

MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS

PART A: DESCRIPTION OF DWELLING

(1) 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

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

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

(3) Building outside appearance

PLASTERED	1
PARTIALLY PLASTERED	2
NOT PLASTERED	3

(4) 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

(5) 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

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

IF LESS THAN ONE YEAR, WRITE "0"

YEARS

(7) 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

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

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

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

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

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

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

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

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

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

	min	
PRIMARY SCHOOL		
AMBULATORY/DOCTOR		
BUS/ MINIBUS STOP		

(14) What is the ownership of this dwelling?

OWNER	1	
OWNER WITH A MORTGAGE ON DWELLING	2	
RENTED FROM A PRIVATE INDIVIDUAL	3 (>> 17)	
RENTED FROM THE STATE	4 (>> 17)	
LIVE FOR FREE	5 (>> 17)	
OTHER (SPECIFY _____)	6 (>> 17)	

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

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	

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

YES	1	
NO	2	
DON'T KNOW	ND	
REFUSED TO ANSWER	JP	

(17) In the past 12 months, did you do any repair/renovation/addition to this dwelling?

YES, MAJOR RENOVATIONS OF EXISTING SPACE	1	
YES, MINOR RENOVATIONS	2	
YES, MADE AN ADDITION TO THE DWELLING	3	
NO	4 >>19	

(18) How did your household finance it?

SAVINGS	1	
REMITTANCES	2	
WAGES, BUSINESS, PENSION	3	
BORROWED FROM FAMILY/FRIENDS	4	
BORROWED FROM FINANCIAL INSTITUTION	5	
SELL ANIMALS	6	
SELL HOUSEHOLD ITEMS	7	
WORKING MYSELF OR BY RELATIVES	8	
OTHER (SPECIFY _____)	9	

(19) Are you planning any renovations to your dwelling in the next 12 months?

YES, MAJOR RENOVATIONS OF EXISTING SPACE	1	
YES, MINOR RENOVATIONS	2	
YES, MAKE AN ADDITION TO THE DWELLING	3	
NO DO NOT PLAN REPAIRS OR ADDITIONS	4 >>21	

(20) How do you plan to finance the repairs?

SAVINGS	1	
REMITTANCES	2	
WAGES, BUSINESS, PENSION	3	
BORROWED FROM FAMILY/FRIENDS	4	
BORROWED FROM FINANCIAL INSTITUTION	5	
SELL ANIMALS	6	
SELL HOUSEHOLD ITEMS	7	
WORKING MYSELF OR BY RELATIVES	8	
OTHER (SPECIFY _____)	9	

(21) Do you plan to move to a new dwelling in the next 12 months?

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

(22) Why do you plan to move?

MORE POSSIBILITIES TO FIND JOB, ETC.	1	
SMALL SPACE FOR THE FAMILY	2	
BETTER DWELLING QUALITY	3	
BETTER LIVING NEIGHBORHOOD	4	
TOO EXPENSIVE OR TOO BIG	5	
OTHER (SPECIFY _____)	6	

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 public system not your main source of water?

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

[ ]

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

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

[ ]

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

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

[ ]

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

YES	1
NO	2

[ ]

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

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

[ ]

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

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

[ ]

(10) Does dwelling have water storage tank?

YES	1
NO	2

[ ]

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

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

[ ]

MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

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

LIGHTING	<input type="checkbox"/>
HEATING/COOLING/AIR CONDITIONING	<input type="checkbox"/>
COOKING	<input type="checkbox"/>
WATER HEATING	<input type="checkbox"/>
OTHER ELECTRIC APPLIANCES	<input type="checkbox"/>
NONE, DWELLING HAD NO CONNECTION TO PUBLIC ELECTRICITY SYSTEM >>27	<input type="checkbox"/>

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

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

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

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

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

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

HOURS

(17) Approximately how much electricity did your household consume last month?

UP TO 100 KWH	1	<input type="checkbox"/>
101-200 KWH	2	<input type="checkbox"/>
201-300 KWH	3	<input type="checkbox"/>
301-400 KWH	4	<input type="checkbox"/>
401-500 KWH	5	<input type="checkbox"/>
MORE THAN 500 KWH	6	<input type="checkbox"/>
DON'T KNOW	ND	<input type="checkbox"/>
REFUSED TO ANSWER	JP	<input type="checkbox"/>

(18) Do you have a contract with KESH?

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

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

YES	1	<input type="checkbox"/>
NO	2 (>> 22)	<input type="checkbox"/>

(20) How much was your last electric bill?

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

(21) How many months did this payment cover?

MONTHS

(22) Does your household have any electricity arrears (kamat)?

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

(23) What is the total amount of arrears your household owes?

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

(24) How old are these arrears?

FROM LAST 3 MONTHS	1	<input type="checkbox"/>
4-6 MONTHS	2	<input type="checkbox"/>
7-12 MONTHS	3	<input type="checkbox"/>
MORE THAN A YEAR	4	<input type="checkbox"/>
DON'T KNOW/ CAN'T REMEMBER	ND	<input type="checkbox"/>

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

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

MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

(26) Compared to 5 years ago, has electricity service ...

IMPROVED	1
STAYED SAME	2
WORSENERD	3
DON'T KNOW	ND
REFUSE TO ANSWER	JP

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

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

(28) Does your household use gas?

YES	1
NO	2 >>31

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

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

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

NEW LEKS

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

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

(32) Does you household have a phone line inside dwelling?

YES	1
NO	2 >>38

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

YES	1
NO	2 >>36

(34) How much was last payment?

NEW LEKS

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

MONTHS

(36) For how many years has your household had a phone line inside the dwelling?  
(if more than 3 years >> PART C, NEXT PAGE)

YEARS

(37) How long did it take to get connection after applying?  
(Write 997 if it was already in the house when we moved in)

>>PART C(NEXT PAGE) MONTHS

(38) Have you had phone connection in home at any time in the last 3 years?

YES	1
NO	2 >>41

(39) When did your household stop having a phone line in the home?  
(# months ago)

MONTHS

(40) Why did your household stop having a phone line in the home?

REPLACED WITH MOBILE PHONE	1
DISCONNECTED FOR NON-PAYMENT	2
MOVED TO NEW DWELLING WITH NO CONNECTION	3
CONNECTION BROKEN (AND NOT YET REPAIRED)	4
OTHER (SPECIFY _____)	5

(41) Have you applied for in-house phone connection? (not including mobile)

YES	1
NO	2 >>PART C (NEXT PAGE)

(42) When did you apply for a phone connection?

YEAR

MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS

PART C: HOUSEHOLD DURABLES

(1)		
How many of the following items does your household own?		
(PUT "0" IF OWN NONE)		
DESCRIPTION	CODE	NUMBER OF ITEMS

Colour TV	101	
TV black & white	102	
Video 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

ORIGINAL SURVEY MEMBERS

PART A: ORIGINAL 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)	
		IS THIS PERSON AN ORIGINAL SURVEY MEMBER?	Did you enroll in school this academic year?	Did you enroll in school last year (2001-2002)?	Why did you not enroll in school this academic year?	In what grade are you currently enrolled? In which level?	Is the school you are currently enrolled in public or private?	
					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	"8 YEARS" SCHOOL 1	1-8			
			MOVED 10	SECONDARY GENERAL 2	1-4			
			SAFETY 11	VOCATIONAL 2 YEARS 3	1-2			
			GOT MARRIED 12	VOCATIONAL 4/5 YEARS 4	1-5			
		YES 1	COMPLETED SCHOOL 13	UNIVERSITY 5	1-6	PUBLIC 1		
YES 1	YES 1 >>5	NO 2 >>NEXT PERSON	OTHER (SPECIFY) _____ 14	POST-GRADUATE 6	1-5	PRIVATE - RELIGIOUS 2		
NO 2 >>PART B	NO 2		(>>GO TO 9)	LEVEL	GRADE	PRIVATE-NON RELIGIOUS 3		

1							
2							
3							
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15							

MODULE 3: EDUCATION

PART A: ORIGINAL SURVEY MEMBERS

P A N E L  I D	(7)	(8)	(9)	(10)
	Are you currently attending school?	Why are you not currently attending school?	What is the highest grade you have completed in school? In which level?	What is the highest diploma you have attained?
		TOO EXPENSIVE 1		NONE 0
		NO INTEREST 2		PRIMARY 4 YEARS 1
		AGRICULTURAL WORK 3		PRIMARY 8 YEARS 2
		OTHER WORK 4		SECONDARY GENERAL 3
		SCHOOL TOO FAR 5		VOCATIONAL 2 YEARS 4
		POOR TEACHING 6		VOCATIONAL 4/5 YEARS 5
		POOR FACILITIES 7	NONE 0	UNIVERSITY 6
		OWN ILLNESS 8	"8 YEARS" SCHOOL 1 1-8	POST-GRADUATE 7
	FAMILY ILLNESS/ DEATH 9	SECONDARY GENERAL 2 1-4		
	MOVED 10	VOCATIONAL 2 YEARS 3 1-2		
	SAFETY 11	VOCATIONAL 4/5 YEARS 4 1-5		
	GOT MARRIED 12	UNIVERSITY 5 1-6		
	OTHER (SPECIFY) 13	POST-GRADUATE 6 1-5		
YES 1 (>>9)			>>GO TO NEXT PERSON OR TO	
NO 2			MODULE 4 IF LAST PERSON	
		LEVEL GRADE		

1				
2				
3				
4				
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13				
14				
15				

MODULE 3: EDUCATION

NEW SURVEY MEMBERS

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

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2										
3										
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15										

(10)	(11)	(12)	(13)	(14)	(15)
Why are you not currently attending school?	Why didn't you enroll in school this year?	Do you intend to return to school?	In what grade are you currently enrolled? In which level?		Is the school you are currently enrolled in public or private?
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	YES 1 (>> NEXT PERSON)	POST-GRADUATE 6	1-5	PRIVATE - RELIGIOUS 2
		NO 2 (>> NEXT PERSON)			PRIVATE-NON RELIGIOUS 3
(>>GO TO 12)			LEVEL	GRADE	

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14					
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MODULE 4: COMMUNICATION

INTERNET			
(1)	(2)	(3)	(4)
Have you/[NAME] used internet in the past month?	Do you/[NAME] have an E-mail address (such as Hotmail, Yahoo, etc)?	Where do you/[NAME] mainly use the Internet?	Do you have an Internet connection at home?
		WORK 1	
		SCHOOL 2	
		HOME 3	
		INTERNET CAFE 4	
YES 1	YES 1	Other (Specify)	YES 1
NO 2 > NEXT PERSON	NO 2		NO 2

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MOBILE PHONES						
(5)	(6)	(7)	(8)	(9)	(10)	(11)
Does anyone in the household use a mobile phone?	Do you/[NAME] have a mobile phone?	When was the phone acquired?	What is the company providing the service?	Do you use prepaid cards?	How much was the total cost for last month either in prepaid or by bill?	Who pays?
			VODAFONE 1			MYSELF/FAMILY 1
			AMC 2			EMPLOYER 2
			OTHER (Specify)	YES 1		OTHER (Specify)
YES 1	YES 1			NO 2		
NO 2 >> MODULE 5	NO 2 >> NEXT PERSON					
		YEAR			NEW LEKS	


MODULE 5: HEALTH

P A N E L I D	R E S P O N D E N T I D	CHRONIC ILLNESS / DISABILITY						SUDDEN ILLNESS	
		(1)	(2)		(3)	(4)	(5)	(6)	(7)
		Does [NAME] suffer from a chronic illness or disability that has lasted more than 3 months (including severe depression)?	How long has [NAME] had this illness or disability?  IF MORE THAN ONE ILLNESS REFER TO THE MOST SERIOUS ONE  FOR LESS THAN 1 YEAR WRITE THE MONTHS, FOR ONE YEAR OR MORE WRITE ONLY YEARS		Has this chronic illness or disability been diagnosed by a professional?	From which illness or disability is [NAME] affected?	Does [NAME] currently take medication for this chronic illness/disability?	How many days during the last month has [NAME] been unable to carry out [NAME's] usual activities because of this illness or disability?	During the last 4 weeks has [NAME] had any (sudden) illness or injury? (such as flu, diarrhea, a fracture, etc..)
	MONTHS	YEARS					DAYS		
1									
2									
3									
4									
5									
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8									
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10									
11									
12									
13									
14									
15									

MODULE 5: HEALTH

P A N E L  I D	SUDDEN ILLNESS (cont'd)		HEALTH CONDITION		TOBACCO USE																																																																				
	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)																																																																	
	What type of illness or injury did [NAME] have?  IF MORE THAN ONE, REFER TO THE MOST SERIOUS	How many days during the last 4 weeks has [NAME] been unable to carry out [NAME's] usual activities because of this (sudden) illness or injury?  IF NONE, WRITE "0"	How would you rate your/ [NAME]'s health condition?	Compared with you/ [NAME] health one year ago, would you say that his/her health now is:	Have you /[NAME] ever smoked tobacco products such as cigarettes, cigars or pipes on a daily basis (even if you have now quit smoking)?	At what age did you/ NAME begin to smoke daily?	Do you still smoke on a daily basis?	Until what age did you/[NAME] smoke on a daily basis before quitting?																																																																	
	<table border="1"> <tr><td>COLD/FLU</td><td>1</td><td>LUNG</td><td>9</td></tr> <tr><td>STOMACH</td><td>2</td><td>SKIN ILLNESS</td><td>10</td></tr> <tr><td>DIARRHEA</td><td>3</td><td>STD</td><td>11</td></tr> <tr><td>EAR/NOSE/THROAT</td><td>4</td><td>BROKEN BONE</td><td>12</td></tr> <tr><td>LIVER</td><td>5</td><td>OTHER TRAUMA</td><td>13</td></tr> <tr><td>KIDNEY PROBLEMS</td><td>6</td><td>PREGNANCY/ DELIVERY</td><td></td></tr> <tr><td>HEADACHE</td><td>7</td><td>COMPLICATIONS</td><td>14</td></tr> <tr><td>HEART</td><td>8</td><td>OTHER ILLNESS</td><td>15</td></tr> </table>	COLD/FLU	1	LUNG	9	STOMACH	2	SKIN ILLNESS	10	DIARRHEA	3	STD	11	EAR/NOSE/THROAT	4	BROKEN BONE	12	LIVER	5	OTHER TRAUMA	13	KIDNEY PROBLEMS	6	PREGNANCY/ DELIVERY		HEADACHE	7	COMPLICATIONS	14	HEART	8	OTHER ILLNESS	15		<table border="1"> <tr><td>VERY GOOD</td><td>1</td><td>MUCH BETTER NOW</td><td>1</td></tr> <tr><td>GOOD</td><td>2</td><td>SOMEWHAT BETTER</td><td>2</td></tr> <tr><td>AVERAGE</td><td>3</td><td>ABOUT THE SAME</td><td>3</td></tr> <tr><td>POOR</td><td>4</td><td>SOMEWHAT WORSE</td><td>4</td></tr> <tr><td>VERY POOR</td><td>5</td><td>MUCH WORSE</td><td>5</td></tr> </table>	VERY GOOD	1	MUCH BETTER NOW	1	GOOD	2	SOMEWHAT BETTER	2	AVERAGE	3	ABOUT THE SAME	3	POOR	4	SOMEWHAT WORSE	4	VERY POOR	5	MUCH WORSE	5		<table border="1"> <tr><td>YES</td><td>1</td><td></td><td></td></tr> <tr><td>NO</td><td>2</td><td>&gt;&gt;19</td><td></td></tr> </table>	YES	1			NO	2	>>19		<table border="1"> <tr><td>YES</td><td>1</td><td>&gt;&gt;16</td></tr> <tr><td>NO</td><td>2</td><td></td></tr> </table>	YES	1	>>16	NO	2		>>19
COLD/FLU	1	LUNG	9																																																																						
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MODULE 5: HEALTH

P A N E L  I D	TOBACCO USE (Cont'd)					PUBLIC AMBULATORY		PRIVATE DOCTOR				
	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)			
	Think of the last 7 days. On average, how many did you/ NAME smoke in ONE DAY of...			Think of the last 7 days. Have you/ NAME been exposed to other people smoking in your/ NAME's presence...		During the past 4 weeks, did you visit any public ambulatory to obtain outpatient health care?	How many times did you make outpatient visits to a public ambulatory during the past 4 weeks?	During the past 4 weeks, did you visit any private doctor to obtain outpatient health care?	How many times did you make outpatient visits to a private doctor during the past 4 weeks?			
	MANUFACTURED CIGARETTES	HAND-ROLLED CIGARETTES	CIGARS, PIPES, OTHER	at work or school?						at home?		
				OFTEN	1					OFTEN	1	
				OCCASIONALLY	2					OCCASIONALLY	2	
				RARELY	3					RARELY	3	
				NEVER	4					NEVER	4	
	NOT APPLICABLE	5	NEVER	4	YES 1					NO 2 (>>23)	YES 1	NO 2 (>>25)
	# PER DAY	# PER DAY	# PER DAY								TIMES	
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MODULE 5: HEALTH

P A N E L  I D	NURSE/MIDWIFE		HOSPITAL OUTPATIENT		HOSPITAL STAY IN LAST 12 MONTHS					DENTIST VISIT	
	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
	During the past 4 weeks, did you visit any private nurse, paramedic or private trained midwife to obtain outpatient health care?	How many times did you make outpatient visits to private nurse, paramedic or private trained midwife during the past 4 weeks?	During the past 4 weeks, did you visit a hospital to obtain outpatient health care?	How many times did you make outpatient visits to a hospital during the past 4 weeks?	During the past 12 months, have you stayed in a hospital or maternity hospital or a private clinic, in Albania or abroad?	On how many occasions have you been admitted to hospital/clinic in the past 12 months?	How many days did you 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	Where is the hospital located ?	During the last 12 months have you visited a dentist?	How many times have you been to a dentist in the past 12 months?
	YES 1 NO 2 (>>27)		YES 1 NO 2 (>>29)		YES 1 NO 2 (>>34)			PUBLIC GENERAL 1 PUBLIC MATERNITY 2 HUMANITARIAN 3 PRIVATE 4 OTHER 5	ALBANIA 1 GREECE 2 TURKEY 3 ITALY 4 OTHER 5	YES 1 NO 2 (>>NEXT PERSON)	
		TIMES		TIMES		TIMES	DAYS				TIMES

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

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	(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)		CONTACTED EMPLOYER 6				
	OTHER (SPECIFY) _____ 11 (>>14)		TRIED TO START OWN BUSINESS 7				
	YES 1 (>>GRID, PART D)	TOOK PART IN TEST FOR JOB 8		YES 1	YES 1	YES 1 (>>GRID, PART D)	
	NO 2 (>>MODULE 7)	OTHER (SPECIFY) _____ 9		NO 2	NO 2	NO 2 (>>MODULE 7)	
			MONTHS				

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**MODULE 6: LABOUR**

**PART B: OVERVIEW LAST 7 DAYS**

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

ACTIVITY CODE	PANEL ID	(1)	(2)	(3)	(4)	(5)	(6)						
		What is your occupation (list each different job if you have worked in more than one job in past 7 days)  USE ONE LINE PER JOB/ACTIVITY, REPEAT THE ID ON ALL LINES FOR DIFFERENT ACTIVITIES PERFORMED BY THE SAME PERSON  IF YOU HAVE A PERMANENT JOB FROM WHICH YOU ARE TEMPORARILY ABSENT, WRITE OCCUPATION IN THIS COLUMN AND PUT CODE 1 IN Q6	For how many days in the last 7 days did you do this work?	For how many hours in the last 7 days did you do this work?	How many weeks in the last 12 months did you do this activity?	Did you do any other work in the last 7 days, or did you have any other job from which you were temporarily absent?	CHECK FOR FIRST AND SECOND HIGHEST ANSWERS TO Q.3 (HOURS WORKED IN LAST 7 DAYS) FOR THIS INDIVIDUAL. (IF THIS INDIVIDUAL REPORTED ONLY ONE ACTIVITY, MARK IT AS CODE 1.)						
								FOR OFFICE CODING	DAYS PER WEEK	HOURS PER WEEK	# OF WEEKS	YES (>>NEXT LINE)	1 ACTIVITY FOR WHICH ANSWER TO Q3 IS HIGHEST.
												NO (>>NEXT PERSON)	2 ACTIVITY FOR WHICH Q3 IS SECOND HIGHEST.
WRITTEN DESCRIPTION	CODE	DAYS PER WEEK	HOURS PER WEEK	# OF WEEKS	3 ACTIVITY FOR WHICH Q3 IS NEITHER FIRST NOR SECOND HIGHEST.								
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B													
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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?
	FOR OFFICE CODING		FOR OFFICE CODING	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	
				OTHER (SPECIFY) _____ 11	
	OCCUPATION	CODE	WRITTEN DESCRIPTION	CODE	HOURS
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	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
	P A N E L  I D	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 <b>last NET payment or earning?</b> (IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?) What period of time does this payment/earning cover?		How much is your <b>usual NET payment or earning?</b> What period of time does this payment 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?
		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	A PRIVATE COMPANY OR ENTERPRISE 2							
		ILLNESS, DISABILITY 1	AN EMPLOYER 3 (>>10)	PUBLIC WORKS PROGRAM 3		<u>TIME UNIT</u>		<u>TIME UNIT</u>		(DO NOT INCLUDE MATERNITY LEAVE)	
		CANNOT FIND FULL TIME JOB 2	A WORKER ON OWN ACCOUNT OR UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 4 (>>10)	A STATE-OWNED ENTERPRISE 4		MONTH 1		MONTH 1			
		EDUCATION, TRAINING 3		A NGO OR HUMANITARIAN ORGANIZATION 5	YES 1	15 DAYS 2		15 DAYS 2			
		DO NOT WANT TO WORK LONGER 4		A PRIVATE INDIVIDUAL 6	NO 2	WEEKLY 3		WEEKLY 3			
		OTHER 5				DAILY 4		DAILY 4		YES 1	
										NO 2 (>>17)	
						NEW LEKS	TIME UNIT	NEW LEKS	TIME UNIT		NEW LEKS

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P A N E L  I D	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
	How many months usually pass between bonuses payments in this job?	Did you receive any payment/earning 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?	CHECK QUESTION 6 IN PART B. DID THE INDIVIDUAL REPORT MORE THAN ONE KIND OF WORK IN THE PAST 7 DAYS?	<b>SECOND JOB:</b> FOR THIS PERSON, LOOK AT THE ANSWERS TO QUESTION 6 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 2 IN THAT QUESTION (SECONDARY OCCUPATION IN THE LAST 7 DAYS).	What is the main economic activity of the enterprise you're working on or of your own business?	Is this job ...
					YES 1 NO 2 (>>19)			
MONTHS		NEW LEKS	MONTH	YEAR	OCCUPATION	CODE	WRITTEN DESCRIPTION	CODE
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P A N E L  I D	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
		In this work were you...  (READ ALL RESPONSES)	Is your employer for this work...  (READ ALL RESPONSES)	How much was your <b>last NET payment or earning?</b> (IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?) What period of time does this payment/earning cover?		How much is your <b>usual NET payment or earning?</b> What period of time does this payment/earning cover? (consider time of last 12 months; if you have started the job less than 12 months ago, consider the average since the beginning)		During the past 12 months, did you receive any payment/earning for this work in any other form (meals, tips, transport, clothes)?	What is the value of those in-kind payments/earnings in the last 12 months?
	AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1	THE GOVERNMENT, PUBLIC SECTOR OR ARMY							
	A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 2 (>>26)		1	<u>TIME UNIT</u>	1	<u>TIME UNIT</u>			
	AN EMPLOYER 3 (>>26)		2	MONTH	1	MONTH			
	A WORKER ON OWN ACCOUNT OR UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 4 (>>26)		3	15 DAYS	2	15 DAYS			
			4	WEEKLY	3	WEEKLY			
			5	DAILY	4	DAILY	YES 1 NO 2 (>>32)		
		6							YES 1 >> Grid, Part D NO 2 >> MODULE 7
			NEW LEKS	TIME UNIT	NEW LEKS	TIME UNIT		NEW LEKS	

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I'd like to ask you a few questions about your employment status starting from now back to May 2002, 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/ 2002] (May 2002)

ENTER PANEL ID for this person

Name \_\_\_\_\_

Spell No. before current status	(1)	(2)				(3)		(4)		(5)		(6)
	Status Code from Card D	Date spell began				If employment (codes 01 - 03) Enter Occupation	OCCUPATION CODE	If employment (codes 01 - 03) Enter Activity of working unit	INDUSTRY CODE	In this job were you... (READ ALL RESPONSES)		Was your employer for this job... (READ ALL RESPONSES)
		MONTH	YEAR									
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2												
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## **SHOWCARD D**

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

MODULE 7: MIGRATION

PART A: MIGRATION HISTORY

P A N E L  I D	Albania from January 1, 2002												
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)			
	IS THIS PERSON AN ORIGINAL SURVEY MEMBER?	Was [NAME] born in this municipality/commune?	Has [NAME] continuously lived in this municipality/commune?	Did [NAME] move to this municipality/commune since January 1990?	At what date (month, year) did [NAME] move here?	What was the main reason [NAME] moved to this place?	Which district or country did [NAME] live in before moving here?	Did you move or migrate temporarily to another part of Albania at any time (that is sleep in another residence for at least a month, but not change residence permanently), since January 1, 2002. (Except for family visits)	How many months did you remain away, in total?	What was your final destination? (Where you spent the most time)			
						TO START A NEW JOB/BUSINESS 1 TO LOOK FOR A BETTER PAID JOB 2 STUDY 3 SECURITY 4 HEALTH 5 POOR QUALITY LAND 6 NOT ENOUGH LAND 7 TO JOIN FAMILY/MARRIAGE 8 MOVING WITH FAMILY 9 OTHER 10	SEE DISTRICT AND COUNTRY CODES ABOVE  ALBANIAN DISTRICTS 01-36 COUNTRIES 81-87	YES 1 NO 2 (>>8)	YES 1 NO 2 (>>4)	YES 1 (>>8) NO 2	YES 1 NO 2 (>>8)	ALBANIAN DISTRICTS 01-36  ALBANIAN DISTRICTS 01-36	SEE DISTRICT CODES ABOVE
	YES 1 (>>8) NO 2	YES 1 NO 2 (>>4)	YES 1 (>>8) NO 2	YES 1 NO 2 (>>8)	MONTH   YEAR		DISTRICT/COUNTRY   CODE	YES 1 NO 2 (>>16)	MONTHS	DISTRICT   CODE			
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Albania from January 1, 2002 (cont'd)					Albania January 1990-January 1, 2002				
(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
What was the most important reason you migrated temporarily since January 1, 2002?	How many months of this migration time since January 1, 2002 did you work?	What was your occupation?	Who provided information on where to go and/or how to find work in the most recent move?	From whom did you mainly obtain money in order to migrate for the most recent migration move?	Now we want to discuss the 12 year period from January 1990 to January 1, 2002. From January 1990 until January 1, 2002 did you ever migrate temporarily to other parts of Albania? (Except family visits)	From January 1990 to January 1, 2002, in what year was the first time you migrated temporarily to another part of Albania?	How many months did you remain away during this first migration?	What was your final destination (where you spent the most time) during the first migration in this period?	
TO START WORK/LOOK FOR WORK 1	IF "0">>14		FAMILY 1	FAMILY 1				SEE DISTRICT CODES ABOVE  ALBANIAN DISTRICTS 01-36	
TO FIND BETTER/MORE LAND 2			FRIENDS 2	FRIENDS 2					
STUDY 3 (>>15)			NEIGHBOURS 3	NEIGHBOURS 3					
SECURITY 4 (>>15)			HEARD ON TV/RADIO 4	YOURSELF 4					
HEALTH 5 (>>16)			NEWSPAPER 4	OTHER 5					
TO JOIN FAMILY/TO MARRY 6 (>>16)			YOURSELF 5	OTHER 5					
MOVING WITH FAMILY 7 (>>16)			OTHER 6	YES 1					
OTHER 8 (>>15)				NO 2 >>27					
	MONTHS	WRITTEN DESCRIPTION	CODE		YEAR	MONTHS	DISTRICT	CODE	
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**Albania January 1990-January 1, 2002 (cont'd)**

	(20)	(21)	(22)	(23)	(24)	(25)	(26)
P A N E L  I D	What was the most important reason you migrated temporarily that first migration?	Did you find work or start work during that first migration?	What was your 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 mainly obtain money in order to migrate for the first migration in that period? (MAIN SOURCE)	Including the first time you migrated temporarily internally, how many times did you migrate temporarily to other parts of Albania, in the January 1990-January 1, 2002 period?	What was the total time in months that you were away in internal migration in the January 1990-January 1, 2002 period?
	TO START WORK/LOOK FOR WORK	1					
	TO FIND BETTER/MORE LAND	2					
	STUDY	3 (>>24)			FAMILY	1	
	SECURITY	4 (>>24)			FRIENDS	2	
	HEALTH	5 (>>25)			NEIGHBOURS	3	
	TO JOIN FAMILY/TO MARRY	6 (>>25)			HEARD ON TV/RADIO	4	
	MOVING WITH FAMILY	7 (>>25)	YES 1		NEWSPAPER	4	
	OTHER	8 (>>24)	NO 2 (>>23)		YOURSELF	5	
				WRITTEN DESCRIPTION	CODE		TIMES

1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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15							

**Abroad from January 1, 2002**

P A N E L  I D	(27)	(28)	(29)		(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)
	Now we will talk about immigration in another country. Did you migrate abroad for a total time of at least a month since January 1, 2002 (Except for family visits)	How many months did you remain away since January 1, 2002?	What was your final destination? (Where you spent the most time)		Did you enter legally in that country?	What was the most important reason you migrated abroad since January 1, 2002?	Did you find work or start work during that time since January 1, 2002?	What was your occupation?	Were you working legally in the country in your most recent migration move since January 1, 2002?	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 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?
	YES 1 NO 2 (>>42)		GREECE 81 ITALY 82 GERMANY 83 OTHER IN EUROPE 84 USA 85 CANADA 86 OTHER 87		YES 1 NO 2	TO START WORK/LOOK FOR WORK 1 TO FIND BETTER/MORE LAND 2 STUDY 3 (>>36) SECURITY 4 (>>36) HEALTH 5 (>>37) TO JOIN FAMILY/TO MARRY 6 (>>37) MOVING WITH FAMILY 7 (>>37) OTHER 8 (>>36)	YES 1 NO 2 (>>35)		YES 1 NO 2	FAMILY 1 FRIENDS 2 NEIGHBOURS 3 HEARD ON TV/RADIO 4 YOURSELF 5 OTHER 6	FAMILY 1 FRIENDS 2 NEIGHBOURS 3 YOURSELF 4 OTHER 5	YES 1 NO 2 (>>39)
		MONTHS	COUNTRY	CODE				WRITTEN DESCRIPTION	CODE			

1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Abroad from January 1, 2002 (cont'd)				Abroad January 1990-January 1, 2002										
(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)		(46)	(47)		(48)	(49)	
Who helped you? (MAIN SOURCE)	Were you detained by the police of this country during the most recent move?	Where you physically abused by the police of this country during the most recent move?	Where you forcibly returned to Albania by the police of this country during the most recent move?	From January 1990 to January 1, 2002, did you ever migrate internationally? (Except for family visits)	In what year was the first time you migrated internationally in that 12 year period?	How long did you remain away that first migration?	What was your final destination in that first migration? (Where you spent the most time)		Did you enter legally in that country?	What was the most important reason you migrated internationally?		Did you find work or start work during that first migration time?	What was your occupation?	
							GREECE	81		TO START WORK/LOOK FOR		1		
							ITALY	82		TO FIND BETTER/MORE LAND		2		
							GERMANY	83		STUDY		3 (>>52)		
							OTHER IN EUROF	84		SECURITY		4 (>>52)		
							USA	85		HEALTH		5 (>>53)		
							CANADA	86		TO JOIN FAMILY/TO MARRY		6 (>>53)		
							OTHER	87	YES	1	MOVING WITH FAMILY		7 (>>53)	YES 1
									NO	2	OTHER		8 (>>52)	NO 2 >>51
						YEAR	MONTHS	COUNTRY	COD				WRITTEN DESCRIPTION	CODE

1														
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**Abroad January 1990-January 1, 2002 (cont'd)**

	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	
P A N E L  I D	Were you 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 mainly obtain money in order to migrate for that first migration move? (MAIN SOURCE)	While on the road or at the final destination did anyone else help you? (in the first migration move)	Who helped you? (MAIN SOURCE)	Were you detained by the police of this country? (in the first migration move)	Were you physically abused by the police of this country? (in the first migration move)	Were you forcibly returned to Albania by the police of this country? (in the first migration move)	From the first time you migrated internationally until January 1, 2002, in how many other times did you migrate internationally?	What was the total time in months that you were abroad in migration in the 1990-January 1, 2002 period?	Is there any possibility you will migrate internationally in the next 12 months?	
		FAMILY 1			FAMILY 1						VERY LIKELY 1	
		FRIENDS 2			FRIENDS 2						SOMEWHAT LIKELY 2	
		NEIGHBOURS 3	FAMILY 1		ACQUAINTANCE 3						UNLIKELY 3	
		HEARD ON TV/RADIO	FRIENDS 2		STRANGERS 4						VERY UNLIKELY 4	
		NEWSPAPER 4	NEIGHBOURS 3		NGO 5						NO 5	
		YES 1	YOURSELF 5	YOURSELF 4	YES 1	ORGANIZATIONS 6	YES 1	YES 1	YES 1			DO NOT KNOW 6
		NO 2	OTHER 6	OTHER 5	NO 2 (>>55)	OTHER 7	NO 2	NO 2	NO 2			REFUSE TO ANSWER 7
										TIMES	MONTHS	

1											
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15											

MODULE 7: MIGRATION

PART B: CHILDREN LIVING AWAY

L I N E  N U M B E R	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)							
	Please list your children who are no longer living in this household. Include children of head and/or spouse.	Age	Gender	What is the highest grade [NAME] has completed in school? In which level?		In which year did they leave the household?	Where do they currently live?  SEE DISTRICT AND COUNTRY CODES ABOVE	If they live in Albania, have they ever migrated internationally and returned?  ALBANIAN DISTRICTS 01-36 COUNTRIES 81-87	If they live in Albania, have they ever migrated internationally and returned?  YES 1 NO 2 >>NEXT CHILD	In which country did they spend the most time while in international migration?  SEE COUNTRY CODES ABOVE						
				NONE	0											
				"8 YEARS" SCHOOL	1					1-8						
				SECONDARY GENERAL	2					1-4						
				VOCATIONAL 2 YEARS	3					1-2						
				VOCATIONAL 4/5 YEARS	4					1-5						
				UNIVERSITY	5					1-6						
				MALE 1	POST-GRADUATE					6	1-5					
				FEMALE 2												
				YEARS						LEVEL	GRADE	YEAR	DISTRICT/COUNTRY	CODE		COUNTRY
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																

MODULE 7: MIGRATION

PART B: CHILDREN LIVING AWAY

L I N E  N U M B E R	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
	In what year did they move abroad?	Are they living with their spouse/partner abroad?	Are they living with their children abroad?	Did they remit to this household, in cash or in kind, at any point since January 1, 2002?	Value of all remittances in cash since January 1, 2002	Value of all remittances in kind since January 1, 2002	What was the main use of this remittance?	
		YES 1 NO, AND WIFE LIVES IN THIS HOUSEHOLD 2 NO, AND WIFE LIVES ELSEWHERE IN ALBANIA 3 NOT MARRIED 4 OTHER 5	YES 1 NO, AND CHILDREN LIVE IN THIS HOUSEHOLD 2 NO, AND CHILDREN LIVE ELSEWHERE IN ALBANIA 3 NO CHILDREN 4 OTHER 5	YES 1 NO 2 >>NEXT CHILD			PURCHASE OF FOOD AND BASIC NECESSITIES 1 INVESTMENT IN CONSTRUCTION 2 INVESTMENT IN HH ENTERPRISE 3 PURCHASE OF A DURABLE GOOD 4 EDUCATIONAL EXPENSES 5 MEDICAL EXPENSES 6 WEDDING/FUNERAL 7 CHILD SUPPORT 8 CHARITY 9 OTHER (SPECIFY) _____ 10	
	YEAR				NEW LEKS	NEW LEKS	MAIN	SECONDARY
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ASK ALL THE QUESTIONS FIRST TO THE HOUSEHOLD HEAD, AND THEN TO THE SPOUSE OF THE HOUSEHOLD HEAD. IF THE HOUSEHOLD HEAD HAS NO SPOUSE, LEAVE THE SECOND ROW BLANK	How many sisters and brothers do you have, that are currently alive?	Of these sisters and brothers, how many still live in Albania?	How many of these ever migrated internationally and returned? <b>(Except family visits)</b>	Of your sisters and brothers, how many now live abroad?	Of your sisters and brothers abroad, how many have remitted to this household since January 1, 2002?	How many nieces and nephews do you have who are living abroad?	Of all your nieces and nephews abroad, how many have remitted to this household since January 1, 2002?	How many cousins do you have, who currently live abroad?	Of your cousins abroad, how many have remitted to this household since January 1, 2002?	How many grandchildren do you have, who currently live abroad?	Of your grandchildren abroad, how many have remitted to this household since January 1, 2002?
	IF "0" >>7	IF "0" >>5		CHECK THAT QUESTION 3 + QUESTION 5 =TOTAL IN QUESTION 2  IF "0" >>7	EXCLUDE IF TOTAL IS <1000 NEW LEKS	IF "0" >>9	EXCLUDE IF TOTAL IS <1000 NEW LEKS	IF "0" >>11	EXCLUDE IF TOTAL IS <1000 NEW LEKS	IF "0" >>NEXT ROW	EXCLUDE IF TOTAL IS <1000 NEW LEKS
	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
Head of Household											
Spouse											

**MODULE 8: AGRICULTURE**

**PART A: LAND**

(1) Do you now own any plot of land?

YES 1  
NO 2 >>13

(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	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, rent it to others, or lend it out?	Did you own this plot before before we interviewed you last year? (May/ June 2002)	How did you acquire this plot?	What legal status or ownership right do you have for this plot?	How far is this plot from...  MINUTES WALKING	
			ANNUAL CROP LAND 1				PURCHASED 1		ADJACENT 1	
			MULTI-YEAR CROP LAND 2				INHERITED 2	DEED 1	LESS THAN 30 MINUTES 2	
			TREE CROP LAND 3				RECEIVED AS GIFT 3	SALE RECEIPT 2	BETWEEN 30 MINUTES AND 1 HOUR 3	
			VINEYARD 4			FARMED BY HH 1	CLEARED 4	USUFRUCT 3	ONE TO THREE HOURS WALKING 4	
			UNCULTIVATED LAND 5 >>7			RENT OUT 2	BY LAW NR. 7501 5	OTHER (SPECIFY) 4	MORE THAN 3 HOURS 5	
			FOREST 6 >>7	YES 1	NO 2	LENT OUT 3	NO 2	NONE 6		
			PASTURE 7							
			POND 8 >>7							
			OTHER 9							
	NAME	SQUARE METERS							...from dwelling	...from plot 1

1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

(13) Did you have any plot between January 2002 and now that you no longer own?

YES>>WRITE PLOT NAMES BELOW AND CONTINUE 1  
NO>> GO TO PART B 2

Please list all plots you owned at any time between January 2002 and now that you no longer own

(14)	(15)	(16)	(17)	(18)	(19)
	Name of plot	What was the area of this plot?	Why do you no longer own this plot?	How far was this plot (minutes walking)	
				ADJACENT	1
			SOLD 1	LESS THAN 30 MINUTES	2
			DONATED TO CHILD 2	BETWEEN 30 MINUTES AND 1 HOUR	3
			DONATED TO OTHER 3	ONE TO THREE HOURS WALKING	4
			OTHER 4	MORE THAN 3 HOURS	5
		SQUARE METERS		...FROM DWELLING	...FROM PLOT 1

13					
14					
15					
16					
17					

**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 >> QUESTION 9	

	(2)	(3)	(4)	(5)	(6)	(7)	(8)
L V E S T O C K  C O U N T	During the last 12 months, has any member of your household raised any [...]?	How many [...] does your household currently own?	How many [...] sold in past 12 months (live or slaughtered)?	How many [...] 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, pasture animals or harvest fodder?

YES	1	
NO	2 >> MODULE 9	

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

**MODULE 9: CREDIT**

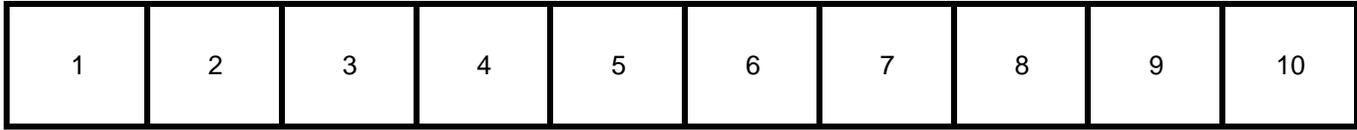
(1) During the past 12 months, did anyone in your household borrow any money from banks, other financial institutions and/or individuals (including family and friends)?

YES	1 >>3	
NO	2	

(2) Why didn't you borrow any money?

NO NEED	1		>> MODULE 10
TRIED BUT WAS TURNED DOWN	2		
TOO EXPENSIVE	3		
TOO DIFFICULT	4		
DO NOT LIKE TO BE IN DEBT	5		
LENDER ARE TOO FAR/DON'T KNOW ANY LENDER	6		
OTHER (SPECIFY) _____	7		

		(3)	(4)
		In the past 12 months, did your household borrow money from [...]?	What was the main reason for borrowing?
			DAILY NECESSITIES 1
			BUY HOUSEHOLD ITEM 2
			BUY FARM INPUT 3
			BUY FARM EQUIPMENT/ANIMAL 4
			BUY LAND 5
			BUY/IMPROVE DWELLING 6
		YES 1	CEREMONIES 7
		NO 2 >> NEXT LINE	TO COVER HEALTH EXPENSES 8
			TO COVER EDUCATION EXPENSES 9
			OTHER (specify) 10
1	Family/Relative		
2	Friend		
3	Moneylender		
4	Bank		
5	Cooperative/ credit union/ microcredit scheme		
6	Employer		
7	Other (specify) _____		



POOREST —————> RICHEST

**MODULE 10: SUBJECTIVE**

**PART A: FAMILY SITUATION**

THE QUESTIONS ON THIS PAGE SHOULD BE ASKED TO THE SAME PERSON WHO RESPONDED LAST YEAR. LOOK FOR THE NAME MARKED WITH A \* IN THE PRINTED HOUSEHOLD LIST IN THE CONTROL FORM, PAGE 1.

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) 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

---

(5) 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

---

(6) 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

(7) 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

---

(8) Does your household have a 'list' in a grocery shop?

YES	1
NO	2 >>10

---

(9) Do you find it difficult to pay the list regularly?

DIFFICULT	1
NOT DIFFICULT	2

---

(10) 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

---

(11) Suppose your neighbour suffered a large economic loss due to some catastrophic event, say his/her property burned down. In that situation, who do you think would assist him or her financially?

YES	1	NO ONE	<input type="text"/>
NO	2	FAMILY	<input type="text"/>
		FRIENDS/NEIGHBOURS	<input type="text"/>
		COMMUNITY OR POLITICAL LEADER	<input type="text"/>
		RELIGIOUS ORGANIZATION/NGO	<input type="text"/>
		OTHER (SPECIFY _____)	<input type="text"/>

---

(12) During the past 12 months did you or anyone in your household work with others in your village/neighbourhood to solve:

YES	1
NO	2

SCHOOL PROBLEMS

HEALTH CENTER PROBLEMS

CONFLICTS BETWEEN PEOPLE

ROAD/ACCESS PROBLEMS

PROBLEMS FOR THE NEEDIEST PEOPLE

WATER/GARBAGE PROBLEMS



WORST  BEST

(1) **RESPONDENT: HOUSEHOLD HEAD**

RESPONDENT PANEL ID

THE QUESTIONS IN THIS PART AND PART C SHOULD BE ASKED SEPARATELY TO THE HEAD OF HOUSEHOLD AND THE SPOUSE, THAT IS THEY SHOULD NOT LISTEN TO WHAT EACH OTHER IS RESPONDING. THE HOUSEHOLD HEAD SHOULD RESPOND TO QUESTIONS ON THIS PAGE.

(2) **I am now going to read out a list of facilities and services in your local area. For each one please tell me whether you consider local area services to be...**

EXCELLENT	1
VERY GOOD	2
FAIR	3
POOR	4
NOT APPLICABLE	NA

SCHOOLS	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
MEDICAL/HEALTH SERVICES	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
POLICE SERVICES	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
PUBLIC TRANSPORT SERVICES	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
SHOPS AND MARKETS	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
STREET CLEANING SERVICES	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
GARBAGE COLLECTION SERVICES	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
MOBILE PHONE COVERAGE	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

(3) I would now like to ask you some questions about your life.

**(SHOW THE SCALE PRINTED ABOVE)**

On a scale from 1 to 7 in which 1 is worst and 7 is best, how satisfied or dissatisfied are you with your...

LIFE IN GENERAL	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
HEALTH	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
DWELLING	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
JOB	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	IF NOT APPLICABLE WRITE NA
LEISURE TIME	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	IF NOT APPLICABLE WRITE NA

**MODULE 10: SUBJECTIVE**

**PART C: SPOUSE OF HEAD OF HOUSEHOLD**

**RESPONDENT: SPOUSE OF HOUSEHOLD HEAD**

(1) ENUMERATOR: DOES THE HOUSEHOLD HEAD HAVE A SPOUSE WHO IS A SURVEY MEMBER?

YES	1
NO	2 >>NEXT MODULE

THE QUESTIONS IN THIS PART (AND PART B) SHOULD BE ASKED SEPARATELY TO THE HEAD OF HOUSEHOLD AND THE SPOUSE, THAT IS THEY SHOULD NOT LISTEN TO WHAT EACH OTHER IS RESPONDING THE SPOUSE OF THE HOUSEHOLD HEAD SHOULD RESPOND TO QUESTIONS ON THIS PAGE.

(2) I am now going to read out a list of facilities and services in your local area. For each one please tell me whether you consider local area services to be...

EXCELLENT	1
VERY GOOD	2
FAIR	3
POOR	4
NOT APPLICABLE	NA

SCHOOLS	<input type="text"/>
MEDICAL/HEALTH SERVICES	<input type="text"/>
POLICE SERVICES	<input type="text"/>
PUBLIC TRANSPORT SERVICES	<input type="text"/>
SHOPS AND MARKETS	<input type="text"/>
STREET CLEANING SERVICES	<input type="text"/>
GARBAGE COLLECTION SERVICES	<input type="text"/>
MOBILE PHONE COVERAGE	<input type="text"/>

(3) I would now like to ask you some questions about your life.

**(SHOW THE SCALE PRINTED ABOVE)**

On a scale from 1 to 7 in which 1 is worst and 7 is best, how satisfied or dissatisfied are you with your...

LIFE IN GENERAL	<input type="text"/>	
HEALTH	<input type="text"/>	
DWELLING	<input type="text"/>	
JOB	<input type="text"/>	IF NOT APPLICABLE WRITE NA
LEISURE TIME	<input type="text"/>	IF NOT APPLICABLE WRITE NA

**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

(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 15 OR OVER. REPORT THE AGE AND SEX OF THE PERSON SEEN.

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(27)



(25)	(4)	(6)	(26)	P A N E L  I D
P E R S O N  N U M B E R	Put "X" if <u>new</u> survey member	Age	Sex	
			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	BULOIZE
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