

## LIVING STANDARDS MEASUREMENT SURVEY - LSMS

Entity: \_\_\_\_\_ 1: Republika Srpska 2: Federation of Bosnia-Herzegovina

### HOUSEHOLD IDENTIFICATION

Municipality code:      Municipality Name: \_\_\_\_\_

Group of Enumer. Area:    Enumer. Area:    Household Code in EA:

Interviewer Code:

Full name of Interviewer: \_\_\_\_\_

Supervisor Code:

Full name of Supervisor: \_\_\_\_\_

D.E.O. Code:

Full name of data entry operator: \_\_\_\_\_

Total number of households in dwelling unit:  \_\_\_\_\_

Order number of questionnaire :  Total number of questionnaires:

Household is:

Selected . . . **1**

Replaced . . . **2**

Comment by Interviewer :

Collaboration of household is satisfactory: Yes . . . **1**

No . . . **2**

Write the numbers of the modules and questions which presented problems during the interview and the problem presented:

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## CONTROL FORM

## FIRST ROUND

FIRST ROUND

Date of first round         Duration of first round:   h   min

| Module | <u>Questions which will be corrected during the next visit to the hhld</u> | Supervisor remarks |
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## SECOND ROUND

SECOND ROUND

Date of second round:           . Duration of second round:   h   min

| Module | <u>Questions which will be corrected during the next visit to the hhld</u> | Supervisor remarks |
|--------|--|--------------------|
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| 12     |  |                    |
| 13     |  |                    |

**MODULE 1: ROSTER OF HOUSEHOLD MEMBERS****FOR ALL HOUSEHOLD MEMBERS**

|                                |  |                                 |  |   |
|--------------------------------|--|---------------------------------|--|---|
| I<br>D<br><br>C<br>O<br>D<br>E | 1  | 2                               | A  | B   |
|                                | FULL NAME OF<br>HOUSEHOLD MEMBER   | Is [NAME]<br>male or<br>female? | [INTERVIEWE<br>R: AFTER<br>ASKING<br>QUESTION 11<br>FOR ALL<br>PERSONS,<br>PUT "+" IN<br>THIS<br>COLUMN<br>FOR THOSE<br>WHO HAVE<br>CODE 1 IN<br>QUESTION<br>11] | [INTERVIEWER:<br>AFTER ASKING<br>QUESTION 11, FOR<br>ALL PERSONS, WRITE<br>IN THIS COLUMN THE<br>AGE IN COMPLETED<br>YEARS FOR THOSE<br>PERSONS WHO HAVE<br>"+" IN COLUMN A.] |
|                                | MAKE A COMPLETE LIST<br>OF ALL HOUSEHOLD<br>MEMBERS, ACCORDING<br>TO INSTRUCTIONS,<br>ANSWERING<br>QUESTIONS 1-3,<br>BEFORE GOING TO<br>QUESTIONS 4-11 | Male...1<br>Female..2           | »B   | IF LESS THAN ONE<br>YEAR OLD WRITE<br>0, IF IT IS THE<br>LAST PERSON<br>»» <b>NEXT MODULE</b>   |
|                                |  | »3                              |  |   |
|                                | <b>FULL NAME</b>   |                                 |  |   |

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[illegible]

**MODULE 2: HOUSING****PART A: PRIMARY RESIDENCE, DESCRIPTION OF DWELLING**

|   |   |
|---|---|
|   | INTERVIEWER: BEFORE ASKING QUESTION 3, FILL OUT QUESTIONS 1 AND 2 BASED ON YOUR OWN OBSERVATION.  |
| 1 | <p>[WHAT IS THE MAIN CONSTRUCTION TYPE OF PRIMARY DWELLING?]</p> <p>MULTIFAMILY RESIDENTIAL BUILDING..1<br/> INDIVIDUAL DWELLING.....2<br/> BLOCK OF HOUSES.....3<br/> PART OF A HOUSE.....4<br/> PREFABRICATED BUILDING.....5<br/> NON-RESIDENTIAL BUILDING BEING USED AS RESIDENCE (INCLUDE SCHOOL BARRACK, TEMP. SHELTERS, TENTS).6<br/> OTHER.....7</p> <div style="text-align: right;">[ ]</div> |
| 2 | <p>WHAT IS THE CONDITION OF THE DWELLING UNIT?</p> <p>VERY GOOD CONDITION.....1<br/> APPROPRIATE FOR LIVING.....2<br/> INAPPROPRIATE FOR LIVING.....3<br/> PARTLY DEVASTED.....4<br/> MAJOR DEVASTATION.....5<br/> UNDER CONSTRUCTION, MOSTLY INCOMP....6<br/> OTHER.....7</p> <div style="text-align: right;">[ ]</div>  |
| 3 | <p>Approximately when was this dwelling constructed?</p> <p style="text-align: right;">YEAR [ ]</p>   |
| 4 | <p>What is the area of this dwelling, in square meters?</p> <p style="text-align: right;">SQUARE METERS [ ]</p>   |
| 5 | <p>How many rooms in the dwelling unit are used by the household? [DO NOT INCLUDE SANITARY OR ACCESSORY ROOMS]</p> <p style="text-align: right;">NUMBER OF ROOMS [ ]</p>  |

|   |  |
|---|--|
| 6 | <p>Does this dwelling have the following rooms or spaces?</p> <div style="float: right;"> YES..1<br/> [ ]<br/> [ ]<br/> [ ]<br/> [ ]<br/> [ ]<br/> [ ]<br/> [ ]<br/> [ ]<br/> [ ]<br/> [ ]<br/> [ ] </div> <p>a) Separate Kitchen.....<br/> b) Bathroom with WC.....<br/> c) WC with separate bathroom.....<br/> d) Corridor.....<br/> e) Pantry.....<br/> f) Balcony or terrace.....<br/> g) Cellar.....<br/> h) Attic.....<br/> i) Woodshed.....<br/> j) Garage.....</p> |
| 7 | <p>Is part of this dwelling used for a household business?</p> <p>YES.....1<br/> NO.....2 &gt;&gt;9</p> <div style="text-align: right;">[ ]</div>  |
| 8 | <p>What is the area of the dwelling, in square meters that is used by the household business?</p> <p style="text-align: right;">SQUARE METERS [ ]</p>  |
| 9 | <p>Does this dwelling have electricity?</p> <p>YES.....1<br/> NO.....2 »12</p> <div style="text-align: right;">[ ]</div>   |

**MODULE 2: HOUSING****PART A: PRIMARY RESIDENCE, DESCRIPTION OF DWELLING**

|    |   |                      |
|----|---|----------------------|
| 10 | What is the source of electricity used in the dwelling?   |                      |
|    | Public.....1<br>Communal generator.....2<br>Private generator.....3<br>Other.....4  | <input type="text"/> |
| 11 | How many hours a day, on average, was electricity available in your dwelling during the last month?   |                      |
|    | HOURS   | <input type="text"/> |
| 12 | What is the source of drinking water used by this household?  |                      |
|    | Running water within unit.....1»14<br>Running water on property.....2»14<br>Public standpipe.....3<br>Well or spring.....4<br>River, stream or similar.....5<br>Other.....6 | <input type="text"/> |
| 13 | How far away is this source of water?   |                      |
|    | [ » 15] METERS  | <input type="text"/> |
| 14 | How many hours a day, on average, did this dwelling receive water during the last month?  |                      |
|    | HOURS   | <input type="text"/> |

|    |  |                      |
|----|--|----------------------|
| 15 | What is the main source of heating for your dwelling?  |                      |
|    | District heating by utility or boiler house.....1»17<br>Own central heating system.....2<br>Separate heating devices.....3<br>Other.....4  | <input type="text"/> |
| 16 | What is the main type of energy used?  |                      |
|    | Electricity.....1<br>Gas from networks.....2<br>Gas in container (propane, butane).3<br>Coal, firewood, other solid fuel...4<br>Black or heating oil,other liquids.5<br>Other (straw, sawdust, solar).....6                                  | <input type="text"/> |
| 17 | If you use any back up, or secondary heating source, which is it?  |                      |
|    | Electricity.....1<br>Gas from networks.....2<br>Gas in container (propane, butane).3<br>Coal, firewood, other solid fuel...4<br>Black or heating oil,other liquids.5<br>Other (straw, sawdust, solar).....6<br>No other heating source.....7 | <input type="text"/> |
| 18 | How many months of the winter months was your dwelling adequately heated?  |                      |
|    | MONTHS   | <input type="text"/> |

**MODULE 2: HOUSING**  
**PART A: PRIMARY RESIDENCE, DESCRIPTION OF DWELLING**

|    |   |  |                      |
|----|---|--|----------------------|
| 19 | Is this dwelling connected to a sewer or sanitation system? | <p>Yes, public sewers.....1</p> <p>Yes, septic tank.....2</p> <p>No, letrine only.....3</p> <p>Other.....4</p> | <input type="text"/> |
| 20 | Does this dwelling receive municipal hot water?             | <p>Yes.....1</p> <p>No.....2</p>   | <input type="text"/> |
| 21 | Does this household have access to a telephone?             | <p>Yes, own phone.....1</p> <p>Yes, shared phone.....2</p> <p>Public phone .....3</p> <p>No.....4</p>          | <input type="text"/> |

**MODULE 2: HOUSING****PART B1: OWNERSHIP STATUS AND PRIMARY RESIDENCE EXPENDITURES**

|    |   |                      |
|----|---|----------------------|
| 22 | <p>What is the legal status of this dwelling?</p> <p>Owned/co-owned outright by a household member.....1</p> <p>Under privatization by household member.....2</p> <p>Tenancy right holder.....3»37</p> <p>Renter.....4»37</p> <p>Temporary occupant.....5»37</p> <p>Uses free of charge (on loan from relatives or friends)...6»36</p> <p>Illegal occupant (in abandoned house or flat.....7»36</p> <p>Emergency lodging, collective center for refugees, DPs....8»36</p> <p>Other.....9»37</p> | <input type="text"/> |
| 23 | <p>Did you obtain this dwelling through a swap with another household?</p> <p>YES.....1</p> <p>NO.....2</p>   | <input type="text"/> |
| 24 | <p>Did anyone in this household borrow money to purchase/privatize this dwelling?</p> <p>Yes, to purchase.....1</p> <p>Yes, to build.....2</p> <p>Yes, to purchase on installment...3</p> <p>No.....4 &gt;&gt;30</p>  | <input type="text"/> |
| 25 | <p>From what person or institution was money borrowed to purchase/privatize this dwelling?</p> <p>Government housing fund.....1</p> <p>Private Bank.....2</p> <p>Employer.....3</p> <p>Landlord.....4</p> <p>Relative.....5</p> <p>Other individual.....6</p> <p>NGO.....7</p> <p>Other institution.....8</p>   | <input type="text"/> |

|    |   |                      |
|----|---|----------------------|
| 26 | <p>In what year was this money borrowed?</p> <p>YEAR <input type="text"/></p>   |                      |
| 27 | <p>What was the total amount borrowed?</p> <p>KM <input type="text"/></p>   |                      |
| 28 | <p>How much is still owed?</p> <p>KM <input type="text"/></p>   |                      |
| 29 | <p>Who borrowed for this dwelling?</p> <p>[INTERVIEWER WRITE IN THE IDCODE OF THE BORROWER]</p> <p><input type="text"/></p> <p><input type="text"/></p>   |                      |
| 30 | <p>Did any household member use vouchers to purchase/privatize this dwelling?</p> <p>YES.....1</p> <p>NO.....2»33</p>   | <input type="text"/> |
| 31 | <p>Which household members used vouchers?</p> <p>[INTERVIEWER WRITE IN THE IDCODES OF ANY PERSON WHO USED VOUCHERS]</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> |                      |
| 32 | <p>What was the value of the vouchers used?</p> <p>KM <input type="text"/></p>  |                      |
| 33 | <p>Does any member of the household have a title or other legal document showing ownership of this dwelling?</p> <p>YES.....1</p> <p>NO.....2»35</p>  | <input type="text"/> |



## MODULE 2: HOUSING

### PART B1: OWNERSHIP STATUS PRIMARY RESIDENCE EXPENDITURES

|    |  |   |
|----|--|---|
| 34 | Which household member holds title?<br><br>[INTERVIEWER WRITE IN THE IDCODES OF<br>HOUSEHOLD MEMBER WHO HOLDS TITLE]   | <input type="text"/><br><input type="text"/><br>IDCODE <input type="text"/> |
| 35 | Can you or other member of the household<br>sell this dwelling:<br><br>Yes, without limitations.....1<br>Yes, but with some limitations....2<br>No.....3<br><br>[»39]                  | <input type="text"/>  |
| 36 | If you had to pay rent for this<br>dwelling, how much would you have<br>to pay a month?<br><br>[»39]   | KM <input type="text"/>   |
| 37 | Who is the owner of this dwelling?<br><br>Private person or group.....1<br>Enterprise.....2<br>Public institutions (municip)..3<br>Military flat.....4<br>Unknown.....5<br>Other.....6 | <input type="text"/>  |
| 38 | What is the monthly rent paid by this<br>household for this dwelling unit?   | KM <input type="text"/>   |

|    |   |                      |                      |
|----|---|----------------------|----------------------|
| 39 | How much did your household spend on the following in the last month?                               | KM                   |                      |
|    | Common Rooms Fees.....  | <input type="text"/> |                      |
|    | Electricity.....  | <input type="text"/> |                      |
|    | Piped Gas (network).....  | <input type="text"/> |                      |
|    | Hot water.....  | <input type="text"/> |                      |
|    | District Heat.....  | <input type="text"/> |                      |
|    | Solid waste disposal.....   | <input type="text"/> |                      |
|    | Telephone, (include mobiles, internet).....   | <input type="text"/> |                      |
|    | TV and radio subscriptions.....   | <input type="text"/> |                      |
|    | House or flat insurance.....  | <input type="text"/> |                      |
|    | Land occupation fee.....  | <input type="text"/> |                      |
| 40 | How much did your household spend on the following in the last month and in the worst winter month? | LAST MONTH<br>KM     | WINTER MONTH<br>KM   |
|    | Gas in containers.....  | <input type="text"/> | <input type="text"/> |
|    | Oil, liquid fuels.....  | <input type="text"/> | <input type="text"/> |
|    | Coal.....   | <input type="text"/> | <input type="text"/> |
|    | Firewood.....   | <input type="text"/> | <input type="text"/> |
|    | Water and sewerage.....   | <input type="text"/> | <input type="text"/> |
|    | Electricity.....  | <input type="text"/> | <input type="text"/> |
|    | Piped gas, (network).....   | <input type="text"/> | <input type="text"/> |

**MODULE 2: HOUSING****PART B2: OWNERSHIP AND PURPOSE OF SECONDARY RESIDENCE**

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|----|---|
| 41 | <p>Does anyone in this household own another building or house?</p> <p>YES.....1</p> <p>NO.....2 &gt;&gt;<b>PART C</b></p> <div data-bbox="734 263 846 322" style="border: 1px solid black; width: 50px; height: 37px; margin-left: 280px;"></div>  |
| 42 | <p>For which purchase is this dwelling used?</p> <p>Summer or vacation house.....1</p> <p>Part year residence.....2</p> <p>Rental property.....3</p> <p>In use by family members free of charge.....4</p> <p>Illegally occupied by other person (refugee, dp, other)....5</p> <p>Not used, significantly destroyed.....6</p> <p>Not used due to other reasons....7</p> <p>Other.....8</p> <div data-bbox="734 534 846 598" style="border: 1px solid black; width: 50px; height: 40px; margin-left: 280px;"></div> |
| 43 | <p>If you could sell this second dwelling today, what could you sell it for?</p> <p style="text-align: right;">KM</p> <div data-bbox="734 849 846 912" style="border: 1px solid black; width: 50px; height: 40px; margin-left: 280px;"></div>   |

**MODULE 2: HOUSING**  
**PART C: DURABLE GOODS**

BiH-Housing6.4.xls

44. 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 45-48.]

| 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 play. | 215  |        |
| Radio cassette   | 216  |        |
| PC               | 217  |        |
| Accordion        | 218  |        |
| Piano            | 219  |        |
| Bicycle          | 220  |        |
| Motorcycle       | 221  |        |
| Car              | 222  |        |
| Van, jeep        | 223  |        |

|                  | 45   | 46  | 47  | 48   |
|------------------|--|---|---|--|
| I<br>T<br>E<br>M | [INTERVIEWER:<br>LIST ALL THE ITEMS IDENTIFIED IN QUESTION 44, THEN ASK QUESTIONS 46-48 FOR EACH ITEM. WRITE DOWN ONLY DESCRIPTION OF ITEMS WHERE THERE IS MORE THAN ONE. FOR OTHERS WRITE ONLY CODE.] | How many years ago did you acquire this [ITEM]? | Did you purchase it or receive it as a gift or for payment of services, find in flat or acquire in other way?<br><br><div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           Purchase.....1<br/>           Payment for service...2<br/>           Gift.....3<br/>           Other.....4<br/>           &gt;&gt;Next Item         </div> | According to current prices, what do you think you could get if you sold it? |
|                  | DESCRIPTION  | CODE  | YEAR  | KM   |

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**MODULE 3: EDUCATION**  
**PART A: CHILD CARE AND KINDERGARTEN**

**FOR CHILDREN BETWEEN 0 AND 7 YEARS OF AGE**

|                        |  |   |   |  |   |  |   |  |
|------------------------|--|---|---|--|---|--|---|--|
| ID<br>C<br>O<br>D<br>E | 1<br>[INTERVIEWER:<br>WRITE IDCODE OF<br>PERSON WHO GIVES<br>ANSWER FOR CHILD] | 2.<br>Does [NAME] attend any<br>kindergarten or preschool<br>program, either public or private?<br><br>Yes, public...1>>5<br>Yes, private...2>>5<br>Yes, religious...3>>5<br>Yes, firm-run...4>>5<br>No, in primary<br>school.....5>>14<br>No.....6 | 3.<br>Why does [NAME] not<br>attend kindergarten or<br>preschool programs?<br><br>TOO YOUNG.....1<br>TOO EXPENSIVE..2<br>TOO FAR.....3<br>NO TRANSPORT....4<br>LOW QUALITY.....5<br>PREFER TO HAVE<br>AT HOME.....6<br>NO NEED.....7<br>OTHER.....8 | 4.<br>Who takes care of [NAME]<br>during the week?<br><br>Household member<br>in home.....1<br>>>NEXT MOD<br>Non-house-<br>hold member<br>in our home...2>>6<br>Non-house-<br>hold member<br>elsewhere.....3 | 5.<br>What is the distance<br>to the kindergarten<br>where [NAME] is<br>taken care of?<br><br>IF < 1<br>WRITE 0 | 6.<br>How many<br>hours a<br>week does<br>[NAME]<br>spend there? | 7.<br>How much do you<br>pay per month for<br>taking care of<br>[NAME]?<br><br>IF<br>NOTHING<br>WRITE<br>ZERO | 8.<br>Did you make any<br>informal, cash or in-<br>kind, payments for<br>this care, and if yes,<br>how much?<br><br>IF NOTHING<br>WRITE ZERO<br>IN COLUMN<br><br>>>NEXT MODULE |
|                        | ID CODE  |   |   |  | KILOMETERS  | HOURS  | VALUE IN<br>KM  | VALUE IN<br>KM   |

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**MODULE 3: EDUCATION**  
**PART B: GENERAL EDUCATION**

**FOR PERSONS 7 AND OLDER AND CHILDREN UNDER 7 IF THEY ARE IN PRIMARY SCHOOL**

| ID<br>CODE | 9.<br>IS THIS PERSON<br>ANSWERING FOR<br>HIM OR HERSELF? | 10.<br>INTERVIEWER:<br>WRITE ID<br>CODE OF<br>PERSON<br>PROVIDING<br>INFORMATION. | 11.<br>How many<br>years of<br>kindergarten or<br>pre-school did<br>you attend? | 12.<br>Have you ever<br>attended<br>school? | 13.<br>Can you read and<br>write with<br>understanding short,<br>simple sentences in<br>your everyday life? | 14.<br>What is highest level<br>(grade/years) of education<br>you have completed?   | 15.<br>What is your area of<br>specialization?   | 16.<br>What is the highest<br>diploma you have<br>obtained?   | 17.<br>Did you attend<br>school in the<br>last academic<br>year, 2000-<br>2001? | 18.<br>What type of<br>school did you<br>attend in the<br>last academic<br>year, 2000-<br>2001? |
|------------|--|---|---|---|---|---|--|---|---|---|
|            | YES.1>> 11<br>NO... 2                                    |   | IF NEVER<br>ATTENDED<br>WRITE 0   | YES.1>>14<br>NO... 2                        | YES, EASILY.1<br>YES, WITH<br>DIFFICULTY..2<br>NO.....3   | PRIMARY.....1>>16<br>SECOND.COMP.2<br>RELIG. SCH. 3<br>ART SCHOOL...4<br>NORMAL SCH. 5<br>SECOND.TECH.6<br>VOCATIONAL...7<br>JUNIOR COLL.8<br>UNIVERSITY..9<br>POST GRAD...10 | GENERAL..... 1<br>EDUCATION.....2<br>ARTS &<br>HUMANITIES..3<br>SOC.SCIENCE,<br>ECON., LAW...4<br>SCIENCE.....5<br>TECHN.INDUST.<br>CONSTRUCT...6<br>AGRICULTURE..7<br>HEALTH & SOC.<br>PROTECTION...8<br>SERVICES.....9<br>OTHER.....10 | NO DIPLOMA.....1<br>PRIMARY SCHOOL<br>CERTIFICATE....2<br>SECOND. SCHOOL<br>CERTIFICATE....3<br>JUNIOR COLLEGE..4<br>UNDERGRADUATE<br>DIPLOMA.....5<br>MASTER OF<br>SCIENCE.....6<br>DOCTOR OF<br>SCIENCE.....7 | YES.1<br>NO... 2>>27  | PUBLIC.....1<br>PRIVATE...2<br>RELIG.....3  |
|            | ID CODE  | YEARS   |   |   |   | LEVEL   | GRADE /<br>YEAR  |   |   |   |
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**MODULE 3: EDUCATION**  
**PART B: GENERAL EDUCATION**

|                            |   |  |         |  |  |                       |   |   |                 |   |                        |   |   |                      |                          |  |
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| I<br>D<br>C<br>O<br>D<br>E | 19.<br>What is the distance between your home and school? | 20.<br>How much time does it take to travel to the school you are presently attending? |         | 21.<br>How much do you spend for transportation to school each week? | 22.<br>During the previous academic year (2000-2001) how much did your household spent on your education for for:<br><br>IF NOTHING, WRITE 0<br>IF RESPONDENT CANNOT SEPARATE ALL COSTS, PUT THE AMOUNTS FOR THOSE THAT CAN IDENTIFY IN THE APPROPRIATE COLUMNS AND THE TOTAL FOR ALL OTHER COSTS IN COLUMN I.<br>IF INFORMANT CANNOT SEPARATE ANY COSTS PUT TOTAL IN COLUMN I |                       |   |   |                 |   |                        |   | 23.<br>How much has your household paid in the last school year (2000-2001) for repairs, mainetnance, improve classroom<br><br>IF NOTHING WRITE 0 |                      |                          | 24.<br>Did anyone from outside your household, such as relative, friend, pay any of your education costs during the last 12 months?<br><br>YES . . 1<br>NO . . . 2 >> 27 |
|                            |   | ONE WAY TIME   |         |  | A.<br>Annual Tuition   | B.<br>Special Tuition | C.<br>Membership fee for parents' association | D.<br>School uniforms and other school clothing | E.<br>Textbooks | F.<br>Other school materials (notebooks, pencils, etc.) | G.<br>Food and lodging | H.<br>Other costs (additional instruction, faculty classes) | I.<br>Total Costs (not in previous columns)   | A.<br>School repairs | B.<br>School Maintenance |  |
|                            | KM  | HOURS  | MINUTES | VALUE IN KM  | KM   | KM                    | KM  | KM  | KM              | KM  | KM                     | KM  | KM  | KM                   | KM                       | KM   |

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**MODULE 3: EDUCATION**  
**PART B: GENERAL EDUCATION**

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| I<br>D<br>C<br>O<br>D<br>E | 25.<br>Who paid partly or completely<br>your education costs during<br>the last 12 months?   | 26.<br>In total, how much<br>has this person(s)<br>contributed to<br>payment of your<br>education costs<br>during the last 12<br>months? | 27.<br>Are you presently<br>attending school<br>(school year 2001-<br>2002)?   | 28.<br>Do you intend to<br>continue your<br>education?   | 29.<br>Why did you stop your<br>education?   | 30.<br>Is this the same<br>school you<br>attended in the<br>last school year<br>(2000-2001)?   | 31.<br>What type of<br>school are<br>you<br>attending?   |
|                            | RELATIVE FROM BiH.....1<br>RELATIVE FROM ABROAD.....2<br>HUMANITARIAN ORGANIZATION...3<br>OTHER COUNTRY GOVERNMENT...4<br>COMPANY STIPEND.....5<br>POLITICAL PARTY STIPEND.....6<br>CREDIT.....7<br>NEIGHBOR/FRIEND.....8<br>OTHER.....9<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content;">             If more then one source state the most<br/>important one           </div> |  | <div style="border: 1px solid black; padding: 5px; width: fit-content;">             YES..1&gt;&gt;30<br/>             NO.....2           </div> | <div style="border: 1px solid black; padding: 5px; width: fit-content;">             YES..1&gt;&gt;<br/> <b>NEXT MODULE</b><br/>             NO.....2           </div> | FINISHED.....1<br>TOO EXPENSIVE..2<br>NO INTEREST...3<br>AGRIC.WORK....4<br>OTHER JOB.....5<br>SCHOOL TOO FAR.6<br>NO TEACHER.....7<br>NO TEACHING<br>MATERIALS.....8<br>SCHOOL CLOSED..9<br>ILLNESS.....10<br>DISPLACED.....11<br>SECURITY.....12<br>HARASSMENT....13<br>LANGUAGE.....14<br>OTHER.....15<br><br>>> <b>NEXT MODULE</b> | <div style="border: 1px solid black; padding: 5px; width: fit-content;">             YES..1&gt;&gt;35<br/>             NO.....2           </div> | <div style="border: 1px solid black; padding: 5px; width: fit-content;">             PUBLIC...<br/>             1<br/>             PRIVATE.2<br/>             RELIG.....3           </div> |
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**MODULE 3: EDUCATION**  
**PART B: GENERAL EDUCATION**

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| I<br>D<br>C<br>O<br>D<br>E | 32.<br>How far is your school from your house? | 33.<br>How much time does it take to travel to the school you are presently attending? |         | 34.<br>How much do you spend for transportation to school each week? | 35.<br>What grade are you in?   |                |
|                            |  | ONE WAY TIME   |         |  | <div> PRIMARY.....1<br/> SECOND.COMP.2<br/> RELIG. SCH. 3<br/> ART SCHOOL...4<br/> NORMAL SCH. 5<br/> SECOND.TECH.6<br/> VOCATIONAL...7<br/> JUNIOR COLL.8<br/> UNIVERSITY..9<br/> POST GRAD...10 </div> <div>&gt;&gt;NEXT MODULE</div> |                |
|                            | KM   | HOURS  | MINUTES | VALUE IN KM  | LEVEL   | YEAR/<br>GRADE |

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## MODULE 4: HEALTH

## PART A: USE OF HEALTH CARE SERVICES

**INDIVIDUALS 15 YEARS AND OLDER ARE RESPONDING FOR THEMSELVES**

MOTHERS/GUARDIANS FOR CHILDREN UNDER 15.

| MOTHERS/GUARDIANS FOR CHILDREN UNDER 15: |  |  |   |   |   |   |   |  |  |  |   |  |       |       |
|--|--|--|---|---|---|---|---|--|--|--|---|--|-------|-------|
| I<br>D<br><br>C<br>O<br>D<br>E           | 1.<br>Is person<br>answering for<br>him or<br>herself? | 2.<br>INTERVIEWE<br>R, WRITE ID<br>CODE OF<br>PERSON<br>RESPONDING | 3.<br>Do you have<br>health<br>insurance? | 4.<br>Do you have<br>some chronic<br>disease? | 5.<br>Which disease?<br><br>HIGH BLOOD PRESSURE...1<br>ARTHRITIS.....2<br>BRONCHIAL ASTHMA....3<br>CHRONIC BRONCHITIS....4<br>ULCER.....5<br>PSYCHOLOGICAL<br>DISEASE /<br>PSYCHOPHRENIA.....6<br>MULTIPLESCHLEROSIS..7<br>ANEMIA.....8<br>DIABETES.....9<br>MALIGNANT TUMOR.....10<br>OTHER.....11 |   |   | 6.<br>During previous 4 weeks,<br>did you visit a general<br>practioner at an<br>ambulanta or DZ to get<br>health care services?<br><br>YES,<br>AMBULANTA.1<br>YES, DZ.....2<br>NO.....3>>12 | 7.<br>During<br>previous 4<br>weeks, how<br>many times did<br>you visit a<br>general<br>practioner at<br>the ambulanta<br>or DZ to get<br>health care<br>services? | 8.<br>How much in you pay in<br>monetary costs associated<br>with these visits to the<br>ambulanta or DZ during the<br>last 4 weeks?<br><br>DO NOT INCLUDE DRUGS.<br><br>DO NOT INCLUDE<br>TRANSPORT COSTS.<br><br>DO NOT INCLUDE GIFTS.<br><br>DO NOT INCLUDE LAB-<br>ORATORY TEST COSTS. | 9.<br>How much did you<br>pay in money or in<br>kind all drugs<br>prescribed in the<br>ambulanta or DZ<br>during those visits,<br>even if purchased<br>elsewhere? | 10.<br>How much did you<br>pay in money or in<br>kind transport cost<br>associated with those<br>visits to ambulanta or<br>DZ? |       |       |
|  | YES...1>>3<br>NO...2                                   |  | YES...1<br>NO...2                         | YES...1<br>NO...2 >>6                         |   |   |   |  |  |  |   |  |       |       |
|  |  | IDCODE   |   |   | RANKING   |   |   |  |  | VALUE  | IN KM   | AMOUNT   |       |       |
|  |  |  |   |   | 1   | 2 | 3 |  | TIMES  | AMOUNT IN KM   | MONEY   | GOODS  | MONEY | GOODS |

[illegible]

**MODULE 4: HEALTH**  
**PART A: USE OF HEALTH CARE SERVICES**

| I<br>D<br>C<br>O<br>D<br>E | 11.<br>How much did you pay in money or in kind for laboratory tests associated with those visits to the ambulant or DZ? | 12.<br>INTERVIEWER: IS THIS PERSON:<br><br><div style="border: 1px solid black; padding: 5px;">           UNDER AGE 15.....1<br/>           &gt;&gt;13<br/>           FEMALE AGES 15-49..2<br/>           &gt;&gt; 20<br/>           MALE 15 AND OLDER..3<br/>           &gt;&gt; 27<br/> <br/>           WRITE ANSWER THEN FOLLOW SKIP PATTERN         </div> | 13.<br>During previous 4 weeks did [NAME] visit a pediatrician to obtain health care services from him/her? | 14.<br>Where did [NAME] visit this pediatrician?         | 15.<br>During previous 4 weeks, how many times did [NAME] visit this pediatrician? | 16.<br>How much did you pay in monetary costs associated with these visits of [NAME] to pediatrician in the last 4 weeks?<br><br>DO NOT INCLUDE DRUG COSTS.<br><br>DO NOT INCLUDE TRANSPORT COSTS.<br><br>DO NOT INCLUDE GIFTS.<br><br>DO NOT INCLUDE LABORATORY TEST. | 17.<br>How much did you pay in money or in kind all drugs prescribed during [NAME's] visits for the pediatrician, even if purchased elsewhere? |       | 18.<br>How much did you pay in money or in kind transport cost associated with [NAME's] visits to the pediatrician? |       | 19.<br>How much did you pay in cash costs of laboratory tests related to [NAME's] visits to the pediatrician? |
|----------------------------|--|--|---|--|--|--|--|-------|---|-------|---|
|                            | VALUE IN<br>KM   | CATEGORY<br>CODE   | YES....1<br>NO.....2 >>27   | AMBULANTA..1<br>DZ.....2<br>HOSPITAL..3<br>PRIVATE.....4 | TIMES  | VALUE IN<br>KM   | AMOUNT   |       | AMOUNT  |       | VALUE IN<br>KM  |
|                            |  |  |   |  |  |  | MONEY  | GOODS | MONEY   | GOODS |   |
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**MODULE 4: HEALTH**  
**PART A: USE OF HEALTH CARE SERVICES**

|    | 20.<br>During the previous 12 months, did you visit a gynecologist to obtain health care services?<br><br>YES... 1<br>NO..... 2 >>27 | 21.<br>Where did you visit this gynecologist?<br><br>AMBULANTA . 1<br>DZ..... 2<br>HOSPITAL . . 3<br>PRIVATE..... 4 | 22.<br>During the previous 12 months, how many times did you visit a gynecologists to obtain health care services?<br><br>TIMES | 23.<br>How much did you pay in money health services obtained from this gynecologist during your last visit?<br><br>DO NOT INCLUDE DRUGS.<br><br>DO NOT INCLUDE TRANSPORT COSTS.<br><br>DO NOT INCLUDE GIFTS.<br><br>DO NOT INCLUDE LABORATORY TEST COSTS.<br><br>AMOUNT | 24.<br>How much did you pay in money or in kind all drugs prescribed during your last visit to the gynecologist?<br><br>AMOUNT IN KM |       | 25.<br>How much did you pay in money or in kind transport cost associated with this visit to the gynecologist?<br><br>AMOUNT IN KM |       | 26.<br>How much did you pay in cash for laboratory cost associated with the visit to the gynecologist?<br><br>VALUE IN KM | 27.<br>During previous 12 months, did you visit any dentist to obtain health care services from him/her?<br><br>YES.... 1<br>NO..... 2 >>33 | 28.<br>Where did you visit this dentist?<br><br>AMBULANTA . 1<br>DZ..... 2<br>HOSPITAL . . 3<br>PRIVATE..... 4 |
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**MODULE 4: HEALTH**  
**PART A: USE OF HEALTH CARE SERVICES**

| I<br>D<br>C<br>O<br>D<br>E | 29.<br>During previous 12 months, how many times did you visit the dentist? | 30.<br>How much did you pay in monetary costs for your last visit to the dentist?<br><br>DO NOT INCLUDE DRUGS.<br><br>DO NOT INCLUDE TRANSPORT COSTS.<br><br>DO NOT INCLUDE GIFTS.<br><br>DO NOT INCLUDE LABORATORY TEST COSTS. | 31.<br>How much did you pay in money or in kind for all drugs prescribed during this last visit to the dentist, even if purchased elsewhere? | 32.<br>How much did you pay in money or in kind transport cost associated with this visit to the dentist? | 33.<br>During previous 4 weeks did you visit any other doctor to obtain health care services from him/her? | 34.<br>Where did you visit this other doctor?                    | 35.<br>During previous 4 weeks, how many times did you visit this other doctor? | 36.<br>How much did you pay in money costs associated with those visits to the other doctor?<br><br>DO NOT INCLUDE DRUGS.<br><br>DO NOT INCLUDE TRANSPORT COSTS.<br><br>DO NOT INCLUDE GIFTS.<br><br>DO NOT INCLUDE LABORATORY TEST | 37.<br>How much did you pay in money or in kind all drugs prescribed during those visits to the other doctor even if purchased elsewhere? |       |
|----------------------------|---|---|--|---|--|--|---|---|---|-------|
|                            |   |   |  |   | YES... . 1<br>NO..... 2 >> 40  | AMBULANTA . 1<br>DZ..... . 2<br>HOSPITAL . . 3<br>PRIVATE..... 4 |   |   |   |       |
|                            | TIMES   | VALUE IN KM   | VLAUE IN KM  | MONEY   | GOODS  |  |   | TIMES   | VALUE IN KM   | MONEY |
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**MODULE 4: HEALTH**  
**PART A: USE OF HEALTH CARE SERVICES**

| I<br>D<br>C<br>O<br>D<br>E | 38. How much did you pay in money or in kind transport cost associated with those visits to other doctor? |       | 39. How much did you pay in cash costs of laboratory tests related to visits to the other doctor? |  | 40. During previous 4 weeks did you visit any private nurse, paramedic, midwife to obtain health care services? |   | 41. Where did you visit this private nurse, paramedic, midwife? |  | 42. During previous 4 weeks, how many times did you visit this private nurse, paramedic, midwife? |  | 43. How much did you pay in monetary costs during the previous 4 weeks for costs associated with your visit to the private nurse, paramedic, midwife? |  | 44. How much did you pay in money or in-kind for all drugs prescribed during these visits to the nurse, paramedic, or midwife, even if purchased elsewhere? |       | 45. How much did you pay in money or in-kind transport cost associated with those visits to the nurse, paramedic or midwife? |       | 46. During previous 4 weeks did you use any of the following alternative medical services? |   |  |
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|                            | VALUE IN KM   |       |   |  |   |   |   |  |   |  | VALUE IN KM   |  | VALUE IN KM   |       |  |       |  |   |  |
|                            | MONEY   | GOODS | VALUE IN KM   |  |   |   |   |  | TIMES   |  | VALUE IN AMOUNT   |  | MONEY   | GOODS | MONEY  | GOODS |  |   |  |
|                            |   |       |   |  |   | YES, PRIVATE NURSE.....1<br>YES, PARA-MEDIC.....2<br>YES, MIDWIFE.3<br>NO.....4>>46 |   | AMBULANTA.1<br>DZ.....2<br>HOSPITAL.3<br>PRIVATE.....4 |   |  | DO NOT INCLUDE DRUGS.<br><br>DO NOT INCLUDE TRANSPORT COSTS.<br><br>DO NOT INCLUDE GIFTS .<br><br>DO NOT INCLUDE LABORATORY COSTS.                    |  |   |       |  |       |  | YES, PHYSICAL THERAPIST.....1<br>CHIROPRACTOR.....2<br>YES, HERBALIST..3<br>YES, HOME NURSE.4<br>OTHERS.....5<br>NONE.....6>>51 |  |
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**MODULE 4: HEALTH**  
**PART A: USE OF HEALTH CARE SERVICES**

| I<br>D<br>C<br>O<br>D<br>E | 47.<br>During previous 4 weeks how many times did you use such services? | 48.<br>During the previous 4 weeks, how much did you pay in monetary costs for such services?<br><br>DO NOT INCLUDE DRUGS.<br><br>DO NOT INCLUDE TRANSPORT COSTS.<br><br>DO NOT INCLUDE GIFTS .<br><br>DO NOT INCLUDE LABORATORY COSTS. | 49.<br>How much did you pay in money or in kind transport cost associated with those visits to such institution/individual? |       | 50.<br>How much did you pay in money or in kind for all drugs prescribed by such institution/individual even if purchased elsewhere |       | 51.<br>Did you purchase any drugs on your own without receipt for health problems during last 4 weeks?<br><br>YES... 1<br>NO... 2>>54 | 52.<br>How much did you pay for all drugs purchased on your own initiative during previous 4 weeks? | 53.<br>Who assisted you in paying your health care costs during the previous 4 weeks?<br><br>NO ONE..... 1<br>RELATIVE FROM BiH..... 2<br>RELATIVE OUT OF BiH..... 3<br>HUMANITARIAN ORGANIZATION.... 4<br>NEIGHBOR/FRIEND.... 5<br>OTHER .. 6 | 54.<br>During last 12 month, did you stay in hospital or spa?<br><br>YES...1<br>NO... 2>>61 |    |      | 55.<br>How many days did you spend in hospital or spa during last 12 months? | 56.<br>How many times were you admitted to the hospital or spa during last 12 months? |
|----------------------------|--|---|---|-------|---|-------|---|---|--|---|----|------|--|---|
|                            | TIMES  | VALUE IN KM   | VALUE IN KM   |       | VALUE IN KM   |       | VALUE IN KM   | RANK  | 1.   | 2.  | 3. | DAYS | TIMES  |   |
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**MODULE 4: HEALTH**  
**PART A: USE OF HEALTH CARE SERVICES**

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| I<br>D<br>C<br>O<br>D<br>E | 57.<br>How much in monetary costs did you pay for the hospital/ spastays in the last 12 months? | 58.<br>How much did you pay in money or in kind all drugs prescribed during those stays in hospital/spa even if purchased elsewhere? |       | 59.<br>How much did you pay in money or in kind transport cost associated with those stays in hospital/spa? |       | 60.<br>Who assisted you to pay all or part of health care costs, for your stay in hospital or spa during previous 12 months?<br><br>NO ONE..... 1<br>RELATIVE FROM BiH..... 2<br>RELATIVE OUT OF BiH..... 3<br>HUMANITARIAN ORGANIZATION.... 4<br>NEIGHBOR/FRIEND .... 5<br>OTHER .. ... 6 | 61.<br>During the previous 4 weeks, did you need medical services but you did not obtain them?<br><br>YES.... 1<br>NO..... 2 >> <b>PART B</b> | 62.<br>What was the main reason you did not obtain them?<br><br>MINOR DISORDER, I TREATED IT ON MY OWN.... 1<br>MINOR DISORDER, DID NOT TREAT IT..... 2<br>NO HEALTH INSURANCE..... 3<br>TOO FAR..... 4<br>INSTITUTION CLOSED..... 5<br>POOR SERVICE..... 6<br>TOO EXPENSIVE..... 7<br>OTHER (WRITE _____) ..... 8 |
|                            | DO NOT INCLUDE TRANSPORT COSTS  |  |       |   |       |  |   |  |
|                            | DO NOT INCLUDE COSTS REIMBURSED BY HEALTH INSURANCE   |  |       |   |       |  |   |  |
|                            | VALUE IN KM   | VALUE IN KM  |       | VALUE IN KM   |       |  |   |  |
|                            |   | MONEY  | GOODS | MONEY   | GOODS |  |   |  |

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**MODULE 4: HEALTH**  
**PART B: HEALTH STATUS**

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|----------------------------|---|--|--|--|---|--|--|--|---|---|--|--|
| I<br>D<br>C<br>O<br>D<br>E | 1.<br>During previous 4 weeks how many days you did not perform your usual daily activities | 2.<br>Has your health activity limited your ability to perform vigorous activities such as lifting heavy objects, running, or participation in strenuous sports?<br><br>NO..... 1<br>YES, <3 MONHS...2<br>YES, >3 MONTHS . 3 | 3.<br>Has your health limited your doing moderate activities such as moving a table or carrying groceries?<br><br>NO..... 1<br>YES, <3 MONHS...2<br>YES, >3 MONTHS . 3 | 4.<br>Has your health limited your walking uphill?<br><br>NO..... 1<br>YES, <3 MONHS...2<br>YES, >3 MONTHS . 3 | 5.<br>Has your health limited your from walking one hundred meters?<br><br>NO..... 1<br>YES, <3 MONHS...2<br>YES, >3 MONTHS . 3 | 6.<br>Has your health limited your from bending, lifting, or stooping?<br><br>NO..... 1<br>YES, <3 MONHS...2<br>YES, >3 MONTHS . 3 | 7.<br>Has your health limited your eating, dressing, bathing, or using the toilet?<br><br>NO..... 1<br>YES, <3 MONHS...2<br>YES, >3 MONTHS . 3 | 8.<br>How many cigarettes did you smoke in last 7 days?<br><br>FOR NON-SMOKERS WRITE 0<br><br>NUMBER OF CIGARETTES | 9.<br>During previous week, including today, how many times did you feel low in energy, slowed down?<br><br>NOT AT ALL.....1<br>A LITTLE..2<br>QUITE A BIT.....3<br>EXTREMELY OFTEN.....4 | 10.<br>During previous week, including today, how many times did you accuse yourself for different things?<br><br>NOT AT ALL.....1<br>A LITTLE..2<br>QUITE A BIT.....3<br>EXTREMELY OFTEN.....4 | 11.<br>During previous week, including today, how many times did you start easily weeping<br><br>NOT AT ALL.....1<br>A LITTLE..2<br>QUITE A BIT.....3<br>EXTREMELY OFTEN.....4 | 12.<br>During previous week, including today, how many times did you feel lost of appetite?<br><br>NOT AT ALL.....1<br>A LITTLE..2<br>QUITE A BIT.....3<br>EXTREMELY OFTEN.....4 |
|                            | DAYS  |  |  |  |   |  |  |  |   |   |  |  |

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**MODULE 4: HEALTH**  
**PART B: HEALTH STATUS**

NOTE THIS LAST QUESTION IS ON PAGE 23 IN  
 ORIGINAL VERSION

|   | 13.               | 14.             | 15.             | 16.              | 17.             | 18.                 | 19.                | 20.                 | 21.             | 22.             | 23.                    | 24.             |
|---|-------------------|-----------------|-----------------|------------------|-----------------|---------------------|--------------------|---------------------|-----------------|-----------------|------------------------|-----------------|
| I | During previous   | During previous | During previous | During previous  | During previous | During previous     | During previous    | During previous     | During previous | During previous | During previous week,  | During previous |
| D | week, including   | week, including | week, including | week, including  | week, including | week, including     | week, including    | week, including     | week, including | week, including | including today, how   | week, including |
| C | today, how many   | today, how      | today, how      | today, how       | today, how      | today, how many     | today, how many    | today, how many     | today, how      | today, how      | many times did         | today, did you  |
| O | times did you     | many times did  | many times did  | many times did   | many times did  | times did your      | times did you feel | times did you feel  | many times did  | many times did  | constantly recall most | constantly have |
| D | have problems     | you feel hoples | you feel        | you feel lonely? | you think about | feel as if you were | that you worried   | that you were not   | you feel that   | you feel        | painful events you     | nightmares?     |
| E | falling asleep or | in terms of     | melancholic?    |                  | ending your     | captured or         | too much about     | interested for your | everything was  | worthless?      | experienced during     |                 |
|   | sleeping?         | future?         |                 |                  | life?           | trapped?            | different things?  | surroundings?       | an effort?      |                 | the war?               |                 |
|   | NOT AT            | NOT AT          | NOT AT          | NOT AT           | NOT AT          | NOT AT              | NOT AT             | NOT AT              | NOT AT          | NOT AT          | NOT AT                 | NOT AT          |
|   | ALL.....1         | ALL.....1       | ALL.....1       | ALL.....1        | ALL.....1       | ALL.....1           | ALL.....1          | ALL.....1           | ALL.....1       | ALL.....1       | ALL.....1              | ALL.....1       |
|   | A LITTLE.2        | A LITTLE.2      | A LITTLE.2      | A LITTLE.2       | A LITTLE.2      | A LITTLE.2          | A LITTLE.2         | A LITTLE.2          | A LITTLE.2      | A LITTLE.2      | A LITTLE.2             | A LITTLE.2      |
|   | QUITE A           | QUITE A         | QUITE A         | QUITE A          | QUITE A         | QUITE A             | QUITE A            | QUITE A             | QUITE A         | QUITE A         | QUITE A                | QUITE A         |
|   | BIT.....3         | BIT.....3       | BIT.....3       | BIT.....3        | BIT.....3       | BIT.....3           | BIT.....3          | BIT.....3           | BIT.....3       | BIT.....3       | BIT.....3              | BIT.....3       |
|   | EXTREMELY         | EXTREMELY       | EXTREMELY       | EXTREMELY        | EXTREMELY       | EXTREMELY           | EXTREMELY          | EXTREMELY           | EXTREMELY       | EXTREMELY       | EXTREMELY              | EXTREMELY       |
|   | OFTEN.....4       | OFTEN.....4     | OFTEN.....4     | OFTEN.....4      | OFTEN.....4     | OFTEN.....4         | OFTEN.....4        | OFTEN.....4         | OFTEN.....4     | OFTEN.....4     | OFTEN.....4            | OFTEN.....4     |

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**MODULE 5: LABOR****FOR ALL PERSONS AGE 15 AND OVER**

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|----------------------------|---|--|--|---|--|--|
| I<br>D<br>C<br>O<br>D<br>E | 1.<br>DOES THE<br>PERSON<br>RESPOND<br>FOR HIM OR<br>HERSELF? | 2.<br>WRITE<br>RESPONDENT'<br>S ID CODE. | 3.<br>Which one of the following best describes your activity status?<br><br>Employed by employer(in private or public sector).....1<br>Carrying out independent activity, profession<br>(has own business, shop, farm, free profession).....2<br>Work based on engagement contract, author contract.....3<br>Seasonal worker .....4<br>-----<br>Supporting member in family enterprise, shop, farm.....5<br>Housewife .....6<br>Student .....7<br>Pensioner .....8<br>Unemployed (couldn't find job, don't want to work).....9<br>-----<br>Military service .....10<br>Incapable to work .....11<br>-----<br>} >> 5<br>} >>NEXT<br>MODULE | 4.<br>During the<br>previous week,<br>did you work,<br>do any income<br>earning activity<br>(at least one<br>hour)? | 5.<br>Though you are<br>(supporting family<br>member, pensioner,<br>housewife,<br>unemployed, student)<br>during the previous<br>week, did you work for<br>any cash or in-kind<br>payment or family<br>benefit (at least 1<br>hour)? | 6.<br>Though you did<br>not work<br>previous week,<br>do you have a<br>job to go back<br>to? |
|                            | YES...1>>3<br>NO...2  | ID CODE                                  |  | YES...1 >>8<br>NO...2 >>6   | YES...1 >>8<br>NO...2 >>33   | YES...1<br>NO...2 >>33   |

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## MODULE 5: LABOR

|                            |   | MAIN JOB   |             |      |  |      |
|----------------------------|---|--|-------------|------|--|------|
| I<br>D<br>C<br>O<br>D<br>E | 7.<br>Why you did not work previous week?   | 8.<br>What is your occupation in your main job?  |             |      | 9.<br>What is main activity of the unit in u in which you work??   |      |
|                            | <b>ECONOMIC AND GENERAL REASONS</b><br>You got job/,but haven't started yet.....1<br>'In waiting list.'.....2<br>Bed weather, technical and other impediments...3<br>Enterprise doesn'tt work because of war and other difficulties.....4<br>Bankruptcy, liquidation, closuer of enterprise..5<br>Strike.....6<br>Education, training .....7<br><b>PERSONAL REASONS</b><br>Illness, injury, temporary unable to work.....8<br>Maternity leave.....9<br>Annual vacation.....10<br>Unpaid leave for personal reasons.....11<br>Taking care of familiy member.....12<br>Other.....13 | <div style="border: 1px solid black; padding: 5px; text-align: center;">DO NOT FILL IN<br/>CODE- FOR OFFICE<br/>USE ONLY</div> |             |      | <div style="border: 1px solid black; padding: 5px; text-align: center;">DO NOT FILL IN<br/>CODE- FOR OFFICE<br/>USE ONLY</div> |      |
|                            |   | NAME   | DESCRIPTION | CODE | DESCRIPTION  | CODE |
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## MODULE 5: LABOR

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| I<br>D<br>C<br>O<br>D<br>E | 10.<br>What is your employment status?<br><br>Owner/co-owner of enterprise which employs workers.....1<br>Owner/co-owner of enterprise which doesn't employ workers.2>>14<br>Owner/co-owner of "small business" which employs workers..3<br>Owner/co-owner of "small business" which doesn't employ<br>workers.....4>>14<br>Farmer on own farm.....5<br>Entrepreneur in free profession.....6<br>-----<br>Work for employer in private sector.....7>>12<br>Work in public enterprise, institution, organization.....8>>12<br>Unpaid supporting family member.....9>>12<br>Work for international organization.....10>>12<br>-----<br>Do other activity, such as sale of agric. and other<br>products, provide house, intellectual & other services. .11>>14 | 11.<br>How many<br>workers work for<br>you (do not<br>include<br>supporting family<br>members)?<br><br><div>WRITE<br/>NUMBER OF<br/>WORKERS<br/><br/>&gt;&gt; 14</div> | 12.<br>How did you start doing your current job?<br><br>You responded to an ad.....1<br>Through Employment Bureau....2<br>Employer himself<br>contacted you.....3<br>You put ad in a paper.....4<br>You had stipend.....5<br>Through acquaintance,<br>relative, friend.....6<br>You contacted employer.....7<br>Family business, farm<br>needed support .....8 | 13.<br>What is the number of<br>employees in the<br>enterprise, shop,<br>institution, farm where<br>you work?<br><br>1-10 ..... 1<br>11-20 ..... 2<br>21-50 ..... 3<br>51-100 ..... 4<br>101-200 ..... 5<br>201-500 ..... 6<br>501 and up..... 7 | 14.<br>Where is your usual work<br>place?<br><br>At home.....1<br>In firm out<br>of home.....2<br>At market place.3<br>By cell.phon....4<br>On farm.....5<br>Moving.....6<br>Other.....7 |
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## MODULE 5: LABOR

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| I<br>D<br>C<br>O<br>D<br>E | 15.<br>How long have you been doing<br>your current job?   | 16.<br>What was your employment status before this job?  | 17.<br>How many hours do<br>you usually work in<br>your main job per<br>week?  | 18.<br>Why do you usually work more or less than 40/42 hours?  | 19.<br>How many hours did you<br>work last week?  |
|                            | LESS THAN 6 MONTHS..1<br>7 MONTHS TO 1<br>YEAR.....2<br>1 TO 3 YEARS.....3<br>3 TO 5 YEARS .....4<br>5 TO 10 YEARS .....5<br>10 TO 20 YEARS .....6<br>> 20 YEARS.....7 | You worked in public sector.....1<br>In public sector, but "wait-listed".....2<br>You worked for private employer.....3<br>In private sector as owner .....4<br>You worked as supporting member in<br>familiy business, farm .....5<br>You attended education .....6<br>Unemployed registered with Employment<br>Bureau .....7<br>Unemployed and not registered with<br>Employment Bureau .....8<br>Housewife .....9<br>Pensioner .....10<br>Other .....11 | <div style="border: 1px solid black; padding: 5px; text-align: center;">         WRITE NUMBER<br/>OF HOURS<br/><br/>         IF 40 OR 42<br/>HOURS &gt;&gt;19       </div> | <b>YOU WORK MORE</b><br>Regular office hours are more than 40/42<br>hours.....1<br>You usually work overtime.....2<br>Other.....3<br><b>YOU WORK LESS</b><br>Regular office hours are<br>less than 40/42 hours.....4<br>Illness, invalidity, other.....5<br>You cannot find full-time job.....6<br>Education, training.....7<br>Maternity leave, with shortened<br>office hours .....8<br>Partly retired.....9<br>You do not want to work onger.....10 | <div style="border: 1px solid black; padding: 5px;">         FOR PERSONS WHO<br/>WERE ABSENT FROM<br/>WORK, BUT HAVE JOB<br/>WRITE '0'       </div> |
|                            |  |  | HOURS  |  |   |

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## MODULE 5: LABOR

|                            |   |   |  |   |   |  |                                |      |  |  | ADDITIONAL JOB   |  |
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| I<br>D<br>C<br>O<br>D<br>E | 20.<br>Which of the listed benefits do you receive at your work? (for persons absent from work, would receive if they worked) |   |  | 21.<br>What is the amount of your usual monthly NET salary or earning at your main job? | 22.<br>What was the amount of your last paid salary or earning? | 23.<br>When did your receive your last salary? | 24.<br>For which period is it? |      | 25.<br>Was it all in cash or a part in-kind?         | 26.<br>How much was paid in-kind? (estimated amount in KM) | 27.<br>During the previous week, besides your main job, did you have any other job for which you were paid in cash on in-kind? |  |
|                            | A.<br>Salary or part of one<br>YES.... 1<br>No.... 2  | B.<br>Health Insurance<br>YES.... 1<br>No.... 2 | C.<br>Pension Insurance<br>YES.... 1<br>No.... 2 | IF NO EARNING<br>WRITE 0 >>27   | WRITE AMOUNT IN KM  |  |                                |      | CASH..... 1 >>27<br>IN-KIND... 2 >>27<br>BOTH..... 3 |  | YES ..... 1<br>NO ..... 2 >>45   |  |
|                            |   |   | KM   | KM  | MONTH   | YEAR   | MONTH                          | YEAR |  | KM   | KM   |  |
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## MODULE 5: LABOR

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| I<br>D<br>C<br>O<br>D<br>E | 28.<br>This job is:                             | 29.<br>What is your employment status in your additional job?<br>Owner, co-owner of enterprise which employs workers.....1<br>Owner, co-owner fo enterprise which doesn't employ workers..2<br>Owner, co-owner of "small business" which employs workers...3<br>Owner, co-owner of "small business" which doesn't<br>employ workers.....4<br>Farmer on own farm.....5<br>Entrepreneur in free profession.....6<br>-----<br>Work for employer in private sector.....7<br>work in pubic enterprise, institution, organization.....8<br>Unpaid supporting familiy member.....9<br>Work for international organization.....10<br>-----<br>Do some other activity, such as sale of agricultural and other<br>products, provide house, intellectual and other services....11 | 30.<br>During previous<br>week, how many<br>hours did you work<br>at your additional<br>job? | 31.<br>What is your occupation at your additional work?   |             |      |
|                            | SEASONAL....1<br>OCCASIONAL..2<br>TEMPORARY...3 |  |  | <div style="border: 1px solid black; padding: 5px; text-align: center;">           TO BE FILLED<br/>IN BY<br/>SUPERVISOR<br/>↓         </div> |             |      |
|                            |   |  | HOURS  | NAME  | DESCRIPTION | CODE |
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## MODULE 5: LABOR

|                            |  | PERSONS WHO DO NOT WORK  |  |   |             |      |  |
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| I<br>D<br>C<br>O<br>D<br>E | 32.<br>What is the main activity of the unit where your perform you additional work? | 33.<br>When did your work last time?                                   | 34.<br>Why did you stop working?   | 35.<br>What was your occupation at your last job? |             |      |  |
|                            | <div>&gt;&gt; 45</div> <div>TO BE FILLED<br/>IN BY<br/>SUPERVISOR</div>              | WRITE YEAR<br>(4 DIGITS)<br><br>IF NEVER WORKED<br>WRITE 9999 AND >>38 | YOU WERE FIRED.....1<br>ENTERPRISE CLOSED.....2<br>RETIRED .....3<br>FIXED TERM CONTRACT<br>EXPIRED .....4<br>MILITARY SERVICE.....5<br>PERSONAL, FAMILY,<br>HEALTH REASONS .....6<br>REDUCED WORKLOAD .....7<br>BANKRUPTCY.....8<br>CONTINUED EDUCATION ..9<br>DISPLACED .....10<br>OTHER .....11 | <div>TO BE FILLED<br/>IN BY<br/>SUPERVISOR</div>  |             |      |  |
|                            | DESCRIPTION  | CODE   | YEAR   | NAME  | DESCRIPTION | CODE |  |
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## MODULE 5: LABOR

| I<br>D<br>C<br>O<br>D<br>E | 36. What was the main activity of the unit in which your performed your last job?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">           TO BE FILLED<br/>IN BY<br/>SUPERVISOR         </div> |      | 37. What was your employment status at your last job?<br><br>Owner/co-owner of enterprise which employs workers.....1<br>Owner/co-owner fo enterprise which doesn't employ workers..2<br>Owner/co-owner of "small business" which employs workers...3<br>Owner/co-owner of "small business" which doesn't<br>employ workers.....4<br>Farmer on own farm.....5<br>Entrepreneur in free profession.....6<br>-----<br>Work for employer in private sector.....7<br>work in pubic enterprise, institution, organization.....8<br>Unpaid supporting familiy member.....9<br>Work for international organization.....10<br>-----<br>Do other activity, such as sale of agricultural and other<br>products, provide house, intellectual and other services..11 | 38. During previous 4 week, did you try in any way to find job or start own business?<br><br><br>YES .....1>>41<br>NO ... ..2 | 39. Do you want to work?<br><br><br>YES.....1<br>NO.....2>>45 |
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## MODULE 5: LABOR

|                            |  | PERSONS LOOKING FOR JOB  |  |   |   |
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| I<br>D<br>C<br>O<br>D<br>E | 40.<br>What was the main reason that you did not look for job during previous 4 weeks?<br><br>YOU FOUND JOB .....1<br>YOU EXPECTED TO GET BACK TO THE SAME JOB-SAME EMPLOYER.....2<br>WAITING TO START OWN BUSINESS.....3<br>FAMILY, PERSONAL, HEALTH REASONS..4<br>THINK NO ADEQUATE JOB FOR YOU.....5<br>YOU ATTENDED REGULAR OR EXTRAORDINARY EDUCATION.....6<br>YOU ARE AWAITING RETIREMENT.....7<br>WAITING FOR SEASON.....8<br>OTHER.....9<br><br>MILITARY SERVICE, MOBILIZATION...10 >>45 | 41.<br>For how long have you been looking for job or trying to start own business?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content;">             WRITE NUMBER OF MONTHS, IF LESS THAN 1 MONTH WRITE '0'           </div> | 42.<br>During previous 4 week, in which way did you look for job or try to start own business?<br><br>You registered with Employment Bureau...1<br>You applied to adds.....2<br>You enquired with friends, relatives, acquaintance.s.....3<br>You contacted directly employer.....4<br>You were looking for location, business premises, equipment, finance.....5<br>You registered wiht student or youth agency.....6<br>You enquired with Employment Bureau.....7<br>You did not do anything.....8 | 43.<br>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?<br><br>YES.....1 >> 45<br>NO.....2 | 44.<br>Why wouldn't you be able to start?<br><br>FAMILY, PERSONAL, HEALTH REASONS ...1<br>REGULAR EDUCATION .2<br>OBLIGATIONS AT CURRENT JOB .....3<br>TRAINING.....4<br>MILITARY SERVICE...5 |
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**MODULE 5: LABOR**

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| I<br>D<br>C<br>O<br>D<br>E | 45.<br>Are you registered with<br>Employment Bureau? | 46.<br>Which of the following benefits do<br>you have from the Employment<br>Bureau? |   |  |
|                            | YES...1<br>NO...2 >>NEXT<br>MODULE                   | A.<br>Cash<br>benefit<br>YES... 1<br>NO...2  | B.<br>Health<br>Insurance<br>YES... 1<br>NO...2 | C.<br>Pension<br>Insurance<br>YES... 1<br>NO...2 |
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## MODULE 6: CREDIT

## FOR ALL HOUSEHOLD MEMBERS 15 AND OLDER

I would now like to ask you about whether you have borrowed any money or goods or obtained funds that you must repay from family, friends or institutions.

|           |   |  |   |                            |  |                                 |                       |  |  |  |   |      |
|-----------|---|--|---|----------------------------|--|---------------------------------|-----------------------|--|--|--|---|------|
| PERSON ID | 1<br>IS THIS PERSON ANSWERING FOR HER OR HIMSELF? | 2<br>[INTERVIEWER: COPY THE ID CODE OF PERSON PROVIDING THE INFORMATION] | 3<br>In the last 12 months, how many times did you borrow or obtain funds that you had to (have to) repay from: (Include all loans made this year, even if already repaid).<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;">IF NONE WRITE 0</div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">INTERVIEWER: IF THERE IS ZERO IN ALL COLUMNS &gt;&gt; 6</div> |                            |  |                                 |                       |  | 4<br>In total, during the last 12 months, how much did you borrow from all of these sources? | 5<br>In total, including previous loans, how much do you owe to all sources? | 6<br>When did you most recently borrow money or obtain funds that need(ed) to be repaid? [IF PERSON SAYS THAT NEVER BORROWED MONEY WRITE IN 99 9999 AND »10. IF MOST RECENT LOAN IS OLDER THAN 12 MONTHS, WRITE DATE AND »10] |      |
|           | YES . . . . 1<br>(»3)<br>NO . . . . . 2           |  | A.<br>A family member, friend or other individual   | B.<br>Employer or landlord | C.<br>Credit union, cooperative or NGO | D.<br>Bank or government agency | E.<br>Employment Fund | F.<br>Pawning your belongings or other sources | KM   | KM   | MONTH   | YEAR |
|           | ID CODE   | NUMBER   | NUMBER  | NUMBER                     | NUMBER                                 | NUMBER                          | NUMBER                |  |  |  |   |      |

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## MODULE 6: CREDIT

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|--|--|---|--|--|----------------------------|---|---|---|
| P<br>E<br>R<br>S<br>O<br>N<br><br>I<br>D | 7<br>Where precisely did you obtain this most recent loan?   | 8<br>What was the main reason for borrowing or obtaining this loan?   | 9<br>How much did you borrow in this most recent loan? | 10<br>During the last 12 months did you try to borrow money from any person or institution and were refused? | 11<br>Who turned you down? | 12<br>CHECK THE ANSWERS TO QUESTION 6. DID THE PERSON OBTAIN A LOAN IN THE PAST 12 MONTHS?  | 13<br>Why did you not attempt to borrow money in the last 12 months? [WRITE UP TO THREE ANSWERS IN ORDER OF IMPORTANCE] |   |
|  | GOV'T AGENCY.....1<br>AGR. DEVE. BANK.....2<br>OTHER NAT'L BANK....3<br>COMMERCIAL BANK....4<br>CREDIT UNION.....5<br>OTHER COOPERAT.....6<br>NGO.....7<br>FOREIGN BANK.....8<br>PAWNSHOP.....9<br>ENTERPRISE FUND...10<br>LANDLORD.....11<br>EMPLOYER.....12<br>RELATIVE.....13<br>FRIEND.....14<br>OTHER INDIVIDUAL..15<br>OTHER INSTITUTION..16 | FARM INPUTS.....1<br>BUY HEAVY EQUIP.....2<br>BUY OTHER EQUIP.....3<br>BUY ANIMALS.....4<br>BUY AGR. LAND.....5<br>OTHER AG. COSTS.....6<br>BUY INPUTS/WORK CAPITAL...7<br>LAND/BUILD/EQUIP.....8<br>EXPENSES.....9<br>CONSUMPTION NEEDS.....10<br>RECONSTRUCTION OF DWELLING11<br>PURCHASE DWELLING.....12<br>RELIG/WED/BURY).....13<br>CONSUMER DURABLES.....14<br>ONLENDING.....15<br>REPAY LOANS.....16 |  | YES..1<br>NO...2<br>»12  |                            | GOV'T AGENCY.....1<br>AGR. DEVE. BANK..2<br>OTHER NAT'L BANK.3<br>COMMERCIAL BANK..4<br>CREDIT UNION.....5<br>OTHER COOPERAT..6<br>NGO.....7<br>FOREIGN BANK.....8<br>PAWNSHOP.....9<br>ENTERPRISE FUND.10<br>LANDLORD.....11<br>EMPLOYER.....12<br>RELATIVE.....13<br>FRIEND.....14<br>OTHER INDIV.....15<br>OTHER INSTIT...16 | YES....1 »<br><b>NEXT MOD</b><br>NO.....2   | NO NEED.....1<br>BELIEVED WOULD<br>BE REFUSED.....2<br>TOO EXPENSIVE....3<br>INADEQUATE<br>COLLATERAL.....4<br>DO NOT LIKE TO BE<br>IN DEBT.....5<br>DO NOT KNOW ANY<br>LENDER.....6<br>OTHER.....7 |
|  |  |   | KM   |  | »NEXT MODULE               |   | RANK<br>1ST    2ND    3RD   |   |

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## MODULE 7: VOUCHER/CERTIFICATE

## FOR ALL PERSONS

Now I would like to ask you about your vouchers or certificates.

|           |  |  |         |   |   |             |   |           |               |   |        |
|-----------|--|--|---------|---|---|-------------|---|-----------|---------------|---|--------|
| PERSON ID | 1  | 2  |         | 3   |   |             | 4   |           |               | 5   |        |
|           | Have you ever had a right to have a voucher/certificate? | What was the total nominal amount of the voucher that you actually received from the government? (including any appealed amount)                       |         | Which transactions have you made with your voucher / certificate during the past 12 months?   |   |             | For how much did you sell your voucher / certificate?   |           |               | What is the current nominal value of voucher that you have left after these transactions? |        |
|           | YES....1<br>NO.....2<br>»NEXT MODULE                     | (WRITE AMOUNT IN KM AND NUMBER OF POINTS. IF NOTHING IN ONE OR BOTH COLUMNS WRITE '0' IN RESPECTIVE(S) COLUMN(S). IF '0' IN BOTH COLUMNS »NEXT MODULE) |         | SALE.....1<br>PURCHASE.....2<br>GIVE AS PRESENT.....3<br>PURCHASE DWELLING.....4<br>INVESTING IN FUNDS<br>FOR PRIVATIZATION.....5<br>INVESTING IN A FIRM..6<br>OTHER.....7<br>NO TRANSACTIONS.....8 >><br><b>NEXT MODULE</b><br><br>(WRITE -- IN EMPTY COLUMNS. IF ANY RESPONSE >>4 OTHERWISE >>5 |   |             | (IF NOMINAL AMOUNT IS ONLY IN KM YOU WRITE '0' IN COLUMN FOR POINTS. IF NOMINAL AMOUNT IS ONLY IN POINTS YOU WRITE '0' IN COLUMN FOR NOMINAL AMOUNT IN KM.) |           |               | (YOU WRITE AMOUNT IN KM AND NUMBER OF POINTS. [IF NOTHING WRITE '0']<br><br>»NEXT MODULE) |        |
|           | DON'T KNOW...3<br>»NEXT MODULE                           |  |         |   |   |             |   |           |               |   |        |
|           | NO ANSWER...4<br>»NEXT MOD.                              | CERTIFICATE  | VOUCHER | RESPONSES   |   |             | NOMINAL VALUE   |           | SELLING VALUE | SELLING VALUE   |        |
|           | KM   | POINTS   | 1       | 2   | 3 | CERTIFICATE | VOUCHER   | OF CERTIF | OF VOUCHER    | KM  | POINTS |
|           |  |  |         |   |   | KM          | POINTS  | KM        | KM            |   |        |

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## MODULE 8: MIGRATION

## ALL PERSONS OF 15 AND OVER

|                                |   |  |            |   |   |   |   |            |
|--------------------------------|---|--|------------|---|---|---|---|------------|
| I<br>D<br><br>C<br>O<br>D<br>E | 1.<br>Were you born in the territory of<br>Bosnia and Herzegovina?                          | 2.<br>In which municipality and settlement were you<br>born? |            | 3.<br>Your birth place is:                  | 4.<br>Have you lived<br><b>CONTINUOUSLY</b> in this<br>settlement since you were<br>born? | 5.<br>Where did you live just before the<br>war (April 1992)  | 6.<br>In which municipality and settlement did<br>you live just before the war (April<br>1992)? |            |
|                                | YES.....1<br>NO, IN ANOTHER<br>EX-YU REPUBLIC..2 >>5<br>NO, IN ANOTHER<br>COUNTRY.....3 >>5 |  |            | VILLAGE....1<br>CITY .....2<br>SUBURB.....3 | YES.....1 >> <b>NEXT<br/>MODULE</b><br>NO.....2   | TERRITORY<br>OF BiH.....1<br>NO, IN OTHER<br>EX-YU<br>REPUBLIC.....2 >>7<br>NO, IN ANOTHER<br>COUNTRY.....3 >>7 |   |            |
|                                |   | MUNICIPALITY   | SETTLEMENT |   |   |   | MUNICIPALITY  | SETTLEMENT |

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## MODULE 8: MIGRATION

**ALL PERSONS OF 15 AND OVER**

|                                |  |   |  |   |
|--------------------------------|--|---|--|---|
| I<br>D<br><br>C<br>O<br>D<br>E | 7.<br>This place is:                         | 8.<br>What was the reason why you moved to your current place?  | 9.<br>Which one of listed statuses describes best your current status in you current place?  | 10.<br>Since when have you been living in this place? |
|                                | VILLAGE.....1<br>CITY .....2<br>SUBURB.....3 | <div style="border: 1px solid black; padding: 5px;">DO NOT ASK PEOPLE WHO ARE RETURNEES TO THEIR /EARLIER/ PLACE/AFTER THE WAR/<br/>[INTERVIEWER WRITE DASH]</div> WAR.....1<br>PROPERTY OCCUPIED..... 2<br>PROPERTY DEVASTATED.....3<br>SECURITY..... 4<br>NO ADEQUATE LIVING CONDITIONS..... 5<br>FAMILY REASONS.....6<br>JOB.....7<br>HEALTH .....8<br>OTHER REASONS.....9 | Permanent residence-with no moving during the war.....1<br>Permanent residence-displaced person -returnee.....2<br>Perment residence - refugee-returnee.....3<br>Temporary residence: displaced person.....4<br>Temporary residence-refugee-displaced person.....5<br>Temporary residence: refugee.....6<br>Temporary residence: other.....7 | >> NEXT MODULE  |
|                                |  |   |  | YEAR (e.g.1979)                                       |

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**MODULE 9: SOCIAL ASSISTANCE**

FOR ALL HOUSEHOLD MEMBERS

|                            |   |   |   |                      |                       |                      |                      |                     |                          |                     |   |                       |                      |  |   |
|----------------------------|---|---|---|----------------------|-----------------------|----------------------|----------------------|---------------------|--------------------------|---------------------|---|-----------------------|----------------------|--|---|
| I<br>D<br>C<br>O<br>D<br>E | 1<br>IS THIS<br>PERSON<br>ANSWERIN<br>G FOR HIM<br>OR<br>HERSELF? | 2<br>INTERVIE<br>WER:<br>WRITE ID<br>CODE OF<br>PERSON<br>PROVIDIN<br>G THE<br>INFORMATI<br>ON. | 3.<br>Are you eligible to receive any of the following pensions. If answer is <b>YES</b> , how much do you receive per month for each one?  |                      |                       |                      |                      |                     |                          |                     | 4.<br><b>In the last 12 months</b> , have you received any of the following allowances::  |                       |                      | 5.<br><b>In the last twelve months</b> what is the total value of these allowances that you have received? | 6.<br><b>In the last twelve months</b> , have you received any services from a Center for Social Work, (not including cash benefits)?   |
|                            | Yes....1 >>3<br>No....2   | IDCODE  | <div style="border: 1px solid black; padding: 5px; text-align: center;">           READ THE NAME OF EACH PENSION, IF THE ANSWER IS <b>NO</b>, WRITE 2 AND SKIP TO THE NEXT PENSION TYPE. IF THE ANSWER IS <b>YES</b>, WRITE 1 AND THEN WRITE IN AMOUT THE PERSON RECEIVES FOR THAT PENSION TYPE.         </div> |                      |                       |                      |                      |                     |                          |                     | <div style="border: 1px solid black; padding: 5px; text-align: center;">           READ ALL THREE CATEGORIES. IF RESPONDENT ANSWERS <b>NO</b> , &gt;&gt; 6         </div> |                       |                      | KM   | <div style="border: 1px solid black; padding: 5px;">             &gt;&gt; <b>MODULE 3</b>,<br/>NEXT PERSON "+"<br/><b>COLUMN A</b>,<br/><b>MODULE 1</b>, IF IT<br/>IS LAST PERSON,<br/>&gt;&gt; <b>MODULE 10</b> </div> |
|                            |   |   | A. Old Age Pension  |                      | B. Disability Pension |                      | C. Survivors Pension |                     | D. War Veteran's Pension |                     | A. Permanent Allowance  | B Temporary Allowance | C.Carer's Allowance  |  |   |
|                            |   |   | Eligible?   | How much per month?  | Eligible?             | How much per month?  | Eligible?            | How much per month? | Eligible?                | How much per month? | What level of disability do you have?   | Yes . 1<br>No... . 2  | Yes . 1<br>No... . 2 |  |   |
| Yes . 1<br>No... . 2       | KM  | Yes . 1<br>No... . 2  | KM  | Yes . 1<br>No... . 2 | KM                    | Yes . 1<br>No... . 2 | KM                   | LEVEL               |                          |                     |   |                       |                      |  |   |

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## MODULE 10: END OF FIRST VISIT

**TO BE ASKED OF HEAD OF HOUSEHOLD OR MAIN INFORMANT ONLY**

| <p>1. Is anyone in this household engaged in agriculture, either planting crops or with fruit trees or forest land, raising livestock, even if it is only in a small amount?</p> <p>YES.... 1<br/>NO.... ....2&gt;&gt;3</p> | <p>2. [INTERVIEWER, WRITE THE ID CODES OF THOSE RESPONSIBLE FOR AGRICULTURAL ACTIVITIES.]</p> |        | <p>3. During the past 12 months, did anybody from your household <b>try</b> to earn money, formally or informally, through self-employment or to perform any non-agricultural activity which provides goods and services (e.g. crafts, construction, repair, processing and sale of own products) or did anybody <b>try</b> to open a shop or to perform trade, formally or informally, but was unsuccessful?</p> <p>YES.... 1<br/>NO.... ....2&gt;&gt;6</p> | <p>4. What were the reasons why you did not start such a non-agricultural activity?</p> <p>BETTER EARNING IN<br/>ANOTHER BUSINESS.....1<br/>LACK OF CAPITAL.....2<br/>LACK OF OWN SKILL.....3<br/>LACK OF RAW-MATERIAL.....4<br/>LACK OF CLIENTS.....5<br/>LACK OF LABOR FORCE.....6<br/>DIFFICULTIES IN OBTAINING<br/>ALL LEGAL DOCUMENTS.....7<br/>OTHER REASONS.....8</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>FOR ANSWERS 1-6 OR 8 &gt;&gt; 6</p> </div> |      |  |  |    |    |    |
|---|---|--------|--|---|------|--|--|----|----|----|
|   | IDCODE  | IDCODE |  | <table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="3">RANK</th> </tr> <tr> <td>1.</td> <td>2.</td> <td>3.</td> </tr> </table>  | RANK |  |  | 1. | 2. | 3. |
| RANK  |   |        |  |   |      |  |  |    |    |    |
| 1.  | 2.  | 3.     |  |   |      |  |  |    |    |    |
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**MODULE 10: END OF FIRST VISIT****TO BE ASKED OF HEAD OF HOUSEHOLD OR MAIN INFORMANT ONLY**

|   |  |  |  |  |  |  |   |  |  |  |   |  |  |
|---|--|--|--|--|--|--|---|--|--|--|---|--|--|
| 5. What were the primary problems?<br><br><b>COMPLEX PROCEDURES LEVEL OF:</b><br>MUNICIPALITY.....1<br>CANTON.....2<br>ENTITY.....3<br><br><b>COSTS AND DURATION OF PROCEDURES AT THE LEVEL OF:</b><br>MUNICIPALITY .....4<br>CANTON.....5<br>ENTITY.....6<br>OTHER.....7 |  |  | 6. During the last 12 months have you or any member of your household had your own business, either formal or informal or been self-employed in any activity excluding agriculture?<br><br>YES...1<br>NO...2 >>9 |  | 7. In what type of activities were you or members of your household engaged?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content;">           TRADE.....1<br/>           SERVICES.....2<br/>           PRODUCTION.....3<br/>           OTHER.....4         </div> |  | 8. Who were (are) the persons responsible for each of these activities? |  | 9. INTERVIEWER: WHEN ALL PERSONS HAVE BEEN INTERVIEWED, CHECK IF ANY HOUSEHOLD MEMBERS IN MODULE FIVE (LABOR ACTIVITIES): QUESTION 10, GAVE RESPONSES 1,2,3,4,6, 11.<br><br>YES...1<br>NO...2 >>END OF FIRST VISIT |  | 10. WRITE THE ID CODES OF ALL PERSONS WHO ARE SELF-EMPLOYED OR RUNNING THEIR OWN BUSINESS:<br><br><div style="border: 1px solid black; padding: 5px;">           IF ALL PERSONS HAVE BEEN INTERVIEWED (MODULES 3-9), FINISH OF FIRST INTERVIEW: THANK REpondENTS AND INFORM THEM OF THE DATE AND PURPOSE OF YOUR NEXT VISIT.         </div> |  |  |
| <b>RANK</b><br>1.      2.      3.   |  |  | <b>DESCRIPTION OF ACTIVITY</b>   |  | <b>CODE</b>  |  | <b>IDCODE</b>   |  | <b>IDCODE    IDCODE    IDCODE</b>  |  |   |  |  |
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**MODULE 11: HOUSEHOLD CONSUMPTION**  
**PART A: DAILY EXPENSES**

I would like to ask you some questions about your household's consumption.

|   |  |                                    |  |
|---|--|------------------------------------|--|
| O<br>r<br>d<br>e<br>r<br><br>n<br>u<br>m<br>b<br>e<br>r | 1. <b>During the last 7 days</b> , did you or any of your household members purchase any of the following items:             |                                    | 2. What is the value of [ITEM] purchased in the <b>last 7 days</b> ? |
|   | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> YES...1<br/> NO...2 &gt;&gt;<b>NEXT ITEM</b> </div> |                                    |  |
|   |  |                                    | <b>KM</b>  |
|   | 1.   | Tobacco, cigarettes, cigars        |  |
|   | 2.   | Newspaper and magazines            |  |
|   | 3  | Lottery games payments and similar |  |
| 4.  | Parking  |                                    |  |
| 5   | Hairdresser and barber's services  |                                    |  |

|  |  |   |
|--|--|---|
| 3. <b>During last 7 days</b> how many meals did your household members have outside of your house?                               |  | 4. What is the value of [MEAL] eaten outside the home during the <b>last 7 days</b> |
| <div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF NOTHING WRITE 0<br/> &gt;&gt;<b>NEXT MEAL</b> </div> |  |   |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; text-align: center;"> NUMBER<br/>OF MEALS </div>          |  | <b>KM</b>   |
| Breakfast (include number and value of breakfasts employed person has at work)   |  |   |
| Lunch  |  |   |
| Dinner   |  |   |
| Snacks, drinks (including alcohol)   |  |   |

MODULE 11: CONSUMPTION  
PART B1: FOOD CONSUMPTION

| F<br>O<br>O<br>D<br><br>C<br>O<br>D<br>E | 1<br>During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?       |    | 2<br>How much per month, on average, did your household consume purchased [ITEM] during the last twelve months? | 3<br>How much, on average per month, did you spend on [ITEM] during the last 12 months? | 4<br>How much did you consume of [ITEM] from own production in the last 12 months? | 5<br>What was the value of the [ITEM] consumed in the last year (last 12 months) from your own production? | 6<br>What is the total value of [ITEM] consumed that you received as gifts during the last 12 months? |
|--|---|----|---|---|--|--|---|
|  | <div>ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-6 FOR ALL CONSUMED FOOD ITEMS.</div> <div>YES...1<br/>NO... 2 &gt;&gt;NEXT ITEM</div> <div>IF NONE, WRITE 0 &gt;&gt; 4</div> |    | QUANTITY  | KM  | QUANTITY   | KM   | KM  |
|  | <b>A - FOOD PRODUCTS</b>  |    |   |   |  |  |   |
|  | <b>I BREAD AND CEREALS</b>  |    |   |   |  |  |   |
| 01                                       | Rice  | KG |   |   |  |  |   |
| 02                                       | Other cereals ( maize, wheat, rye, barley, oats)  | KG |   |   |  |  |   |
| 03                                       | Wheat flour (all types)   | KG |   |   |  |  |   |
| 04                                       | Other types of flour (maize, rye, etc.)   | KG |   |   |  |  |   |
| 05                                       | Bread, toast and all types of rolls   | KG |   |   |  |  |   |
| 06                                       | Pasta ( macaroni, noodle, spaghetti, grated dough, vermicelli, rolled-out dough, bread crumbs, cake biscuits, etc.)   | KG |   |   |  |  |   |
| 07                                       | Other cereals-based food products (biscuits, pastries, danish, pies, pizza, ceral, etc)   | KG |   |   |  |  |   |
|  | <b>II MEAT</b>  |    |   |   |  |  |   |
| 08                                       | Beef, baby-beef, veal (fresh, chilled, frozen)  | KG |   |   |  |  |   |
| 09                                       | Pork ( fresh, chilled, frozen)  | KG |   |   |  |  |   |
| 10                                       | Mutton, lamb, goat-meat (fresh, chilled, frozen)  | KG |   |   |  |  |   |
| 11                                       | Poultry (fresh, chilled, frozen)  | KG |   |   |  |  |   |
| 12                                       | Other products of animal origin (innards, rabbits, game and meat products)  | KG |   |   |  |  |   |

MODULE 11: CONSUMPTION  
PART B: FOOD CONSUMPTION

|  |   |  |   |   |  |   |   |
|--|---|--|---|---|--|---|---|
| F<br>O<br>O<br>D<br><br>C<br>O<br>D<br>E | 1<br>During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?   |  | 2<br>How much per month, on average, did your household consume purchased [ITEM] during the last twelve months? | 3<br>How much, on average per month, did you spend on [ITEM] during the last 12 months?                         | 4<br>How much did you consume of [ITEM] from own production in the last 12 months? | 5<br>What was the value of the [ITEM] consumed in the last year (last 12 months) from your own production?              | 6<br>What is the total value of [ITEM] consumed that you received as gifts during the last 12 months? |
|  | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-8 FOR ALL CONSUMED FOOD ITEMS. </div> <div style="margin-top: 10px;"> YES...1<br/>NO... 2 &gt;&gt;NEXT ITEM </div> |  | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF NONE, WRITE 0<br/>&gt;&gt; 4 </div> | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF NONE, WRITE 0<br/>&gt;&gt; 6 </div> |  | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF NONE, WRITE 0,<br/>&gt;&gt;NEXT ITEM </div> |   |
|  |   |  | QUANTITY  | KM  | QUANTITY   | KM  | KM  |
|  | <b>III FISH</b>   |  |   |   |  |   |   |
|  | 13.   | Fresh water and sea fish (fresh, chilled, frozen)                    | KG  |   |  |   |   |
|  | 14.   | Other fish-based products  | KG  |   |  |   |   |
|  | <b>IV MILK, CHEESE AND EGGS</b>   |  |   |   |  |   |   |
|  | 15.   | Fresh milk   | LT  |   |  |   |   |
|  | 16.   | Yogurt, sour milk, kefir   | LT  |   |  |   |   |
|  | 17.   | Sour cream   | LT  |   |  |   |   |
|  | 18.   | Cream cheese   | KG  |   |  |   |   |
|  | 19.   | White (fat) cheese (Travnik, Sjenica, Edamer, etc.)                  | KG  |   |  |   |   |
|  | 20.   | Eggs (poultry eggs and powdered eggs) piece                          | UN  |   |  |   |   |
|  | <b>V EDIBLE OIL AND FAT</b>   |  |   |   |  |   |   |
|  | 21.   | Butter   | KG  |   |  |   |   |
|  | 22.   | Margarine, rendered butter   | KG  |   |  |   |   |
|  | 23.   | Edible oil (sunflower, olive, maize, etc.)                           | LT  |   |  |   |   |
|  | 24.   | Other animal origin fat (pig fat, suet, lard, cracklings, raw bacon) | KG  |   |  |   |   |

MODULE 11: CONSUMPTION  
PART B: FOOD CONSUMPTION

|  | 1<br>During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)? | 2<br>How much per month, on average, did your household consume purchased [ITEM] during the last twelve months? | 3<br>How much, on average per month, did you spend on [ITEM] during the last 12 months? | 4<br>How much did you consume of [ITEM] from own production in the last 12 months? | 5<br>What was the value of the [ITEM] consumed in the last year (last 12 months) from your own production? | 6<br>What is the total value of [ITEM] consumed that you received as gifts during the last 12 months? |
|--|---|---|---|--|--|---|
| F<br>O<br>O<br>D<br><br>C<br>O<br>D<br>E | <div> ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-8 FOR ALL CONSUMED FOOD ITEMS. </div> <div> YES...1<br/>NO... 2 &gt;&gt;NEXT ITEM </div>                              | <div> IF NONE, WRITE 0<br/>&gt;&gt; 4 </div>  | <div> IF NONE, WRITE 0<br/>&gt;&gt; 6 </div>  | <div> IF NONE, WRITE 0,<br/>&gt;&gt;NEXT ITEM </div>                               |  |   |
|  | <b>VI SUGAR, JAM, HONEY, SYRUPS, CHOCOLATE AND CONFECTIONARY</b>  |   |   |  |  |   |
| 25                                       | Sugar (refined, non-refined, crystal and cubes)   | KG  |   |  |  |   |
| 26                                       | Jam, marmalade, preserves, jelly,   | KG  |   |  |  |   |
| 27                                       | Natural and artificial honey  | KG  |   |  |  |   |
| 28                                       | Chocolate for cooking or eating   | KG  |   |  |  |   |
| 29                                       | Other confectionary (bonbons, candies, ice-cream, chewing gum, taffies)   |   |   |  |  |   |
|  | <b>VII OTHER FOOD PRODUCTS</b>  |   |   |  |  |   |
| 30                                       | Baby formula  |   |   |  |  |   |
| 31                                       | Sauces and seasoning (mustard, mayonnaise, ketchup, vegeta, black pepper, chile)  |   |   |  |  |   |
| 32                                       | Vinegar   | LT  |   |  |  |   |
| 33                                       | Salt  | KG  |   |  |  |   |
| 34                                       | Soup concentrate  | KG  |   |  |  |   |
| 35                                       | Other products (baking soda, pudding, dry cream powder, vanilla sugar, fruit extract)   |   |   |  |  |   |
|  | <b>B - SOFT DRINKS</b>  |   |   |  |  |   |
|  | <b>I COFFEE, TEA, COCOA</b>   |   |   |  |  |   |
| 36                                       | Coffee (caffeinated and decaf), roasted or ground, instant, coffee extracts and substitutes   | KG  |   |  |  |   |
| 37                                       | Tea (and other herbal beverages)  |   |   |  |  |   |
| 38                                       | Powdered cocoa and chocolate (with sugar and sugar-free)  | KG  |   |  |  |   |

## MODULE 11: CONSUMPTION

## PART B: FOOD CONSUMPTION

|  |  |  |  |  |  |          |   |          |   |  |   |          |  |
|--|--|--|--|--|--|----------|---|----------|---|--|---|----------|--|
| F<br>O<br>O<br>D<br><br>C<br>O<br>D<br>E | 1  | During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)? |  | 2  | How much per month, on average, did your household consume purchased [ITEM] during the last twelve months? | 3        | How much, on average, per month, did you spend on [ITEM] during the last 12 months? | 4        | How much did you consume of [ITEM] from own production in the last 12 months? | 5  | What was the value of the [ITEM] consumed in the last year (last 12 months) from your own production? | 6        | What is the total value of [ITEM] consumed that you received as gifts during the last 12 months? |
|  | <div>ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-8 FOR ALL CONSUMED FOOD ITEMS.</div> <div>YES...1<br/>NO... 2 &gt;&gt;NEXT ITEM</div> |  |  | <div>IF NONE, WRITE 0<br/>&gt;&gt; 4</div> |  |          | <div>IF NONE, WRITE 0<br/>&gt;&gt; 6</div>  |          |   | <div>IF NONE, WRITE 0,<br/>&gt;&gt;NEXT ITEM</div> |   |          |  |
|  |  |  |  | QUANTITY                                   | KM   | QUANTITY | KM  | QUANTITY | KM  | QUANTITY   | KM  | QUANTITY | KM   |
|  | <b>II MINERAL WATER, SOFT DRINKS AND JUICES</b>  |  |  |  |  |          |   |          |   |  |   |          |  |
| 39                                       | Mineral water  | LT   |  |  |  |          |   |          |   |  |   |          |  |
| 40                                       | Soft drinks (lemonade, Coke, Sprite, Fanta, etc.)  | LT   |  |  |  |          |   |          |   |  |   |          |  |
| 41                                       | Fruit syrups, juices and drink concentrates (cedevita)   | LT   |  |  |  |          |   |          |   |  |   |          |  |
|  | <b>A - ALCOHOLIC DRINKS</b>  |  |  |  |  |          |   |          |   |  |   |          |  |
|  | <b>I BRANDY AND LIQUEUR</b>  |  |  |  |  |          |   |          |   |  |   |          |  |
| 42                                       | Strong alcohol drinks (brandy - all types, liqueur, cognac, vodka, rum, whisky, etc.)  | LT   |  |  |  |          |   |          |   |  |   |          |  |
|  | <b>II WINE</b>   |  |  |  |  |          |   |          |   |  |   |          |  |
| 43                                       | Wine - all types   | LT   |  |  |  |          |   |          |   |  |   |          |  |
|  | <b>III BEER</b>  |  |  |  |  |          |   |          |   |  |   |          |  |
| 44                                       | Beer (all types of beer such as bright, dark and alcohol-free beer)  | LT   |  |  |  |          |   |          |   |  |   |          |  |



## MODULE 11: CONSUMPTION

## PART B2: SEASONAL PRODUCTS: FRUITS AND VEGETABLES

|  |   |    |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
|--|---|----|---|--|--|--|--|--|--|--|---|--|---|--|--|--|
| F<br>O<br>O<br>D<br><br>C<br>O<br>D<br>E | 1<br>During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?<br><br>ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-8 FOR ALL CONSUMED FOOD ITEMS. |    | 2<br>How many months in the <b>past 12 months</b> did your household purchase [ITEM]?<br><br>IF NONE, WRITE 0<br>>> 5 |  | 3<br>What quantity of [ITEM] do you usually buy in one of the months that you purchase [ITEM]?<br><br>QUANTITY |  | 4<br>How much do you usually spend for [ITEM] in one of the months that you purchase [ITEM]?<br><br>KM |  | 5<br>How many months in the <b>past 12 months</b> did your household consume [ITEM] that you grew or produced at home?<br><br>IF NONE, WRITE 0<br>>> 8 |  | 6<br>How much did you consume of [ITEM] from own production in a typical month?<br><br>QUANTITY |  | 7<br>What was the value of the [ITEM] consumed in a typical month from your own production?<br><br>KM |  | 8<br>What is the total value of [ITEM] consumed that you received as gifts during the <b>last 12 months</b> ?<br><br>IF NONE, WRITE 0, >>NEXT ITEM |  |
|  |   |    | MONTHS  |  | QUANTITY   |  | KM   |  | MONTHS   |  | QUANTITY  |  | KM  |  | KM   |  |
| A - SEASONAL PRODUCTS                    |   |    |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
| I FRUIT                                  |   |    |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
| 45                                       | Fresh citrus fruit (lemon, orange, tangerine, grapefruit, kiwi)   | KG |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
| 46                                       | Banana  | KG |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
| 47                                       | Apple   | KG |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
| 48                                       | Pear  | KG |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
| 49                                       | Grape   | KG |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
| 50                                       | Stone fruit (peach, apricot, plum, cherry, sour cherry, olive.)   | KG |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
| 51                                       | Other fruit (strawberry, raspberry, blackberry, currant, blueberry, melon and water melon)  | KG |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
| 52                                       | Nuts, almonds, chestnuts, peanuts   | KG |   |  |  |  |  |  |  |  |   |  |   |  |  |  |
| 53                                       | Dry fruit   | KG |   |  |  |  |  |  |  |  |   |  |   |  |  |  |

## MODULE 11: CONSUMPTION

## PART B2: SEASONAL PRODUCTS: FRUITS AND VEGETABLES

|  |  |  |  |    |  |          |   |        |   |    |   |          |  |        |  |  |  |
|--|--|--|--|----|--|----------|---|--------|---|----|---|----------|--|--------|--|--|--|
| F<br>O<br>O<br>D<br><br>C<br>O<br>D<br>E | 1  | During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)? |  | 2  | How many months in the <b>past 12 months</b> did your household purchase [ITEM]? | 3        | What quantity of [ITEM] do you usually buy in one of the months that you purchase [ITEM]? | 4      | How much do you usually spend for [ITEM] in one of the months that you purchase [ITEM]? | 5  | How many months in the <b>past 12 months</b> did your household consume [ITEM] that you grew or produced at home? | 6        | How much did you consume of [ITEM] from own production in a typical month? | 7      | What was the value of the [ITEM] consumed in a typical month from your own production? | 8  | What is the total value of [ITEM] consumed that you received as gifts during the <b>last 12 months</b> ? |
|  |  | <div>ASK QUESTION 1 FOR ALL FOOD ITEMS, THEN ASK QUESTIONS 2-8 FOR ALL CONSUMED FOOD ITEMS.</div> <div>YES...1<br/>NO... 2 &gt;&gt;NEXT ITEM</div>                             |  |    | <div>IF NONE, WRITE 0<br/>&gt;&gt; 5</div>                                       |          |   |        | <div>IF NONE, WRITE 0<br/>&gt;&gt; 8</div>  |    |   |          |  |        |  | <div>IF NONE, WRITE 0,<br/>&gt;&gt;NEXT ITEM</div> |  |
|  |  |  |  |    | MONTHS   | QUANTITY | KM  | MONTHS | QUANTITY  | KM | MONTHS  | QUANTITY | KM   | MONTHS | QUANTITY   | KM   | MONTHS   |
|  | <b>II VEGETABLES</b>   |  |  |    |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 54                                       | Fresh leaf vegetable (lettuce, spinach, common beet, dandelion leaves)                                       |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 55                                       | Cabbage-like vegetable (cabbage, cauliflower, kale, Brussel sprouts)   |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 56                                       | Tomato   |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 57                                       | Green pepper   |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 58                                       | Cucumber, kg   |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 59                                       | Peas, green beans, kg  |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 60                                       | Dried beans, kg  |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 61                                       | Carrot, kg   |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 62                                       | Onions, kg   |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 63                                       | Garlic, kg   |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 64                                       | Potatoes, kg   |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 65                                       | Other types of fresh vegetable (spices, egg plant, zucchini, red beet, radish, musk-mallow, mushrooms, etc.) |  |  |    |  |          |   |        |   |    |   |          |  |        |  |  |  |
| 66                                       | Processed, preserved, dried vegetable and pickles  |  |  | KG |  |          |   |        |   |    |   |          |  |        |  |  |  |

**MODULE 11: HOUSEHOLD CONSUMPTION**
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**PART C1: MONTHLY EXPENDITURES ON NON-FOOD PRODUCTS**

| N<br>U<br>M<br>B<br>E<br>R | 1. During last 30 days months, did your household buy, spend money or receive as a gift any of the following products: (exclude all products purchased for further processing or sale in your household business)   |  | 2. What is the value of [PRODUCT] purchased during the last 30 days? | 3. What is the value of [PRODUCT] received as a gift during the last 30 days? |
|----------------------------|---|--|--|---|
|                            | <div style="border: 1px solid black; padding: 5px; display: inline-block;">                     [INTERVIEWER: READ LIST AND ANSWER QUESTION 1 FOR ALL ITEMS, THEN ASK QUESTIONS 2 AND 3 FOR ITEMS WHERE THE ANSWER IS 1 IN QUESTION 1]                 </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;">                     YES.....1<br/>                     NO.....2 &gt;&gt;NEXT<br/>                               ITEM                 </div> <div style="text-align: center; margin-top: 10px;">▼</div> |  | KM   | KM  |
| 1.                         | Urban Transport -including passes and individual tickets, (bus, tram, trolley, minibus, taxi)   |  |  |   |
| 2.                         | Household Cleaning Products (detergents and soaps for washing clothes, detergents for dishes, detergents and products for bathroom, products for cleaning furniture, etc.)  |  |  |   |
| 3                          | Cosmetics and products for personal hygiene (all types of cosmetics, shampoos and other products for hair, bath soap, and toothpaste, etc.)   |  |  |   |
| 4                          | Fuel and lubricants (oil of all kinds, diesel, gasoline, lubricants, antifreeze, etc.)  |  |  |   |

**MODULE 11: HOUSEHOLD CONSUMPTION**  
**PART C2: NON-FOOD PRODUCTS, ANNUAL**

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|  |   |  |   |  |
|--|---|--|---|--|
| O<br>R<br>D<br>E<br>R<br><br>N<br>O<br>. | <b>4. During last 12 months</b> , did your household buy, spend money or receive as a gift any of the following products: ( exclude all products purchased for further processing or sale in your household business)   |  | <b>5. What is the value of [PRODUCT] purchased during the last 12 months?</b> | <b>6. What is the value of [PRODUCT] received as a gift during the last 12 months?</b> |
|  | <div style="border: 1px solid black; padding: 5px; width: fit-content;">                     [INTERVIEWER: ASK QUESTION 4 FOR ALL PRODUCTS, PROCEED WITH QUESTIONS 5 AND 6 FOR THOSE HAVING RESPONSE 1 IN QUESTION 4]                 </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;">                     YES.....1<br/>                     NO.....2 &gt;&gt;NEXT ITEM                 </div> <div style="text-align: center; margin-top: 10px;"> </div> |  | KM  | KM   |
| 1.                                       | Clothes fabric (artificial, natural fibers, hand made material, or natural-artificial fiber blend), sewing and knitting kits  |  |   |  |
| 2.                                       | Men's clothing  |  |   |  |
| 3.                                       | Women's clothing  |  |   |  |
| 4.                                       | Children's clothing   |  |   |  |
| 5.                                       | Clothing sewing and repair  |  |   |  |
| 6.                                       | Dry cleaning, washing and dyeing of clothing  |  |   |  |
| 7.                                       | Men's footwear  |  |   |  |
| 8.                                       | Women's footwear  |  |   |  |
| 9.                                       | Children's footwear   |  |   |  |
| 10.                                      | Footwear repair and cleaning  |  |   |  |
| 11.                                      | Furniture   |  |   |  |
| 12.                                      | Carpets and other floor coverings   |  |   |  |
| 13.                                      | Repair of furniture and floor coverings   |  |   |  |
| 14.                                      | Household textile (upholstery fabric, slipcovers, bed linens (comforters and covers), curtains, tableclothes, towels, kitchen towels, shopping bags, bedspread, etc.)   |  |   |  |
| 15.                                      | Main household appliances (washing machine, dishwasher, stove, refrigerator, vacuum cleaner, etc.)  |  |   |  |
| 16.                                      | Small household appliances (coffee grinder, mixer, hairdryer, fryer, etc.)  |  |   |  |
| 17.                                      | Repair of household appliances  |  |   |  |
| 18.                                      | Dishware, pots and pans, cutlery  |  |   |  |
| 19.                                      | Main tools and equipment  |  |   |  |
| 20.                                      | Small tools and accessories   |  |   |  |
| 21.                                      | Household cleaning supplies (broom, sponge, garbage bags, needles, nails, lightbulbs, candles, rope, hangers, saranwrap, etc)   |  |   |  |
| 22.                                      | Assistance in house (window cleaning, carpet cleaning, daily help, painters, etc.)  |  |   |  |
| 23.                                      | Personal Transport Means (cars, vans, bicycles, boats, etc)   |  |   |  |

**MODULE 11: HOUSEHOLD CONSUMPTION**  
**PART C2: NON-FOOD PRODUCTS, ANNUAL**

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|  |   |  |   |  |
|--|---|--|---|--|
| O<br>R<br>D<br>E<br>R<br><br>N<br>O<br>. | <b>4. During last 12 months</b> , did your household buy, spend money or receive as a gift any of the following products: ( exclude all products purchased for further processing or sale in your household business)   |  | <b>5. What is the value of [PRODUCT] purchased during the last 12 months?</b> | <b>6. What is the value of [PRODUCT] received as a gift during the last 12 months?</b> |
|  | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> [INTERVIEWER: ASK QUESTION 4 FOR ALL PRODUCTS, PROCEED WITH QUESTIONS 5 AND 6 FOR THOSE HAVING RESPONSE 1 IN QUESTION 4] </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 400px;"> YES.....1<br/> NO.....2 &gt;&gt;NEXT ITEM </div> <div style="text-align: center; margin-top: 10px;"> ↓ </div> |  | <b>KM</b>   | <b>KM</b>  |
| 24                                       | Transport means maintenance ( Except parking costs ) (Registration, including obligatory and special car insurance, oil changing, filters, carwashing etc.)   |  |   |  |
| 25                                       | Public transport (inter-city, etc.)   |  |   |  |
| 26                                       | PTT services ( except fixed and cellular phone subscription ) (letters, postcards, stamps, telegrams, purchase phones, fax machines, mobiles, telephone cards, internet costs)  |  |   |  |
| 27                                       | Sound and picture recording and reproduction equipment (radio cassette machine, walkman, tv, VCR, record player, microphone, etc.)  |  |   |  |
| 28                                       | Photographic, cinematography equipment and optical equipment ( video camera, cameras, film etc.)  |  |   |  |
| 29                                       | Data procession equipment (PC, printers, calculators, typewriter, etc.)   |  |   |  |
| 30                                       | Sound and picture recording equipment (video tapes, diskettes, CDs, cassettes)  |  |   |  |
| 31                                       | Repair of audio-visual, photographic devices and data processing equipment  |  |   |  |
| 32                                       | Recreation and culture durable goods (musical instrument, sport equipment, camping equipment, small boats, sail boat, kayak, canoe etc.)  |  |   |  |
| 33                                       | Repair of recreation and culture durable goods  |  |   |  |
| 34                                       | Equipment for sport, recreation and playing in open area (playing cards, chess set, toys of all kinds, record albums, small sports equipment, equip. for hunting and fishing, beach equipments, barbecues and similar)  |  |   |  |
| 35                                       | Pets and care (Dogs, cats, birds, fish, hamster, etc. food, equipment & vet. services)  |  |   |  |
| 36                                       | Flowers (soil, pots, vases, seeds, christmas tree, christmas decorations, etc.)   |  |   |  |
| 37                                       | Recreation and culture related services (tickets for theater, cinema, concerts and sporting events, renting movies, film deleloping, renting sport equipment and use of sport facilities,)  |  |   |  |
| 38                                       | Excursion, vacations, etc. including transport, accommodation and food during vacation ( <b>exclude school excursions</b> )   |  |   |  |
| 39                                       | Personal care services (except hairdresser/barber) (beauty salon, sauna, massage, manicure, etc.)   |  |   |  |
| 40                                       | Purchase of personal care devices/ products, excluding cosmetics (razors and shavers, nail files, scissors, tweezers, etc.)   |  |   |  |

**MODULE 11: HOUSEHOLD CONSUMPTION**  
**PART C2: NON-FOOD PRODUCTS, ANNUAL**

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|  |   |  |   |  |
|--|---|--|---|--|
| O<br>R<br>D<br>E<br>R<br><br>N<br>O<br>. | <b>4. During last 12 months</b> , did your household buy, spend money or receive as a gift any of the following products: ( exclude all products purchased for further processing or sale in your household business)   |  | <b>5. What is the value of [PRODUCT] purchased during the last 12 months?</b> | <b>6. What is the value of [PRODUCT] received as a gift during the last 12 months?</b> |
|  | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> [INTERVIEWER: ASK QUESTION 4 FOR ALL PRODUCTS, PROCEED WITH QUESTIONS 5 AND 6 FOR THOSE HAVING RESPONSE 1 IN QUESTION 4] </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> YES.....1<br/> NO.....2 &gt;&gt;<b>NEXT ITEM</b> </div> <div style="text-align: center; margin-top: 5px;"> ↓ </div> |  | KM  | KM   |
| 41                                       | Other personal property (watches, jewelry, handbags, suitcases, umbrellas, glasses, pipes, strollers, etc. ) and repair   |  |   |  |
| 42                                       | Insurance services (property and persons and vehicle)   |  |   |  |
| 43                                       | Financial services (bank services, advisory services)   |  |   |  |
| 44                                       | Other services (different membership fees, religious fees, civil association fees, etc.)  |  |   |  |
| 45                                       | Expenses related to disputes (lawyer's services, fines, court expenses)   |  |   |  |
| 46                                       | Gifts in cash and charity contributions (contributions to sick people, humanitarian organizations, etc.)  |  |   |  |
| 47                                       | Special events and ceremonies (weddings, funerals, memorials, etc.)   |  |   |  |
| 48                                       | Losses, (financial, theft of wallet, cars, property, and gambling, etc.)  |  |   |  |

**MODULE 12: NON-AGRICULTURAL HOUSEHOLD BUSINESSES AND ACTIVITIES**  
**PART A: ESTABLISHMENT OF NON-AGRICULTURAL HOUSEHOLD BUSINESS OR ACTIVITY**

INTERVIEWER: DOES EITHER QUESTION 6 OR 9 IN MODULE 10 HAVE A YES ANSWER? YES...1  
 NO....2 >> NEXT MODULE

**FOR PERSONS RESPONSIBLE FOR BUSINESS OR ACTIVITY**

|  |   |   |  |   |
|--|---|---|--|---|
| E<br>N<br>T<br>E<br>R<br>P<br>R<br>I<br>S<br>E<br><br>C<br>O<br>D<br>E | 1.<br>FOR EACH HOUSEHOLD BUSINESS OR ECONOMIC ACTIVITY, WRITE THE ID CODES OF THE PERSON MOST RESPONSIBLE OR MOST KNOWLEDGEABLE ABOUT THE ACTIVITY. | 2.<br>FOR EACH HOUSEHOLD BUSINESS OR ECONOMIC ACTIVITY, WRITE THE DESCRIPTION OF THE ACTIVITY AND CODE.<br><br>TRADE.....1<br>SERVICES.....2<br>PRODUCTION.....3<br>OTHER.....4 | 3.<br>WRITE IDCODE OF PERSON RESPONDING FOR EACH BUSINESS OR ACTIVITY.<br><br>COLLECT ALL <b>INFORMATION</b> ON THE <b>FIRST BUSINESS OR HOUSEHOLD ACTIVITY</b> , PARTS B-G. THEN COLLECT THE <b>INFORMATION</b> FOR THE <b>SECOND BUSINESS ACTIVITY</b> . CONTINUE UNTIL ALL BUSINESSES ARE COMPLETED.<br><br>IF IT IS NOT POSSIBLE TO TALK TO THE PERSON MOST FAMILIAR WITH THE BUSINESS OR ACTIVITY, TRY TO COME BACK AT A LATER DATE TO TALK WITH THIS PERSON. | 4.<br>ARE THERE MORE THAN THREE BUSINESSES OR ECONOMIC ACTIVITIES?<br><br>YES.1 >> USE ADDITIONAL QUESTIONNAIRE TO COLLECT DATA ON THESE ADDITIONAL ACTIVITIES<br><br>NO....2 |
|  | IDCODE  | DESCRIPTION   | CODE   | IDCODE  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

**MODULE 12: NON-AGRICULTURAL HOUSEHOLD BUSINESSES AND ACTIVITIES**  
**PART B: GENERAL INFORMATION**

**TO BE ANSWERED BY THE BEST INFORMED PERSON**

|  |   |       |   |   |  |  |   |
|--|---|-------|---|---|--|--|---|
| E<br>N<br>T<br>R<br>P<br>R<br>I<br>S<br>E<br><br>C<br>O<br>D | 5.<br>I would like to ask you about your business [READ ANSWER TO Q.2]. How long have you been doing this business? |       | 6.<br>Where does this business take place?<br><br>HOUSE, PERMANENT<br>RESIDENT PLACE...1<br>SHOP.....2<br>KIOSK.....3<br>OUTDOOR/INDOOR<br>MARKET.....4<br>OTHER PERMANENT<br>PLACE.....5<br>STREET.....6<br>MOVING.....7 | 7.<br>Are you or any of your household members the sole owner of the whole business?<br><br>YES.1 >>10<br>NO....2 | 8.<br>In how many other households do owners live? | 9.<br>What share of profit stays in this household, does not go to the other owners of the business? | 10.<br>Did this enterprise operate during the last 7 days?<br><br>YES.1<br>NO....2 >>13 |
|  | YEAR  | MONTH |   |   |  |  |   |
| 1  |   |       |   |   |  |  |   |
| 2  |   |       |   |   |  |  |   |
| 3  |   |       |   |   |  |  |   |



**MODULE 12: NON-AGRICULTURAL HOUSEHOLD BUSINESSES AND ACTIVITIES**  
**PART C: LABOR**

**TO BE ANSWERED BY THE BEST INFORMED PERSON**

|   |   |   |  |  |   |  |  |   |
|---|---|---|--|--|---|--|--|---|
| E<br>N<br>T<br>R<br>P<br>R<br>I<br>S<br>E<br><br>C<br>O<br>D<br>E | 11.<br>How many persons who are not members of your household, were engaged in this business, during last 7 days? | 12.<br>How many of them were paid in cash or in-kind? | 13.<br>How many months were you personally engaged in this activity in the past 12 months? | 14.<br>Was anybody from your household engaged in this business during last 12 months? | 15.<br>Please, list names of all the other household members who were engaged in this business during last 12 months? | 16.<br>WRITE ID CODES FOR ALL PERSONS LISTED IN Q.15 | 17.<br>How many persons who are not members of your household, were engaged in this business, during last 12 months? | 18.<br>How many of them were paid in cash or in-kind? |
|   | IF 0, »13   |   |  | YES...1<br>NO....2 >>17  | IF MORE THAN 6 PESONS, LIST 6 MOST IMPORTANT  |  | IF 0, »19  |   |
|   | NUMBER  | NUMBER  | NUMBER   |  | NAME  | ID CODE  | NUMBER   | NUMBER  |

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**MODULE 12: NON-AGRICULTURAL HOUSEHOLD BUSINESSES AND ACTIVITIES**  
**PART D: REVENUES AND INPUTS**

**TO BE ANSWERED BY THE BEST INFORMED PERSON**

|  |  |   |   |   |   |  |
|--|--|---|---|---|---|--|
| E<br>N<br>T<br>E<br>R<br>P<br>R<br>I<br>S<br>E<br><br>C<br>O<br>D<br>E | 19.<br><br>INTERVIEWER:<br>CHECK<br>QUESTION 10::<br><br>IS THE<br>ANSWER:<br><br>YES....1<br>NO....2 >>21 | 20.<br>How many days did<br>your business<br>operate in last 7<br>days? | 21.<br>During last 12 months,<br>how many months did<br>your business<br>operate? | 22.<br>During the<br>months when<br>your business<br>operated, how<br>many days did<br>you usually work<br>per month? | 23.<br>During an average month in which<br>your business operated, how<br>much money did it earn from<br>selling products or services? (I.e.<br>total cash and in-kind value of all<br>goods and services you obtained<br>by selling goods and services)<br>before deducting any of your<br>business or household expenses. | 24.<br>In a months with<br>average sales, how<br>much in total did you<br>spend on inputs (labor<br>force, raw material,<br>transport, el. Power,<br>water, fuel, rent of<br>premises, maintenance,<br>taxes, registration fee,<br>insurance, etc.,<br>including any paid in<br>kind)? |
|  |  | DAY   | MONTHS  | DAYS  | AMOUNT  | AMOUNT   |

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**MODULE 12: NON-AGRICULTURAL HOUSEHOLD BUSINESSES AND ACTIVITIES**  
**PART E: CAPITAL ASSETS**

## PART F: PROBLEMS

|  |   |   |   |
|--|---|---|---|
| E<br>N<br>T<br>E<br>R<br>P<br>R<br>I<br>S<br>E | <p>25.</p> <p>Now I would ask you about your fixed assetst ( i.e. equipment, buildings, vehicles, tools, etc) you use in your business/</p> <p>Does you enterprise own [ITEM]</p> <div style="text-align: center;"> <p>YES...1<br/>NO.... 2&gt;&gt; <b>NEXT ITEM</b></p> </div> | <p>26.</p> <p>If you wanted to sell this [ITEM], how much could you get today for it?</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p>&gt;NEXT ITEM</p> <p>IF LAST ITEM &gt;27</p> </div> <p style="text-align: center;"><b>AMOUNT</b></p> | <p>27.</p> <p>During last 12 months, did this enterprise purchase any fixed assets (like mentioned ones)?</p> <p style="text-align: right;">YES.. 1<br/>NO... 2</p> |
|--|---|---|---|

|   |   |  |  |  |
|---|---|--|--|--|
| 1 | Land                                    |  |  |  |
|   | Buildings                               |  |  |  |
|   | Equipment and machines                  |  |  |  |
|   | Furniture                               |  |  |  |
|   | Small and large tools                   |  |  |  |
|   | Big vehicles (trucks, cars, boats, etc) |  |  |  |
|   | Small vehicles (bicycles, wheel barrow) |  |  |  |
|   | Other fixed assets                      |  |  |  |
| 2 | Land                                    |  |  |  |
|   | Buildings                               |  |  |  |
|   | Equipment and machines                  |  |  |  |
|   | Furniture                               |  |  |  |
|   | Small and large tools                   |  |  |  |
|   | Big vehicles (trucks, cars, boats, etc) |  |  |  |
|   | Small vehicles (bicycles, wheel barrow) |  |  |  |
|   | Other fixed assets                      |  |  |  |
| 3 | Land                                    |  |  |  |
|   | Buildings                               |  |  |  |
|   | Equipment and machines                  |  |  |  |
|   | Furniture                               |  |  |  |
|   | Small and large tools                   |  |  |  |
|   | Big vehicles (trucks, cars, boats, etc) |  |  |  |
|   | Small vehicles (bicycles, wheel barrow) |  |  |  |
|   | Other fixed assets                      |  |  |  |

28. What are the main problems that you had with your business in the last 12 months?

|  |   |
|--|---|
| LOW EARNINGS.....                          | 1 |
| LACK OF CAPITAL.....                       | 2 |
| LACK OF OWN SKILL.....                     | 3 |
| LACK OF RAW MATERIALS.....                 | 4 |
| LACK OF CLIENTS.....                       | 5 |
| LACK OF LABOR FORCE.....                   | 6 |
| DIFFICULTY TO OBTAIN ALL LEGAL DOCUMENTS.. | 7 |
| BLACK MARKET.....                          | 8 |
| OTHER REASONS.....                         | 9 |

**NEXT ENTERPRISE, PART B**

|    |             |    |
|----|-------------|----|
| 1. | <b>RANK</b> | 3. |
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**MODULE 13: AGRICULTURAL ACTIVITIES**  
**PART A1: LAND USE**

1. [INTERVIEWER: WRITE RESPONDENT IDCODE]

```
YES..1
NO...2 >> PART
      A2
```

2. During the agricultural season 2000-2001 did any member of your household use or cultivate any agricultural land, irrespectively of ownership?( include: arable land, pastures, forest and water surface)

|  |           |   |   |      |                |   |  |
|--|-----------|---|---|------|----------------|---|--|
| P<br>L<br>O<br>T<br><br>C<br>O<br>D<br>E | 3.        | Please list all plots of land that any member of your household used or cultivated. Describe or give the name of each plot. |   |      |                |   |  |
|  |           | ASK THIS QUESTION FOR ALL PLOTS, THEN ASK Q. 4 -13 FOR EACH PLOT.   |   |      |                |   |  |
|  |           |   | SQUARE.<br>METERS .1<br>ARS.....2<br>DUNUMS..3<br>HECTARE.4<br>ACRES....5   |      |                |   |  |
|  |           |   |    |      |                |   |  |
|  | PLOT NAME | AMOUNT  | UNIT CODE   |      |                |   |  |
|  |           |   |   |      |                |   |  |
|  | 4.        | What is the area of the plot?   |   |      |                |   |  |
|  | 5.        | What land category is it?   | ARABLE LAND.....1 >>7<br>ORCHARD.....2 >>7<br>VINEYARD.....3 >>7<br>MEADOW.....4 >>7<br>PASTURE.....5 >>8<br>FOREST.....6 >>8<br>WATER SURFACE...7 >>8<br>ECONOMIC YARD...8 >>8<br>FALLOW AND UNCULTIVATED LAND.....9 |      |                |   |  |
|  | 6.        | If it is fallow or uncultivated land, what is the main reason?  | Crop rotation.....1<br>Lack of:<br>-Cash to purchase inputs....2<br>-Inputs.....3<br>-Labor.....4<br>-Equipment.....5<br>Profits.....6<br>Mines.....7<br>Ownership Dispute.....8<br>Other reasons.....9               | }>>8 |                |   |  |
|  | 7.        | Was this plot irrigated or watered during the 2000-2001 season?   |   |      | YES.1<br>NO..2 |   |  |
|  | 8.        | What is the status of this plot?  |   |      |                | OWNED CO-OWNED.1<br>RENTED.....2 >>12<br>TAKEN TO USE....3 >>12 |  |

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| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |

**MODULE 13: AGRICULTURAL ACTIVITIES**  
**PART A1: LAND USED**

|  |   |  |   |  |   |   |
|--|---|--|---|--|---|---|
| P<br>L<br>O<br>T<br><br>C<br>O<br>D<br>E | 9.<br>Which household member is owner/ co-owner of this plot? | 10.<br>How did your household obtain this land?<br><br>INHERITED...1<br>BOUGHT.....2<br>GIVEN BY MUNICIPAL.<br>TO USE.....3<br>RETURNED THROUGH<br>RESTITUTION PROCESS....4<br>OTHER.....5 | 11.<br>If you wanted to sell this plot today, how much could you get for it?<br><br>>>NEXT PLOT | 12.<br>What type of use contract/arrangement is made with its owner?<br><br>RENT ....1<br>CROP-SHARE...2<br>FREE OF CHARGE...3<br>EXCHANGE.4<br>OTHER....5<br><br>IF 3, 4 OR 5<br>>> NEXT PLOT | 13.<br>How much money did or will you give to the land owner for its use during 2000-2001 season?<br><br>IF NO CASH PAYMENT WRITE 0 | 14.<br>How much did or will you give to the land owner in kind for land use during 2000-2001 season?<br><br>IF NO IN KIND PAYMENT WRITE 0 |
|  | WRITE ID CODE OF OWNER FROM MODULE 1                          |  | AMOUNT<br>KM  | AMOUNT<br>KM   | AMOUNT<br>KM  | AMOUNT<br>KM  |

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| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |

**MODULE 13: AGRICULTURAL ACTIVITIES****PART A2: OWNED LAND BY HOUSEHOLD BUT NOT USED**

1. During the agricultural season 2000-2001, did your household rent out or give to another household to use owned land by your household, or did you own land that you cannot access?

YES...1

NO...2 >> **PART B1**
☐

|  |  |   |   |  |  |  |  |   |  |  |
|--|--|---|---|--|--|--|--|---|--|--|
| P<br>L<br>O<br>T<br><br>C<br>O<br>D<br>E | 2. Please list each plot belonging to your household which you rented out or gave to another household to use or that you cannot access. Describe or list the name of each plot. | 3. Which household member owns this plot?<br><br><div>WRITE<br/>IDCODE<br/>OF<br/>OWNER<br/>FROM<br/>MODULE<br/>1</div> | 4. What is the area of this plot?<br><br><div>SQUARE.<br/>METERS .1<br/>ARS.....2<br/>DUNUMS .3<br/>HECTARE .4<br/>ACRES....5</div> | 5. What land category is it? Is it now used to grow crops, or is it forestland, pasture or water surface?<br><br><div>ARABLE LAND.....1<br/>ORCHARD.....2<br/>VINEYARD.....3<br/>MEADOW.....4<br/>PASTURE.....5<br/>FOREST.....6<br/>WATER SURFACE...7<br/>ECONOMIC YARD...8<br/>FALLOW AND<br/>UNCULTIVATED.....9</div> | 6. How did your household obtain this land?<br><br><div>INHERITED...1<br/>BOUGHT.....2<br/>GIVEN BY<br/>MUNICIPAL.<br/>TO USE....3 &gt;&gt;8<br/>RETURNED<br/>THROUGH<br/>RESTITUTION<br/>PROCESS....4<br/>OTHER.....5 &gt;&gt;8</div> | 7. If you wanted to sell this plot today, how much could you get for it? | 8. How many years have passed since you stopped using this plot? | 9. What type of use contract or arrangement is made with its user?<br><br><div>RENT.....1<br/>CROPSHARE...2<br/>FREE OF<br/>CHARGE.....3<br/>EXCHANGE...4<br/>ILLEGALLY<br/>OCCUPIED...5<br/>OTHER .....6</div> | 10. How much money did or will you get from the land user for its use during 2000-2001 season?<br><br><div>IF NO CASH<br/>PAYMENTS<br/>WRITE 0</div> | 11. How much did or will you get from the land user in kind for land use during 2000-2001 season?<br><br><div>IF NO IN-<br/>KIND<br/>PAYMENT<br/>WRITE 0</div> |
|  | PLOT<br>NAME   |   | AMOUNT  | UNIT<br>CODE   |  | AMOUNT<br>KM   | NUMBER OF<br>YEARS   |   | AMOUNT<br>KM   | AMOUNT<br>KM   |

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| 23 |  |  |  |  |  |  |  |  |  |  |
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| 29 |  |  |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |  |  |



MODULE 13: AGRICULTURAL ACTIVITIES  
PART B2: CROP PRODUCTION AND USE

1. Did any member of your household grow any crop during the 2000-2001 agricultural season? YES...1  
NO...2 >>PART D



|  |   |  |  |  |   |  |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |        |           |
|--|---|--|--|--|---|--|--|--|--|--|--|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|
| C<br>R<br>O<br>P<br><br>C<br>O<br>D<br>E | 2.<br>During agricultural season 2000-2001, did you grow any [CROP]?<br><br>[INTERVIEWER: ASK FOR ALL CROPS, Q.2, THAN ASK Qs 3-12 FOR EACH CROP WITH ANSWER YES..1<br><br>YES . 1<br>NO . . 2<br><br>>>NEXT CROP | 3.<br>How much land was under [CROP]?<br><br>SQUARE.<br>METERS . 1<br>ARS..... 2<br>DUNUMS . . 3<br>HECTARE . 4<br>ACRES.... 5 | 4.<br>How much [CROP] did your household harvest during 2000-2001 season?<br><br>Kilogram... 1<br>Ton..... . 2<br>Sack 30kg . 3<br>Sack 50 kg . 4<br>Sack 100kg . 5<br><br>IF NO,WRITE 0<br>>>NEXT ROW | 5.<br>How much of the [CROP] harvested in 2000-2001 did you sell?<br><br>Kilogram... 1<br>Ton..... . 2<br>Sack 30kg . 3<br>Sack 50 kg . 4<br>Sack 100kg . 5<br><br>IF NO,WRITE | 6.<br>On average, what price did you get for the [CROP] you sold?<br><br>Kilogram... 1<br>Ton..... . 2<br>Sack 30kg . 3<br>Sack 50 kg . 4<br>Sack 100kg . 5 | 7.<br>How much [CROP] did you lose because of insects, rodents, rots or any other problem after harvesting?<br><br>Kilogram... 1<br>Ton..... . 2<br>Sack 30kg . 3<br>Sack 50 kg . 4<br>Sack 100kg . 5<br><br>IF NONE WRITE | 8.<br>How much of [CROP] harvested in 2000-01 was used to pay workers or make other in-kind payments?<br><br>Kilogram... 1<br>Ton..... . 2<br>Sack 30kg . 3<br>Sack 50 kg . 4<br>Sack 100kg . 5<br><br>IF NONE WRITE | 9.<br>How much of [CROP] harvested during 2000-01 season was used as animal feed?<br><br>Kilogram... 1<br>Ton..... . 2<br>Sack 30kg . 3<br>Sack 50 kg . 4<br>Sack 100kg . 5<br><br>IF NONE WRITE | 10.<br>How much of [CROP] was used to produce food products for sale?<br><br>Kilogram... 1<br>Ton..... . 2<br>Sack 30kg . 3<br>Sack 50 kg . 4<br>Sack 100kg . 5<br><br>IF NONE WRITE 0 | 11.<br>How much of [CROP] harvested in 2000-01 season was left for own household consumption?<br><br>Kilogram... 1<br>Ton..... . 2<br>Sack 30kg . 3<br>Sack 50 kg . 4<br>Sack 100kg . 5<br><br>IF NONE WRITE 0 | 12.<br>How much [CROP] harvested during 2000-01 season was given as a gift?<br><br>Kilogram... 1<br>Ton..... . 2<br>Sack 30kg . 3<br>Sack 50 kg . 4<br>Sack 100kg . 5<br><br>IF NONE WRITE 0 |        |           |        |           |        |           |        |           |        |           |        |           |
|  | CROP NAME   | AMOUNT   | UNIT CODE  | AMOUNT   | UNIT CODE   | AMOUNT   | UNIT CODE  | PRICE KM   | UNIT CODE  | AMOUNT   | UNIT CODE  | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE |

| Crops |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1     | Winter wheat  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2     | Spring wheat  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3     | Maize         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4     | Barley        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5     | Oat           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6     | Rye           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7     | Other cereals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8     | Potato        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9     | Bean          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10    | Pea           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11    | Vetch         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12    | Other legumes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13    | Sugar beet    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14    | Soybean       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15    | Sunflower     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16    | Rape          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17    | Tobacco       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18    | Cabbage       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19    | Cauliflower   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20    | Kale          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



MODULE 13: AGRICULTURAL ACTIVITIES  
PART B2: CROP PRODUCTION AND USE

|  |   |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
|--|---|---|--|--|---|---|--|--|--|--|--|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|
| C<br>R<br>O<br>P<br><br>C<br>O<br>D<br>E | 2.<br>During agricultural season 2000-2001, did you grow any [CROP]?<br><br>[INTERVIEWER: ASK FOR ALL CROPS, Q.2, THAN ASK Qs 3-12 FOR EACH CROP WITH ANSWER YES..1<br><br>YES..1<br>NO..2<br><br>>>NEXT CROP | 3.<br>How much land was under [CROP]?<br><br>SQUARE.<br>METERS..1<br>ARS.....2<br>DUNUMS..3<br>HECTARE..4<br>ACRES....5 | 4.<br>How much [CROP] did your household harvest during 2000-2001 season?<br><br>Kilogram...1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg..4<br>Sack 100kg.5<br><br>IF NO,WRITE 0<br>>>NEXT ROW | 5.<br>How much of the [CROP] harvested in 2000-2001 did you sell?<br><br>Kilogram...1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg..4<br>Sack 100kg.5<br><br>IF NO,WRITE 0 | 6.<br>On average, what price did you get for the [CROP] you sold?<br><br>Kilogram...1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg..4<br>Sack 100kg.5 | 7.<br>How much [CROP] did you lose to insects, rodents, rot or any other problem after harvesting?<br><br>Kilogram...1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg..4<br>Sack 100kg.5<br><br>IF NONE WRITE 0 | 8.<br>How much of [CROP] harvested in 2000-01 was used to pay workers or make other in-kind payments?<br><br>Kilogram...1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg..4<br>Sack 100kg.5<br><br>IF NONE WRITE 0 | 9.<br>How much of [CROP] harvested during 2000-01 season was used as animal feed?<br><br>Kilogram...1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg..4<br>Sack 100kg.5<br><br>IF NONE WRITE 0 | 10.<br>How much of [CROP] was used to produce food products for sale?<br><br>Kilogram...1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg..4<br>Sack 100kg.5<br><br>IF NONE WRITE 0 | 11.<br>How much of [CROP] harvested in 2000-01 season was left for own household consumption?<br><br>Kilogram...1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg..4<br>Sack 100kg.5<br><br>IF NONE WRITE 0 | 12.<br>How much [CROP] harvested during 2000-01 season was given as a gift?<br><br>Kilogram...1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg..4<br>Sack 100kg.5<br><br>IF NONE WRITE 0 |        |           |        |           |        |           |        |           |        |           |
|  | CROP NAME   | AMOUNT  | UNIT CODE  | AMOUNT   | UNIT CODE   | PRICE KM  | UNIT CODE  | AMOUNT   | UNIT CODE  | AMOUNT   | UNIT CODE  | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE |
|  | CROPS, CONT.  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 21                                       | Spinach   |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 22                                       | Lettuce   |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 23                                       | Other leafy ve.   |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 24                                       | Melon   |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 25                                       | Water melon   |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 26                                       | Cucumber  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 27                                       | Squash  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 28                                       | Strawberry  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 29                                       | Raspberry etc   |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 30                                       | Green Pepper  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 31                                       | Tomato  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 32                                       | Eggplant  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 33                                       | Feferoni  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 34                                       | Carrot  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 35                                       | Garlic  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 36                                       | Onion   |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 37                                       | Red beet  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 38                                       | Radish  |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |
| 39                                       | Other roots   |   |  |  |   |   |  |  |  |  |  |        |           |        |           |        |           |        |           |        |           |

MODULE 11: AGRICULTURAL ACTIVITIES  
PART B2: CROP PRODUCTION AND USE

|  |  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
|--|--|---|---|---|---|--|---|---|---|---|---|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|
| C<br>R<br>O<br>P<br><br>C<br>O<br>D<br>E | 2.<br>During agricultural season 2000-2001, did you grow any [CROP]?<br>[INTERVIEWER: ASK FOR ALL CROPS, Q.2, THAN ASK Qs 12 FOR EACH CROP WITH ANSWER YES..1<br><br>YES..1<br>NO..2<br>->>NEXT CROP | 3.<br>How much land was under [CROP]?<br><div>SQUARE..1<br/>METERS..1<br/>ARS.....2<br/>DUNUMS..3<br/>HECTARE..4<br/>ACRES....5</div> | 4.<br>How much [CROP] did your household harvest during 2000-2001 season?<br><div>Kilogram...1<br/>Ton.....2<br/>Sack 30kg..3<br/>Sack 50 kg..4<br/>Sack 100kg.5</div> <div>IF NO,WRITE 0<br/>-&gt;&gt;NEXT ROW</div> | 5.<br>How much of the [CROP] harvested in 2000-2001 did you sell?<br><div>Kilogram...1<br/>Ton.....2<br/>Sack 30kg..3<br/>Sack 50 kg..4<br/>Sack 100kg.5</div> <div>IF NO,WRITE 0<br/>-&gt;</div> | 6.<br>On average, what price did you get for the [CROP] you sold?<br><div>Kilogram...1<br/>Ton.....2<br/>Sack 30kg..3<br/>Sack 50 kg..4<br/>Sack 100kg.5</div> <div>IF NONE WRITE 0<br/>-&gt;</div> | 7.<br>How much [CROP] did you lose to insects, rodents, rot or any other problem after harvesting?<br><div>Kilogram...1<br/>Ton.....2<br/>Sack 30kg..3<br/>Sack 50 kg..4<br/>Sack 100kg.5</div> <div>IF NONE WRITE 0<br/>-&gt;</div> | 8.<br>How much of [CROP] harvested in 2000-01 was used to pay workers or make other in-kind payments?<br><div>Kilogram...1<br/>Ton.....2<br/>Sack 30kg..3<br/>Sack 50 kg..4<br/>Sack 100kg.5</div> <div>IF NONE WRITE 0<br/>-&gt;</div> | 9.<br>How much of [CROP] harvested during 2000-01 season was used as animal feed?<br><div>Kilogram...1<br/>Ton.....2<br/>Sack 30kg..3<br/>Sack 50 kg..4<br/>Sack 100kg.5</div> <div>IF NONE WRITE 0<br/>-&gt;</div> | 10.<br>How much of [CROP] was used to produce food products for sale?<br><div>Kilogram...1<br/>Ton.....2<br/>Sack 30kg..3<br/>Sack 50 kg..4<br/>Sack 100kg.5</div> <div>IF NONE WRITE 0<br/>-&gt;</div> | 11.<br>How much of [CROP] harvested in 2000-01 season was left for own household consumption?<br><div>Kilogram...1<br/>Ton.....2<br/>Sack 30kg..3<br/>Sack 50 kg..4<br/>Sack 100kg.5</div> <div>IF NONE WRITE 0<br/>-&gt;</div> | 12.<br>How much [CROP] harvested during 2000-01 season was given as a gift?<br><div>Kilogram...1<br/>Ton.....2<br/>Sack 30kg..3<br/>Sack 50 kg..4<br/>Sack 100kg.5</div> <div>IF NONE WRITE 0<br/>-&gt;</div> |        |           |        |           |        |           |        |           |        |           |        |           |
|  | CROP NAME  | AMOUNT  | UNIT CODE   | AMOUNT  | UNIT CODE   | PRICE KM   | UNIT CODE   | AMOUNT  | UNIT CODE   | AMOUNT  | UNIT CODE   | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE | AMOUNT | UNIT CODE |
|  | PERMANENT PLANTINGS, ORCHARDS, VINEYARDS   |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
|  | 40   | Apple   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 41                                       | Pear   |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 42                                       | Plum   |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 43                                       | Cherry   |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 44                                       | Sour cherry  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 45                                       | Peach  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 46                                       | Apricot  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 47                                       | Quince   |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 48                                       | Nut  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 49                                       | Citrus   |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 50                                       | Other trees (olive etc)  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 51                                       | Wine grape   |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 52                                       | Table grape  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
|  | PASTURES   |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 53                                       | Natural mead.  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 54                                       | Natural past.  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 55                                       | Alfalfa  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 56                                       | Clover   |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 57                                       | Grass/clover   |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |
| 58                                       | Other  |   |   |   |   |  |   |   |   |   |   |        |           |        |           |        |           |        |           |        |           |        |           |

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**MODULE 13: AGRICULTURAL ACTIVITIES**  
**PART C2: INPUTS AND INVESTMENTS- FERTILIZERS AND PESTICIDES**

1. Did your household use any fertilizers or pesticides during the 2000-2001 season?

YES...1

NO...2 >> C3

☐

|   |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|-----------|--|-----------|---|--|--|--|---|--|-----------------------|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|--|
| 2. Did your household use any of the following fertilizers or pesticides in the 2000-2001 agricultural season?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">                     YES....1<br/>                     NO.....2 &gt;&gt;NEXT ROW                 </div>  |  | 3. How much of [PRODUCT] did your household use in the 2000 - 2001 season?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">                     KILO.....1<br/>                     LITRE.....2<br/>                     TON.....3<br/>                     SACK 30K...4<br/>                     SACK 50K.. 5<br/>                     SACK 100K.6                 </div> |           | 4. How much of [PRODUCT] did your household buy during the 2000 - 2001 season?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">                     KILO.....1<br/>                     LITRE.....2<br/>                     TON.....3<br/>                     SACK 30K...4<br/>                     SACK 50K.. 5<br/>                     SACK 100K.6                 </div> |           | 5. How much did your household pay for [PRODUCT] bought during the 2000-01 season?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">                     IF NOTHING WRITE 0                 </div> |  | 6. Did you obtain any [PRODUCT] in any other way?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">                     YES . 1<br/>                     NO . . 2 &gt;&gt;<br/>                     NEXT ROW                 </div> |  | 7. In what manner?<br><br>HUMANIT. ORG.....1<br>NGO.....2<br>GOVERN. ORG.....3<br>RELATIVES.....4<br>EMPLOYER.....5<br>CREDIT .....6<br>COOPERAT.....7<br>OTHER.....8<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">                     WRITE THE MAIN SOURCE                 </div> |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| TYPE OF FERTILIZER AND PESTICIDE  |  | QUANTITY   | UNIT CODE | AMOUNT   | UNIT CODE | AMOUNT KM   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc;">1. Mineral fertilizer</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1.1 Mixture MPK</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1.2. Nitrogen CAN</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1.3. Other mineral fert.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="background-color: #cccccc;">2 Natural fertilizer</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>2.1. Stable manure</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>2.2. Compost</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="background-color: #cccccc;">3. Pesticides</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>3.1 Insecticide</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>3.2. Fungicide</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>3.3 Herbicide</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |  |  |           |  |           |   |  |  |  |   |  | 1. Mineral fertilizer |  |  |  |  |  |  |  |  |  |  |  | 1.1 Mixture MPK |  |  |  |  |  |  |  |  |  |  |  | 1.2. Nitrogen CAN |  |  |  |  |  |  |  |  |  |  |  | 1.3. Other mineral fert. |  |  |  |  |  |  |  |  |  |  |  | 2 Natural fertilizer |  |  |  |  |  |  |  |  |  |  |  | 2.1. Stable manure |  |  |  |  |  |  |  |  |  |  |  | 2.2. Compost |  |  |  |  |  |  |  |  |  |  |  | 3. Pesticides |  |  |  |  |  |  |  |  |  |  |  | 3.1 Insecticide |  |  |  |  |  |  |  |  |  |  |  | 3.2. Fungicide |  |  |  |  |  |  |  |  |  |  |  | 3.3 Herbicide |  |  |  |  |  |  |  |  |  |  |  |
| 1. Mineral fertilizer   |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| 1.1 Mixture MPK   |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| 1.2. Nitrogen CAN   |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| 1.3. Other mineral fert.  |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| 2 Natural fertilizer  |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| 2.1. Stable manure  |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| 2.2. Compost  |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| 3. Pesticides   |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| 3.1 Insecticide   |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| 3.2. Fungicide  |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |
| 3.3 Herbicide   |  |  |           |  |           |   |  |  |  |   |  |                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |

**MODULE 13: AGRICULTURAL ACTIVITIES**  
**PART C3: INPUTS AND INVESTMENTS- FUEL AND ENERGY**

1. Did your household use any fuel during 2000-2001 season? YES...1  
 NO...2 >> PART C4

|  |  |   |           |  |           |  |                   |  |  |  |  |
|--|--|---|-----------|--|-----------|--|-------------------|--|--|--|--|
| 2. Did your household use any of the following fuels or energy sources for agriculture in the 2000-2001 agricultural season?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">           YES...1<br/>           NO.....2 &gt;&gt; <b>NEXT ROW</b> </div> <div style="text-align: center; margin-top: 10px;"> </div> |  | 3. How much of [FUEL] did your household use in total during 2000-2001 season?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">           LITRE.....1<br/>           kW.....2<br/>           KG.....3<br/>           TON.....4         </div> |           | 4. How much of [FUEL] did your household buy during 2000-2001 season?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">           LITRE.....1<br/>           kW.....2<br/>           KG.....3<br/>           TON.....4         </div> |           | 5. How much did your household pay for bought [FUEL] during 2000-2001 season?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">           IF<br/>           NOTHING<br/>           WRITE 0         </div> |                   | 6. Did your household obtain [FUEL] in any other way ?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">           YES.1<br/>           NO..2 &gt;&gt; <b>NEXT ROW</b> </div> |  | 7. In what manner?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">           HUMANIT ORG... .1<br/>           NGO.....2<br/>           GOVERN. ORG.....3<br/>           RELATIVES.....4<br/>           EMPLOYER.....5<br/>           CREDIT .....6<br/>           COOPERATIVE.....7<br/>           OTHER.....8         </div> |  |
| FUEL   |  | QUANTITY  | UNIT CODE | QUANTITY   | UNIT CODE | AMOUNT KM  | WRITE MAIN SOURCE |  |  |  |  |

|                   |  |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|
| 1. Lubricants     |  |  |  |  |  |  |  |  |
| 2. Liquid fuel    |  |  |  |  |  |  |  |  |
| 3. Electric power |  |  |  |  |  |  |  |  |
| 4. Other          |  |  |  |  |  |  |  |  |

MODULE 13: AGRICULTURAL ACTIVITIES  
PART C4: INPUTS AND INVESTMENT-LABOR

1. Did your household hire any labor during 2000-2001 season? YES . 1 ☐  
NO . . 2 >> C5

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| <b>2.</b><br>Did you hire labor for any of the following work during the 2000 - 2001 agricultural season?<br><div style="border: 1px solid black; padding: 5px; margin-top: 20px; width: fit-content;">YES... 1<br/>NO..... 2 &gt;&gt; <b>NEXT</b><br/>ROW</div> | <b>3.</b><br>How many paid workers did you have? | <b>4.</b><br>How many work days did you pay in total? | <b>5.</b><br>What was average daily wage in cash? | <b>6.</b><br>Did you pay workers in kind?<br><br><div style="text-align: center; margin-top: 20px;">YES . . 1<br/>NO . . . 2 &gt;&gt; <b>NEXT</b><br/>ROW</div> | <b>7.</b><br>What was the main form of in-kind payment?<br><div style="border: 1px solid black; padding: 5px; margin-top: 20px;">MEALS..... 1<br/>%OF CROPS... 2<br/>LODGING..... 3<br/>TRANSPORT... 4<br/>OTHER..... 5</div> |
| ↓  | NUMBER OF<br>WORKERS                             | NUMBER OF<br>DAYS                                     | AMOUNT<br>KM                                      |   | WRITE MAIN TYPE   |

|    |                      |  |  |  |  |  |  |
|----|----------------------|--|--|--|--|--|--|
| 1. | Soil prepeparation   |  |  |  |  |  |  |
| 2. | Sowing and planting  |  |  |  |  |  |  |
| 3. | Input preparation    |  |  |  |  |  |  |
| 4. | Weeding and moulding |  |  |  |  |  |  |
| 5. | Spraying             |  |  |  |  |  |  |
| 6. | Watering             |  |  |  |  |  |  |
| 7. | Harvesting           |  |  |  |  |  |  |
| 8. | Mowing               |  |  |  |  |  |  |
| 9. | Other                |  |  |  |  |  |  |

**MODULE 13: AGRICULTURAL ACTIVITIES**  
**PART C5: INPUTS AND INVESTMENT-MACHINERY**

1. Did you hire any machinery during 2000-2001 season? YES..1  
 NO...2 >> **PART D**

|   |   |   |  |  |  |   |   |
|---|---|---|--|--|--|---|---|
| 2.<br>During the 2000-2001 season did you hire machinery for: |   | 3.<br>Who did these works?<br><br>Private enterp.<br>from village..... 1<br>Private. Enterp.<br>from region..... 2<br>Cooperative ..... 3<br>Other..... 4 |  | 4.<br>How many working hours did you pay in total? | 5.<br>How much was the average fee per hour in cash? | 6.<br>Did you pay operators in kind?<br><br>YES..1<br>NO...2 >> <b>NEXT ROW</b> | 7.<br>What was main form of in kind payment?<br><br>MEALS.....1<br>%OF CROPS.....2<br>FUEL.....3<br>OTHER.....4 |
| <b>CODE</b>   | <b>TYPE OF WORK</b>                     |   |  | <b>NUMBER OF HOURS</b>                             | <b>AMOUNT KM</b>                                     |   | <b>WRITE MAIN TYPE</b>  |
| 1.  | Plowing                                 |   |  |  |  |   |   |
| 2.  | Harrowing                               |   |  |  |  |   |   |
| 3.  | Other cultivation (disc harrowing, etc) |   |  |  |  |   |   |
| 4.  | Sowing and planting                     |   |  |  |  |   |   |
| 5.  | Harvesting                              |   |  |  |  |   |   |
| 6.  | Mowing                                  |   |  |  |  |   |   |
| 7.  | Transport                               |   |  |  |  |   |   |
| 8.  | Other                                   |   |  |  |  |   |   |

**MODULE 13: AGRICULTURAL ACTIVITIES**  
**PART D1: LIVESTOCK**

1. Did any of your household members have livestock, poultry  
bees or fish during last 12 months?

YES...1  
NO...2 >> PART E

| C<br>O<br>D<br>E | 2. Did your household possess any of listed animals during last 12 months?<br><br>FIRST ASK Q. 2. FOR ALL ANIMALS, THEN Q. 3 -22 FOR EACH ANIMAL |                                  | 3. How many [TYPE] does your household possess today? | 4. If you wanted to sell today one of [TYPE] how much could you get for it? | 5. How many [TYPE] did you sell during last 12 months? | 6. How much did your household get during last 12 months from sale of [TYPE]? | 7. How many [TYPE] did your household eat during last 12 months? | 8. How many [TYPE] were lost or died during last 12 months? | 9. How many of your [TYPE] did you give as a gift during last 12 months? | 10. How many [TYPE] did your household buy and pay for during last 12 months? | 11. How much in total did you pay [TYPE] bought during last 12 months? | 12. How many [TYPE] did your household purchase on credit during last 12 months? | 13. What was the total value of [TYPE] bought on credit during last 12 months? | 14. How much of the credit used to buy [TYPE] did you repay during last 12 months? |
|------------------|--|----------------------------------|---|---|--|---|--|---|--|---|--|--|--|--|
|                  | TYPE OF ANIMAL   | YES...1<br>NO...2<br>>> NEXT ROW | IF NONE, WRITE 0<br>>> 5                              | AMOUNT KM   | NUMBER OF HEADS/UNIT                                   | AMOUNT KM   | NUMBER OF HEADS/UNIT   | NUMBER OF HEADS/UNIT  | NUMBER OF HEADS/UNIT   | NUMBER OF HEADS/UNIT  | AMOUNT KM  | NUMBER OF HEADS/UNIT   | AMOUNT KM  | AMOUNT KM  |
| 1                | Calf   |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 2                | Heifer   |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 3                | Dairy cow  |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 4                | Breeding bull  |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 5                | Ox   |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 6                | Horse  |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 7                | Donkey   |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 8                | Mule and hinny   |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 9                | Pig  |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 10               | Sheep  |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 11               | Goat   |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 12               | Chicken  |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 13               | Other poultry  |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 14               | Rabbits  |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 15               | Bee hives  |                                  |   |   |  |   |  |   |  |   |  |  |  |  |
| 16               | Fish, kg   |                                  |   |   |  |   |  |   |  |   |  |  |  |  |



**MODULE 13: AGRICULTURAL ACTIVITIES**  
**PART D1: LIVESTOCK, cont**

| C<br>O<br>D<br>E | (CONTINUED)    | 15.<br>How many<br>[TYPE] were<br>born during<br>last 12<br>months? | 16.<br>How many<br>[TYPE] did<br>your household<br>receive as a<br>gift during last<br>12 months? | 17.<br>Who gifted you these<br>animals? | 18.<br>For how many<br>of your<br>[TYPE] did<br>you use<br>veterinary<br>services<br>during last 12<br>months? | 19.<br>Did you have to<br>pay these<br>services? | 20.<br>How much did<br>you pay? | 21.<br>Did your household<br>sell any fresh<br>products from your<br>[TYPE] during last 12<br>months? | 22.<br>How much did<br>you get from<br>sales of these<br>products from<br>your [TYPE]<br>during last 12<br>months? |
|------------------|----------------|---|---|---|--|--|---------------------------------|---|--|
|                  |                | TYPE OF<br>ANIMAL   | NUMBER OF<br>HEAD/UNIT  | NUMBER OF<br>HEAD/UNIT                  | MAIN SOURCE  | NUMBER OF<br>HEAD/UNIT                           | YES...1<br>NO...2<br>>> 21      | AMOUNT<br>KM  | EXCLUDE<br>PRODUCT<br>USED FOR<br>FAMILY<br>BUSINESS<br><br>YES...1<br>NO...2<br>>>NEXT<br>ROW                     |
| 1                | Calf           |   |   |   |  |  |                                 |   |  |
| 2                | Heifer         |   |   |   |  |  |                                 |   |  |
| 3                | Dairy cow      |   |   |   |  |  |                                 |   |  |
| 4                | Breeding bull  |   |   |   |  |  |                                 |   |  |
| 5                | Ox             |   |   |   |  |  |                                 |   |  |
| 6                | Horse          |   |   |   |  |  |                                 |   |  |
| 7                | Dunkey         |   |   |   |  |  |                                 |   |  |
| 8                | Mule and hinny |   |   |   |  |  |                                 |   |  |
| 9                | Pig            |   |   |   |  |  |                                 |   |  |
| 4                | Sheep          |   |   |   |  |  |                                 |   |  |
| 5                | Goat           |   |   |   |  |  |                                 |   |  |
| 6                | Chicken        |   |   |   |  |  |                                 |   |  |
| 13               | Other poultry  |   |   |   |  |  |                                 |   |  |
| 14               | Rabbits        |   |   |   |  |  |                                 |   |  |
| 15               | Bee hives      |   |   |   |  |  |                                 |   |  |
| 16               | Fish , kg      |   |   |   |  |  |                                 |   |  |

**MODULE 13: AGRICULTURAL ACTIVITIES**  
**PART D2: ANIMAL FEED**

BiH-Agriculture6.4.xls

1. Did any of your household members buy or obtain in any other way any animal feed during last 12 months?

YES...1  
 NO...2 >>PART E

|                  |  |   |   |   |  |  |   |
|------------------|--|---|---|---|--|--|---|
| C<br>O<br>D<br>E | 2<br>Which of the following animal feed did you use during the last 12 months?<br><br>FIRST ASK Q. 2 FOR AL TYPES OF FEED, THEN Q. 3 -8 FOR EACH ITEM BEFORE GOING TO NEXT ITEM<br><br>YES... 1<br>NO..... 2>>NEXT ROW | 3<br>How much animal feed did your household use in total during last 12 months?<br><br>Kilogram.....1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg.4<br>Sack 100kg.5 | 4<br>How much animal feed did you household buy in the last 12 months?<br><br>Kilogram.....1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg.4<br>Sack 100kg.5<br><br>IF NONE, WRITE 0 >>6 | 5<br>How much did your household pay for bought animal feed ? | 6<br>How much animal feed did you provide from your own production during the last 12 months?<br><br>Kilogram.....1<br>Ton.....2<br>Sack 30kg..3<br>Sack 50 kg.4<br>Sack 100kg.5<br><br>IF NONE, WRITE 0 >>7 | 7<br>Did your household obtain animal feed in any other way during last 12 months?<br><br>YES.. 1<br>NO.. 2>> NEXT ROW | 8<br>In which way did you obtain animal feed?<br><br>HUMNANIT. ORG..1<br>NGO.....2<br>GOVERNMENT ORG.3<br>RELATIVES.....4<br>EMPLOYER.....5<br>CREDIT.....6<br>COOPERATIVE.....7<br>OTHER.....8 |
|                  | FEED TYPE  | QUANTITY UNIT CODE  | QUANTITY UNIT CODE  | AMOUNT KM   | QUANTITY UNIT CODE   | WRITE MAIN SOURCE  |   |

|   |                |  |  |  |  |  |  |  |  |  |
|---|----------------|--|--|--|--|--|--|--|--|--|
| 1 | Hay            |  |  |  |  |  |  |  |  |  |
| 2 | Green forage   |  |  |  |  |  |  |  |  |  |
| 3 | Maize, cereals |  |  |  |  |  |  |  |  |  |
| 4 | Concentrate    |  |  |  |  |  |  |  |  |  |
| 5 | Silage         |  |  |  |  |  |  |  |  |  |
| 6 | Bran           |  |  |  |  |  |  |  |  |  |
| 7 | Fodder beet    |  |  |  |  |  |  |  |  |  |
| 8 | Others         |  |  |  |  |  |  |  |  |  |

**MODULE 13: AGRICULTURAL ACTIVITIES**  
**PART E: FARM CAPITAL ASSETS**

| E<br>Q<br>U<br>I<br>P<br>M<br>E<br>N<br>T<br><br>C<br>O<br>D<br>E | 1.<br>Does your household possess any of the following equipment or machinery, either owned outright or co-owned?<br><br>FIRST ASK Q. 1. FOR ALL ITEMS, THEN Q. 2 -10 FOR EACH ITEM, BEFORE GOING TO NEXT ONE<br><br>YES . . 1<br>NO . . . 2 >><br>NEXT ROW | 2.<br>How many [TYPE] does your household own outright?<br><br>DO NOT INCLUDE EQUIPMENT CO-OWNED WITH ANOTHER HOUSEHOLD | 3.<br>Does your household possess any [TYPE] co-owned with another household?<br><br>YES . 1<br>NO . . 2 >> 6 | 4.<br>How many [TYPE] does your household co-own with another household? | 5.<br>What share of [TYPE] belongs to your household?<br><br>IF MORE THAN ONE ITEM AND IF SHARE IS DIFFERENT, GIVE AVERAGE | 6.<br>What is the average age of [TYPE].<br>FOR ALL EQUIPMENT, BOTH OWNED AND CO-OWNED.<br>IF MORE THAN ONE UNIT, GIVE AVERAGE AGE | 7.<br>How did your household obtain [TYPE].<br>BOUGHT.....1<br>INHERITED.....2<br>GIFT .....3<br>HUMANIT.ORG.4<br>NGO.....5<br>GOV.ORG.....6<br>RELATIVES.....7<br>CREDIT.....8<br>OTHER.....9 |              | 8.<br>If you wanted to sell one of your [TYPE] how much money could you get for it?<br><br>IF MORE THAN ONE ITEM ASK AVERAGE VALUE. WRITE TOTAL VALUE OF CO-OWNED ITEMS | 9.<br>Did your household rent out any of [TYPE] during 2000-2001 season?<br><br>YES . 1<br>NO . . 2 >>NEXT ROW | 10.<br>How much did your household earn from renting [TYPE] during 2000-2001 season? |
|---|---|---|---|--|--|--|--|--------------|---|--|--|
|   | TYPE OF AGRIC. EQUIPMENT  | NUMBER  | NUMBER  | PERCENTAGE   | NUMBER YEAR  | FIRST  | SECOND   | AMOUNT IN KM | AMOUNT KM   |  |  |
| 1   | Moto-cultivator   |   |   |  |  |  |  |              |   |  |  |
| 2   | Small tractor (<40 KS)  |   |   |  |  |  |  |              |   |  |  |
| 3   | Big tractor (>40 KS)  |   |   |  |  |  |  |              |   |  |  |
| 4   | Plough  |   |   |  |  |  |  |              |   |  |  |
| 5   | Disc harrow   |   |   |  |  |  |  |              |   |  |  |
| 6   | Harrow  |   |   |  |  |  |  |              |   |  |  |
| 7   | Seeder  |   |   |  |  |  |  |              |   |  |  |
| 8   | Digger  |   |   |  |  |  |  |              |   |  |  |
| 9   | Fertilizer spreader   |   |   |  |  |  |  |              |   |  |  |
| 10  | Sprayer   |   |   |  |  |  |  |              |   |  |  |
| 11  | Mower   |   |   |  |  |  |  |              |   |  |  |
| 12  | Hay tedder  |   |   |  |  |  |  |              |   |  |  |
| 13  | Hay bailer  |   |   |  |  |  |  |              |   |  |  |
| 14  | Combine harvester   |   |   |  |  |  |  |              |   |  |  |
| 15  | Thresher  |   |   |  |  |  |  |              |   |  |  |
| 16  | Corn crusher  |   |   |  |  |  |  |              |   |  |  |
| 17  | Silage equipment  |   |   |  |  |  |  |              |   |  |  |
| 18  | Water pump  |   |   |  |  |  |  |              |   |  |  |
| 19  | Irrigation system   |   |   |  |  |  |  |              |   |  |  |
| 20  | Truck   |   |   |  |  |  |  |              |   |  |  |
| 21  | Trailer (for truck)   |   |   |  |  |  |  |              |   |  |  |
| 22  | Milking Machine   |   |   |  |  |  |  |              |   |  |  |
| 23  | Lacto-freezer   |   |   |  |  |  |  |              |   |  |  |
| 24  | Incubator   |   |   |  |  |  |  |              |   |  |  |