEHOLD MEMBER	1	IF 40 HOURS OR MORE >> 7
					OTHER FARM	2	
					YOUR HOME	3	
					OTHER HOME	4	
					VEHICLE	5	
					FROM DOOR TO DOOR	6	
					IN THE STREET, NON-FIXED PLACE	7	
					IN THE STREET, FIXED PLACE	8	
FIXED BUILDING (OFFICE/ FACTORY.)	9						
DISTRICT 1-36	10						
ABROAD 81-87	11						
OCCUPATION	CODE	WRITTEN DESCRIPTION	CODE		HOURS		
1							
2							
3							
4							
5							
6							
7							
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12							
13							
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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 <u>last NET payment</u> or <u>earning</u> ? (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 <u>usual NET payment</u> or <u>earning</u> ? 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									
		A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE? 2 >>9	THE GOVERNMENT, PUBLIC SECTOR OR ARMY 1		TIME UNIT		TIME UNIT		(DO NOT INCLUDE MATERNITY LEAVE)		
	ILLNESS, DISABILITY 1	AN EMPLOYER? 3 >>10	A PRIVATE COMPANY OR ENTERPRISE 2		MONTH 1		MONTH 1				
	CANNOT FIND FULL TIME JOB 2	A WORKER ON OWN ACCOUNT OR	PUBLIC WORKS PROGRAM 3		15 DAYS 2		15 DAYS 2				
	EDUCATION, TRAINING 3	UNPAID WORKER IN A HOUSEHOLD	A STATE-OWNED ENTERPRISE 4		WEEKLY 3		WEEKLY 3				
	DO NOT WANT TO WORK LONGER 4	FARM OR NONFARM BUSINESS ENTERPRISE? 4 >>10	A NGO OR HUMANITARIAN ORGANIZATION 5	YES 1	DAILY 4		DAILY 4		YES 1		
	OTHER 5		A PRIVATE INDIVIDUAL 6	NO 2					NO 2 >>17		
					NEW LEKS	TIME	NEW LEKS	TIME		LEKS	MONTHS
1											
2											
3											
4											
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12											
13											
14											
15											

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?	SECOND JOB: 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		IF [MONTH/YEAR] AT Q.19 IS BEFORE [05/ 2003] >> MODULE 7.	IF [MONTH/YEAR] AT Q.19 IS [05/ 2003] OR AFTER >> GRID
		LEKS	MONTH	YEAR		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

	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
P A N E L I D	Is this job ...	In this work were you... (READ ALL RESPONSES)	Is your employer for this work... (READ ALL RESPONSES)	How much was your last <u>NET payment or earning</u> ? (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 <u>NET payment or earning</u> ? 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	<u>TIME UNIT</u>		<u>TIME UNIT</u>				
	SEASONAL 1	AN EMPLOYER? 3 >>29	A PRIVATE COMPANY OR ENTERPRISE 2	MONTH	1	MONTH	1			
	OCCASIONAL 2		PUBLIC WORKS PROGRAM 3	15 DAYS	2	15 DAYS	2			
	TEMPORARY 3		A STATE-OWNED ENTERPRISE 4	WEEKLY	3	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	4	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	
	1									
2										
3										
4										
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MODULE 6: LABOUR
GRID: EMPLOYMENT STATUS HISTORY FROM NOW BACK TO MAY 2003
PART D: EMPLOYMENT GRID

I'd like to ask you a few questions about your employment status starting from now back to May 2003, that is regarding employment, unemployment or time spent retired or looking after your family.

As we need to get as complete a picture as possible I'd like you to tell me about any spells you may have had in or out of employment, even if those were just a few days when you were waiting to take up another job.

I'll start by recording your current spell which you described previously.

Then:

(Ask Question 1): Can you look at Showcard D please and tell me which of the descriptions comes closest to what you were doing (in the last 12 months) immediately before the spell already described?

(Ask Question 2): On what date did you start doing that?

(Ask Question 3): IF EMPLOYMENT IS REPORTED (codes 01, 02 or 03) ASK OCCUPATION (COL 3), ACTIVITY OF WORKING UNIT (COL 4)) and COL 5 AND 6.

Continue with Questions 1-3 until the date reported is before [05/ 2003] (May 2003)

ENTER PANEL ID for this person

Name

Spell No. before current status	(1) Status Code from Card D	(2) Date spell began		(3) If employment (codes 01 - 03) Enter Occupation	OCCUPATION CODE	(4) If employment (codes 01 - 03) Enter Activity of working unit	INDUSTRY CODE	(5) In this job were you... (READ ALL RESPONSES) 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 (>>NEXT SPELL) AN EMPLOYER 3 (>>NEXT SPELL) A WORKER ON OWN ACCOUNT, OR UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 4 (>>NEXT SPELL)	(6) Was your employer for this job... (READ ALL RESPONSES) THE GOVERNMENT, PUBLIC SECTOR OR ARMY 1 A PRIVATE COMPANY OR ENTERPRISE 2 PUBLIC WORKS PROGRAM 3 A STATE-OWNED ENTERPRISE 4 A NGO OR HUMANITARIAN ORGANIZATION 5 A PRIVATE INDIVIDUAL 6
		MONTH	YEAR						
1									
2									
3									
4									
5									
6									
7									

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

											Albania January 1990-June 1, 2003			
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?			
						TO START A NEW JOB/BUSINESS 1	SEE DISTRICT AND COUNTRY CODES ABOVE							
						TO LOOK FOR A BETTER PAID JOB 2								
						STUDY 3								
						SECURITY 4								
						HEALTH 5						ALBANIAN DISTRICTS 01-36		
						POOR QUALITY LAND 6						COUNTRIES 81-87		
						NOT ENOUGH LAND 7								
						TO JOIN FAMILY/MARRIAGE 8								
MOVING WITH FAMILY 9														
OTHER 10														
YES 1 >>35	YES 1	YES 1 >>8	YES 1		MONTH	YEAR	DISTRICT/COUNTRY	CODE	YEAR	MONTHS	DISTRICT	CODE		
NO 2	NO 2 >>4	NO 2	NO 2 >>8											
1														
2														
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15														

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?	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 OTHER 8 >>16	YES 1 NO 2 >>15		FAMILY 1 FRIENDS 2 NEIGHBOURS 3 HEARD ON TV/RADIO 4 SELF 5 OTHER 6	FAMILY 1 FRIENDS 2 NEIGHBOURS 3 SELF 4 OTHER 5		IF RESPONDENT ANSWERS IN YEARS, CONVERT TO MONTHS	YES 1 NO 2 >>35		
			DESCRIPTION	CODE		TIMES	MONTHS		YEAR	MONTHS
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)

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						
	ITALY 82		TO FIND BETTER/MORE LAND 2						
	GERMANY 83		STUDY 3 >>30						
	OTHER IN EUROPE 84		SECURITY 4 >>30						
	USA 85		HEALTH 5 >>31						
	CANADA 86		TO JOIN FAMILY/TO MARRY 6 >>31						
	OTHER 87	YES 1	MOVING WITH FAMILY 7 >>31	YES 1				YES 1	
		NO 2	OTHER 8 >>30	NO 2 >>29				NO 2	
	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>1. <i>Abroad January 1990-June 1, 2003 (con't)</i></p> <p>2. <i>Albania from June 1, 2003</i></p>	

[illegible]

MODULE 7: MIGRATION

Albania from June 1, 2003

Abroad from June 1, 2003

	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)
P A N E L I D	Who provided information on where to go and/or how to find work in the most recent move?	From whom did you/ [NAME] mainly obtain money in order to migrate for the most recent migration move?	Now we will ask about immigration in another country since last June. Did you/ [NAME] migrate abroad for a total time of at least a month since June 1, 2003? (Except for family visits)	Although you/ [NAME] did not migrate, did you/ [NAME] make any attempt to migrate since June 1, 2003?	How many months did you/ [NAME] remain away since June 1, 2003?	What was your final destination? (Where you spent the most time)	Did you/ [NAME] enter legally in that country?	What was the most important reason you/ [NAME] migrated abroad since June 1, 2003?	Did you/ [NAME] find work or start work during that time since June 1, 2003?
	FAMILY 1					GREECE 81		TO START WORK/LOOK FOR WORK 1	
	FRIENDS 2					ITALY 82		TO FIND BETTER/MORE LAND 2	
	NEIGHBOURS 3					GERMANY 83		STUDY 3 >>54	
	HEARD ON TV/RADIO 4					OTHER IN EUROPE 84		SECURITY 4 >>54	
	SELF 5					USA 85		HEALTH 5 >>55	
	OTHER 6					CANADA 86		TO JOIN FAMILY/TO MARRY 6 >>55	
						OTHER 87	YES 1	MOVING WITH FAMILY 7 >>55	YES 1
							NO 2	OTHER 8 >>54	NO 2 >>53
						MONTHS	COUNTRY	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?
	FOR OFFICE CODING	FOR OFFICE CODING		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	YES 1 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
	WRITTEN DESCRIPTION	CODE	WRITTEN DESCRIPTION	CODE				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

MODULE 8: AGRICULTURE

(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?

PART A: 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?	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	

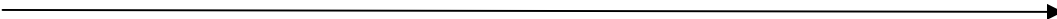
	(2)	(3)	(4)	(5)	(6)	(7)	(8)
L I V E S T O C K C O D E	During the last 12 months, has any member of your household raised any [...]?	How many [...] does your household currently own?	How many [...] were sold in past 12 months (live or slaughtered)?	How many [...] were bought in past 12 months?	How many [...] 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 not owned 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					
	OPTION	MINUTES		MONTHS		NEW LEKS
1	Pasture animals					
2	Harvest Fodder					
3	Collect Fuel wood					

1	2	3	4	5	6	7	8	9	10
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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	
	REMAINED 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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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	<input type="text"/>
B. GENDER	<input type="text"/>
C. ETHNIC OR ETHNIC-LINGUISTIC BACKGROUND	<input type="text"/>

YES	1
NO	2

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

A. OCCUPATION	<input type="text"/>
B. EDUCATIONAL BACKGROUND OR LEVEL	<input type="text"/>

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	
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	
WILL CONTRIBUTE TIME	2	

B. MONEY

WILL NOT CONTRIBUTE MONEY	1	
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	
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	
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	
COMMUNITY BULLETIN BOARDS	2	
COMMUNITY OR LOCAL NEWSPAPERS	3	
NATIONAL NEWSPAPER	4	
RADIO	5	
TELEVISION	6	
GROUPS OR ASSOCIATIONS	7	
BUSINESS OR WORK ASSOCIATES	8	
COMMUNITY LEADERS	9	
AN AGENT OF THE GOVERNMENT	10	
NGOs	11	
INTERNET	12	

FIRST SOURCE

SECOND SOURCE

THIRD SOURCE

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	<input type="text"/>
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	<input type="text"/>
NO	2 >> 21	

(19) Which two differences most often cause problems?

DIFFERENCES IN EDUCATION	1	<input type="text"/>	FIRST DIFFERENCE
DIFFERENCES IN LANDHOLDING	2		
DIFFERENCES IN WEALTH/MATERIAL POSSESSIONS	3		
DIFFERENCES IN SOCIAL STATUS	4		
DIFFERENCES BETWEEN MEN AND WOMEN	5	<input type="text"/>	SECOND DIFFERENCE
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		

(20) Have these problems ever led to violence?

YES	1	<input type="text"/>
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	<input type="text"/>
B. OF DIFFERENT ECONOMIC STATUS	<input type="text"/>
C. OF DIFFERENT SOCIAL STATUS	<input type="text"/>
D. OF DIFFERENT RELIGIOUS GROUPS	<input type="text"/>

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	<input type="text"/>
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	<input type="text"/>
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	<input type="text"/>
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	<input type="text"/>
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	<input type="text"/>
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				YES 1 NO 2 >>10		1-3 MONTHS 1 4-6 MONTHS 2 7-12 MONTHS 3 > 1 YEAR 4		YES 1 NO 2 (>>NEXT SOURCE)	
SOURCE					MONTH	YEAR	NEW LEKS	MONTHS		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									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

L I N E N U M B E R	(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?	How much did your household receive in total in the last 12 months from [REMITTER], including the value of any payment in the form of goods?
			SPOUSE/PARTNER 2		
			CHILD/ADOPTED CHILD 3		
			GRANDCHILD 4		
			NIECE/NEPHEW 5	ALBANIA 80	
			FATHER/MOTHER 6	GREECE 81	
			SISTER/BROTHER 7	ITALY 82	
			SON/DAUGHTER-IN-LAW 8	GERMANY 83	
			BROTHER/SISTER-IN-LAW 9	OTHER IN EUROPE 84	
GRANDFATHER/MOTHER 10			USA 85		
FATHER/MOTHER-IN-LAW 11	CANADA 86				
OTHER RELATIVE 12	OTHER 87				
NOT RELATED 13					
YES 1					
NO 2 >>6					
	NAME		COUNTRY	CODE	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?
	YES 1	
	NO 2 >>NEXT SOURCE	
INCOME 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.



(25)	(4)	(6)	(26)	(27)	
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	NAME	
					1
					2
					3
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14
					15

DISTRICT AND COUNTRY CODES

CODE	DISTRICTS
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

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