



REPUBLIC OF MACEDONIA
STATE STATISTICAL OFFICE

FORM APD - 3

Article 26 from Law of State Statistics "Official Gazette of the Republic of Macedonia" No. 54/97 and Program of Statistic Researches No. 23-2344/1 "Official Gazette of the Republic of Macedonia" No. 69/2003

Strictly confidential

HOUSEHOLD BUDGET SURVEY - 2005
Household Questionnaire

Data collected with this form are personal data, they are protected with the Law of State Statistics and they will be used only for statistic purposes

Address data

Name and surname of the head of the household

Street and number _____

Settlement _____ Municipality _____

Telephone number

Identification data

Survey code

4

Contingent

☐ 21

Questionnaire code

5

Region

☐ 6

Ordinal number of the household in the (ED)

☐ 23

11

Interval

☐ ☐ ☐ ☐ 27

Settlement

17

Socio-economic category of the household

☐ 28

Ordinal number of the enumeration district (ED) in the municipality

20

Skopje, 2005

I. DATA ABOUT HOUSEHOLD MEMBERS

Ord. No. of mem.	Relation to the head of the household	Sex m-1 f-2	Age	Education	Occupation	Socio-economic position	Consumption units	Nationality	EDUCATION					HEALTH				
									How many years of preschool education (including kindergardens) have been attended? <i>Ask all household members under the age of 30 years</i>	What is the highest grade for which you have received a completion certificate or indicate highest finished year so far?	Are you currently enrolled in school?	Why not? (note the reason)	Do you suffer from a chronic illness or disability that has lasted more than 3 months in the last one year?	During last 30 days, did you have any acute (sudden) illness or injury?	In the past 30 days, did you seek medical assistance for any reason?	To whom did you apply for medical treatment?	Are you covered by health insurance?	
									1. None	1. yes <input type="checkbox"/> 14	1. too expensive	1. yes	1. yes <input type="checkbox"/> 17	1. self treatment	1. yes			
									2. Preschool	2. no <input type="checkbox"/> 13	2. too far	1. yes	1. yes	2. private medical doctor	2. no			
									3. Primary (1-8)		3. no interest	2. no	2. no	3. ambulance				
									4. Gymnasium (1-4)		4. need to work conditions			4. clinic				
									5. Occupational High school (1-4)		6. own illness			5. hospital				
									6. Higher school (1-2)		7. family illness			6. alternative medicine				
									7. University (1-6)		8. age			7. other				
									8. Post-graduate studies (1-2)		9. completed desired degree							
									9. Doctorate		10. other							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
24	28	29	30	32	33	36	38	41	43	44	46	47	49	50	51	52	53	54
01	001																	
	002																	
	003																	
	004																	
	005																	
	006																	
	007																	
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	009																	
	010																	
	011																	
	012																	
	013																	
	014																	
	015																	

II. DERIVED DATA FOR THE MEMBERS OF THE HOUSEHOLD

24 02 000 28

1. Total number of household members

30

5. Number of members with personal income
(column 7, codes 13,15,16,19,20,50, 60 or 71)

38

2. Number of members with regular job
(column 7, codes 10 or 30)

32

6. Number of sustentative members
(column 7, codes 14 or 17)

40

3. Number of agriculturists
(column 7, codes 11, 21 or 51)

34

7. Sum of consumption units

44

4. Number of self-employed (owners
of enterprises who don't employed
other person (column 7, codes 12 or 40)

36

INTERVIEWER NOTES

Interviewer:

Name and surname, phone number

Data are controlled by:

Name and surname, phone number

III. DATA ABOUT DWELLING AND LAND

24

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1. TYPE OF FLAT

Room	1	
Apartment	2	
One-room dwelling	3	
Two-room dwelling	4	29
Three-room dwelling	5	
Four-room dwelling and more	6	
Not living area	7	

2. OWNERSHIP (TENURE) OF FLAT

Owner	1	
Lease holder of the state dwelling	2	
Lease holder (of the whole dwelling) in private property	3	30
Lease holder (of the part of dwelling) in private property	4	
Relationship (living at parent's children's, other relative's house)	5	
Other	6	

Dwelling area used by the household (square meters)

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 33

3. INSTALLATIONS IN DWELLING

Water supply	1	34
Sewage disposal	2	35
Electricity	3	36
Central heating	4	37
Telephone line	5	38

4. AMENITIES IN DWELLING

Kitchen	1	39
Bathroom	2	40
Terrace	3	41
Garage	4	42
Other	5	43

5. WAY OF HEATING

a) Central heating	1	
b) Central heating with private installation		
- on electricity	2	
- on solid fuels	3	
- on liquid fuels	4	
- combined	5	44
c) Heating by stove		
- on electricity	6	
- on solid fuels	7	
- on liquid fuels	8	
- other fuels	9	

If you are heated with own firewood, please indicate quantity of used own firewood in the last 3 months

_____ m³ 46

6. DID SOMEONE MEMBER OF HOUSEHOLD IS OWNER OF OTHER FLAT OR APARTMENT ON ANOTHER ADDRESS?

YES _____ 1 NO _____ 2 47

7. LAND AREA

Area of cultivated land owned by someone member of household

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 a 51

**IV. HOUSEHOLD SUPPLIES WITH
DURABLE GOODS**

24 04 000 28

1. Solid fuel cooker	<input type="checkbox"/>	29
2. Electric cooker	<input type="checkbox"/>	30
3. Gas and combined cooker	<input type="checkbox"/>	31
4. Solid fuel stove	<input type="checkbox"/>	32
5. Electric stoves (all kinds)	<input type="checkbox"/>	33
6. Oil stove	<input type="checkbox"/>	34
7. Gas stove	<input type="checkbox"/>	35
8. Boiler	<input type="checkbox"/>	36
9. Refrigerator	<input type="checkbox"/>	37
10. Freezer	<input type="checkbox"/>	38
11. Washing machine	<input type="checkbox"/>	39
12. Iron	<input type="checkbox"/>	40
13. Dish-washer	<input type="checkbox"/>	41
14. Sewing machine	<input type="checkbox"/>	42
15. Vacuum cleaner	<input type="checkbox"/>	43
16. Air conditioner	<input type="checkbox"/>	44
17. Radio	<input type="checkbox"/>	45
18. Record player	<input type="checkbox"/>	46
19. Cassette recorder	<input type="checkbox"/>	47
20. Hi-fi sound equipment	<input type="checkbox"/>	48
21. Black and white television set	<input type="checkbox"/>	49
22. Color television set	<input type="checkbox"/>	50
23. Video recorder	<input type="checkbox"/>	51
24. Video camera	<input type="checkbox"/>	52
25. Camera	<input type="checkbox"/>	53
26. Personal computer	<input type="checkbox"/>	54
27. Telephone	<input type="checkbox"/>	55
28. Mobile phone	<input type="checkbox"/>	56
29. Bicycle	<input type="checkbox"/>	57
30. Motorcycle	<input type="checkbox"/>	58
31. Motorcar	<input type="checkbox"/>	59
32. Auto trailer	<input type="checkbox"/>	60
33. Boat	<input type="checkbox"/>	61
34. Motorboat	<input type="checkbox"/>	62
35. Guitar	<input type="checkbox"/>	63
36. Piano	<input type="checkbox"/>	64

V. OTHER DATA

24

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1. Having on mind all your monthly incomes, does the household make ends meet?

- satisfied at all	1	29
- more or less satisfied	2	
- more or less not satisfied	3	
- not satisfied at all	4	

2. What are the minimum household monthly income level needed to make ends meet (in denars)?

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3. Compared to one year ago, how would you rate your current financial situation?

- much better	1	40
- somewhat better	2	
- about the same	3	
- somewhat worse	4	
- much worse	5	

4. Having on mind your financial situation, if you want, can you effort to satisfy any of following needs:

	yes	no	
- keeping home adequately warm	1	2	41
- one week holiday	1	2	42
- replacing of furniture	1	2	43
- eating meat or fish every second day	1	2	44
- having friends or family for drink or meal at least once a month	1	2	45

5. Has your household been during the past three months able to:

	yes	no	
- to pay rent for accommodation	1	2	46
- to pay utility bills (electricity, water, telephone, central heating)	1	2	47
- to repay credit or loans	1	2	48

VI. OTHER HOUSEHOLD EXPENDITURES IN LAST THREE MONTHS

OTHER HOUSEHOLD EXPENDITURES IN FIRST THREE MONTHS															
No.	Type of expenditures												Paid (in denars)		
1	2												3		
24	28													29	38
		MEMBERSHIP FEES, TAXES, CUSTOMS DUTY, CONTRIBUTIONS													
06	001	Membership fees in social organizations and political parties													
	002	Taxes and customs duty													
	003	Contribution for pension funds													
		LOSSES AND GIFTS IN MONEY													
	004	Punishment for traffic delicts													
	005	Expenditures in restaurants for some occasions (birthday, wedding)													
	006	Gifts in money to persons outside of household, losses, alimentation													
		REPAYMENTS OF CREDIT AND LOANS													
	007	Repayment of credit													
	008	Repayment of borrowings													
		EXPENDITURES FOR DWELLINGS - FLATS													
	009	Purchasing of dwelling - flat													
	010	Purchasing of site for building of houses													
	011	Fees for projecting													
	012	Purchasing of building materials													
	013	Services for construction work													
		SAVINGS													
	014	Savings													
	015	Purchasing of shares													
	016	Borrowed money to other persons													

VII. EXPENDITURES OF AGRICULTURE AND MIXED HOUSEHOLDS IN LAST THREE MONTHS

07	001	Purchasing of agriculture buildings, land, cattle											
	002	Other agricultural investments (tractors, machinery)											
	003	Other expenditures for agricultural production (seed, tools, fertilizers, pesticides, fuel and maintenance of agricultural machines)											
	004	TOTAL - EXPENDITURES (from 001 to 003).											

VIII. RECAPITULATION OF INCOMES AND EXPENDITURES OF AGRICULTURE AND MIXED HOUSEHOLDS IN LAST THREE MONTHS

08	001	TOTAL INCOME FROM AGRICULTURAL HOLDING											
	002	TOTAL - EXPENDITURES (take data from Table VII item 004)											
	003	NET INCOME (001 minus 002)											
	004	NEGATIVE BALANCE (002 minus 001)											

IX. HOUSEHOLD AVAILABLE FUNDS IN LAST THREE MONTHS

		Incomes	Denars									
		1	2									
		28	29									
24	09	001	Regular and periodical revenues from formal job (wages, seasonal and other bonuses)									
		002	Revenues for formal job for overtime work, vacation, transport, food									
		003	Revenues of the household members without formal job, who periodically or permanently perform for other enterprises and individuals or produce home made products for selling									
		004	Net income from agriculture (take data from Table VIII item 003)									
		005	Revenues from copyright, patent, license									
		006	Child benefits									
		007	Pensions									
		008	Revenues from health insurance (sickness, maternity leave)									
		009	Social assistance and other social protection revenues									
		010	Invalids and other subventions									
		011	Scholarships									
		012	Incomes from rents									
		013	Gifts and other gains in money (lottery, gambling)									
		014	Revenues from household members who work abroad, foreign pensions									
		015	Subventions, alimentation and other supports									
		016	Revenues from property selling									
		017	Compensations from nationalization and expropriation									
		018	Incomes from dividends, sell shares									
		019	Revenues for unemployed from bankrupt companies									
		020	Revenues from life insurance									
		021	Revenues from property insurance									
		022	Loans from individuals									
		023	Repayments									
		024	Reduction of cash money									
		025	AVAILABLE MONEY FUNDS (from 001 to 024)									
		026	Realized consumption credits									
		027	Other credits (student's)									
		028	Investment loans and credit from banks for dwelling construction (realized)									
		029	Investment loans and credit from enterprise in which household members are employed, for dwelling construction (realized)									
		030	AVAILABLE FUNDS - TOTAL (025+026 to 029)									
		031	Income in kind (food, clothes, footwear)									
		032	Donation in kind, received from government and non-government organizations									

X. SOCIAL PROTECTION

1. If anyone from your household in the previous 30 days, received some social benefit, please mark the institution from which it was received (it is possible to mark more institutions)

- Centers for Social Work (Permanent financial assistance, One-off financial assistance, Financial reimbursement for assistance and care, Reimbursement for civil war disabled, Guardianship award)	1	29
- Employment Bureau (Unemployment benefit, Blue coupons for health insurance)	2	30
- Child Protection Department (Child allowances, Special allowances for disabled children, Assistance for new born babies)	3	31
- War Veterans Department (Disability allowance for veterans, Orthopedic allowance, Allowance for care for veterans, Material support for veterans: transportation, sanatoriums)	4	32

2. During previous 12 months, have anyone from your household applied for social assistance benefits in some of abovementioned institutions?

yes	1	<input type="checkbox"/> 4	
no	2	<input type="checkbox"/> 3	33

3. Why haven't you applied?

- We didn't need it	1	<input type="checkbox"/> finished	
- We were not informed such program existed	2	<input type="checkbox"/> finished	
- We don't know how to apply	3	<input type="checkbox"/> finished	
- Administrative procedure is too complicated	4	<input type="checkbox"/> finished	34
- We know we don't meet the criteria	5	<input type="checkbox"/> finished	
- We received benefit based on previous application	6	<input type="checkbox"/> finished	
- Other	7	<input type="checkbox"/> finished	

4. Have you obtained the benefit you have applied for?

yes	1	<input type="checkbox"/> finished	
no	2	<input type="checkbox"/> 5	35

5. Why haven't you received the benefit?

- We were not qualified by material criteria	1	<input type="checkbox"/> finished	
- We were not qualified by other criteria	2	<input type="checkbox"/> finished	
- Social worker made negative assessment	3	<input type="checkbox"/> finished	
- Other	4	<input type="checkbox"/> finished	36