

96.97

LSMS

Household roster

	1. List names of all individuals in household (List Household head first, use first names only.)	2. Relationship to household head (see codes)	3. Gender	4. Age		5. Civil status (see codes, if anyone responds with codes 1,3,4, than skip to question 7)	6. Is your spouse living in the household?	7. Have you been absent during the 1996?	8. How many months during the 1996?	9. Reason for absence (see codes)	10. Are you a household member? (see explanation box)
	Name		1-male 2-female	Years	Months		1-Yes 2-No	1-Yes 2-No (go to 9)	Months		1-Yes 2-No
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Codes for question 2.

1. Head
2. Wife, husband
3. Son, daughter, son-in-law, daughter-in-law
4. Father, mother, father-in-law, mother-in-law
5. Brother, sister
6. Other relative
7. Other non-relative

Codes for question 5.

1. Never married
2. Married
3. Widow(er)
4. Divorced

Codes for question 9

1. Work in another part in Macedonia
2. Work outside of Macedonia
3. Studies
4. Vacation/visiting friends/relatives
5. Institutionalized
6. Other

Explanation for question 10

Criteria for household members :

- is part of the same economic unit
- has been living there more than 3 months during the 1996
- is not a renter

Roster

Health

All Household members									
	1a. Has "____" been insured in the Health Insurance Fund during the 1996??	1b. How many months has "____" been insured in the Health Insurance fund during the 1996?	2. Has "____" had any health problems in the last 6 months of 1996?	3. How many days was "____" ill or with the health problem in the last 6 months of 1996?	4. How much time off work/school did "____" take as a result of these health problems?	5. Most recent illness/ health problem.	6a. Has "____" taken prescription drugs for the most recent health problem?	6b. Where did "____" obtain these prescription drugs?	7. Did "____" seek consultation for the most recent health problem?
	1-Yes (go to 1b) 2-No (go to 2)	Months	1-Yes 2-No (go to 17)	Days	Days	See codes	1-Yes 2-No (go to 7)	1-State pharmacy 2-Private pharmacy 3-Elsewhere	1-Yes 2-No (go to 17)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Codes for Question 5

- 1- Fever/flu/cold/running nose
- 2- Blood pressure
- 3- Dizziness
- 4- Vomiting
- 5- Diarrhea
- 6- Constipation
- 7- Cough/Respiratory/Bronchitis
- 8- Rash/skin problems

9- Severe bleeding 18- Heart problem/chest pain

- 10- Bleeding
- 11- Urinary problem
- 12- Injury-trauma
- 13- Injury-burn
- 14- Head ache
- 15- Arms and leg
- 16- Eye problem
- 17- Ear problem
- 19- Stomach pain
- 20- Kidneys
- 21- Gall bladder
- 22- Dental problems
- 23- Types of infections
- 24- Rheumatism-boneache
- 25- Unintentional loss of weight over 5 kilos
- 26- Other (specify)

HLTH1

Health

All Household members, continued										
8. Where did "___" go for care?	9. Did "___" use the facility in your place of residence?	10. If not, why not?	11. How much time did it take "___" to reach the facility?		12. Was "___" hospitalized for this health problem?	13. How long did "___" stay?	14a. What kind of treatment did "___" get?	14b. How much was the cost of the treatment?	15. Did "___"s insurance cover the full cost of the treatment for this problem?	16. If not, how much did "___" pay?
1-Health Center 2-Medical Center 3-Specialty Clinic 4-Specialty Hospital 5-Private 6-Abroad 7-Other	1-Yes (go to 11) 2-No	1- Cost 2- Long wait 3- Poor quality 4- No facility in community 5-Other	Hours	Minutes	1-Yes 2-No (got to 14)	Nights	See codes	Denars	1-Yes (go to 17) 2- No	Denars
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Codes for Question 14a

- | | |
|--------------------------|--------------------|
| 1- Injections | 6- Prescriptions |
| 2- Laboratory analysis | 7- Other (specify) |
| 3- Surgical intervention | 8- No treatment |
| 4- X-ray | |
| 5- Birth control | |

Health

All Household members continued			First Visit									
17. Over the last 6 months of 1996, did "___" use any facilities?	18. How many times did "___" use facilities during the last 6 months of 1996?	19. Where did "___" go for care? (list up to 3 visits)	20a. Reasons for first visit.	20b. What kind of treatment did "___" get?	21. Did "___" use facility in the place of residence?	21a. If not, why not?	22. How long did you wait for the treatment?	22a. Was it urgent?	23. How much time did it take to reach the facility?		24. How much did you pay for the treatment?	
1-Yes 2-No (go to 37)		1-Health Center 2-Medical Center 3-Specialty Clinic 4-Specialty Hospital 5-Private 6-Abroad 7-Other	See codes	See codes	1-Yes (go to 23) 2-No	1- Cost 2- Long wait 3- Poor quality 4- No facility In community 5-Other	1-minutes 2-hours 3-days 4.months 5.years	1-Yes 2-No	Hours	Minutes	Denars	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Codes for Question 20a

- | | |
|---|-----------------------------|
| 1- Preventative (well baby/child clinic, nutrition & fitness education) | |
| 2- Vaccine-DPT/Measles/Polio | |
| 3- Pre-natal | 7-Other types of injections |
| 4- Post-natal | 8- Birth control |
| 5- Physical check-up | 9-Injury/trauma |
| 6-Prescriptions | 10-Other (specify) |

Codes for Question 20b

- | | |
|-------------------------|--------------------|
| 1- Injections | 6-Prescriptions |
| 2- Laboratory analysis | 7- Other (specify) |
| 3-Surgical Intervention | 8- No treatment |
| 4-X-ray | |
| 5- Birth control | |

Health

Second Visit									
25. Where did " _ " go for care?	26a. Reasons for second visit.	26b. What kind of treatment did " _ " get?	27. Did " _ " use facility in the place of residence?	27a. If not, why not?	28. How long did you wait for the treatment?	28a. Was it urgent?	29. How much time did it take to reach the facility?		30. How much did you pay for the treatment?
1-Health Center 2-Medical Center 3-Specialty Clinic 4-Specialty Hospital 5-Private 6-Abroad 7-Other	See codes	See codes	1-Yes (go to 29) 2-No	1- Cost 2- Long wait 3- Poor quality 4- No facility In community 5-Other	1-minutes 2-hours 3-days 4.months 5.years	1-Yes 2-No	Hours	Minutes	Denars
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Codes for Question 26a

- | | |
|---|-----------------------------|
| 1- Preventative (well baby/child clinic, nutrition & fitness education) | |
| 2- Vaccine-DPT/Measles/Polio | |
| 3- Pre-natal | 7-Other types of injections |
| 4- Post-natal | 8- Birth control |
| 5- Physical check-up | 9-Injury/trauma |
| 6-Prescriptions | 10-Other (specify) |

Codes for Question 26b

- | | |
|-------------------------|--------------------|
| 1- Injections | 6-Prescriptions |
| 2- Laboratory analysis | 7- Other (specify) |
| 3-Surgical intervention | 8- No treatment |
| 4-X-ray | |
| 5- Birth control | |

Health

Third Visit										
31. Where did " " go for care?	32a. Reasons for third visit.	32b. What kind of treatment did " " get?	33. Did " " use facility in the place of residence?	33a. If not, why not?	34. How long did you wait for the treatment?	34aa. Was it urgent?	35. How much time did it take to reach the facility?		36. How much did you pay for the treatment?	
1-Health Center 2-Medical Center 3-Specialty Clinic 4-Specialty Hospital 5-Private 6-Abroad 7-Other	See codes	See codes	1-Yes (go to 35) 2- No	1- Cost 2- Long wait 3- Poor quality 4- No facility 5-Other	1-minutes 2-hours 3-days 4.months 5.years	1-Yes 2-No	Hours	Minutes	Denars	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Codes for Question 32a

- | | |
|---|-----------------------------|
| 1- Preventative (well baby/child clinic, nutrition & fitness education) | |
| 2- Vaccine-DPT/Measles/Polio | |
| 3- Pre-natal | 7-Other types of injections |
| 4- Post-natal | 8- Birth control |
| 5- Physical check-up | 9-Injury/trauma |
| 6-Prescriptions | 10-Other (specify) |

Codes for Question 32b

- | | |
|-------------------------|--------------------|
| 1- Injections | 6-Prescriptions |
| 2- Laboratory analysis | 7- Other (specify) |
| 3-Surgical Intervention | 8- No treatment |
| 4-X-ray | |
| 5- Birth control | |

Health

All Household members over age 7												
37. Would you say your health is:	38. How would you grade your health now in comparison with last year?	39a. Does your health condition hinder (a)	39b. Does your health condition hinder (b) ?	39c. Does your health condition hinder (c) ?	39d. Does your health condition hinder (d) ?	39e. Does your health condition hinder (e) ?	39f. Does your health condition hinder (f) ?	39g. Does your health condition hinder (g) ?	39h. Does your health condition hinder (h) ?	39i. Does your health condition hinder (i) ?	40. Do you smoke cigarettes or cigars?	41. How many cigarettes or cigars do you usually consume in one day?
1-Excellent 2-Very Good 3-Good 4-Satisfactory 5-Bad	1-Much better 2-A little better 3-The same 4- A little worse 5-A lot worse	1-Yes, a lot 2-Yes, a little 3-No	1-Yes, a lot 2-Yes, a little 3-No	1-Yes, a lot 2-Yes, a little 3-No	1-Yes, a lot 2-Yes, a little 3-No	1-Yes, a lot 2-Yes, a little 3-No	1-Yes, a lot 2-Yes, a little 3-No	1-Yes, a lot 2-Yes, a little 3-No	1-Yes, a lot 2-Yes, a little 3-No	1-Yes, a lot 2-Yes, a little 3-No	1-Yes 2-No	Number per day
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Codes for questions 39a-39i

- Vigorous activities as running, lifting heavy objects, participation in strenuous sports
- Moderate activities as moving a table or participation in not so strenuous sports
- Lifting or carrying a bag of groceries
- Climbing more than three flights of stairs
- Climbing one flight of stairs
- Bending, kneeling or stooping
- Walking more than one kilometer
- Walking less than one kilometer
- Bathing or dressing yourself

HLTA 2

Health

All women age 15 and up				Women who have last child aged up to 5 years								
42. Number of children born	43. Number of stillborn children and number of miscarriages, if the pregnancy lasted more than six months	44. Are you pregnant?	45. Age of last child?	46. Sex of last child	47. What was the birthweight of your last child?	48. How many times did you visit the doctor during your pregnancy of your last child?	49. When did you first visit the doctor?	50. Was your blood pressure checked?	51. Was your weight checked?	52. Were you counseled to breast-feed?	53. Did you have any complications during the delivery, and if several, which was the most severe?	
Number	Number	1-Yes 2-No	Age in years	1-Male 2-Female	Grams	Number	0-did not visit (go to 53) 1-first trimester 2-second trimester 3-third trimester	1-Yes 2-No	1-Yes 2-No	1-Yes 2-No	1-Bleeding 2-Infection 3-Premature delivery 4-Other complications 5-None	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

FFRT

Education

I. For individuals older than 30 years				II. For individuals 30 years or less					
1. What is the highest school completed by " _ "?	2. Did " _ " attend any course or continued schooling during 1996?	3. What kind of course did " _ " attend during 1996?	4. What was the duration of the course?			5. Is " _ " currently attending ?	6. What is the main reason why " _ " is not attending school?	7. What is the highest school completed by " _ "?	
(see codes)	1-Yes 2-No (end)	(see codes)	days	weeks	months	1-Yes (go to 11) 2-No	(see codes)	(see codes)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Codes for questions 1,7

- 1 - Without school
- 2 - 1-3 grades of primary school
- 3 - 4 grades of primary school
- 4 - 5-7 grades of primary school
- 5 - Primary school
- 6 - Gymnasium
- 7 - Other specialized secondary school
- 8 - High school
- 9 - University

Codes for Question 3, 9

- 1 - For languages
- 2 - For computers
- 3 - For secretaries
- 4 - Professional courses
- 5 - For requalification
- 6 - Magistrate
- 7 - Other

Codes for Question 6

- 1-completed compulsory minimum
- 2-completed desired level
- (if higher than compulsory minimum)
- 3-not relevant to getting job
- 4-looking for job
- 5-expelled
- 6- failed
- 7- cost was too high
- 8- distance too great
- 9-Other (specify)

3-6
7-15
16-19
20-30

Education

II. continued for individuals 30 years or less										
8. After " _ " stopped school, did " _ " enroll in any training programs?	9. What kind of course did " _ " attend last time out of school?	10. What was the duration of the course?	11a. What type of school does " _ " attend?	11b. What level/class is " _ " attending?	12a. Did " _ " leave school during 1996?	12b. Why did " _ " leave the school?	13a. What is the language in which " _ " is taught in school?	13b. What is the language " _ " speaks at home?	14. Does " _ " live in the boarding-school?	
1 - Yes 2 - No (end)	(see codes)	months	1-private 2-public 3-other (specify)	(see codes)	1 - Yes 2 - No (go to 14)	1 - Illness 2 - Family care 3 - Work at home 4 - Work on the farm 5 - I got a job 6 - Other	(see codes)	(see codes)	1 - Yes, occasionally 2 - Yes, permanently 3 - No	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Codes for 11b

1- Pre year 1	11-Gym year 1	21 Univ year 1
2-Pre year 2	12 Gym year 2	22 Univ year 2
3- PS year 1	13 Gym year 3	23 Univ year 3
4- PS year 2	14 Gym year 4	24 Univ year 4
5- PS year 3	15 SS year 1	25 Univ 4 year+
6- PS year 4	16 SS year 2	Pre-preschool
7- PS year 5	17 HS year 1	PS-primary school
8- PS year 6	18 HS year 2	SS-Specialized secondary
9- PS year 7	19 HS year 3	Gym-Gymnasium
10- PS year 8	20 HS year 4	HS-High school
		Univ-University

Codes for 13a,b

1-Macedonian
2-Albanian
3-Turkish
4-Gypsy
5-Other (specify)

ADUCC

Education

II. continued for individuals 30 years or less

	15. How long does it take "_" to the school?	16. What means of transport does "_" use?	17. Has "_" ever interrupted studies for 12 months or more?	18. Why did "_" interrupt studies?	19. Has "_" ever repeated a class?	20. How many times did "_" repeat a class? (during the entire schooling)	21. How much did "_" spend last month for:			
	minutes	(see codes)	1 - Yes 2 - No (go to 19)	1 - Illness 2 - Family care 3 - Work at home 4 - Work on the farm 5 - Got a job 6 - Other	1 - Yes 2 - No (go to 21)		denars	Activities out of the school (coaching for languages, math and other sciences)	Meals in the school	Accommodation (for persons who live in the boarding school or rented flats)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Codes for quest.16
 1 - School bus
 2 - Private car
 3 - Public transport
 4 - Bicycle
 5 - Walk
 6 - Other

Education

II. continued for individuals 30 years or less											
22. How much did "-" spend during 1996 for:						23. Did "-" receive any scholarship from The Ministry of education and phisical culture during 1996?	24. What amount did "-" receive?		25. Did "-" receive any scholarship from other organizations during 1996?	26. What amount did "-" received?	
denars							denars			denars	
	Admission fee (for entrance into the 1-st year of the faculty), enrollment	Coaching for languages, math and/or other sciences	Other directly school related expenditure (library uses charges, excursions etc.)	Transport cost	Text-books books, readings, pencils, calculators, etc.	1. Yes 2. No (go to 25)	During 1996	For December 1996	1. Yes 2. No(end)	During 1996	For December 1996
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Employment

All household members aged 7 and above		Main Job						
	1. During the 1996, did " _ " undertake any work for wages or for " _ "s own account?	2. Why not?	3. During the 1996, what was " _ "s main occupation? (work " _ " spent most of the time on)	4. What kind of industry, trade or service is this work connected to?	5. How long has " _ " been doing this work altogether? (if less than 1 year, report in months)		6. During the 1996, for how many weeks did " _ " do this work (include weeks of paid vacation)?	7. How many hours per week did " _ " normally do this work?
	1 - Yes (go to #3) 2. No	1 - Retired (⇒29) 2 - Student⇒29 3 - Homemaker⇒29 4 - Had no job (⇒29) 5 - Join military⇒29 6 - Permanently disabled (end)	(see codes for occupations in the direction)	(see codes)	Years	Months	Weeks	Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Codes for question 4	9 - Other production activities
1 - Manufacturing/Industry	10 - Science/education
2 - Construction	11 - Arts and culture
3 - Agriculture	12 - Health care
4 - Forestry	13 - Sport and tourism
5 - Transportation	14 - Finance and credit
6 - Communications	15 - Management and administration
7 - Trade	16 - Army and Police
8 - Commercial services	17 - Other non-material activities

EMPLC

Employment

Main Job									
	8. Does " _ " receive money for this work?	9. The last time " _ " received this money, what was the value of it?	10. How many weeks did " _ " actually work earning this money?	11. How many hours per weeks did " _ " actually work earning this money?	12. In doing this work, was " _ " self-employed or working on a farm or enterprise belonging to " _ " or " _ "s household?	13. What was the type of employer that " _ " works for?	14. Did " _ " receive any bonuses, commissions, tips, allowances for this work?	15. What is the value of these? (in amounts, pay period)	
	1 - Yes 2 - No (go to #12)	Amount (denars)	Weeks	Hours	1 - Yes (go to #23) 2 - No	See codes	1 - Yes 2 - No (go to #17)	Amount (denars)	Pay Period (codes)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Codes for question 15

- 1 - Day
- 2 - Week
- 3 - Month
- 4 - Year

Codes for question 13

- 1 - Social
- 2 - Private
- 3 - Mixed
- 4 - Cooperative
- 5 - State

Main Job continued									
16. Did "_" already include these in the amount in question 9?	17. Did "_" receive any other form of payment for this work, e.g., food transportation, housing?	18. What is their value? (in amounts, pay period)		19. Has employer paid all "_"s salary during the 1996?	20. How many months did "_" not receive salary?	21. Has "_" received all of "_"s salaries in time?	22. If not, how long is salary outstanding?	23. Since "_" started this job, has "_" received any training related to "_"s work?	24. Where did "_" receive this training? (see codes)
1 - Yes 2 - No	1 - Yes 2 - No (go to #19)	Amount (denars)	1 - Week 2 - Months	1 - Yes (go to #23) 2 - No	Months	1 - Yes (go to #23) 2 - No	Months Days	1 - Yes 2 - No (go to #25)	see codes
1									
2									
3									
4									
5									
6									
7									
8									
9									
#									

Codes for Question 24

- 1 - at the enterprise
- 2 - outside of the enterprise
- 3 - other
- 4 - both (1) and (2)

Employment

Secondary Job					Labor Force History				
25. In addition to the work we have talked about so far, did "_" undertake other work during the 1996?		26. What was "_"s secondary occupation during the 1996 ?	27. How much money did "_" earn from this work over the 1996?	28. How much time did "_" spend on this activity in the 1996?		29. Has "_" ever worked during the last 5 years?	30. Why did "_" leave the past job? (see codes)	31. Did "_" look actively for employment during the last 4 weeks?	32. How old was "_" when first obtained a job or started looking for one?
1 - Yes 2 - No (go to #47)		(See codes for occupations in the direction)	Amount (denars)	Weeks	go to 47 Hours/week	1 - Yes 2 - No (go to #31)		1 - Yes 2 - No (go to #41)	Years
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Codes for question 30

- | | |
|-----------------------------------|-------------------|
| 1 - Laid off | 5 - Retired |
| 2 - Fired due to technical reason | 6 - Illness |
| 3 - Fired for other reason | 7 - Schooling |
| 4 - End of temporary job | 8 - Family duties |
| | 9 - Join military |
| | 10 - Other |

Unemployment						
	33. What kind of job has " _ " been looking for?	34. What kind of working time has " _ " been looking for?	35. When did " _ " start seeking employment?	36. What methods has " _ " been using in order to find an employment during the previous 4 weeks? (Three answers are possible)	37. Where would " _ " accept a potential employment?	38. Could " _ " start working in the next two weeks if " _ " finds employment?
	1-as employed 2-as self-employed (go to 35) 3-any kind	1-full time only 2-part time only 3-any kind	Month Year	(see codes)	(see codes)	1- Yes (do to 40) 2- No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Codes for Question 36:

- | | |
|--|--------------------------------------|
| 1- National Employment Office | 5- contacted employer directly |
| 2- tried to start an activity as self-employed | 6- checked with relatives or friends |
| 3- answered advertisements | 7- other |
| 4- placed advertisements | |

Codes for Question 37:

- 1- in " _ "s municipality only
- 2- in another municipality in the country
- 3- abroad
- 4- anywhere

Unemployment									
	39. What is the main reason for " _ " not being able to start the job in the next two weeks?	40. Which of the following reasons might contribute for " _ " to refuse the job offered?	41. Did " _ " receive unemployment benefits during the 1996?	42. How many months did " _ " receive this kind of benefits?	43. How much did you receive per months?	44. Did " _ " receive this benefits in time immediately after the month?	45. If not, how long is benefit outstanding?	46. Why did " _ " not use unemployment benefits?	47. Was " _ " attending classes at any kind of educational institution during the previous 4 weeks?
	(see codes)	(see codes)	1- Yes 2- No (go to 46)	Months	Denars	1- Yes (go to 47) 2- No	Months Days	(see codes)	(see codes)
1									
2									
3									
4									
5									
6									
7									
8									
9									
#									

Codes for Question 39:

- 1- Training
- 2- Join military
- 3- " _ " can't leave " _ "s present job
- 4- Family duties
- 5- Illness or disability
- 6- " _ " doesn't want to work (including the age)
- 7- Other reasons

Codes for Question 40:

- 1- The job implies changing the place of live
- 2- The job implies traveling i.e. commuting between " _ "s home and the place where " _ " would work
- 3- The job implies that you will have to travel each day to another city
- 4- The job implies " _ "s requalification
- 5- The job implies unsatisfactory remuneration
- 6- The job unsatisfactory working conditions
- 7- The job does not correspond to " _ "s level of qualification
- 8- Other reasons

Codes for Question 46:

- 1- " _ " wasn't registered in National Employment Office
- 2- Shortage of means for remuneration
- 3- " _ " hasn't fulfill minimal conditions
- 4- Other reasons

Codes for Question 47:

- 1- No
- 2- School (elementary, high, vocational)
- 3- University
- 4- Professional courses
- 5- Requalification

Migration

	1. Where were you born?	2. Have you lived here all the time?	3. When did you move here last time? (if it is less than one year than in months)		4. From where did you move?	5. Reason for move
	(see codes)	1. Yes (go to next section) 2. No	Years	Months	(see codes)	(see codes)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Codes for questions 1 and 4:
 1. Rural area in Macedonia
 2. Urban area in Macedonia
 3. Other former Yugoslav Republic
 4. Other except former Yugoslav Republic

Codes for question 5:
 1 Employment
 2 Study
 3 Family reasons
 4 Engagement
 5 War
 6 Other

MIGRAT

Social transfer income

All members of the household aged 18 and older								
1. Have you received pension during the 1996?	2. What kind of primary pension have you received?	3. What was the amount you received for the last month?	4. Have you also received secondary pension?	5. What kind of secondary pension have you received?	6. What was the amount you received for the last month?	7. Have you received any kind of benefit for illness from your actual or previous employer during the 1996?	8. For how many months have you received that kind of benefit during the 1996?	9. What was the amount you received last time?
1. Yes 2. No (go to 7)	1. old aged pension 2. minimal pension 3. disabled pension 4. agricultural pension 5. other	Denars	1. Yes 2. No (go to 7)	1. old aged pension 2. minimal pension 3. disabled pension 4. other	Denars	1. Yes 2. No (go to 10)	Months	Denars
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SOCTRN

Social transfer income

All members of the household aged 18 and older											
	10. Have you received any kind of child benefit during the 1996?	11. What kind of child benefit have you received?	12. For how many months have you received this kind of benefit during the 1996?	13. What was the amount you received for the last month?	14. Have you received any kind assistance in nature during the 1996?	15. For how many months have you received that kind of assistance during the 1996?	16. What was the amount you received for the last month?	17. Have you received any kind of benefit for parental leave during the 1996?	18. What was the total amount received during the 1996?	19. Have you received any social assistance during the 1996?	20. What was the amount you received for the last month?
	1. Yes 2. No (go to 14)	(see codes)	Months	Denars	1. Yes 2. No (go to 17)	Months	Denars	1. Yes 2. No (go to 19)	Denars	1. Yes 2. No (go to 19)	Denars
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Codes for question 11:

- 1. Child benefit (common)
- 2. Special benefit (for the handicapped)
- 3. Supply for the first child

Private transfers

	1. Have you received any kind of assistance in cash or in products from persons who are not members of your household during 1996?	2. What was the amount of the money assistance you received?	3. How did you receive the money?	4. What was the value of the products that you received?	5. Have you received any money assistance from members of your family who are seasonal employees in foreign country (up to 1 year)?	6. What was the amount of the money assistance you received?	7. How did you receive the money?	8. Have you received any money assistance from members of your family who are seasonal employees in foreign country more than 1 year?	9. What was the amount of the money assistance you received?	10. How did you receive the money?
	1. Yes 2. No (go to 5)	Denars	1. Bank transfer 2. Cash by mail 3. Check 4. Cash on hand	Denars	1. Yes 2. No (go to 8)	Denars	1. Bank transfer 2. Cash by mail 3. Check 4. Cash on hand	1. Yes 2. No (go to 11)	Denars	1. Bank transfer 2. Cash by mail 3. Check 4. Cash on hand
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

PR VTRN

Private transfers

	11. Have you received any products from members of your family who are seasonal employees in foreign country (up to 1 year)?	12. What was the value of the products you received?	13. Have you received any products from members of your family who are seasonal employees in foreign country more than 1 year?	14. What was the value of the products you received?	15. Does any member of your family use scholarship from foreign country for schooling abroad?	16. From where did you receive the highest amount of money?	17. Have you sent any assistance on cash or in kind to persons who are not members of your family during 1996?	18. What was the amount of the money assistance that you sent?	19. What was the value of the products that you sent?
	1. Yes 2. No (go to 13)	Denars	1. Yes 2. No (go to 15)	Denars	1. Yes 2. No	1. From country 2. From foreign country	1. Yes 2. No (the end)	Denars	Denars
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Household

Housing

1. How far from your dwelling is every of the following :
(metre)

Title	Distance
1. Retail shop	
2. Post office	
3. Primary school	
4. Secondary school	
5. Bus station	
6. Medical center	
7. Hospital	
8. Theater, cinema	
9. Park, play-ground	
10. Library	
11. Bank	

HOUSING

Household enterprises

1. Does anyone from your household own or operate enterprise?

1. Yes _____
2. No ⇒ end

HOUSENT

2. List the activities of these enterprises? (up to 3 activities)

3. Which of them gives most money for household?

4. How long does it operate?

Years _____

Months _____

5. How many household members are employed in the enterprise? _____

6. How many other persons are employed in this enterprise? _____

7. How much from the earnings of the enterprise was used for payment of the household expenses, during the 1996? _____