

WAVE	ENTITY	SERIAL	HOUSEHOLD	CHECK
2				

LIVING IN BOSNIA AND HERZEGOVINA

WAVE 2 QUESTIONNAIRE

2002

TRANSFER THE ID CODES OF ALL ADULTS AGED 15 AND OVER FROM THE CONTROL FORM ONTO THE CONNECTING INFORMATION, MODULE 1. INCLUDE OSMs AND NSMs.

THE FOLLOWING STATEMENT MUST BE READ TO ALL RESPONDENTS:

This interview is completely voluntary - if we should come to any question that you don't want to answer, just let me know and we'll go on to the next question.

LIVING IN BiH, WAVE 2
MODULE 1: CONNECTING INFORMATION

INTERVIEWER COPY ID, NAME AND DATE OF BIRTH FROM THE CONTROL FORM FOR ALL ADULTS AGED 15 AND OVER

1 I D N U M B E R	2 FULL NAME OF HOUSEHOLD MEMBER	3 ENTER DATE OF BIRTH	4 ENTER AGE. ONLY HOUSEHOLD MEMBERS AGED 15+ (BY DEC. 1ST 2002) SHOULD BE TRANSFERRED	5 IF ORIGINAL SAMPLE MEMBER [CODE 1 OR 2 IN COLUMN 2 OF CONTROL FORM] CODE 1 IF NEW SAMPLE MEMBER (NSM) [CODE 1 IN COLUMN 3] CODE 2 OSM.....1 NSM.....2
	FULL NAME	DAY MONTH YEAR	YEAR	CODE

[illegible]

LIVING IN BIH, WAVE 2
MODULE 2: HOUSING

1	INTERVIEWER CHECK THE CONTROL FORM is this same dwelling unit as last year?	<p>Yes.....1 »16</p> <p>No.....2</p>	<p>CODE</p> <input type="text"/>
2	What is the construction type of primary dwelling? - CODE FROM OBSERVATION	<p>Multifamily residential building..1</p> <p>Individual dwelling.....2</p> <p>Block of houses.....3</p> <p>Part of a house.....4</p> <p>Other.....5</p>	<p>CODE</p> <input type="text"/>
3	What is the condition of the unit? - CODE FROM OBSERVATION	<p>Very good condition.....1</p> <p>Appropriate for living.....2</p> <p>Inappropriate for living.....3</p> <p>Partly devastated.....4</p> <p>Major devastation.....5</p> <p>Under construction, mostly incomplete.....6</p> <p>Other.....7</p>	<p>CODE</p> <input type="text"/>
4	Approximately when was this dwelling constructed?	<p>YEAR</p> <input type="text"/>	
5	What is the area of this dwelling, in square meters?	<p>SQUARE METERS</p> <input type="text"/>	
6	How many rooms in the dwelling unit are used by the household? [DO NOT INCLUDE BATHROOMS, HALLWAYS, CORRIDORS, CLOSETS, STORAGE SPACES, WC OR BALCONIES UNLESS ENCLOSED AND HEATED]	<p>NUMBER OF ROOMS</p> <input type="text"/>	

7	Does this dwelling have the following rooms or spaces?	<p>Yes.....1</p> <p>No.....2</p>	<p>CODE</p> <input type="text"/>
	a) Separate kitchen.....		a
	b) Bathroom with WC.....		b
	c) WC with separate bathroom.....		c
	d) Corridor.....		d
	e) Pantry.....		e
	f) Balcony or terrace.....		f
	g) Cellar.....		g
	h) Attic.....		h
	i) Woodshed.....		i
	j) Garage.....		j
8	What is the source of drinking water used by this household?	<p>Running water within unit.....1 »10</p> <p>Running water on property.....2 »10</p> <p>Public standpipe.....3</p> <p>Well or spring.....4</p> <p>Other.....5</p>	<p>CODE</p> <input type="text"/>
9	How far away is this source of water?	<p>METERS</p> <input type="text"/>	

LIVING IN BIH, WAVE 2
MODULE 2: HOUSING

10	What is the main source of heating for your dwelling?	
	District heating by utility or boiler house.....1 »12	CODE <input type="text"/>
	Own central heating system.....2	
	Separate heating devices.....3	
	Other.....4	
11	What is the main type of energy used?	
	Electricity.....1	CODE <input type="text"/>
	Gas from networks.....2	
	Coal, firewood, other solid fuel...3	
	Other.....4	
12	Is this dwelling connected to a sewer or sanitation system?	
	Yes, public sewers.....1	
	Yes, septic tank.....2	CODE <input type="text"/>
	No, latrine only.....3	
	Other.....4	
13	Does this household have access to a telephone? [EXCLUDE MOBILE PHONES]	
	Yes, own phone.....1	CODE <input type="text"/>
	Yes, shared phone.....2	
	No.....3	
14	Do members of this household own a mobile phone(s)? [EXCLUDE COMPANY PHONES]	
	Yes, one mobile phone.....1	CODE <input type="text"/>
	Yes, two or more mobile phones...2	
	No.....3	
15	Does this household have an Internet connection?	
	Yes, a modem connection.....1	
	Yes, an ISDN connection.....2	CODE <input type="text"/>
	Yes, other.....3	
	No.....4	

16	What is the legal status of this dwelling?							
	Owned/co-owned outright by a household member.....1							
	Under privatisation by household member.....2							
	Tenancy right holder.....3 »25	CODE <input type="text"/>						
	Renter.....4 »25							
	Temporary occupant.....5 »25							
	Uses free of charge (on loan from relatives or friends)...6 »24							
	Illegal occupant (in abandoned house or flat.....7 »24							
	Emergency lodging, collective centre for refugees, DPs....8 »24							
	Other.....9 »25							
17	Did you obtain this dwelling through a swap with another household?							
	Yes.....1	CODE <input type="text"/>						
	No.....2							
18	Did any household member use vouchers to purchase/privatize this dwelling?							
	Yes.....1	CODE <input type="text"/>						
	No.....2 »21							
19	Which household members used vouchers?							
	[WRITE IN THE ID CODES OF ANY PERSON WHO USED VOUCHERS]	ID <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
		ID <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
		ID <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
20	What was the value of the vouchers used? [ESTIMATED NOMINAL VALUE]	KM <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						

LIVING IN BIH, WAVE 2
MODULE 2: HOUSING

21	Does any member of the household have a title or other legal document showing ownership of this dwelling?	<p>Yes.....1</p> <p>No.....2 »23</p>	<p>CODE</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
22	Which household members hold the title?	<p>[INTERVIEWER WRITE IN THE ID CODES OF HOUSEHOLD MEMBERS WHO HOLD TITLE]</p>	<p>ID</p> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <p>ID</p> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <p>ID</p> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
23	Can you or other member of the household sell this dwelling:	<p>Yes, without limitations.....1</p> <p>Yes, but with some limitations....2</p> <p>No.....3</p>	<p>CODE</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center;">[»27]</p>
24	If you had to pay rent for this dwelling, how much would you have to pay a month?		<p>KM</p> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px;"></div> <p style="text-align: center;">[»27]</p>
25	Who is the owner of this dwelling?	<p>Private person or group.....1</p> <p>Enterprise.....2</p> <p>Public institutions (municipal)..3</p> <p>Military flat.....4</p> <p>Unknown.....5</p> <p>Other.....6</p>	<p>CODE</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
26	What is the monthly rent paid by this household for this dwelling unit?		<p>KM</p> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px;"></div>

27	How many hours a day, on average, was electricity available in your dwelling during the last month?	HRS	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
28	How many hours a day, on average, did this dwelling receive water during the last month?	HRS	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
29	How much did your household spend on the following in the last month the worst winter month?	LAST MONTH	WORST MONTH
30	And in the worst winter month?	KM	KM
a	Gas in containers.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
b	Oil, liquid fuels.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
c	Coal.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
d	Firewood.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
e	Water and sewerage.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
f	Electricity.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
g	Piped gas, (network).....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>

LIVING IN BIH, WAVE 2
MODULE 2: HOUSING

31	How much did your household spend on the following in the last month?					
a.	Common Rooms Fees.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
b.	Hot water.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
c.	District Heat.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
d.	Solid waste disposal.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
e.	Telephone, [FIXED LINE ONLY].....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
f.	Mobile phones.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
g.	Internet.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
h.	TV and radio subscriptions.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
i.	House or flat insurance.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
j.	Land occupation fee.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
32	Does anyone in this household own another building or house?					
	Yes.....1	CODE <table border="1"><tr><td></td></tr></table>				
	No.....2 »35					
33	For which purpose is this dwelling used?					
	Summer or vacation house.....1					
	Part year residence.....2					
	Rental property.....3					
	In use by family members free of charge.....4	CODE <table border="1"><tr><td></td></tr></table>				
	Illegally occupied by other person (refugee, dp, other)....5					
	Not used, significantly destroyed.....6					
	Not used due to other reasons....7					
	Other.....8					

34	If you could sell this second dwelling today, what could you sell it for?	KM <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
35	If you wanted to, could you afford to...							
	Yes.....1							
	No.....2	CODE <table border="1"><tr><td></td></tr></table>						
a.	Have friends or family for a drink or meal at least once a month?	<table border="1"><tr><td></td></tr></table>						
b.	Pay for a week's annual holiday away from home?	<table border="1"><tr><td></td></tr></table>						
c.	Replace worn out furniture?	<table border="1"><tr><td></td></tr></table>						
d.	Buy new, rather than second hand clothes?	<table border="1"><tr><td></td></tr></table>						
e.	Eat meat, chicken or fish at least every second day?	<table border="1"><tr><td></td></tr></table>						
f.	Keep your house adequately warm?	<table border="1"><tr><td></td></tr></table>						
36	Many people these days are finding it difficult to keep up with their housing payments. In the last 12 months would you say you have had any difficulties paying for your accommodation?							
	Yes.....1	CODE <table border="1"><tr><td></td></tr></table>						
	No.....2 »39							
37	Did you have to borrow money?							
	Yes.....1	CODE <table border="1"><tr><td></td></tr></table>						
	No.....2							
38	Did you have to cut back on other household spending in order to make the payments?							
	Yes.....1	CODE <table border="1"><tr><td></td></tr></table>						
	No.....2							

LIVING IN BIH, WAVE 2
MODULE 2: HOUSING

39	Does your accommodation have any of the following problems? Yes.....1 No.....2 CODE	
a	Shortage of space.....	
b	Noise from neighbours.....	
c	Other street noise (traffic, businesses, factories etc).....	
d	Too dark, not enough light.....	
e	Lack of adequate heating facilities...	
f	War damage.....	
g	Leaky roof.....	
h	Damp walls, floors, foundations etc...	
i	Rot in window frames or doors.....	
j	Pollution, grime or other environmental problems caused by traffic or industry..	
k	Vandalism or crime in the area.....	
40	Is there a car or van normally available for private use by you or a member of your household? IF YES How many? None.....1 One.....2 Two or more....3 CODE	
41	How much does your household spend on transport in an average week? [INCLUDE COST OF PETROL AND PUBLIC TRANSPORT]	KM <input type="text"/>

42	Please look at SHOWCARD A, have you purchased any of these items since September 1st 2001? Yes.....1 No.....2 »44 CODE	
43	How much in total did you pay for this (these) item(s)? KM <input type="text"/>	
44	During the last 7 days how much did your household spend on food and groceries? INCLUDE ALL FOOD, BREAD, MILK, SOFT DRINKS ETC. EXCLUDE MEALS OUT, CIGARETTES AND ALCOHOL KM <input type="text"/>	
45	Do you have access to land on which to grow crops or rear animals? Yes.....1 No.....2 »47 CODE	
46	From this land do you grow or rear? A little, but not enough to feed the household...1 Enough to feed the household.....2 Enough to feed the household and sell some.....3 CODE	
47	INTERVIEWER CHECK Q1, is this the same address in which the household was interviewed last year? Yes.....1 »MODULE 3 No.....2 CODE	

FOR NEW ADDRESSES ONLY

LIVING IN BIH, WAVE 2
MODULE 2: HOUSING

48 How many of the following items does your household own?

[INTERVIEWER: WITH THIS QUESTION, DETERMINE WHICH DURABLES THE HOUSEHOLD HAS. WRITE FOR EACH ITEM THE NUMBER OF PIECES THEN PROCEED WITH QUESTION 49-52.]

ITEM	CODE	PIECES
Stove	201	
Washer	202	
Dryer	203	
Dishwasher	204	
Refrigerator	205	
Freezer	206	
Microwave	207	
Vacuum cleaner	208	
Sewing machine	209	
Ironing roller	210	
Satellite dish	211	
TV	212	
Video player	213	
Video camera	214	
Stereo, CD player	215	
Radio cassette	216	
PC	217	
Accordion	218	
Piano	219	
Bicycle	220	
Motorcycle	221	
Car	222	
Van, jeep	223	

I T E M	49	50	51	52
	<p>[INTERVIEWER: LIST ALL THE ITEMS IDENTIFIED IN QUESTION 48, THEN ASK QUESTIONS 49-52 FOR EACH ITEM. WRITE DOWN ONLY DESCRIPTION OF ITEMS WHERE THERE IS MORE THAN ONE. FOR OTHERS WRITE ONLY CODE.]</p>			
	DESCRIPTION	CODE	NUMBER	KM

1														
2														
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LIVING IN BiH, WAVE 2
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

MODULE 3

1 INTERVIEWER WRITE IN DATE OF INTERVIEW	2 INTERVIEWER WRITE IN TIME INTERVIEW BEGAN	3, What is your current legal marital status? READ OUT... Married.....1 Separated.....2 Divorced.....3 Widowed.....4 OR have never been married....5 »8	4, Has your marital status changed in the last year, that is since Sept 1st 2001? Yes.....1 No.....2 »6	5, So you have recently been [READ MARITAL STATUS] When did that happen?
DAY MONTH YEAR	HOURS MINUTES	CODE	CODE	MONTH YEAR

																	2	0	0	
																	2	0	0	
																	2	0	0	
																	2	0	0	
																	2	0	0	
																	2	0	0	
																	2	0	0	
																	2	0	0	

LIVING IN BiH, WAVE 2
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

<p>6, Altogether, how many times have you been married? READ OUT...</p> <p>Once.....1 Twice.....2 Three times...3 More than three.....4</p>	<p>7, In what month and year did you marry (for the first time)?</p>	<p>8, Do you have, or have you ever had/fathered any children?</p> <p>Yes....1 No.....2 »11</p> <div data-bbox="722 506 947 716"> <p>BIOLOGICAL CHILDREN ONLY: EXCLUDE STILL BIRTHS, ADOPTED, FOSTERED OR STEP CHILDREN</p> </div>	<p>9, How many children have you had/fathered in all?</p> <div data-bbox="966 550 1129 669"> <p>BIOLOGICAL CHILDREN ONLY</p> </div>	<p>10, Can you please tell me the date of birth of your eldest (first born) child?</p> <div data-bbox="1203 550 1436 669"> <p>BIOLOGICAL CHILDREN ONLY</p> </div>		
CODE	MONTH	YEAR	CODE	WRITE IN NUMBER	MONTH	YEAR

[illegible]

LIVING IN BiH, WAVE 2
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

<p>11, What was your own first job after leaving full-time education? Please tell me the exact job title and describe the work you did. [ENTER CODE 0 AND ENTER JOB TITLE AND DESCRIPTION]</p> <div style="text-align: right; margin-top: 100px;"> CODE Still in full-time education.....1 »15 Never had paid job.....2 »15 </div>	<p>12, Were you working as an employee or self employed?</p> <p style="margin-top: 100px;">Employee.....1 »14 Self employed..2</p>	<p>13, Did you have any employees?</p> <p style="margin-top: 100px;">Yes.....1 »15 No.....2 »15</p>	<p>14, Did you have any managerial duties or were you supervising any other employees?</p> <p style="margin-top: 100px;">Manager.....1 Supervisor.....2 Not manager or supervisor.....3</p>	<p>15, Are you presently attending education (academic year 2002-2003)?</p> <p style="margin-top: 100px;">Yes...1 »18 No....2</p>			
<div style="border: 1px solid black; display: inline-block; padding: 5px; margin: 0 auto; width: 100px;"> DO NOT FILL IN CODE - FOR SUPERVISORS ONLY </div>							
CODE	JOB TITLE	DESCRIPTION OF WORK DONE	OCC. CODE	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

16, Do you intend to continue your education? Yes...1 »20 No....2	17, Why did you stop your education? Finished.....1 Too expensive.....2 Ni interest.....3 Other job.....4 Never went to school.5 Other.....6 <p style="text-align: center;">GO TO »20</p>	18, Is this the same school you attended in the last school year (2001-2002)? Yes.....1 No.....2	19, What grade are you in? [IF RESPONDENT ATTENDS PART-TIME CODE AS OTHER] Primary.....1 Secondary compulsory.2 Secondary technical..3 Vocational.....4 Junior college.....5 University (include postgrad).....6 Other.....7	20, Have you gained any qualifications since September 2001? Yes..1 No...2 »22	21, What is the qualification that you gained? Primary school certificate.....1 Secondary school certificate.....2 Junior college.....3 Undergraduate diploma (include Master or Doctor of Science)..4 Other.....5	22, Have you done any training since September 1st 2001? Yes...1 No....2 »26	
CODE	CODE	CODE	LEVEL	YEAR/ GRADE	CODE	CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

23, How was this this training provided? READ OUT... On site by company employee...1 On site by outside company....2 Off site arranged by employer.3 Off site arranged personally..4 Other.....5	24, Did you gain any qualifications from this training? Yes...1 No....2 »26	25, What type of qualification did you gain? WRITE IN	OFFICE CODE	26, INTERVIEWER CHECK: IS RESPONDENT A NSM [CODE 2 IN COLUMN 5 OF MODULE 1]? Yes...1 No....2 »MODULE 4	27, How many years of kindergarten or pre-school did you attend? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> IF NEVER ATTENDED WRITE 0 </div>	28, Have you ever attended school? Yes...1 No....2 »MODULE 4
CODE	CODE	WRITE IN QUALIFICATION	CODE	CODE	YEARS	CODE

LIVING IN BiH, WAVE 2
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

<p>29, What is highest level (grade/years) of education you have completed?</p> <p>Primary.....1 Secondary compulsory....2 Secondary technical....3 Vocational.....4 Junior college.....5 University (include postgrad).....6 Other.....7</p>	<p>30, What is your area of specialization?</p> <p>General.....1 Education.....2 Arts & humanities.....3 Social science, economy, law.....4 Technical industry construction.....5 Agriculture.....6 Health & social protection.....7 Services.....8 Other.....9</p>	<p>31, What is the highest diploma you have obtained?</p> <p>No diploma.....1 Primary school certificate.....2 Secondary school certificate....3 Junior college.....4 Undergraduate diploma (include Master or Doctor of Science)...5</p>	
<p>LEVEL</p>	<p>GRADE/ YEAR</p>	<p>CODE</p>	<p>CODE</p>

LIVING IN BiH, WAVE 2
MODULE 4: HEALTH

MODULE 4

1 Please think back over the last twelve months about how your health has been. Compared to other people of your own age would you say that your health has on the whole been READ OUT... Excellent.....1 Good.....2 Fair.....3 Poor.....4 OR very poor.....5	2 Do you have health insurance? Yes...1 No....2	3, Do you have any chronic diseases? Yes...1 No...2 »5	4, Which diseases? SHOWCARD B High blood pressure..1 Arthritis.....2 Bronchial asthma....3 Chronic bronchitis...4 Ulcer.....5 Psychological disease/psychophrenia.....6 Multipleschlerosis...7 Anaemia.....8 Diabetes.....9 Malignant tumor....10 Other.....11	5, During the last 12 months how many times did you visit a general practitioner at the ambulanta or DZ to get health care services? None..0 »7	6, How much money did you pay for visits to the ambulanta or DZ during the last 12 months? <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0 </div>	7, INTERVIEWER CHECK: IS THIS PERSON: Female aged 15-49.1 Other.....2 »11 WRITE ANSWER AND FOLLOW SKIP PATTERN
CODE	CODE	CODE	RANKING	NUMBER OF TIMES	AMOUNT IN KM	CODE
			1 2 3			

LIVING IN BiH, WAVE 2
MODULE 4: HEALTH

<p>8, During the previous 12 months, how many times did you visit a gynaecologist to obtain health care services?</p> <p style="text-align: right;">None...0 »11</p>	<p>9, Where did you visit this gynaecologist?</p> <p>Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>10, How much money did you pay for health services obtained from the gynaecologist during the last 12 months?</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>11, During the last 12 months, how many times did you visit the dentist?</p> <p style="text-align: right;">None..0 »14</p>	<p>12, Where did you visit this dentist?</p> <p>Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>13, How much money did you pay for visits to the dentist during the last 12 months?</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>14, During the last 12 months, how many times did you visit any other type of doctor?</p> <p style="text-align: right;">None..0 »17</p>
TIMES	CODE	AMOUNT IN KM	NUMBER	CODE	AMOUNT IN KM	NUMBER

LIVING IN BiH, WAVE 2
MODULE 4: HEALTH

15, Where did you visit this other doctor? <div style="font-family: monospace; font-size: 0.8em;"> Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4 </div>	16, How much money did you pay for costs associated with those visits to the other doctor during the last 12 months? <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 0.8em;"> INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0 </div>	17, During the last 12 months, how many times did you visit a private nurse, paramedic, midwife? <div style="font-family: monospace; font-size: 0.8em;"> None..0 »20 </div>	18, Where did you visit the private nurse, paramedic, midwife? <div style="font-family: monospace; font-size: 0.8em;"> Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4 </div>	19, How much money did you pay for visits to the private nurse, paramedic, midwife during the last 12 months? <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 0.8em;"> INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0 </div>	20, During the 12 months how many times did you use services of a physical therapist, chiropractor, herbalist or home nurse? <div style="font-family: monospace; font-size: 0.8em;"> None..0 »22 </div>	21, During the last 12 months how much did you pay for these services? <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 0.8em;"> INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0 </div>
CODE	AMOUNT IN KM	NUMBER	CODE	AMOUNT IN KM	NUMBER	AMOUNT IN KM

LIVING IN BiH, WAVE 2
MODULE 4: HEALTH

22, During the last 12 months did you purchase on your own initiative, without prescription, any drugs to treat any health problem? Yes...1 No....2 »24	23, How much did you pay for all drugs purchased on your own initiative during the last 12 months?	24, Who assisted you in paying your health care costs during the last 12 months? No one.....1 Relative from BiH.....2 Relative out of BiH.....3 Other.....4	25, During the last 12 months, did you stay in hospital or spa? Yes...1 No....2 »29	26, How many days did you spend in hospital or a spa during the last 12 months? <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> INCLUDE TRANSPORT COSTS DO NOT INCLUDE COSTS REIMBURSED BY HEALTH INSURANCE </div>	27, How much money did you pay for hospital/ spa stays during the last 12 months? <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> INCLUDE TRANSPORT COSTS DO NOT INCLUDE COSTS REIMBURSED BY HEALTH INSURANCE </div>	28, Who assisted you in paying all or part of the health care costs for your hospital or spa during the last 12 months? No one.....1 Relative from BiH.....2 Relative out of BiH.....3 Other.....4	29, During the last 12 months did you need medical services but you did not obtain them? Yes.....1 No.....2 »31
CODE	AMOUNT IN KM	RANK	CODE	NUMBER OF DAYS	AMOUNT IN KM	CODE	CODE
		1. 2.					

LIVING IN BiH, WAVE 2
MODULE 4: HEALTH

<p>30, What was the main reason you did not obtain them?</p> <p>Minor disorder, I treated it on my own.....1 Minor disorder, did not treat it.....2 No health insurance.....3 Too far.....4 Poor service.....5 Too expensive.....6 Other.....7</p>	<p>31, During previous 4 weeks how many days you did not perform your usual daily activities due to illness?</p>	<p>32, Would you say that your health is better, worse or about the same as it was a year ago?</p> <p>Better.....1 Worse.....2 About the same..3</p>	<p>33, How many cigarettes did you smoke in last 7 days?</p> <p>If none..0 »35</p>	<p>34 At what age did you start smoking?</p>	<p>35 Do you consider yourself to be disabled?</p> <p>Yes....1 No.....2 »MODULE 5</p>
CODE	NUMBER OF DAYS	CODE	NUMBER	AGE	CODE

LIVING IN BiH, WAVE 2
MODULE 4: HEALTH

36	37,
How would you describe your disability?	In what year did you become disabled?
Hearing impairment.....1 Profoundly deaf.....2 Visually impaired.....3 Blind.....4 Mobility impaired.....5 Housebound.....6 Learning disabilities.....7 War wounded.....8 Other [WRITE IN].....9	
CODE	YEAR

[illegible]

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

MODULE 5

1, During the previous week, did you work, do any income earning activity (at least one hour)?	2, During the previous week, did you work for any cash or in-kind payment or family benefit (at least 1 hour)?	3, Though you did not work during the previous week, do you have a job to go back to?	4, Why didn't you work during the previous week? ECONOMIC AND GENERAL REASONS 'In waiting list.'.....1 Enterprise doesn't work because of war and other difficulties.....2 Bankruptcy, liquidation, closure of enterprise..3 PERSONAL REASONS Illness, injury, temporary unable to work.....4 Maternity leave.....5 Annual vacation.....6 Unpaid leave for personal reasons.....7 Taking care of family member.....8 Other.....9	5, What is your occupation in your main job?		
Yes..1 »5 No..2	Yes.....1 »5 No.....2	Yes...1 No....2 »37		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> DO NOT FILL IN CODE - FOR SUPERVISOR USE ONLY </div> <div style="text-align: center;">↓</div>		
CODE	CODE	CODE	CODE	NAME	DESCRIPTION	OCC. CODE

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

<p>6, What is main activity of the unit in which you work?</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> DO NOT FILL IN CODE - FOR SUPERVISOR USE ONLY </div> <div style="text-align: center; margin-top: 10px;"> </div>	<p>7, What is your employment status?</p> <p>Owner/co-owner of enterprise which employs workers.....1 Owner/co-owner of enterprise which doesn't employ workers.2 »10 Owner/co-owner of "small business" (employs and doesn't employ workers).....3 Farmer on own farm.....4 Entrepreneur in free profession.....5 ----- Work for employer in private sector.....6 »9 Work in public enterprise, institution, organization.....7 »9 Unpaid supporting familiy member.....8 »9 Work for international organization..... 9 »9 ----- Do other activity, such as sale of agric. and other products, provide house,intellectual &other services...10 »10</p>	<p>8, How m worke for y inclu suppo famil membe</p> <p style="text-align: center; font-weight: bold;">»10</p>
DESCRIPTION	IND. CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

<p>8. How many workers work for you (do not include supporting family members)?</p> <p>»10</p>	<p>9. What is the number of employees in the enterprise, shop, institution, farm where you work?</p>	<p>10. Where is your usual work place?</p> <p>At home.....1 In firm out of home.....2 Market place....3 On farm.....4 Moving.....5 Other.....6</p>	<p>11. How many hours do you usually work in your main job per week?</p> <p>IF 40 OR 42 HOURS »13</p> <p>IF MORE THAN 90 HOURS CODE 90</p>	<p>12. Why do you usually work more or less than 40/42 hours?</p> <p>YOU WORK MORE Regular office hours are more than 40/42 hours.....1 You usually work overtime.....2</p> <p>YOU WORK LESS Regular office hours are less than 40/42 hours.....3 Illness, invalidity, other.....4 You cannot find full-time job.....5 Education, training.....6 Do not want to work longer.....7 Other8</p>	<p>13. How many hours did you work last week?</p> <p>FOR PERSONS WHO WERE ABSENT FROM WORK, BUT HAVE JOB WRITE '0',</p> <p>IF MORE THAN 90 HOURS CODE 90</p>
NUMBER	NUMBER	CODE	HOURS	CODE	HOURS

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

14, Which of the listed benefits do you receive at your work? [FOR PERSONS ABSENT FROM WORK, WHAT THEY WOULD RECIEVE IF THEY WORKED]			15, What is the amount of your usual monthly NET salary or earning at your main job? <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> IF NO EARNING WRITE 0 »19 </div>	16, What was the amount of your last paid monthly salary or earning?	17, When did you receive your last salary?	18, For which period is it?
A. Salary or part of one	B. Health insurance	C. Pension insurance				
Yes....1	Yes....1	Yes....1				
No.....2	No.....2	No.....2	KM	KM	MONTH YEAR	MONTH YEAR

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

					ADDITIONAL JOB
19, How did you start doing your current job? You responded to an ad.....1 Through Employment Bureau..2 Employer contacted you.....3 Scholarship.....4 Through acquaintance, relative, friend.....5 Other.....6	20, How long have you been doing your current job? Less than 6 months..1 7 months to 11 months.....2 1 to 3 years.....3 4 to 5 years.....4 6 to 10 years.....5 11 to 20 years.....6 > 21 years.....7	21, What was your employment status before this job? You worked in public sector.....1 In public sector, but "wait-listed".....2 You worked for private employer.....3 In private sector as owner4 You worked as supporting member in family business, farm5 You attended education6 Unemployed registered with Employment Bureau7 Unemployed and not registered with Employment Bureau8 Housewife9 Other10	22, How many kilometres do you have to travel to your job? [ONE WAY ONLY]	23 How many minutes, on average, does it take you to get to your job?	24, During the previous week, besides your main job, did you have any other job for which you were paid in cash or in- kind? Yes...1 No.....2 »43
CODE	CODE	CODE	km	MINUTES	CODE

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

<p>25, How many additional jobs do you have?</p> <p>1.....1 »28 2.....2 3.....3 4 or more...4</p>	<p>26, During an average month, how many hours do you work at your additional jobs?</p> <p>1-10 hrs....1 11-20 hrs...2 21-30 hrs...3 31-40 hrs...4 41-50 hrs...5 50-60 hrs...6 More than 60 hrs....7</p>	<p>27, During an average month, how much do you earn in your additional jobs?</p>	<p>28, Regarding your (main) additional job, is it regular, seasonal or temporary? [MAIN ADDITIONAL JOB IS THAT CHOSEN BY RESPONDENT, IF CAN'T CHOOSE THE ONE WITH THE LONGEST HOURS, IF EQUAL HOURS THE ONE WHICH PAYS THE MOST]</p> <p>Regular.....1 Seasonal....2 Temporary...3</p>
CODE	CODE	KM	CODE

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

<p>29, What is your employment status in your (main) additional job?</p> <p>Owner/co-owner of enterprise which employs workers.....1 Owner/co-owner of enterprise which doesn't employ workers.2 Owner/co-owner of "small business" (employs and doesn't employ workers).....3 Farmer on own farm.....4 Entrepreneur in free profession.....5 ----- Work for employer in private sector.....6 Work in public enterprise, institution, organization.....7 Unpaid supporting familiy member.....8 Work for international organization.....9 ----- Do other activity, such as sale of agric. and other products, provide house, intellectual & other services..10</p>	<p>30, During the previous week, how many hours did you work at your (main) additional job?</p> <p>None.....0 1-10 hrs....1 11-20 hrs...2 21-30 hrs...3 31-40 hrs...4 41-50 hrs...5 More than 50 hrs....6</p>	<p>31, What is your occupation at your (main) additional work?</p> <div data-bbox="1648 576 1873 662" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>TO BE FILLED IN BY SUPERVISOR</p> </div>
CODE	CODE	<div style="display: flex; justify-content: space-between;"> <div>DESCRIPTION</div> <div style="background-color: #cccccc; padding: 2px;">OCC. CODE</div> </div>

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

32, What is the main activity of the unit where your perform your (main) additional wor?		33, What is the amount of your usual monthly NET salary or earning at your (main) additional job?		34, What was the amount of your last paid monthly salary or earning for your (main) additional job?		35, When did you receive your last salary?		36, For which period is it?	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> TO BE FILLED IN BY SUPERVISOR </div>		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> IF NO EARNING WRITE 0 »43 </div>						<div style="text-align: center; font-size: 1.5em;">»43</div>	
DESCRIPTION		OCC. CODE		KM		KM		MONTH YEAR	

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

<p>37, <u>INTERVIEWER CHECK: IS</u> <u>RESPONDENT A NSM [CODE 2 AT</u> <u>COLUMN 5 OF MODULE 1]?</u></p>	<p>38, When did you work last time?</p>	<p>39, Why did you stop working?</p>
<p>Yes....1 No.....2 »43</p>	<p>IF NEVER WORKED WRITE 999999 AND »43</p>	<p>You were fired.....1 Enterprise closed.....2 Retired.....3 Fixed term contract expired.....4 Personal, family, health reasons.....5 Reduced workload.....6 Bankruptcy.....7 Displaced.....8 Other.....9</p>
<p>CODE</p>	<p>MONTH YEAR</p>	<p>CODE</p>

[illegible]

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

<p>40, What was your occupation at your last job?</p>			<p>41, What was the main activity of the unit in which you performed your last job?</p>			<p>42, What was your employment status at your last job?</p>		
						<p>Work for employer in private sector.....1 Work in public enterprise, institution, organization.2 Other.....3</p>		
<p>TO BE FILLED IN BY SUPERVISOR</p>			<p>TO BE FILLED IN BY SUPERVISOR</p>					
<p>NAME</p>	<p>DESCRIPTION</p>	<p>OCC. CODE</p>	<p>DESCRIPTION</p>	<p>IND. CODE</p>	<p>CODE</p>			

[illegible]

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

<p>43, During the previous 4 weeks, did you try in any way to find job or start own business?</p> <p>Yes.....1 »46 No.....2</p>	<p>44, Do you want to work?</p> <p>Yes....1 No.....2 »50</p>	<p>45, What was the main reason that you did not look for a job during the previous 4 weeks?</p> <p>You expected to get back to the same job - same employer.....1 Family, personal, health reasons....2 Think no adequate job for you.....3 You attended regular or extraordinary education.....4 Waiting for season.....5 Expecting to move home.....6 Other.....7</p>	<p>46, For how long have you been looking for job or trying to start own business?</p> <p>Less than 1 month....1 1-3 months.....2 4-6 months.....3 7-11 months.....4 More than 1 year....5 More than 2 years....6 More than 3 years....7 More than 5 years....8 More than 10 years...9</p>	<p>47, During the previous 4 weeks, ways did start own business?</p> <p>You registered.....1 Employment.....2 You applied.....3 You enquired.....4 relatives, a friend.....5 You contacted.....6 directly.....7 Becoming self-employed.....8 Other.....9</p>
CODE	CODE	CODE	CODE	1st MENTION

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

47. During the previous 4 weeks, in which ways did you look for job or try to start own business? You registered with Employment Bureau.....1 You applied to ads.....2 You enquired with friends, relatives, acquaintances..3 You contacted employer directly.....4 Becoming self employed....5 Other.....6				48. If you were offered a job now, or if you were in position to start own business now, would you be able to start in working within NEXT TWO WEEKS? Yes.....1 »50 No.....2	49. Why wouldn't you be able to start? Family, personal reasons.....1 Regular education..2 Health reasons.....3 Other.....4	50. Are you registered with Employment Bureau? Yes..1 No...2 »52	51. Do you have health insurance from the Employment Bureau? Yes...1 No....2
1st MENTION	2nd MENTION	3rd MENTION	4th MENTION	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 5: LABOUR

<p>52, Which one of the following best describes your activity status?</p> <p>Employed by employer (in private or public sector).....1 Carrying out independent activity, profession (has own business, shop, farm, free profession, contract work).2 Seasonal worker.....3 ----- Supporting member in family enterprise, shop, farm.....4 Housewife.....5 Student/pupil.....6 Pensioner.....7 Unemployed (couldn't find job, don't want to work).....8 ----- Military service.....9 Incapable to work.....10</p>	<p>53 On what date did your current spell of being [CODE AT Q52] begin?</p> <p>IF DATE BEFORE SEPTEMBER 2001 »MODULE 7</p> <p>IF DATE SEPTEMBER 2001 OR AFTER » MODULE 6</p>
CODE	MONTH YEAR

Module 6: Complete one grid for each respondent where date at Q53 is **Sept 2001 or after**

ENTER PERSON ID

--	--

I'd like to ask you a few questions about what you have been doing since September last year, in the way of work, unemployment or things like 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 they were just a few days when you were waiting to take up another job. I'd also like you to tell me about any changes that might have happened while you were working, like getting promoted or starting a different job with the same employer. I'll start by asking you what you were doing immediately before your current spell which you told me started on (CHECK DATE AT Q53)

J1. Can you look at Showcard D please and tell me which of the descriptions comes closest to what you were doing immediately before then? ENTER CODE FROM CARD D ON GRID AT J4.

J2 And on what date did you start doing that? ENTER DATE AT J5, IF DON'T KNOW MONTH ENTER RF

J3 If employment (codes 01 or 02) ask Occupation (J6) and Working unit of activity (J7). Continue with

J1 - J3 until date reported at J5 is before September 2001.

	J4.	J5.	J6.	SUPERVISOR - OCCUPATION CODE		J7	SUPEVISOR - INDUSTRY CODE	
Spell No. before current status	Status Code from Card D	Date Spell Began Month Year	If employment (codes 01 or 02) Enter Occupation			If employment (codes 01 or 02) Enter Working unit of activity		
1								
2								
3								
4								
5								
6								
7								

Module 6: Complete one grid for each respondent where date at Q53 is **Sept 2001 or after**

ENTER PERSON ID

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J1 - J3 until date reported at J5 is before September 2001.

	J4.	J5.	J6.	SUPERVISOR - OCCUPATION CODE		J7	SUPEVISOR - INDUSTRY CODE	
Spell No. before current status	Status Code from Card D	Date Spell Began Month Year	If employment (codes 01 or 02) Enter Occupation			If employment (codes 01 or 02) Enter Working unit of activity		
1								
2								
3								
4								
5								
6								
7								

Module 6: Complete one grid for each respondent where date at Q53 is **Sept 2001 or after**

ENTER PERSON ID

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Spell No. before current status	Status Code from Card D	Date Spell Began Month Year	If employment (codes 01 or 02) Enter Occupation			If employment (codes 01 or 02) Enter Working unit of activity		
1								
2								
3								
4								
5								
6								
7								

Module 6: Complete one grid for each respondent where date at Q53 is **Sept 2001 or after**

ENTER PERSON ID

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	J4.	J5.	J6.	SUPERVISOR - OCCUPATION CODE		J7	SUPEVISOR - INDUSTRY CODE	
Spell No. before current status	Status Code from Card D	Date Spell Began Month Year	If employment (codes 01 or 02) Enter Occupation			If employment (codes 01 or 02) Enter Working unit of activity		
1								
2								
3								
4								
5								
6								
7								

Module 6: Complete one grid for each respondent where date at Q53 is **Sept 2001 or after**

ENTER PERSON ID

--	--

I'd like to ask you a few questions about what you have been doing since September last year, in the way of work, unemployment or things like 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 they were just a few days when you were waiting to take up another job. I'd also like you to tell me about any changes that might have happened while you were working, like getting promoted or starting a different job with the same employer. I'll start by asking you what you were doing immediately before your current spell which you told me started on (CHECK DATE AT Q53)

J1. Can you look at Showcard D please and tell me which of the descriptions comes closest to what you were doing immediately before then? ENTER CODE FROM CARD D ON GRID AT J4.

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J3 If employment (codes 01 or 02) ask Occupation (J6) and Working unit of activity (J7). Continue with

J1 - J3 until date reported at J5 is before September 2001.

	J4.	J5.	J6.	SUPERVISOR - OCCUPATION CODE		J7	SUPEVISOR - INDUSTRY CODE	
Spell No. before current status	Status Code from Card D	Date Spell Began Month Year	If employment (codes 01 or 02) Enter Occupation			If employment (codes 01 or 02) Enter Working unit of activity		
1								
2								
3								
4								
5								
6								
7								

LIVING IN BiH, WAVE 2
MODULE 7: SOCIAL PROTECTION AND FINANCES

MODULE 7

1, Are you registered with the Centre for Social Work?	2, What type of benefits do you receive? [CODE ALL MENTIONS]				3, Are you eligible to receive veterans benefit? [INCLUDE VETERANS, MILITARY INVALIDS AND FAMILIES OF DECEASED AND/OR KILLED]	4, How much do you receive per month?	5, What is your level of disability? [IF FAMILY OF DECEASED OR KILLED ENTER 0]	6, Are you eligible to receive survivors pension? [COMING ONLY FROM PIO/MIO]	7, How much do you receive per month?	8, Are you eligible to receive old age pension?	9, How much do you receive per month?
Yes.....1 No.....2	Financial assistance.1 Social work services.2 Accommodation in a social or childcare institution.....3 Other.....4				Yes.....1 No.....2 »6			Yes...1 No....2 »8		Yes...1 No....2 »10	
CODE	1st	2nd	3rd	4th	CODE	KM	%	CODE	KM	CODE	KM

LIVING IN BiH, WAVE 2
MODULE 7: SOCIAL PROTECTION AND FINANCES

10, Are you eligible to receive disability pension? [ONLY FOR WORK RELATED DISABILITIES]	11, How much do you receive per month?	12, Are you eligible to receive funds from the Civil Victims of War program?	13, In the past 12 months how much have you received from the program?	14, In the past 12 months how much have you received for permanence allowance? [ONLY FROM THE CENTRE OF SOCIAL WORK]	15, In the past 12 months how much have you received for temporary allowance? [ONLY FROM THE CENTRE OF SOCIAL WORK]	16, In the past 12 months how much have you received for carers allowances? [ONLY FROM THE CENTRE OF SOCIAL WORK]	17, In the past 12 months how much have you received for child benefits? [INCLUDE NEW-BORN BABY PACKAGES, MATERNITY LEAVE AND ARREARS]	18 In the last 12 months have you received any money, gifts or services in kind from friends or family working in BiH?
Yes...1 No....2 »12		Yes...1 No....2 »14						Yes...1 No....2 »20
CODE	KM	CODE	KM	KM	KM	KM	KM	CODE

[illegible]

LIVING IN BiH, WAVE 2
MODULE 7: SOCIAL PROTECTION AND FINANCES

[illegible][illegible]

LIVING IN BiH, WAVE 2
MODULE 7: SOCIAL PROTECTION AND FINANCES

26 Why is that?	27 Looking ahead, how do you think you will be financially a year from now, will you be...READ OUT
Expenses gone up and income (pension, salary, benefits, pocket money) the same.....1	
Expenses gone up and income (pension, salary, benefits, pocket money) decreased.....2	
Income (pension, salary, benefits, pocket money) decreased or stopped.....3	Better off.....1 Worse off than you are now...2 Or about the same.....3
Other.....4	
CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 8: MIGRATION

MODULE 8

1, <u>INTERVIEWER</u> CHECK: IS RESPONDENT A NSM [CODE 2 AT COLUMN 5 OF MODULE 1]? Yes...1 No...2 »11	2, Were you born in the territory of Bosnia and Herzegovina? Yes.....1 No, in another Ex-Yu Republic.....2 »6 No, in another country.....3 »6	3, In which municipality were you born?		4, Your birth place is: Village....1 City.....2 Suburb....3	5, Have you lived CONTINUOUSLY in this settlement since you were born? Yes.....1 »10 No.....2
CODE	CODE	MUNICIPALITY	SUPERVISOR CODE	CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 8: MIGRATION

6, Where did you live just before the war (April 1992) Territory of BiH...1 No, in other Ex-Yu Republic.....2 »8 No, in another country.....3 »8	7, In which municipality did you live just before the war (April 1992)?					8, This place is a: Village....1 City.....2 Suburb.....3	9, What was the reason why you moved to your current place? War.....1 Property occupied.....2 Security.....3 No adequate living conditions.....4 Family reasons.....5 Job.....6 Other reasons.....7 Returnee.....8 Property destroyed in the war.....9
CODE	MUNICIPALITY		SUPERVISOR CODE			CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 8: MIGRATION

<p>10, Which one of listed statuses describes best your current status in your current place?</p> <p>Permanent residence-with no moving during the war.....1 Permanent residence-displaced person -returnee.....2 Perment residence - refugee-returnee.....3 Temporary residence: displaced person.....4 Temporary residence-refugee-displaced person.....5 Temporary residence: refugee.....6 Temporary residence: other.....7</p>	<p>11, Do you like living in this neighbourhood?</p> <p>Yes.....1 No.....2</p>	<p>12, If you could chose, would you stay here in your present place of residence or would you prefer to move somewhere else?</p> <p>Stay here.....1 »14 Prefer to move..2</p>	<p>13, Where would you like to move to?</p> <p>Within the same municipality.....1 Another municipality...2 Abroad.....3 Other.....4</p>	<p>14, How likely do you think it is that you will move in the coming year? READ OUT...</p> <p>Very likely.....1 Quite likely.....2 Not very likely....3 Not likely at all..4</p>
CODE	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 8: MIGRATION

<p>15, Though you may not want to move do you expect you will move in the coming year?</p> <p>Yes....1 »17 No.....2</p>	<p>16, Where do you expect to move to in the coming year?</p> <p>Within the same municipality.....1 Another municipality..2 Abroad.....3 Other.....4</p>	<p>17, Can I just check, have you yourself lived in this house/flat for more than a year, that is before Sept 1st 2001?</p> <p>Yes....1 »MODULE 9 No....2</p>	<p>18, In what month and year did you move here?</p>	
CODE	CODE	CODE	MONTH	YEAR

					2	0	0	
					2	0	0	
					2	0	0	
					2	0	0	
					2	0	0	
					2	0	0	
					2	0	0	
					2	0	0	

LIVING IN BiH, WAVE 2
MODULE 9: VALUES AND OPINIONS

MODULE 9

INTRODUCTION 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 your local area services to be excellent, very good, fair or poor.	1, Schools	2, Medical/health services	3, Social services	4, Advice centres/facilities	5, Police services	6, Public transport services
	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0
	CODE	CODE	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 9: VALUES AND OPINIONS

7, Shopping facilities	8, Leisure facilities	9, Skills training facilities	10, Street cleaning services	11, Rubbish collection services	12, The availability of newspapers and mobile coverage	And now some questions about how you feel about your own life. Please look at <u>Showcard C</u> and tell me which number best describes how dissatisfied or satisfied you are with the following aspects of your current situation.
Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	
CODE	CODE	CODE	CODE	CODE	CODE	

LIVING IN BiH, WAVE 2
MODULE 9: VALUES AND OPINIONS

13, Your health	14, The income of your household	15, Your house/flat	16, Your husband/wife/ partner	17, Your job (if in employment)	18, Your social life	19, The amount of leisure time you have
CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7 Doesn't apply code 0	CODE NUMBER FROM 1 TO 7 Doesn't apply code 0	CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7
CODE	CODE	CODE	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 9: VALUES AND OPINIONS

20, The way you spend your leisure time	21, Using the same scale how dissatisfied or satisfied are you with your life overall?	22, Would you say that you are more satisfied with life, less satisfied or feel about the same as you did a year ago?	Here are some views about society. Do you personally agree or disagree about the following statements?	23, Ordinary people get their fair share of BiH's economic wealth.	24, There is one law for the rich and one for the poor.	25, It is the governments job to provide a decent standard of living for everyone.
CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7	More satisfied....1 Less satisfied....2 About the same....3		Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5	Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5	Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5
CODE	CODE	CODE		CODE	CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 9: VALUES AND OPINIONS

<p>26, Strong laws are needed to protect the working conditions and wages of employees.</p> <p>Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5</p>	<p>27, Please could you look at this card [SHOWCARD E] and tell me which of these groups you consider you belong to.</p> <p>Bosniac.....1 Serb.....2 Croat.....3 Other.....4</p>
CODE	CODE

LIVING IN BiH, WAVE 2
MODULE 10: INTERVIEWER OBSERVATIONS

INTERVIEWER OBSERVATIONS

1 INTERVIEWER WRITE IN TIME INTERVIEW ENDED	2 Many thanks for all your co- operation. Do you have any comments you'd like to make about the interview or the questions we asked? Yes...1 No...2 »4	3 INTERVIEWER: WRITE IN COMMENT	4 INTERVIEWER: Was the information for this respondent given by proxy? Yes...1 No...2 »6	5 INTERVIEWER: Who provided this proxy information. Write in the ID code of the person. If outside the household code 00	6 INTERVIEWER: Was this interview influenced by the presence of other people? Yes...1 No...2 »8	7 INTERVIEWER: Who influenced the interview? Write in the ID code of the person. If outside the household code 00	8 INTERVIEWER: GO TO THE CONTROL FORM TO COLLECT TRACKING INFORMATION ON EACH RESPONDENT, EVEN IF THEY HAVE NO PLANS TO MOVE WITHIN THE NEXT 12 MONTHS.	
HOUR	MIN.	CODE	COMMENT	CODE	ID CODE	CODE	ID CODE	

THIS PAGE FOR USE BY SUPERVISOR ONLY

Supervisor Name _____

Supervisor Number _____

Date_____

1. Ensure that that IDD is transferred correctly from the Control Form to the Questionnaire

CIRCLE

CODE

- 1 Interviewer correctly specified IDD
- 2 Supervisor corrected IDD
- 3 IDD is missing and cannot be reconstructed

2. Ensure that sex and date of birth are consistent across the Control Form and Questionnaire for all persons aged 15 and over

CIRCLE

CODE

- 1 Interviewer correctly specified sex and date of birth
- 2 Supervisor corrected sex and date of birth for ID (s)
(Please circle) 01 02 03 04 05 06 07 08 09 10 11 12 13 14
- 3 Sex and date of birth is missing and cannot be reconstructed for IDs
(Please circle) 01 02 03 04 05 06 07 08 09 10 11 12 13 14

INITIAL IF PASSED CHECK_____

SHOWCARD A

201 STOVE

202 WASHER

205 REFRIGERATOR

206 FREEZER

208 VACUUM CLEANER

209 SEWING MACHINE

211 SATELLITE DISH

212 TV

213 VIDEO PLAYER

215 STEREO, CD PLAYER

216 RADIO CASSETTE

220 BICYCLE

222 CAR

300 TRACTOR, OTHER LARGE FARMING
MACHINERY

SHOWCARD B

HIGH BLOOD PRESSURE	1
ARTHRITIS	2
BRONCHIAL ASTHMA	3
CHRONIC BRONCHITIS	4
ULCER	5
PSYCHOLOGICAL DISEASE / PSYCHOPHRENIA	6
MULTIPLESCHLEROSIS	7
ANEMIA	8
DIABETES	9
MALIGNANT TUMOR	10
OTHER	11

SHOWCARD C

1 NOT SATISFIED AT ALL

2

3

4

5

6

7 COMPLETELY SATISFIED

SHOWCARD D

01 DOING A DIFFERENT JOB FOR THE SAME
EMPLOYER

02 WORKING FOR A DIFFERENT EMPLOYER

02 IN EMPLOYMENT

02 WORKING FOR MYSELF (SELF-EMPLOYED)

03 UNEMPLOYED/LOOKING FOR WORK

04 RETIRED FROM WORK ALTOGETHER

05 LOOKING AFTER FAMILY OR HOME

06 IN FULL TIME EDUCATION/STUDENT/PUPIL

07 LONG TERM SICK OR DISABLED

08 ON MATERNITY LEAVE

09 MILITARY SERVICE

10 SOMETHING ELSE

SHOWCARD E

- 1 BOSNIAC
- 2 SERB
- 3 CROAT
- 4 OTHER